

Appendix 3 – Draft Focus Group Reports

Mid and Upper Annandale and Eskdale

A collaborative workshop took place in Upper Annandale on 04/12/23 aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions were anchored in four key themes identified through consultations with local stakeholders.

Theme 1: Workforce and Financial Challenges

As part of discussion under this theme, it was noted that there are facilities such as the Proudfoot Indoor Sports and Social Club that could be utilised by services to deliver sessions to support people's health and wellbeing. Examples given were cooking classes, rehabilitation, and IT.

However, at the same time, there was discussion that there was lack of evidence of need on which to make decisions about what the people of Upper Annandale need.

Theme 2: Need for More Local Intermediate Care Beds

A more joined-up, integrated and more collaborative approach was proposed in respect of this second theme, with it being suggested that services are currently operating within silos.

An existing over-reliance on volunteers and community services was suggested, together with a lack of means to work with effectively with local communities and third sector groups.

In response, proposals were put forward for greater linking of community resources, including the likes of Bankfoot, the Lunch Club, the Proudfoot Institute, Community Transport and the Church Group.

One possibility floated was the establishing of a public/private/community partnership to help the community receive what it needs and wants.

Discussion took place around commissioning flexible beds in Bankfoot and other facilities in Upper Annandale for palliative, end of life and respite for Carers. There was also conversation around partnership support for amendment of registration, working with the Care Inspectorate.

There was discussion about changes to the current contractor paradigm, and moving it to become more of a partnership, with equal voices, a more collaborative approach, and one which supports dynamic responses to change.

It was proposed that blood tests and vaccinations locally would avoid unnecessary travel.

Theme 3: Repurposing Moffat Cottage Hospital

Participants discussed that the building could be better utilised, talking about its potential role providing GP services, as a health centre, a health and social care hub with step down care and palliative care.

It was suggested that basing outpatient services in the hospital building would save visits to Dumfries and Galloway Royal Infirmary, and avoid transport and stress/inconvenience for Carers.

Discussion took place around provision of flexible step-down care, palliative care and end of life care within the building.

There was debate around the potential for physiotherapists and occupational therapists to be based within the hospital building, suggesting this would enable them to see more people. It was also suggested that Home Team and other outreach services could be based within the building along with first responders who could deal with minor injuries - potentially increasing early interventions and escalations.

It was also suggested that a proposal for extra care housing close to the hospital building could align with an augmented care at home service.

It was felt that the hospital building was in pretty good condition, but that transport routes might need to be reviewed and amended – including the potential need for dropped pavements.

It was also suggested that relocating the current GP practice into the building would be cost-effective, saving on money for rent.

Issues highlighted included the costs of refurbishment and reconfiguration, and, with lack of progress to date, a concern at too long a timeframe – with a need/want for services now, and not years in the future.

There were also questions about budget for staffing and where staffing might come from, and whether it might draw staff away from other locations such as Bankfoot.

However, the general consensus was that this would be a positive move and would be backed by local support for change, suggesting it could be approached as pilot/test of change.

Theme 4: Support to maintain Lochmaben Cottage Hospital's capacity for rehabilitation

A mixture of views were expressed on this subject. While some felt that transport from Moffat to Lockerbie was good, it was also maintained that transport from Moffat to Lochmaben was not good.

It was felt that the intensive/specialist rehabilitation services offered good, but at the same time it was felt that people from Upper Annandale could be isolated, and that people like Carers might struggle to get to visit.

It was noted that Lochmaben Cottage Hospital provides some step-down care from DGRI, but a lack of outreach AHP in Upper Annandale was noted.

Conclusion

The consensus among participants was that the proposed changes held promise for positive outcomes, including potential cost savings and improved local support. The importance of addressing current challenges and ensuring a dynamic response to change was acknowledged by all, with a collective call for continued engagement and collaboration in the planning and implementation process.

This summary serves as a reflection of the discussions during the workshop and is presented for the participants' review and agreement.

Mid and Upper Nithsdale

A collaborative workshop took place in Thornhill on 10th January 2024 aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions with the local community centred around the Thornhill Hospital.

Theme 1: Using local resources and reducing unnecessary travel

Discussion identified several places outside Thornhill Hospital where health and social care services could be offered. GP surgeries could offer some services in unused rooms; young people's services, including counselling and CAMHS, could be provided at the Old School facility. A particular lack of support for Carers was identified. They could be helped by more local provision of respite services, and by

visiting advice surgeries from the Carers' Centre. Better advertising of services and events, and more use of local volunteers, would also improve local service provision. This could also include child care, day care, breakfast and after-school clubs, potentially in existing unused buildings on the NHS estate, with the involvement of community organisations reducing costs.

Theme 2: The flexible bed model

Participants generally welcomed the flexible bed model but did not see it as a significant improvement by itself. They noted problems recruiting and retaining social care staff. One particular issue was that of travel costs - private sector staff in particular may not be adequately paid for travel expenses. Local recruitment to reduce travel time and cost was suggested.

The area had been promised 3 additional care home beds – participants discussed whether it would be better to spread these out to allow more local provision or to concentrate them in order to reduce cost. Some participants were also concerned about private sector involvement. Participants were also concerned that capacity was seen as being centralised in Dumfries at MHTC rather than maintained locally in cottage hospitals.

The use of care home beds for step down care and palliative care was welcomed, assuming that there are enough NHS staff locally to support it.

Theme 3: The use of Thornhill Hospital

The hospital was seen as a valuable local resource, allowing local provision of services which would therefore be more accessible than if they were provided in Dumfries. Recently renovated buildings at the hospital site were reportedly unused, a waste of resources.

Services suggested for the hospital include pre-op checks and assessments, rehab, physio, podiatry, day-patient services as dialysis and blood tests. Participants also called for more provision of respite care at the hospital. Remote working technology could allow Near Me consultations in the hospital or in other clinics, with a physically present HCSW and a remote consultant. The use of the hospital estate for vaccinations was welcomed.

Conclusion

The main thread of the discussion was the need for as much local provision of services as possible, and the need to be flexible in the delivery of services – both in terms of where these services are delivered, and in who is involved in their delivery. Participants recognised existing constraints, but argued that the difficulty of travel is

a serious problem from an accessibility point of view for services delivered outwith the local area.

This summary serves as a reflection of the discussions during the workshop and is presented for the participants' review and agreement.

Stewartry

A collaborative workshop took place in Kirkcudbright on 17th January 2024 aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions with the local community centred around the best way to use available resources within the area for intermediate care, and the future of Kirkcudbright Hospital.

Theme 1: Best use of available resources.

As in other workshops, the issue of travel time was raised. Participants criticised the requirement for service users to make several trips to DGRI for tests and treatment. Better coordination of appointment planning and better use of technology were seen as ways to reduce this wastage.

Participants also discussed other existing facilities which could be used to support intermediate care. The Wheatley Group supported housing project could be upgraded to provide a higher level of support, potentially substituting for intermediate care beds elsewhere. More use could be made of the swimming pool for preventative health and wellbeing activities. And there could be potential to use more beds at Merse House.

The shortage of available care at home packages was noted – participants saw this as a staffing issue, and recognised that it was responsible for some delayed discharges. Families may need to provide some care and support to fill the gap, participants felt. They added that the continuing success of the local Home Team would also depend on maintaining staff levels.

Participants also discussed the issues of short stay, step-down care, delayed discharge and palliative care. The workshop was divided on whether Kirkcudbright Hospital would be the best place to deliver care – some participants suggested its use for step-down care, others saying that it could be more cost-effective to use care homes rather than reopening a small number of cottage hospital beds. More clarity was also needed on plans for future delivery of palliative care.

Theme 2: the future of Kirkcudbright hospital

Workshop participants suggested several ways to make use of the Kirkcudbright hospital site other than providing inpatient beds. Consultants could visit periodically to provide clinics, reducing the need for patients to travel to DGRI – the hospital could also provide dementia services, X-rays, ophthalmology and optometry, physiotherapy and outpatient antibiotic treatments. Involving voluntary groups could also help address the transport issue. Third sector groups could be invited to operate from the hospital to assist this. The hospital could also be used to provide training.

Conclusion

Workshop participants discussed the potential of using the local hospital for day patient services and clinics, and the benefits this might bring. It was recognised that health and social care in the area is extremely constrained by available funding and staffing. Making more efficient use of existing resources was the priority throughout the discussion. Existing challenges for the system, such as travel time and discharge delays, were discussed in detail.

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Machars

A collaborative workshop took place in the Machars on 06/2/24 aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions were anchored in three key themes identified through consultations with local stakeholders.

Theme 1: Community-Centric Healthcare

Very early in the discussions it was evidence there was a clear theme of looking to see care provided close to home, and reducing travel – noting the impact this has in terms of cost, time and inconvenience.

It was also clearly noted that there was a need for respite for people needing palliative and end of life care, reducing pressure on families and Carers.

A view was expressed that appointments in Stranraer could and should be available as quickly as those which take place in Dumfries.

A significant concern was the fact that the current system for appointing patients does not appear to recognise people's postcodes, or take consideration of the travelling times which might be involved. It was suggested that the booking system should recognise postcode so as to offer more appropriate times and locations,

perhaps in the style of the vaccination booking system which was viewed to have been more successful in this regard.

Virtual appointments were raised, with an observation that they are not best suited for some patients – with those patients with dementia given as an example.

It was agreed that virtual consultation is not suited to every situation. However, suggestions included the possibility of staff being present in the room when a patient has a virtual appointment with a specialist, so as to be able to provide support.

Additionally, it was suggested that having these calls take place in the patient's own home might be the best setting, as this is where they might feel most comfortable – helping to reduce stress levels, anxiety and confusion.

Significant existing work within local communities to provide support was noted, with proposals that health professionals could come and talk to people by linking in through community hubs. It was also suggested that digital recordings could be made available to local groups or individuals, to help support them and manage conditions. Examples given included the likes of physiotherapists talking about fall prevention, and dieticians talking about special diets.

Theme 2: The Role of the Cottage Hospital in Meeting Local Needs

The potential for Newton Stewart Cottage Hospital to deliver on community-centred care needs was discussed.

One suggestion was for the provision of treatments like infusions, which are currently carried out in Stranraer. It was noted that this would reduce travel, and is an area of work that local NHS staff are keen to take on.

On the topic of travel, it was observed that a Travel Study focused on patients in the region could potentially be of real benefit, looking at how much patients have to travel in order to receive treatment. It was also suggested that a leaflet could be produced which provides people with information about help with travel and accommodation when attending appointments.

The topic of respite care led to consideration around a potential role for the hospital providing this for day/night/weekend stays, depending on individual need.

It was also suggested that the hospital could serve as a training centre for new staff working as carers and personal assistants, and that it could be linked to universities and the college.

There was discussion around provision of counsellors to support people, including Carers and those who are bereaved. This led to a focus on the potential for the hospital to host community groups which are working in these areas, including the likes of the 'Good Grief' group in the Isle of Whithorn – noting the application of the metamorphic approach to bereavement.

Theme 3: Improvements in Communication, Recruitment and Training

A recurring theme throughout discussions was the improvements which could be made in communications – both in the way aspects of service communicate with each other, and how information is shared with people.

It was stated that there would be greater continuity of care if services were connected up so that they had all the patient's information at hand, avoiding the patient having to constantly repeat their story. The question was asked as to why those services were not already linked.

A more 'joined-up' approach was encouraged, and the suggestion that the list of vulnerable people from GPs could be made available to other services to help ensure continuity of support. It wasn't clear if the list held by social workers is linked with GPs.

It was felt that promotion of what equipment is available to people locally would be beneficial.

Staffing was a point of discussion, with the question asked how we are able to attract, recruit and retain staff, such as personal assistants. It was felt that training and support needed to be provided around new staff.

The question asked as to whether retired health and social care professionals could be recruited to support locally, sharing their skills and experience.

It was suggested that a better wage for carers is needed, and that they need to be recognised as professionals in their own right.

Also advocated was adequate training/support for volunteers, including providing local support around end of life. It was also promoted that a person-centred risk assessment should be applied regarding care.

Better parking for Newton Stewart Cottage Hospital was called for, with discussion around the potential for a 'park and ride' scheme linking to the town centre.

An issue highlighted as part of these discussions was around Power of Attorney, and the need for training and awareness in this area among patients, carers, GPs, hospital staff, social work, and others.

Conclusion

The consensus among participants was that changes held promise for positive outcomes, including potential cost savings and improved local support. The importance of addressing current challenges and ensuring a dynamic response to change was acknowledged by all.

This summary serves as a reflection of the discussions during the workshop and is presented for the participants' review and agreement.

Rhins

A collaborative workshop took place in Stranraer on aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions were anchored in key themes identified through consultations with local stakeholders.

Theme 1: Reducing the burden of travel

Many participants highlighted the difficulty and cost of travel as an important barrier to proper health care in the area. This includes travel for care at DGRI, as well as travel for more specialist care further afield in Glasgow or Edinburgh.

Some aspects of care could be delivered locally, they suggested. For example, while specialist care would still need to be delivered in a major city, more pre-assessments could be carried out locally.

Digital technology could also be useful, participants felt. The “Near Me” virtual clinic was useful and should be developed and used at every opportunity. Virtual appointments with consultants could take place in health centres, potentially with a local facilitator present in person to support the patient. An online portal could be used to confirm health notes. Greater use of technology to allow monitoring at home of patients on long-term medication would allow patients to stay at home for longer. Two potential areas for training were identified: training for patients who were unfamiliar with the technology, to allow them to use it properly; and training for family members, allowing them to administer medication rather than waiting for a community nurse to attend.

Where travel is unavoidable, participants suggested that local voluntary schemes could take up some of the burden by providing transport – perhaps under the existing local community resilience scheme – with appropriate safeguarding checks for volunteer drivers. Community groups providing food networks were seen as a successful example of what voluntary organisations can achieve in other areas.

Theme 2: Using the Galloway Community Hospital and other local resources

The Galloway Community Hospital was recognised by participants as a valuable local asset. Participants suggested that more use could be made of it to provide local clinics, and that more effort should be made to use visiting clinicians to run specialist clinics, and to improve surgeon availability for local treatments. One participant praised cottage hospitals generally for local provision of care. Better public awareness of available services was also called for, with participants suggesting that the Rhins Home Team and local volunteer patient advocate/liaisons could both have a role to play.

Theme 3: Addressing the recruitment and retention problem

Participants recognised that health and social care in general, and the Rhins in particular, faces difficulties in recruiting and retaining staff. Wages are poor compared to rival employers, and budget cuts may discourage new applicants.

Retention in the Rhins could be improved by providing more training locally to ensure career development for nurses and other staff, one participant suggested.

Conclusion

Participants recognised the existence of financial and staffing constraints to delivering short-term change, but emphasised that, within these limits, they regarded a focus on minimising travel as crucial to the future of health care – including intermediate care – in the Rhins, and suggested various ways in which this could be done within constrained budgets.

This summary serves as a reflection of the discussions during the workshop and is presented for the participants' review and agreement.

Dumfries North and Dumfries South

A collaborative workshop took place in Dumfries on 2024 aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions were anchored in key themes identified through consultations with local stakeholders.

Theme 1: Flexible beds at Mountainhall Treatment Centre, sheltered housing developments and care homes

Participants were broadly supportive of the flexible model of intermediate care, noting that it could make it easier to provide intermediate care closer to home or in familiar surroundings, in particular for dementia patients, and favouring delivery of services such as rehab in care homes. But they identified several important concerns.

The first was staff capability. Participants emphasised that, if care of various kinds was to be delivered in care home or sheltered housing settings, the staff would need to have appropriate skills, training, support, equipment and mentoring. Poor training and equipment risked injury to patients, such as skin breaks, one participant noted. The difficulty of recruiting care staff was also mentioned with one participant pointing out that adding to the responsibilities of care home staff would probably exacerbate recruiting problems. Another factor discouraging people from joining the care sector was the pace of work, leaving little time to spend with each client, one participant said.

Capacity was also mentioned as a concern – in particular, the high numbers of medically fit patients awaiting discharge from cottage hospitals reduced the hospitals' ability to offer intermediate care. And one participant queried whether the Care Inspectorate would allow care homes to be used for providing additional levels of intermediate care.

Theme 2: Support to improve end of life care at home, preventative services and digital/technological interventions to support people to stay at home for longer

Participants recognised the merits of keeping people at home where possible rather than moving them to a hospital or other care setting – as well as being less isolating, it could also be cheaper. This, they said, meant that support for care at home was important. “Night sitter” services, potentially provided by third sector volunteers, community day care, and respite care would help support Carers in their roles. Home care and end of life care could be supported with greater use of digital technology, and participants also called for more creative thinking about the future delivery of care.

Theme 3: Community action and public involvement

Participants emphasised the importance of involving the local community to a greater extent. Part of this was an engagement and information challenge – for example, improving knowledge of the definitions of ‘palliative’ and ‘end of life’ care. Community involvement was seen as crucial in sustaining care at home, and it was noted that keeping care local, as far as possible, would make community involvement more feasible. Better collaboration between agencies was also seen as important in delivering care at home – as was better involvement of the person receiving care, and an acceptance of flexibility in care planning. Participants recognised resource limits, saying that the public should be made aware of the costs, challenges and trade offs involved in providing care.

Conclusion

The workshop saw the potential for greater delivery of care locally, including at home, as a way of improving patient experience and reducing cost. Recruiting and capacity were seen as the most important constraints to delivering intermediate care, and several possible issues with implementation of the flexible model were discussed.

This summary serves as a reflection of the discussions during the workshop and is presented for the participants' review and agreement.

Lower Annandale and Eskdale

A collaborative workshop took place in Lower Annandale on 29 January 2024 aimed at addressing challenges and exploring opportunities in delivering intermediate care within the community. The discussions were anchored in key themes identified through consultations with local stakeholders.

Theme 1: Community-Centric Healthcare

As part of discussion under this theme, a strong desire was expressed to bring healthcare services closer to home.

It was suggested that having services closer to home would mean an increase in early interventions and potentially improved rehabilitation outcomes. It was also suggested that having service closer to home would mean a reduction in travel and environmental impact, supporting the 'net zero' goal.

It was felt there was a lack of recognition about the time involved in getting to Dumfries, and outwith the region for some appointments and the lack of transport availability such as bus services – with it being noted that communities can't sustain a volunteer transport service long-term. It was noted how this situation particularly impacts on early morning appointments.

Associated with this were proposals for better co-ordination of appointments with Dumfries and Galloway Royal Infirmary, which would lead to a reduction in missed appointments.

A feeling of being a community 'at the edge' was stated, of being a 'forgotten part of the region', together concern about loss or lack of services.

Suggestions included the need for a culture shift from medics to engage with people remotely, for patients to challenge the need to go to Dumfries, and the role of remote monitoring.

Ideas were raised about the Day Centre being employed to house additional care services, the role of the Men's Shed, and perhaps better use being made of the nine sheltered housing bungalows at Greenbank Court.

Concern was expressed that staffing levels may not be sufficient if extra care housing does not materialise, and that this was not likely to arrive within the next 12 months.

Suggestions were made about learning, and the roles to be played by outreach college, University of West of Scotland, Langholm Alliance school project, and specialist training for staff in palliative care and dementia.

It was proposed that Third and Independent sector organisations could provide and/or deliver services that support people to maintain or improve their mental and physical health and wellbeing. It was meanwhile noted that work is taking place to develop a cycle and walking path connecting Canonbie and Langholm.

In terms of the local economy and population, it was suggested that a cannabis farm might bring up to 50 jobs to the area.

Theme 2: Care at home and the cottage hospital

Discussion took place around capacity for care at home, and also the flexibility of Thomas Hope Hospital to support intermediate care needs.

A suggestion was made that Thomas Hope Hospital could be used for Dementia Day Care and other health-related services – such as dental, physiotherapy, podiatry and allied health professional services.

It was also reported that staff at the hospital are keen for it to become a palliative care and dementia specialist unit.

Hope was expressed that some services which had been relocated from Thomas Hope to Annan or Gretna could return. It was suggested that the hospital could serve as a base from which to provide drug and alcohol support, Carers support, and advocacy.

Discussion also took place about the hospital's role delivering vaccinations within communities, including for COVID and flu.

A question was posed about the technology which had been introduced within the hospital, asking if it was still there and still being utilised.

It was also suggested that there could be the potential for more volunteers within the hospital – chatting, reading books or the paper, playing bingo – potentially linking to the Day Centre.

A challenge which was identified was the restricted room space within the hospital.

Theme 3: Uncertainty around projects

When discussion turned to anything that hadn't been on the agenda, one topic which was raised was the Murtholm Development.

Frustration was voiced over lack of communication from Loreburn Housing Association over the extra care housing project, amid an understanding it had been paused due to the increase in interest rates, with concerns about the impact on the community if plans do not come to fruition.

There was frustration at the lack of progress, prompting a commitment from Community Health and Social Care Directorate Divisional Manager Gary Sheehan to engage once again with Loreburn seeking clarity.

It was stated that there was still a commitment to the project, and for the community to be involved.

Other items raised included the planned attendance by senior health and social care staff at a meeting of Langholm, Ewes and Westerkirk Community Council in February, wondering if this would represent duplication of the discussions which had just taken place – seeking clarity.

It was suggested that digital programmes could support care and support locally.

Meanwhile, there was frustration over the lack of a response to a request for information about missed appointments from the DG13 postcodes.

Conclusion

The workshop in Langholm uncovered essential themes shaping local health and social care discussions. A prominent desire for community-centric healthcare emerged, emphasising the importance of bringing services closer to home to enhance early interventions and reduce travel burdens.

Discussions also highlighted the potential roles of existing community spaces, like the Day Centre and Men's Shed.

Another focal point was the uncertainty surrounding healthcare projects, including frustrations over communication gaps and project delays. These themes underscore the community's call for accessible and locally-centred healthcare services, emphasising the need for improved communication and clarity on ongoing projects.



RIGHT CARE, RIGHT PLACE – feedback questions following workshop session

1. Where do you live? (Please provide area OR first half of your postcode. This is to help us understand the spread of responses from across the catchment area).

2. Which group best describes you? (Please tick one box you feel best represents how you are responding)

<input type="checkbox"/>	Member of the public*	<input type="checkbox"/>	NHS or Social Care Staff or Service Provider
<input type="checkbox"/>	Patient or service user*	<input type="checkbox"/>	Elected representative (e.g. councillor, MSP)
<input type="checkbox"/>	Carer, friend or family member*	<input type="checkbox"/>	Other (please specify): <input type="text"/>
<input type="checkbox"/>	Voluntary or community group		

* If you select 'Member of the public', 'Patient or service user', or 'Carer, friend or family member', we may classify you as a member of the public.

3. Have you read any Right Care, Right Place materials that accompanied or preceded the workshop?

Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'No' or 'Unsure', what additional information would have been helpful?

Explanations and information provided

4. Do you feel DGHSCP has clearly explained:	Yes	No	Unsure
The context and the focus for the discussions?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>
What the objectives of the Right Care, Right Place programme are?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>
How any decisions will be taken on the issues being discussed?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>

If you have answered 'No' or 'Unsure', how could this have been made clearer?

Your Experience

5. Do you feel you've had an opportunity to:

	Yes	No	Unsure
Give all your views?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>
Ask questions?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>

Please tell us why you feel this way?

6. Do you feel:

	Yes	No	Unsure
Your views were listened to?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>
Your questions were answered?	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>	<small>Do you agree with the following statement? Please tick the appropriate box. If you are unsure, please tick the 'Unsure' box. If you have any comments, please write them in the space provided.</small>

Please tell us why you feel this way?

7. Is there anything else you would like to tell us about Right Care, Right Place?

Please return completed forms either electronically to dg.rcrp@nhs.scot or physically to Communications Team, Dumfries and Galloway Royal Infirmary, Dumfries, DG2 8RX