Right Care, Right Place

Public Engagement:
Online Survey Key Findings

11 March 2023

1 Background

An online survey was carried out by Sleeping Giants as part of the wider NHS Dumfries and Galloway Right Care, Right Place public engagement activity. The survey was available for completion from 9th January to 3rd March 2023 and explored views on Intermediate Care through a mixture of open and closed questions. 391 responses (partial or full) were received and an initial analysis has been completed to identify the headline findings. The findings from this first phase of analysis are summarised in this report (to inform the Integrated Joint Board Meeting on 23rd March).

In addition to the survey, a series of face-to-face and online public engagement activities took place across the region over the same time period. The key discussion points captured during these activities have been coded thematically by NHS Dumfries and Galloway and the emerging themes are presented in Appendix One. These themed responses will be used in a second phase of analysis to add depth to the survey findings and identify similarities and differences across geographic areas and respondent groups.

2 The Survey Sample

Geography

All 15 DG postcode areas were represented in the survey sample (see Chart One); however, only one (0.3%) respondent from both DG14 and DG16 and three (0.8%) from DG5 completed the survey. In contrast, respondents from the DG3 (19.4%, 76), DG6 (21.5%, 84) and DG8 (19.4%, 76) areas represent 60.4% of the total survey sample.

Chart One: Postcode Area
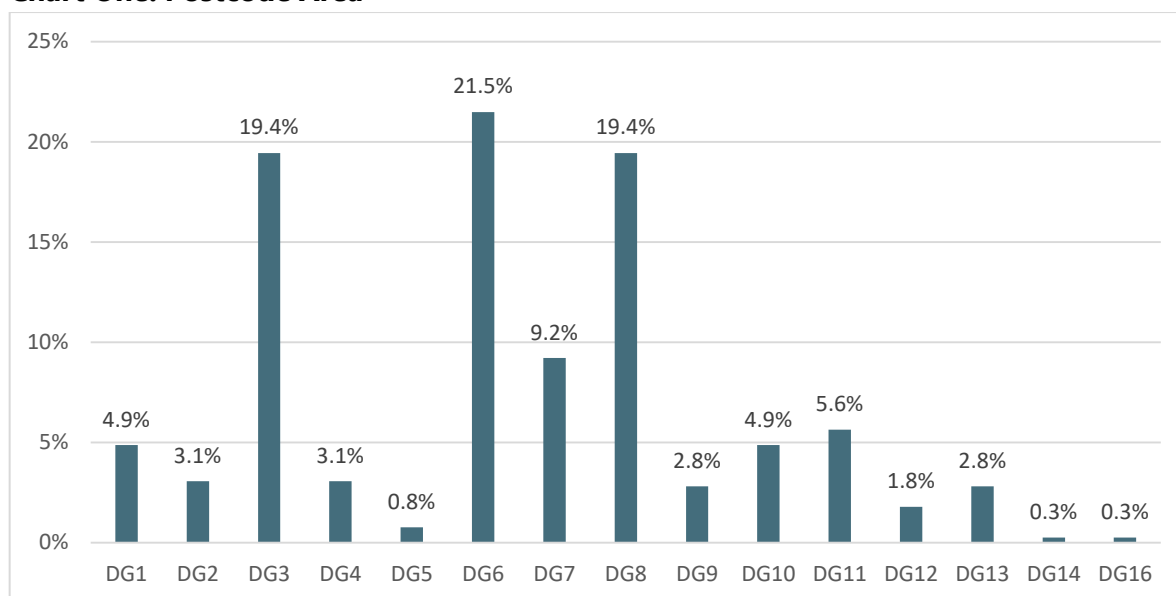
Base: All respondents (n=391)

Postcodes have been used to perform a 'best fit' mapping against Home Team areas (the survey collected the first part of postcodes only and, as Home Teams are based on GP surgeries, an exact fit is not possible. For example, Dumfries DG1 and DG2 postcodes cannot be separated into the North and South Dumfries Home Teams). Table One shows the number of respondents from each area. The relatively smaller numbers in some (and particularly Dumfries, Lower Annandale and Eskdale and the Rhins) limits the ability to identify geographic differences in responses. A key objective of the second phase of data analysis will be to combine responses from the survey and engagement events to advance understanding of responses by area and respondent group.

Table One: Respondents by Area

| Area	Number	Percent
Stewartry (DG5, DG6 and DG7)	123	31.5%
Mid and Upper Nithsdale (DG3 and DG4)	88	22.5%
Machars (DG8)	76	19.4%
Mid and Upper Annandale and Eskdale (DG10 and DG11)	41	10.5%
Dumfries (DG1 and DG2)	31	7.9%
Lower Annandale and Eskdale (DG12, DG13, DG14 and DG16)	20	5.1%
Rhins (DG9)	11	2.8%
Missing	1	0.3%
Grand Total	391	100.0%

Respondent Perspective

Over half (58.8%, 230) of all respondents were someone who might need Intermediate Care in the future and a fifth (21.0%, 82) were unpaid carers for someone who had either accessed or may need to access Intermediate Care. The remainder were Intermediate Care staff (8.7%, 34), someone who had accessed or is accessing Intermediate Care (8.4%, 33) or a volunteer (2.6%, 10).[1]

Demographics

Age   Over two thirds (261, 69.4%) of survey respondents were aged 55 years and over and only 4.3% (16) were 35 years and under. Chart Two shows the breakdown of respondents by age group.

Chart Two: Age
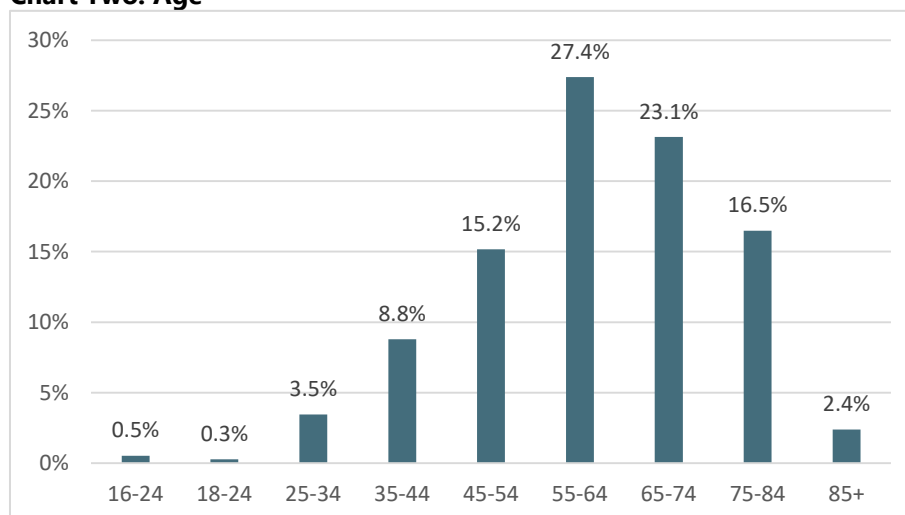
Base: All respondents answering the question (n=376)

---

[1] 17.1% (67) of respondents answered 'prefer not to say'

Disability and neurodivergency	A minority had a disability (12.4%, 46)[2] and identified as neurodivergent (5.2%, 19)[3].
Gender	Three quarters were women (73.5%, 274) and 24.1% (90) men.[4] None identified as transgender.
Sexual orientation	A large majority described their sexual orientation as heterosexual (86.5%, 315).[5] 7.7% (28) preferred not to give a response and the remainder were either bisexual, gay, pansexual or asexual.
Religion	Half (50.6%, 181) reported a Christian denomination as their religion or belief and over a third reported having no religion or being atheist (34.4%, 127).[6] 10.8% (40) chose not to answer this question and the remainder were Buddhists, Hindu, Humanist and Pagan.
Ethnicity	Most identified their ethnic group as White Scottish (60.0%, 222) or White British (21.6%, 80). The remaining respondents either preferred not to answer this question (4.9%, 18) or identified as White Welsh, White Irish, White Northern Irish, Other White Group or Gypsy or Traveller.
Caring responsibilities	Over a quarter (28.3%, 104)[7] provided care to someone and 14.1% (52)[8] cared for someone under the age of 18.

3 Key Survey Findings: Current Intermediate Care Provision

Introduction

The survey used open and closed questions to explore the features of current Intermediate Care delivery that were most valued. Similar questions were asked in the public engagement events around the region and the themes emerging from these discussions are presented in Appendix One.

What Was Valued

Survey respondents were asked to select from a given list up to five things that they most valued about how and where Intermediate Care is currently delivered; Chart Three summarises the responses and shows that 'close to home' was selected by almost three quarters of respondents (73.0%, 284). Joined up care, where all the services work together (59.9%, 233), and care that is accessible for friends and family (58.4%, 227) were also commonly selected.

---

[2] Base: All respondents answering question (n=372); 3.0% preferred not to say
[3] Base: All respondents answering question (n=362); 3.3% preferred not to say
[4] Base: All respondents answering question (n=372); 1.9% preferred not to say
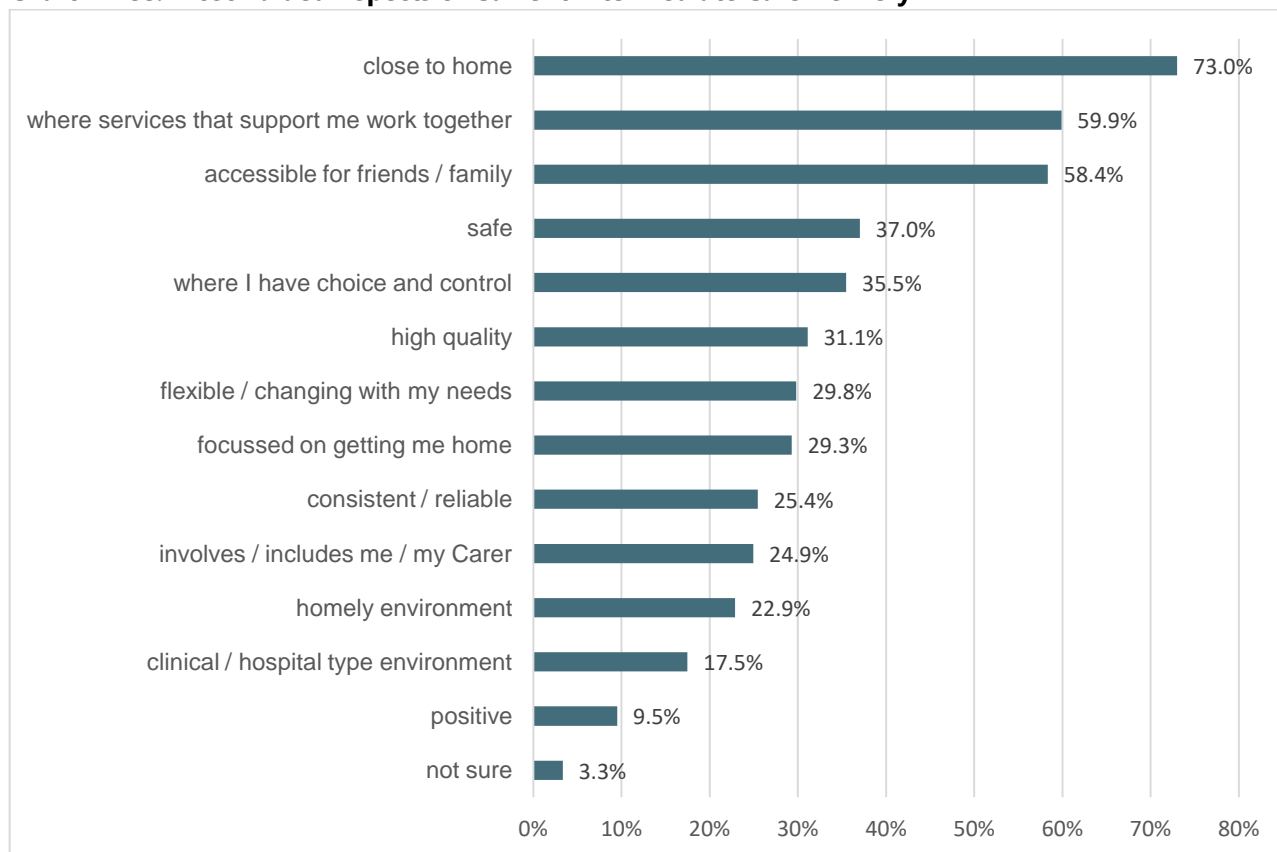[5] Base: All respondents answering question (n=360)
[6] Base: All respondents answering question (n=358)
[7] Base: All respondents answering question (n=368); 3.5% preferred not to say
[8] Base: All respondents answering question (n=368); 1.9% preferred not to say

Chart Three: Most Valued Aspects of Current Intermediate Care Delivery

Aspect	Percentage
close to home	73.0%
where services that support me work together	59.9%
accessible for friends / family	58.4%
safe	37.0%
where I have choice and control	35.5%
high quality	31.1%
flexible / changing with my needs	29.8%
focussed on getting me home	29.3%
consistent / reliable	25.4%
involves / includes me / my Carer	24.9%
homely environment	22.9%
clinical / hospital type environment	17.5%
positive	9.5%
not sure	3.3%

Base: All respondents answering the question (n=389)

The number of respondents in each geographic area varies (see Table One, Section Two), which limits the ability to identify any differences across the region. To provide insight into the similarities and differences in the available data, Chart Four presents a breakdown of the five most valued aspects of current Intermediate Care by area. Although consideration should be given to the smaller numbers of respondents in some areas, it's of interest that 'close to home' was the most commonly selected aspect of Intermediate Care in all areas with the exception of Dumfries (where services working together was slightly more valued). An open ended follow up question (answered by 151 respondents) provides further insight into the importance of local provision; some called for a reopening or retaining of a cottage hospital but, more broadly, responses reflected an eagerness to stay local to avoid long journeys and maintain connect with friends, family and their community. Examples of these types of responses include:

"Important to be local - within easy travelling distance - not an hour or so away."

"Living in Newton Stewart I have used the community hospital several times for emergency GP treatment and hospital care for my elderly mother for lengthy periods. I was able to visit every day but couldn't have done that to Dumfries!"

"Care close to home is more likely to be done by those who know you or know your family and friends. This reassuring environment is more conducive to a better and quicker recovery."

Chart Four: Most Valued Aspects of Current Intermediate Care Delivery by Area

Legend: Close to Home | Safe | Accessible for friends/family | work together | Choice and control

Area	Close to Home	Safe	Accessible for friends/family	work together	Choice and control
All respondents	73.0%	37.0%	58.4%	59.9%	35.5%
Stewartry	71.5%	30.9%	69.9%	58.5%	33.3%
Rhins	81.8%	54.5%	54.5%	45.5%	9.1%
Mid and Upper Nithsdale	77.3%	37.5%	54.5%	69.3%	34.1%
Mid and Upper Annandale and Eskdale	73.2%	31.7%	48.8%	61.0%	43.9%
Machars	77.6%	40.8%	57.9%	51.3%	34.2%
Lower Annandale and Eskdale	60.0%	35.0%	35.0%	60.0%	25.0%
Dumfries	58.1%	51.6%	48.4%	61.3%	54.8%

Base: All respondents answering the question: All respondents (n=389); Stewartry (n=123); Rhins (n=11); Mid and Upper Nithsdale (n=88); Mid and Upper Annandale and Eskdale (n=41); Machars (76); Lower Annandale and Eskdale (n=20); Dumfries (n=31)

Although further work is needed to identify the similarities and differences in the responses collated through the survey and engagement events, an initial comparison of the thematic codes emerging from both data sets suggests that there is much consistency between them. For example, 'local provision/close to home', the retaining or reopening of cottage hospitals and joined up care were also among the most common themes to emerge from the engagement events (see Appendix One).

4 Key Findings: The Future Delivery of Intermediate Care

Introduction
A series of open and closed questions were also used to explore the features of Intermediate Care that people felt should be changed or delivered in the future. The themes emerging from the equivalent discussions at the public engagement events are presented in Appendix One.

What Should be Changed/Improved
331 people provided a response to the question, 'What do you think needs to change or improve about how and where Intermediate Care is currently delivered?' The themes emerging from these responses have been grouped into the following four broad areas:

- where people want to access Intermediate Care;
- what people want to be available;

- how they want care to be delivered; and,
- the enablers and barriers to improving/ changing Intermediate Care.

Table Two summarises the responses under each of these broad themes.

Table Two: Changes and Improvements Needed to Intermediate Care

Where: close to home
• Providing Intermediate Care in the local area was the strongest theme to emerge.
• For around a third of respondents, this was about cottage hospitals being reopened or retained.
• Local provision more generally was also important: respondents wanted to stay close to home.

Cottage hospitals:	
32.3% (107) referred to a cottage hospital. These responses included people calling for them to be reopened, retained or upgraded. Although some simply stated that they should be reopened or retained, others described the role of cottage hospitals in rehabilitation or step down care. As well as enabling local people to receive Intermediate Care in the area, 9 of the respondents who mentioned cottage hospitals felt that they could alleviate pressure on acute beds.	*"I definitely think cottage hospitals need to be reopened i.e. Thornhill. Not enough places for people who need rehabilitation after leaving the main hospital."* *"Cottage hospitals needs to be utilised again, this will assist with beds that are being blocked in hospitals by patients who are awaiting discharge but require a short period of assistance at home, however the capacity of care at home cannot be met."* *"The Kirkcudbright Hospital needs to be available to the elderly who need nursing after more urgent care at DGRI or any other hospital or who just need nursing for a short period before returning home."* *"Keep local hospitals that will help to prevent bed blocking in main hospitals before they get sent home or residential care."*
Close to home:	
28.4% (94) of people answering this question wanted Intermediate Care to be provided close to home (either in a cottage hospital or in another way). The distance between the region's towns was important here; respondents wanted to stay close to home and/or be able to maintain contact with friends, family and the community.	*"Local community, close to family and friends, not to feel abandoned and forgotten because of distance or difficulty in travelling."* *"I would rather not spend a long time in Dumfries Infirmary but be in my local hospital near my home and family.* *"We need more services and clinics in the community hospital, so that people do not have to travel by road to Dumfries."*

What: Different types of Intermediate Care were identified as needing to be changed or improved:
• Survey respondents referred to different types of care provision in these responses. With the exception of cottage hospitals (see above), the number of respondents citing a specific type of care were small.
• Rehabilitation and reablement, palliative care, care at home were some of the more commonly referred to forms of Intermediate Care.
• It should be noted though, some respondents (3.9%, 13) called for 'more care' or 'more places' without being explicit in how or where this should be provided.

Care at home:	
4.2% (14) wanted the care available in people's homes to be improved. The reasons for this varied and included, enabling independent living, reducing the need for travel and alleviating pressure on acute services. Several respondents described how the provision of care at home should be part of a broader suite of Intermediate Care services (and respite and reablement services in particular) to meet different and changing needs.	*"Prioritising home care and reducing travel distances when medical intervention is needed."* *"More choices for people in their own homes."* *"I am broadly speaking not in favour of either care homes or long stays in hospital for elderly sick patients. More focus on maintaining care for people enabling them to stay at home would be ideal as well as temporary respite care in a supportive homely environment in order that unpaid family carers can take a break."*
Improved care packages (particularly in terms of availability) were described as necessary in enabling people to stay at home (2.7%, 9).	*"It is hard for people who live alone to manage the 'at home' when social care is so hard to get."* *"More local bed availability for interim care, more health professionals to provide hospital at home."*
A smaller number of people (1.8%, 6) specifically called for a 'hospital at home'.	

Rehabilitation and reablement:	
4.5% (15) wanted more or better rehabilitation and reablement. Cottage hospitals were identified by 5 of these respondents as a key provider. More generally, respondents wanted people to be better supported in their recovery. One respondent suggested that technology could help people who require less intensive rehabilitation to access support.	*"Need earlier rehab in the acute hospital to get the best chance of regaining independence. Need more access to social care/ enablement in the community."* *"There needs to be more resources put into getting people discharged from community hospitals with the right services. Better support/rehab services for stroke patients."* *"Open up the cottage hospitals that you closed would be a great start and key place for rehabilitation rather than being in a main hospital doing nothing."*

Palliative care: 3.3% (11) referred to palliative care. Again, cottage hospitals were identified as important providers here (by 7 of these respondents). The remainder called for more end of life care to be available (without specifying where it should be provided).	*"As well as Intermediate Care Thomas Hope Hospital offers wonderful end of life care for all ages and must be retained and improved."* *"The option of hospital care locally is now lacking either as a step from DGRI to home or as a caring place at end of life."*
Care hub: 3.0% (10) called for some form of care hub from which services could be provided locally. Cottage hospitals were suggested as a potential location for these but other respondents did not specify the venue/building from which they could operate. The distance between the region's towns was again important here.	*"A hospital base with beds as needed but also as a hub for the medical care providers."* *"Have a location which meets the needs of our community. It's a vast, rural area and costs a lot in terms of money and time to travel from Upper Nithsdale to Dumfries. Thornhill will reduce travelling time, costs and barriers to accessing services. Have a hub for all services to use as a base so the community can access all services in one place."*
Other types of care (less frequently mentioned): 1.5% (5) wanted more or better respite care, with several of these respondents identifying it as necessary support for carers. Care homes were also mentioned by a small number of respondents (2.4%, 8). These responses included ensuring the availability of care home places for people who are no longer able to live independently and a need to improve standards. Day care (0.6%, 2), sheltered housing (0.6%, 2) and some form of supported living village (0.9%, 3) were also mentioned by a few respondents.	*"Support for carers ..respite care facility, specialist advances dementia and hospice type."* *"The Intermediate Care delivered in the present care homes is very institutionalised and not very focused individual needs. The standard of care homes in the region is poor frequently in old buildings."* *"Reopen Cottage Hospitals, more care homes locally, too many closing."* *"The ability to be cared for locally if possible and we need more very sheltered housing for elderly people who are not requiring care but require more help than can be provided at home. For example, Abbeyfield type homes."*

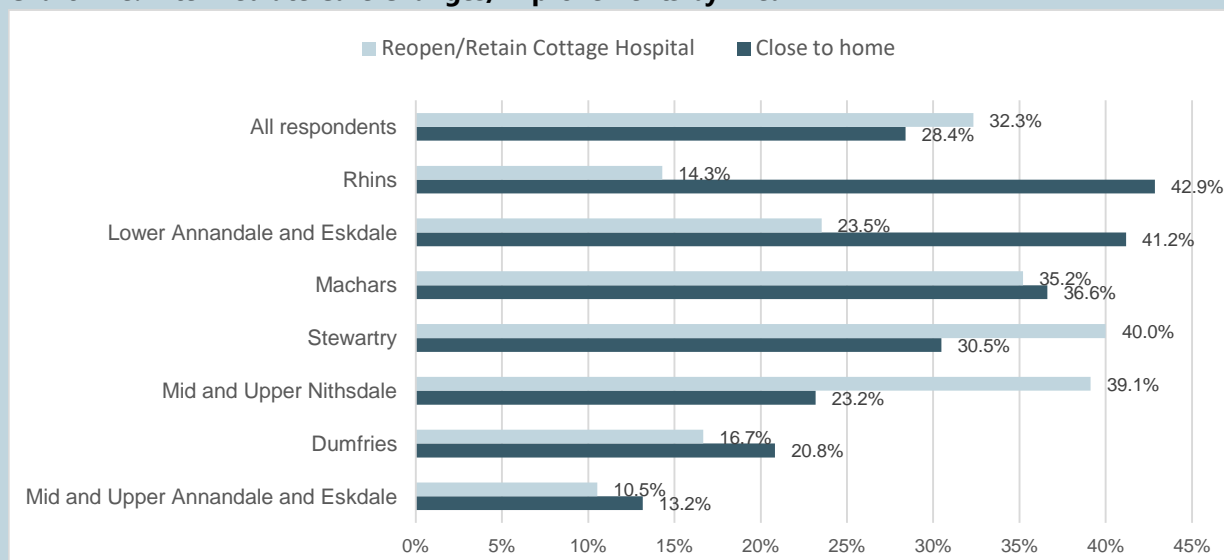| **How: The Delivery Approach**	
• Some of the responses referred to improvements in how Intermediate Care is delivered. • Joined up, person centred care and timely provision emerged as themes here. • The importance of connections with family, friends and community was also highlighted in these responses.	
Joined up: Joined up provision, whereby different services communicated and co-operated with each other, was the most commonly mentioned of these delivery approaches (8.5%, 28). 3.0% (10) specifically mentioned the need for better involvement of a patient's family/ carer within care provision. A smaller number 1.5% (5) called for better access/involvement of GPs in the provision of care.	*"Better coordination of services and communication of what is available. Services need to be integrated around the end user."* *"Joined up thinking - services talking to each other. Looking at new ways of delivering and enabling people not disabling them by doing everything for them."* *"Co-ordination of support/ continuity/ involvement of wife carer."*
Person centred: 6.3% (21) emphasised the importance of person centred care that reflected individual needs and listened to care preferences. Related to this, 3.3% (11) wanted to have more choice in the care they received.	*"Be less dislocated and more joined up with me being at the centre of my care from beginning to end so not just about Intermediate Care but acute and primary care too."* *"I think we are all individual and one size won't fit all. I live in a rural area which is my choice, but I accept that it is unlikely I will be able to receive services at home and will need to more. This is realistic, but think we need to have a number of different options available to really give choice and enable me to be in control of what happens to me."*
Connected to friends, family and community: As described above (see 'local provision'), care that maintained or enabled people to remain connected to their friends, family and community was important and mentioned by 6.3% of respondents (21).	*"Local community, close to family and friends, not to feel abandoned and forgotten because of distance or difficulty in travelling."*
Timely: Respondents (3.0%, 10) wanted care to be available when they needed it. A reduction in waiting times was therefore called for.	*"Timing. Too long between needing care/help to actually receiving it."* *"It needs to be readily available when needed, not just promised but not delivered"*

Enablers and barriers to Intermediate Care changes and improvements
- Other responses related to enablers or barriers to better Intermediate Care.
- Health and social care workers (numbers and skills) and the region's transport infrastructure were key themes emerging from these responses.

Health and social care workers: Personnel was mentioned either in relation to a need for more staff (6.0%, 20) or training and skills (2.7%, 9). Better pay and conditions (3.9%, 13) was identified as necessary in achieving improvements in both staff numbers and skills.	*"The care workers and nurses need to be paid properly to attract and retain staff...more care workers = more care of all sorts is available in whatever surroundings people want."* *"Recruitment of staff. Better pay, conditions, and training for home carers. Provision of local hospitals."*
Awareness and understanding: Information on what Intermediate Care is available was also called for (2.1%, 7) – respondents wanted to be better informed about care options or for services to be transparent about what could be provided.	*"Services need to listen, they need to be more proactive. Services also need to be honest about what they can realistically provide."*
Transport infrastructure: 3.3% (11) specifically referenced the region's transport infrastructure as a barrier to care. The distances between the region's towns meant that it was difficult for some people to access care or visits friends/ family receiving care (either by car or public transport).	*"Travel/public transport is important to get people to and from hospital and other health facilities."* *"Dumfries is difficult to get to without a car leaving loved ones with less support or involved in their care."*

Understanding how Intermediate Care preferences differ by area:

Chart Five shows the breakdown by area of the two most common responses to the question 'What do you think needs to change or improve about how and where Intermediate Care is currently delivered'. This breakdown is shown here to provide insight into the similarities and differences in the data and caution must again be used when interpreting the findings because of the smaller number of respondents from some areas. As would be expected, more respondents from areas where a cottage hospital had closed during the pandemic called for it to be reopened/retained than other areas (although Mid and Upper Annandale and Eskdale respondents are an exception to this). It is important to emphasise that these responses were made to an open ended question about improvements to Intermediate Care (i.e. the question did not explicitly ask about cottage hospitals). These responses therefore highlight the importance of cottage hospitals to people living in these areas. Indeed, their reopening was called for by respondents in all open ended questions and the final question (where the survey provided a space for any other comments) was used by a few to express their frustration or concern that the survey did not focus on this issue.

Understanding how Intermediate Care preferences differ by area (continued):

Chart Five: Intermediate Care Changes/Improvements by Area

Legend: ■ Reopen/Retain Cottage Hospital   ■ Close to home

Area	Reopen/Retain Cottage Hospital	Close to home
All respondents	32.3%	28.4%
Rhins	14.3%	42.9%
Lower Annandale and Eskdale	23.5%	41.2%
Machars	35.2%	36.6%
Stewartry	40.0%	30.5%
Mid and Upper Nithsdale	39.1%	23.2%
Dumfries	16.7%	20.8%
Mid and Upper Annandale and Eskdale	10.5%	13.2%

Base: All respondents answering the question: All respondents (n=331); Stewartry (n=105); Rhins (n=7); Mid and Upper Nithsdale (n=69); Mid and Upper Annandale and Eskdale (n=38); Machars (n=71); Lower Annandale and Eskdale (n=17); Dumfries (n=24)

It should also be emphasised that, because of time limitations (the public engagement ended on 3 March 2023), the data collected from the region-wide engagement events is largely absent from this discussion of the emerging findings. As previously stated, this data will be used to advance understanding of differences by area and respondent group in the second phase of the analysis. However, the available data shows that these events captured similar calls for the reopening of cottage hospitals (it was mentioned 157 times in discussions of what needs to change about current provision: see Appendix One); importantly though, the face-to-face interaction provided an opportunity to explore what people most valued about cottage hospitals in more detail. In some areas, there appeared to be a particular attachment to the heritage of cottage hospital buildings themselves while the value for others appeared to be in the care they provided. Further – and more nuanced – understanding of the value attached to cottage hospitals (rather than local care provision per se) is therefore necessary. What is apparent from both data sources though is that local is important and people want to access Intermediate Care close to their home.

Public Engagement: Online Survey Key Findings

What was Valued about Future Intermediate Care Places

Respondents were asked to select up to five features from a given list that they would most value about Intermediate Care places. A homely feel (71.3%, 273) and gardens/ communal gardens (66.8%, 256) were the two most commonly selected, and conversely 'feels clinical' (11.0%, 42) one of the least commonly selected features. Almost half (49.1%, 188) would value Intermediate Care places being 'mixed with the wider community'.

Chart Five: Most Valued Aspects of Future Intermediate Care Places

Aspect	Percentage
feels homely	71.3%
have gardens / communal gardens	66.8%
mixed with the wider community	49.1%
using existing buildings	42.6%
purpose built	27.9%
single occupancy	27.9%
modern	25.8%
shared occupancy	20.9%
clustered together	12.8%
traditional	11.2%
feels clinical	11.0%
houses	7.6%
flats	5.5%
not sure	4.2%
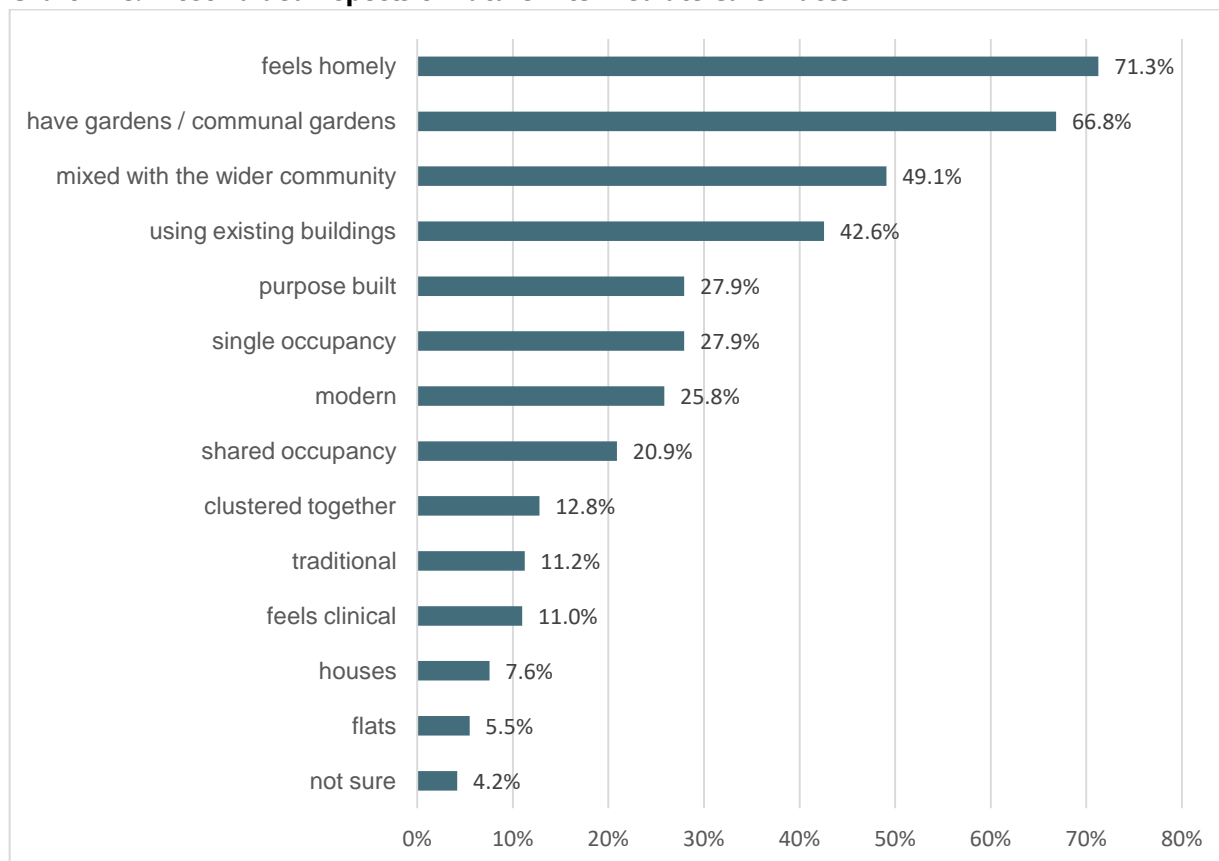
Base: All respondents answering the question (n=383)

What was Wanted in Intermediate Care Places

To explore what else was important to people in Intermediate Care settings, the survey asked, 'As well as providing the care and support that people need what other services, activities and opportunities would you like to see taking place there to enrich your life?' 283 respondents answered this question and the most common suggestions fell within four broad themes as shown in Table Three.

Table Three: What Services, Activities and Opportunities were Wanted

Activities for mind and body • Half (50.9%, 144) of the 283 respondents wanted Intermediate Care to offer some sort of activity. • A vast array were suggested to keep minds and bodies active, for example: gardening, music, quizzes, art/music/craft/singing sessions, exercise, yoga, entertainment and trips.	*"Access to hobbies/activities to keep the mind active."* *"Exercise, meaningful activities e.g. art, games, films."* *"Enriching activities such as art classes, yoga as well as fun things like days out."*
Support connections • Respondents wanted to be able to meet with friends, family or other people (27.9%, 79). • A group or space to enable this was therefore important. • Some respondents wanted Intermediate Care places to be integrated or connected to the wider community in some way (11.0%, 31). • Intergenerational interaction was also important to some (3.9%, 11).	*"Being able to have my family visit anytime of the day."* *"Communal areas for meeting, chatting and sharing stories."* *"Interaction with local schools and community groups."*
Access to health and social care • Although the question asked what people would like in addition to care, respondents used their answer as an opportunity to explain the type of care they wanted in place. • A fifth (21.2%, 60) referred to access to skilled health and social care workers (e.g. GPs, nurses, dentists, physiotherapists, occupational therapists, podiatrists.) • Some specifically mentioned rehabilitation and reablement in their responses (8.1%, 23) and smaller numbers to personal care (1.4%, 4), palliative care (1.1%, 3) and respite (1.1%, 3).	*"Access to community nurses, advanced nurse practitioners, podiatry and other healthcare services (e.g. physiotherapy)."* *"Medical services and support services to make me comfortable and feel secure."* *"Blended access to clinical care, services to help move towards home (or long term care) and feeling like part of own community."*
A homely space where people had a sense of purpose and were valued • Small numbers of respondents explained how they would like Intermediate Care to look and feel in their answer. • These answers emphasised the importance of valuing people (1.1%, 3) and giving them a choice in their care (5.3%, 15) in a homely and friendly environment (2.5%, 7).	*"Place for relatives to come. Integrated with facilities for other age groups to reflect society. Where choice is central. Inter support between those accessing and given services. Place for people to feel valued - perhaps by volunteering in an in site shop/ cafe. Health improvement classes (exercise etc)."*

Technology and Equipment in Intermediate Care

284 survey responses answered the open ended question, 'how could you make use of technology or equipment to help you when in these places?' The question provided some examples of what this might include, such as grab rails, sensors, alarms, computers, tablets and exercise equipment and 18.7% (53) simply answered 'all of the above'. The other responses most often fell within the following three themes:

- **Enabling safe, independent living:**
  45.4% (129) of respondents referred to equipment or technology that would enable people to be safe and maintain independence. Different forms of technology enabled care were referenced (32.7% 93), with telecare being the most common (sensors and alarms were often used in a generic way). Assistive Technologies (e.g. Alexa) and telemedicine were suggested by a few respondents.

  26.4% (75) said there should be mobility aids and adaptations such as grab rails, ramps and walk-in showers.

- **Enabling people to stay connected:**
  A similar proportion (44.4%, 126) wanted technology and equipment to enable them to stay in touch with friends, family and the wider world. Reliable broadband, devices, televisions, telephones and radios were all commonly cited.

  Conversely, a small number of respondents (1.4%, 4) strongly felt that devices should be provided by the individuals who wanted to use them and not by Intermediate Care settings.

- **Enabling people to stay active:**
  21.5% (61) would like equipment and technology to support an active mind and body. Similar to the responses described in Table Three, the suggested activities were wide ranging and included: exercise equipment, books/library, crafts, televisions and an outside space/garden.

Some respondents (6.7%, 19) did not refer to a type of equipment or technology in their answer but instead emphasised the importance of making people aware of what was available and supporting access to it through, for example, digital skills support.

People and Roles in Intermediate Care

Survey respondents wanted a mix of people around them in intermediate care places. In response to the question, 'Which people might surround you in these places and what role might they play? Staff? Volunteers? Family? Who else might be important to have around you?' respondents most often (69.2%, 214) listed a combination of staff, friends, family, volunteers, community groups and animals (both pets and animal therapy were mentioned). The roles they wanted each of these to play broadly reflected the themes emerging from other questions: skilled health and care workers should provide quality care; friends, family and groups a connection to home and the local community; and volunteers could support people to stay active as well as supporting all of these roles more broadly.

The remaining responses were varied, with some simply stating 'family', 'staff' or that it was dependent on needs.

Supporting Community Connections

Having a connection to friends, family and the wider community was a cross-cutting theme across all question responses and further insight into how this could be achieved was provided by the 253 responses to, 'How could these places help you feel part of and connected to your community?' (both geographic communities and communities of interest). The emerging themes are summarised in Table Four.

Table Four: Supporting a Sense of Community

| Close to home:	"If facility is within local area would always be connected to the community."
Responses reaffirmed the importance of place and its proximity to home (24.5%, 62). Some (5.5%, 14) chose to reemphasise the role of cottage hospitals in their answer and described how, by virtue of their location, they were part of the community.	"I want to stay local in my home town."
	"Care needs to be local, where you know people and places already."
The distance between the region's towns and the ease of access to Intermediate Care place was again relevant here: 7.1% (18) explicitly mentioned the importance of transport links to these settings.	"Kirkcudbright cottage hospital did make everyone connected."
	"Must be accessible from local transport routes."
	"Be close to home allow family to visit bus service."
Other respondents (2.8%, 7) felt that a connection would come from a familiarity with both place and people. Local staff working in local places was also referenced here.	"Care needs to be local, where you know people and places already."
	"Because I would be in a place that I would probably know a lot of people and staff."
Visiting:	"By still being local so that friends and family may visit and be involved in my day-to-day life."
The ability to visit and be visited was a related theme and 21.3% (54) of the responses mentioned this. As reported in discussions of earlier questions, respondents wanted to maintain contact with friends and family but also be able to visit a local area's facilities.	"Trips out for visits to local places of interest, shops, garden centres, cinema etc."
	"Feeling you're not forgotten and knowing someone is coming to visit helps with mental health. Having friendly faces helps lift spirits. Given the distance to Dumfries is depressing sitting in a single room knowing nobody is coming to visit."

Community events and activities: 41.1% (104) felt that a connection would be provided by participation in groups and events either in the community, or for the community to attend groups and events in the Intermediate Care setting. For some respondents, this was about maintaining the connections that they'd formed prior to accessing care and for others, about developing new relationships. Community groups and local volunteers were perceived as important in facilitating these connections (for example, volunteers could support transport and activities/ groups). Faith based activities/groups – as a more specific example of a connection - were mentioned by (3.2%, 8) respondents. 7.1% (18) thought that intergenerational activities (such as visits from local schools and youth groups) would help to feel connected with the community.	*"Encourage local community to access any services in the environment, open days, coffee mornings, events within accommodation etc. Encourage and facilitate continuation of participation in groups I was a member of prior to needing support."* *"Try to help people maintain connections, e.g. if they were part of a club then help with transport to enable them to keep going to that club."* *"Communal areas must support the potential for various group activities. Would be good if they were also used by other community groups and become true shared spaces."* *"Visits from local entertainers, schools and hobby/interest groups would make you feel more a part of the community."*
Other factors supporting community connections: Technology (e.g. Zoom, social media, What's App) was identified by 4.0% (10) of respondents as playing a role in maintaining contact with friends, family and the wider community. Information sharing was suggested by 4.0% (10) of respondents both in terms of providing awareness of available events and groups and to enable people to remain up to date with what was happening in the community.	*"Tech can help stay in touch with communities of interest just as we do now. Being situated in local communities can help individuals stay connected locally. it is important to make it as homely as possible to encourage others to visit."* *"They could set up a WhatsApp group or have zoom calls etc so everybody feels included & have a sort of what's on calendar so everybody knows what happening."* *"By providing local news of what's going on around and about. By enabling some form of link between me and e.g. choir, U3A, friends for coffee discussion perhaps via zoom if not able to get out and about too freely and they are not able to visit. Also church."*

16

5 Summary and Next Steps

This report has presented the findings emerging from the first phase of the online survey data analysis. In doing so, it provides understanding of what people across the region most value about Intermediate Care and what they think should be changed or improved. Key and recurring themes have emerged from the findings so far and Figure One summarises these.

Figure One: Summary of Key Themes
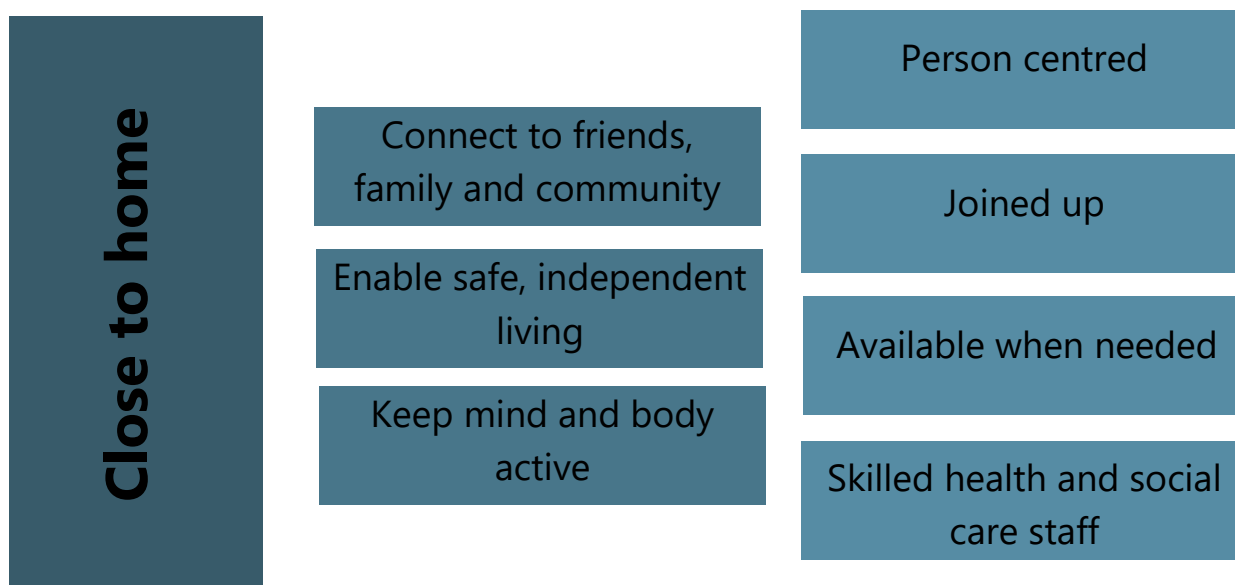
Although key themes have emerged, its equally important to acknowledge the variation in the survey responses. The word cloud below shows the most commonly used words/phrases in response to the question 'What do you think needs to change or improve about how and where Intermediate Care is currently delivered' and highlights this variation.
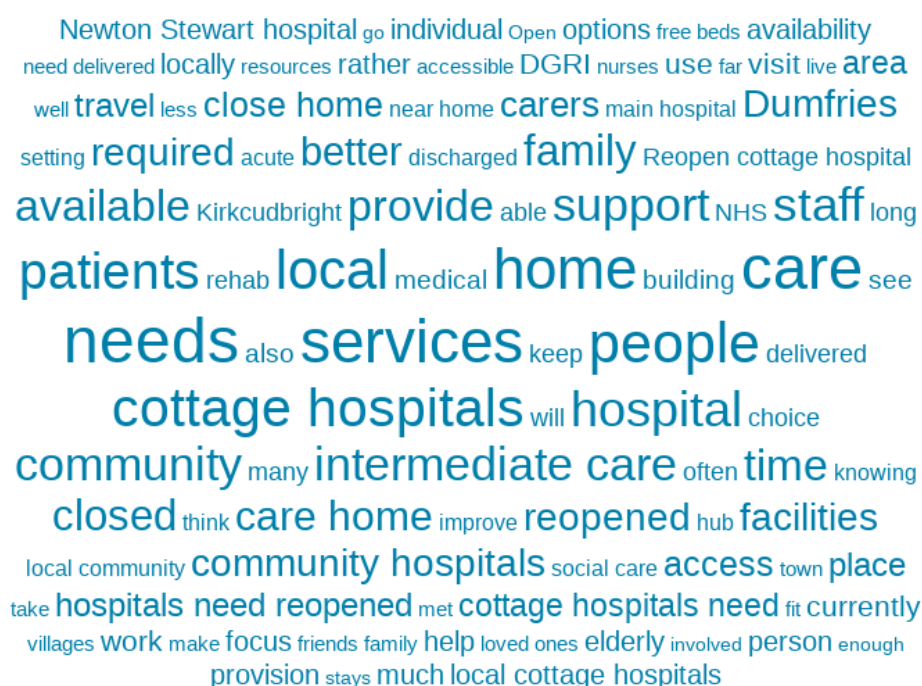
Public Engagement: Online Survey Key Findings

Discussions around the types of care provision wanted were particularly wide ranging and included calls for rehabilitation and reablement, palliative care, respite, care at home, sheltered housing and care homes. These responses are likely to reflect the different perspectives from which people completed the survey as well as individual needs. What people want will be explored further in the next stage of data analysis where the survey and engagement data are compared to advance understanding and identify any differences by area and respondent group.

Public Engagement: Online Survey Key Findings

Appendix One:
Engagement Events: Summary of emerging themes
09 March 2023
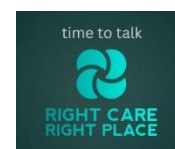
The following table shows the themes emerging from discussions of current Intermediate Care provision (the 'now') in the engagement events and the number of times each theme was referenced. A summary table of the top five themes is also presented.

All Themes Emerging From Discussions of Current Intermediate Care Provision

Theme	Number
Access to aids and adaptations	2
Activities and events	4
Advice and guidance	10
Appropriate accommodation provision - with/without support	36
Care at Home	29
Care Homes	19
Care Hub	33
Carer support	15
Carers	17
Choice	10
Community based care and support	49
Cottage hospital - retain/reopen	157
Early intervention	8
Enable people to live independently in their home for longer	3
Enable people to stay near friends and family/reduce isolation	18
Fair pay and conditions for HSC workers	16
Homely	2
Improve processes to support people out of hospital	5
Improved communication - internal/external	32
Independence	3
Information provision	2
Intergenerational	1
Involvement	1
Joined up care	59
Link to GPs	10
Local provision/close to home	184
Palliative/end of life care	25
Person-centred care	38
Quality of service/care	19
Realistic medicine	5
Reduce bureaucracy	5
Rehab/reablement	14
Resources	29
Respite	29
SDS	1
Staff training	7
Staffing levels	22
Step-down care	28
Step-up care	2
Technology	6
Training for HSC staff	1
Transport solution	34
Risk	2
Other	152
Grand Total	**1144**

Top 5 Themes - Now

Theme	Number	Percentage
Local provision/close to home	184	16%
Cottage hospital - retain/reopen	157	14%
Joined up care	59	5%
Community based care and support	49	4%
Appropriate accommodation provision - with/without support	36	3%

Public Engagement: Online Survey Key Findings

The following table shows the themes emerging from discussions of future Intermediate Care provision (the 'future') in the engagement events and the number of times each theme was referenced. A summary of the top five themes is also presented.

All Themes Emerging From Discussions of Future Intermediate Care Provision

Theme - Future	Number
Access to aids and adaptations	4
Activities and events	59
Advice and guidance	8
Appropriate accommodation provision - with/without support	65
Care at Home	16
Care Homes	5
Care hub	55
Care hubs	1
Carer support	12
Carers	5
Choice	9
Choice and need	2
Clinical support	5
Community based care and support	60
Community involvement	11
Community space	1
Cottage hospital - retain/reopen	47
Early intervention	5
Effective use of resources	2
Enable people to live independently in their home for longer	6
Enable people to stay near friends and family/reduce isolation	42
Equitable access	2
Fair pay and conditions for HSC workers	10
Homely	28
Improved communication - internal/external	24
Inclusive	4
Independence	6
Intergenerational	13
Joined up care	43
Link to GPs	1
Local provision/close to home	116
Luxury	1
Outdoor space	8
Palliative/end of life care	19
Person-centred care	21
Quality of service/care	5
Reduce bureaucracy	2
Rehab/reablement	20
Repurpose existing buildings/estate	9
Resources	16
Respite	18
SDS	6
Social	25
Specialist support	1
Staff training	7
Staffing levels	16
Step-down care	14
Technology	58
Training	11
Transport solution	17
Accessible	4
Staff wellbeing	1
Step-up care	2
Other	105
Grand Total	**1053**

Public Engagement: Online Survey Key Findings

Top 5 Themes - Future

Theme	Number	Percentage
Local provision/close to home	116	11%
Appropriate accommodation provision - with/without support	65	6%
Activities and events	59	6%
Community based care and support	60	6%
Technology	58	6%

Themes Emerging from Engagement Events by Area

The following tables summarise the themes emerging from the engagement events held in towns across the region.

Annan:

Theme - Now	Number
Cottage hospital - retain/reopen	4
Joined up care	5
Resources	1
Respite	1
Staff training	1
Staffing levels	2
Technology	2
Other	3
Total	**19**

Public Engagement: Online Survey Key Findings
Castle Douglas:

Theme - Now	Number
Appropriate accommodation provision - with/without support	2
Care at Home	1
Care Homes	1
Care Hub	2
Community based care and support	3
Cottage hospital - retain/reopen	1
Enable people to stay near friends and family/reduce isolation	1
Joined up care	4
Local provision/close to home	9
Palliative/end of life care	1
Reduce bureaucracy	1
Resources	1
Step-down care	1
Technology	1
Transport solution	3
Other	5
Total	**37**

Theme - Future	Number
Access to aids and adaptations	2
Activities and events	8
Advice and guidance	1
Appropriate accommodation provision - with/without support	11
Care at Home	1
Care Homes	2
Care hub	1
Carers	1
Choice	2
Clinical support	1
Community based care and support	9
Early intervention	1
Effective use of resources	1
Enable people to stay near friends and family/reduce isolation	3
Fair pay and conditions for HSC workers	1
Homely	4
Improved communication - internal/external	2
Inclusive	1
Independence	2
Intergenerational	3
Joined up care	3
Local provision/close to home	6
Outdoor space	1
Palliative/end of life care	1
Social	1
Specialist support	1
Staffing levels	1
Step-down care	2
Technology	6
Training	1
Other	10
Total	**90**

Public Engagement: Online Survey Key Findings
Dumfries:

Theme - Now	Number
Activities and events	1
Advice and guidance	6
Appropriate accommodation provision - with/without support	6
Care at Home	1
Carer support	4
Carers	14
Community based care and support	6
Cottage hospital - retain/reopen	2
Enable people to stay near friends and family/reduce isolation	2
Fair pay and conditions for HSC workers	3
Improved communication - internal/external	7
Joined up care	2
Local provision/close to home	2
Realistic medicine	2
Rehab/reablement	2
Resources	2
Respite	10
Staff training	1
Staffing levels	3
Step-down care	3
Other	7
Total	**86**

Theme - Future	Number
Accessible	1
Advice and guidance	1
Appropriate accommodation provision - with/without support	6
Care at Home	2
Carer support	3
Carers	1
Community based care and support	1
Community involvement	2
Enable people to stay near friends and family/reduce isolation	1
Improved communication - internal/external	3
Independence	1
Intergenerational	3
Joined up care	3
Local provision/close to home	3
Outdoor space	1
Person-centred care	1
Respite	3
Technology	3
Training	1
Other	3
Total	**43**

Public Engagement: Online Survey Key Findings
Kirkcudbright:

Theme - Now	Number
Appropriate accommodation provision - with/without support	1
Care at Home	4
Care Homes	3
Care Hub	5
Carer support	1
Community based care and support	1
Cottage hospital - retain/reopen	76
Enable people to stay near friends and family/reduce isolation	10
Fair pay and conditions for HSC workers	4
Intergenerational	1
Joined up care	7
Local provision/close to home	37
Palliative/end of life care	8
Person-centred care	2
Quality of service/care	2
Rehab/reablement	2
Resources	1
Respite	3
Staff training	2
Staffing levels	5
Step-down care	10
Transport solution	6
Other	25
Total	**216**

Theme - Future	Number
Activities and events	3
Advice and guidance	1
Appropriate accommodation provision - with/without support	4
Care at Home	3
Care hub	18
Carer support	1
Community based care and support	4
Cottage hospital - retain/reopen	41
Enable people to live independently in their home for longer	1
Enable people to stay near friends and family/reduce isolation	7
Fair pay and conditions for HSC workers	2
Homely	3
Improved communication - internal/external	3
Joined up care	3
Local provision/close to home	47
Palliative/end of life care	7
Rehab/reablement	3
Repurpose existing buildings/estate	1
Resources	9
Respite	1
Staffing levels	7
Step-down care	8
Technology	4
Transport solution	5
Other	27
Step-up care	2
Total	**215**

Public Engagement: Online Survey Key Findings
Langholm, Dalbeattie, Gretna, Isle of Whithorn and Stranraer:

Theme - Now	Number
Access to aids and adaptations	1
Advice and guidance	2
Appropriate accommodation provision - with/without support	3
Care at Home	6
Care Homes	3
Care Hub	2
Carer support	2
Choice	2
Community based care and support	10
Cottage hospital - retain/reopen	11
Enable people to live independently in their home for longer	1
Fair pay and conditions for HSC workers	1
Homely	1
Improve processes to support people out of hospital	2
Improved communication - internal/external	8
Independence	2
Information provision	2
Involvement	1
Joined up care	4
Link to GPs	8
Local provision/close to home	22
Palliative/end of life care	1
Person-centred care	7
Quality of service/care	1
Reduce bureaucracy	3
Rehab/reablement	1
Respite	1
SDS	1
Technology	2
Transport solution	10
Other	9
Total	**130**

Theme - Future	Number
Activities and events	13
Advice and guidance	1
Appropriate accommodation provision - with/without support	7
Care Homes	1
Care hub	1
Carer support	2
Community based care and support	9
Enable people to live independently in their home for longer	1
Enable people to stay near friends and family/reduce isolation	2
Homely	2
Improved communication - internal/external	1
Joined up care	1
Link to GPs	1
Local provision/close to home	15
Outdoor space	2
Palliative/end of life care	2
Person-centred care	3
Rehab/reablement	1
Repurpose existing buildings/estate	2
Social	2
Staff training	1
Technology	6
Other	13
Total	**89**

Public Engagement: Online Survey Key Findings
Lockerbie:

Theme - Now	Number
Activities and events	2
Advice and guidance	2
Appropriate accommodation provision - with/without support	3
Care Homes	1
Carers	1
Community based care and support	4
Improve processes to support people out of hospital	1
Joined up care	1
Local provision/close to home	5
Palliative/end of life care	1
Person-centred care	5
Respite	3
Transport solution	1
Other	3
Total	**33**

Theme - Future	Number
Activities and events	5
Care at Home	1
Care hub	1
Community based care and support	3
Community space	1
Enable people to stay near friends and family/reduce isolation	2
Fair pay and conditions for HSC workers	1
Homely	2
Improved communication - internal/external	1
Independence	2
Intergenerational	1
Joined up care	1
Local provision/close to home	2
Outdoor space	1
Reduce bureaucracy	1
Respite	2
Step-down care	1
Technology	2
Transport solution	1
Other	1
Total	**32**

Public Engagement: Online Survey Key Findings
Moffat:

Theme - Now	Number
Access to aids and adaptations	1
Appropriate accommodation provision - with/without support	6
Care at Home	4
Care Homes	4
Care Hub	10
Community based care and support	6
Cottage hospital - retain/reopen	2
Enable people to stay near friends and family/reduce isolation	3
Fair pay and conditions for HSC workers	4
Improved communication - internal/external	2
Joined up care	5
Link to GPs	1
Local provision/close to home	16
Palliative/end of life care	1
Person-centred care	5
Reduce bureaucracy	1
Resources	7
Staff training	2
Staffing levels	2
Technology	1
Transport solution	2
Other	11
Total	**96**

Theme - Future	Number
Accessible	2
Access to aids and adaptations	2
Activities and events	5
Advice and guidance	1
Appropriate accommodation provision - with/without support	7
Care at Home	2
Care hub	7
Choice	1
Choice and need	2
Clinical support	1
Community based care and support	7
Enable people to stay near friends and family/reduce isolation	5
Homely	6
Inclusive	1
Joined up care	5
Local provision/close to home	6
Palliative/end of life care	4
Person-centred care	2
Quality of service/care	1
Rehab/reablement	2
Respite	1
Social	1
Step-down care	1
Technology	8
Other	1
Total	**81**

Public Engagement: Online Survey Key Findings
Newton Stewart:

Theme - Now	Number
Appropriate accommodation provision - with/without support	3
Care at Home	5
Care Homes	2
Care Hub	9
Carer support	1
Choice	2
Community based care and support	3
Cottage hospital - retain/reopen	13
Fair pay and conditions for HSC workers	2
Improved communication - internal/external	6
Joined up care	1
Local provision/close to home	18
Palliative/end of life care	9
Person-centred care	1
Respite	7
Staffing levels	7
Step-down care	2
Step-up care	1
Training for HSC staff	1
Transport solution	4
Other	45
Total	**142**

Theme - Future	Number
Activities and events	1
Advice and guidance	1
Appropriate accommodation provision - with/without support	11
Care Homes	2
Care hub	10
Community based care and support	4
Community involvement	3
Enable people to stay near friends and family/reduce isolation	4
Fair pay and conditions for HSC workers	5
Improved communication – internal/external	2
Intergenerational	3
Joined up care	4
Local provision/close to home	6
Palliative/end of life care	4
Person-centred care	4
Quality of service/care	1
Rehab/reablement	3
Resources	2
Respite	3
Social	2
Staff training	6
Staffing levels	5
Step-down care	1
Technology	4
Training	5
Transport solution	3
Other	26
Staff wellbeing	1
Total	**131**

Public Engagement: Online Survey Key Findings
Sanquhar:

Theme - Now	Number
Appropriate accommodation provision - with/without support	2
Care at Home	1
Care Homes	1
Carers	1
Choice	1
Community based care and support	3
Cottage hospital - retain/reopen	4
Fair pay and conditions for HSC workers	1
Homely	1
Improved communication - internal/external	4
Joined up care	4
Local provision/close to home	13
Palliative/end of life care	2
Quality of service/care	2
Realistic medicine	1
Rehab/reablement	1
Resources	2
Step-down care	3
Other	4
Total	**51**

Theme - Future	Number
Advice and guidance	1
Appropriate accommodation provision - with/without support	11
Care at Home	5
Care hub	6
Carer support	2
Carers	1
Community based care and support	3
Community involvement	3
Cottage hospital - retain/reopen	1
Early intervention	1
Fair pay and conditions for HSC workers	1
Homely	2
Improved communication - internal/external	2
Joined up care	7
Local provision/close to home	7
Palliative/end of life care	1
Person-centred care	1
Quality of service/care	1
Rehab/reablement	1
Resources	1
Respite	1
SDS	2
Social	1
Staffing levels	2
Step-down care	1
Technology	1
Transport solution	2
Other	8
Total	**76**

Public Engagement: Online Survey Key Findings
Thornhill:

Theme - Now	Number
Activities and events	1
Appropriate accommodation provision - with/without support	5
Care at Home	5
Care Homes	3
Care Hub	3
Carers	1
Community based care and support	5
Cottage hospital - retain/reopen	44
Enable people to stay near friends and family/reduce isolation	1
Fair pay and conditions for HSC workers	1
Independence	1
Joined up care	7
Link to GPs	1
Local provision/close to home	58
Palliative/end of life care	2
Person-centred care	7
Quality of service/care	13
Realistic medicine	2
Resources	6
Respite	2
Staffing levels	2
Step-down care	8
Step-up care	1
Transport solution	7
Other	24
Total	**210**

Theme - Future	Number
Activities and events	14
Appropriate accommodation provision – with/without support	3
Care at Home	4
Care hub	11
Carers	1
Choice	4
Community based care and support	8
Cottage hospital - retain/reopen	5
Effective use of resources	1
Enable people to live independently in their home for longer	3
Enable people to stay near friends and family/reduce isolation	14
Homely	5
Intergenerational	1
Improved communication – internal/external	1
Joined up care	1
Local provision/close to home	18
Outdoor space	1
Person-centred care	1
Quality of service/care	1
Rehab/reablement	2
Repurpose existing buildings/estate	5
Resources	1
Respite	1
Social	5
Technology	16
Transport solution	2
Other	5
Total	**132**

Public Engagement: Online Survey Key Findings
Online Engagement

The following table shows the themes emerging from discussions of current and future Intermediate Care provision in the online engagement event and the number of times each theme was referenced.

Theme - Now	Number
Appropriate accommodation provision - with/without support	5
Care at Home	1
Care hub	1
Carer support	5
Early intervention	2
Enable people to live independently in their home for longer	1
Improve processes to support people out of hospital	2
Joined up care	3
Person-centred care	3
Rehab/reablement	2
Resources	1
Respite	2
Step-down care	1
Other	4
Total	**33**

Theme - Future	Number
Accessible	1
Activities and events	4
Appropriate accommodation provision - with/without support	4
Care hubs	1
Carer support	1
Clinical support	3
Community based care and support	7
Early intervention	1
Enable people to live independently in their home for longer	1
Enable people to stay near friends and family/reduce isolation	1
Equitable access	1
Independence	1
Intergenerational	1
Joined up care	1
Local provision/close to home	2
Outdoor space	1
Person-centred care	9
Quality of service/care	1
Rehab/reablement	5
Repurpose existing buildings/estate	1
Respite	1
Social	6
Technology	1
Transport solution	2
Other	1
Total	**58**

Public Engagement: Online Survey Key Findings
Workshop Sessions

Sessions were conducted with the following groups during the engagement: Allied Health Professionals, Scottish Care, Third Sector Organisations

Theme - Now	Number
Care at Home	1
Care Homes	1
Care Hub	1
Carer support	2
Choice	5
Community based care and support	8
Early intervention	6
Enable people to live independently in their home for longer	1
Enable people to stay near friends and family/reduce isolation	1
Improved communication - internal/external	5
Joined up care	16
Local provision/close to home	4
Person-centred care	8
Quality of service/care	1
Rehab/reablement	6
Resources	8
Staff training	1
Staffing levels	1
Transport solution	1
Other	12
Risk	2
Total	**91**

Theme - Future	Number
Activities and events	6
Advice and guidance	1
Appropriate accommodation provision - with/without support	1
Carer support	3
Carers	1
Choice	1
Community based care and support	5
Community involvement	3
Early intervention	2
Enable people to stay near friends and family/reduce isolation	3
Equitable access	1
Homely	4
Improved communication - internal/external	9
Inclusive	2
Intergenerational	1
Joined up care	14
Local provision/close to home	4
Luxury	1
Reduce bureaucracy	1
Rehab/reablement	3
Resources	3
Respite	2
SDS	4
Social	7
Staffing levels	1
Technology	7
Training	4
Transport solution	2
Other	10
Total	**106**