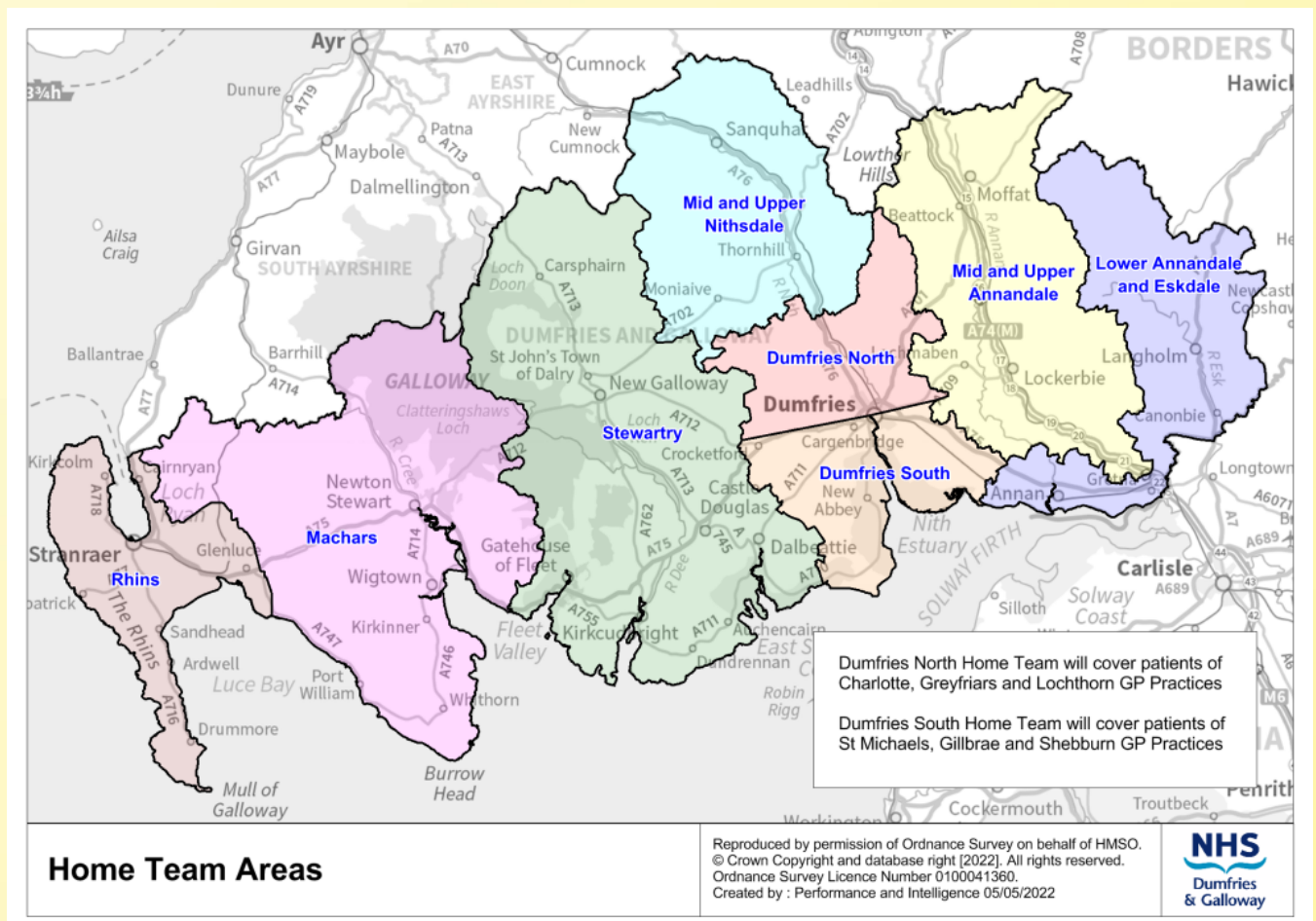


Appendix 6: Home Team Area Chapters

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Chapter 1: Mid and Upper Annandale

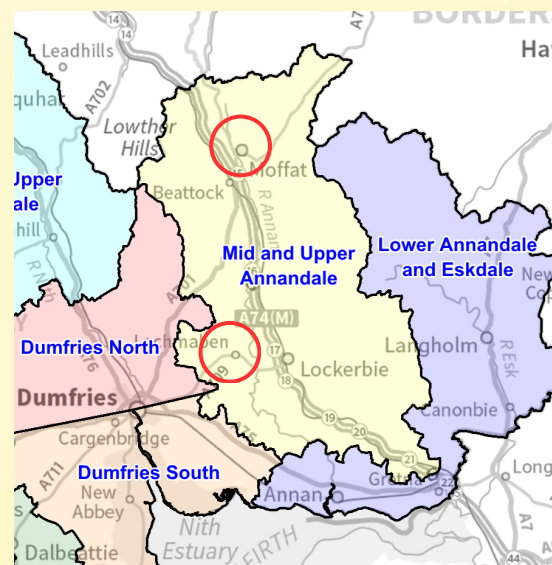
Current cottage hospital estate

Lochmaben Cottage Hospital has 14 intermediate care beds, and the hospital delivers other health care services.

Moffat Cottage Hospital's 12 intermediate care beds are currently suspended, but the hospital delivers other health care services.

Planned flexible intermediate beds

2 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.



What people told us during the engagement and consultation periods

As required when considering major service change, we conducted formal engagement and consultation with communities and stakeholders.

	Dates	Total number of participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700
Formal consultation period	14 April to 7 July 2023	Online survey: 238 In person: approx 510

Chapter 1: Mid and Upper Annandale

For Mid and Upper Annandale, the main themes from the engagement and consultation activities in 2023 are:

Home Team	Town	Theme 1	Theme 2	Theme 3
Mid and Upper Annandale	Lockerbie	= Person-centred care = Local provision/close to home (Five participants)	Community based care and support (Four participants)	= Appropriate accommodation = Respite (Three participants)
	Moffat	Local provision/ close to home (16 participants)	Care hub (10 participants)	Resources (Seven participants)

Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	4 December 2023, Moffat Town Hall	8
Staff Session	4 December 2023, Moffat Hospital	2

Chapter 1: Mid and Upper Annandale

Focussed workshop session

A focussed workshop session, with 8 members of the public, was held in Moffat Town Hall on 4 December 2023. The discussion was based around 3 questions around four themes with a more generic opportunity asking people if there was anything else that should be considered in the short term.

1. How to make best use of the facilities available in the area to meet the needs of the community and reduce unnecessary travel
2. The need for more local intermediate care beds, particularly around provision of palliative care and Carer respite
3. The local support for repurposing of Moffat Cottage Hospital to an integrated health and social care hub including GP (General Practice)
4. Maintaining Lochmaben Cottage Hospital's capacity for rehabilitation

The participants were asked to identify

- What opportunities there were to address each topic
- What the strengths or benefits would of each would be
- What the weaknesses, threats or risks would be and how these could be overcome or addressed

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

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.

Chapter 1: Mid and Upper Annandale

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.

Recommendations:

- Undertake formal options appraisal in regard to Moffat Cottage Hospital with full involvement of community and stakeholders (proposed options below)
- Build on established rehabilitation services in Lochmaben Hospital and explore potential for additional outreach to community
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area community councils to further develop and deliver preventative and early intervention approaches.

Proposed options for consideration – Moffat Cottage Hospital

1. Status quo – no bed based services; some out-patient services
2. Status quo plus – no bed based services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments
3. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base, and offering the space to local groups for community-led activities that will support people to live happier, healthier lives in their local communities.
4. Re-establish – open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments
5. Community Ownership – Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board
6. Close the site – remove all services and sell the building

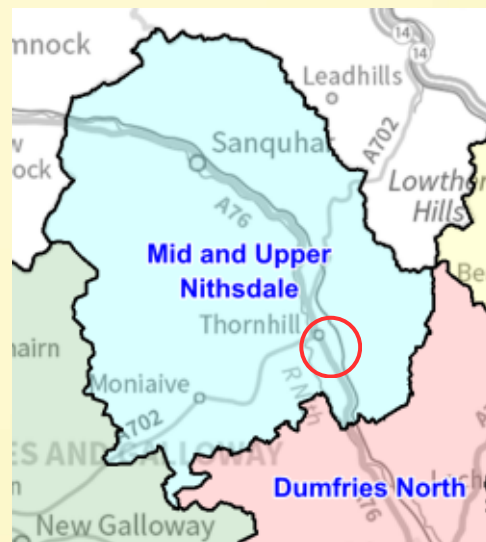
Chapter 2: Mid and Upper Nithsdale

Current cottage hospital estate

Thornhill Hospital's 13 intermediate care beds are currently suspended, but the hospital delivers other health care services.

Planned flexible intermediate beds

7 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.



	Dates	Total Number of Participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700 Total: 1091
Formal consultation period	14 April to 7 July 2023	Online survey: 238 In person: approx 510 Total: 748

For Mid and Upper Nithsdale the main themes from the engagement and consultation activities in 2023 are:

Home Team	Town	Theme 1	Theme 2	Theme 3
Mid and Upper Nithsdale	Sanquhar	Local provision/ close to home (13 participants)	= Cottage hospital - retain/reopen = Improved communication = Joined up care (Four participants)	= Community based care and support = Step-down care (Three participants)
	Thornhill	Local provision/ close to home (58 participants)	Cottage hospital - retain/reopen (44 participants)	Quality of service/ care (13 participants)

Chapter 2: Mid and Upper Nithsdale

Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	10 January 2024, Thornhill Community Centre	11
Staff Session	10 January 2024, Thornhill Community Centre	10

Focussed workshop session

A focussed workshop session, with 11 members of the public, was held on 10 January 2024 in Thornhill Community Centre. The discussion was based around 3 questions around 3 themes with a more generic opportunity asking people if there was anything else that should be considered in the short term

During the consultation and engagement periods, people recognised workforce and financial challenges in delivering care and support. How can we make best use of the facilities/resources available in the area to meet the needs of the community and reduce unnecessary travel? Most respondents also agreed with the proposal to adopt a flexible bed model. However, there were some conflicting views about how this could work/where these beds should be and concern over capacity.

People in Mid and Upper Nithsdale agreed that Thornhill Cottage Hospital and the neighbouring Day Hospital are important resources in the community. Suggestions for their future use included development of a health and social care hub and potential to support rehabilitation in the local community.

The participants were asked to identify

1. What opportunities there were to address each topic
2. What the strengths or benefits would of each would be
3. What the weaknesses, threats or risks would be and how these could be overcome or addressed

Chapter 2: Mid and Upper Nithsdale

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

Thornhill Cottage 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 building include pre-op checks and assessments, rehab, physio, podiatry, day-patient services as dialysis and blood tests. Other suggestions include CAMHS, Counselling, before and after school clubs (including food) or childcare groups.

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.

Recommendations:

- Undertake formal options appraisal in regard to Thornhill Cottage Hospital with full involvement of community and stakeholders (proposed options below)
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area Community Councils to further develop and deliver preventative and early intervention approaches.

Proposed options for consideration – Thornhill Cottage Hospital

1. Status quo – no bed based services; some out-patient services
2. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base, and offering the space to local groups for community-led activities that will support people to live happier, healthier lives in their local communities.
3. Re-establish – open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments
4. Community Ownership – Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board
5. Close the site – remove all services and sell the building

Chapter 3: Stewartry

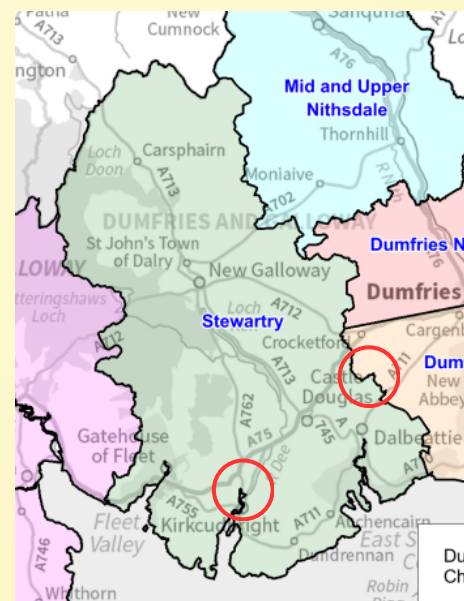
Current cottage hospital estate

Castle Douglas Cottage Hospital has 19 intermediate care beds, and the hospital delivers other health care services. Kirkcudbright Cottage Hospital's 12 intermediate care beds are currently suspended, but the hospital delivers other health care services.

Planned flexible intermediate beds

5 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.

What people told us during the engagement and consultation periods



	Dates	Total Number of Participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700 Total: 1091
Formal consultation Period	14 April to 7 July 2023	Online survey: 238 In person: approx 510 Total: 748

For Stewartry, the main themes from the engagement and consultation activities in 2023 are:

Home Team	Town	Theme 1	Theme 2	Theme 3
Stewartry	Castle Douglas	Local provision/ close to home (Nine participants)	Joined up care (Four participants)	= Community based care and support = Transport solution (Three participants)
	Kirkcudbright	Cottage hospital - retain/reopen (76 participants)	Local provision/ close to home (37 participants)	= Enable people to stay near loved ones = Step-down care (10 participants)

Chapter 3: Stewartry

Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	17th January 2024, Kirkcudbright Council Offices	10
Staff Session	17th January 2024, Kirkcudbright Council Offices	0
Local Hospital Action Group	17th January 2024, Kirkcudbright Bowling Club. Participants 3	

Focussed workshop session

A focussed workshop session, with 10 members of the public, was held in Kirkcudbright Council Offices on Wednesday 17th January. The discussion was based around 3 questions around 2 main themes with a more generic opportunity asking people if there was anything else that should be considered in the short term. How to make best use of local resources to meet the needs of the community taking into account increasing workforce and financial challenges.

The future use of Kirkcudbright Cottage Hospital including reopening or repurposing the facility.

The participants were asked to identify

1. What opportunities there were to address each topic
2. What the strengths or benefits would of each would be
3. What the weaknesses, threats or risks would be and how these could be overcome or addressed

Chapter 3: Stewartry

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

Kirkcudbright Cottage Hospital

Several possible uses for Kirkcudbright cottage hospital were discussed. These included hospice, EOL and palliative care (some group members would prefer this to be delivered in a hospital setting rather than at home); outpatient clinics such as physiotherapy and speech therapy; step-down beds to reduce delayed discharge pressure on DGRI; and a minor injuries unit.

Staffing was identified as the main challenge.

The delay in determining the future plan for the hospital was criticised.

The value of the hospital in minimising travel to Stranraer and Dumfries was mentioned, as well as the potential – when capital becomes available – to combine GP practice and hospital in a single location.

Recommendations:

- Undertake formal options appraisal in regard to Kirkcudbright Cottage Hospital with full involvement of community and stakeholders (proposed options below)
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area community councils to further develop and deliver preventative and early intervention approaches.

Proposed options for consideration

Kirkcudbright Cottage Hospital

1. Status quo – no bed based services; some out-patient services
2. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base, and offering the space to local groups for community-led activities that will support people to live happier, healthier lives in their local communities.
3. Re-establish – open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments
4. Community Ownership – Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board
5. Close the site – remove all services and sell the building

Chapter 4: Machars

Current cottage hospital estate

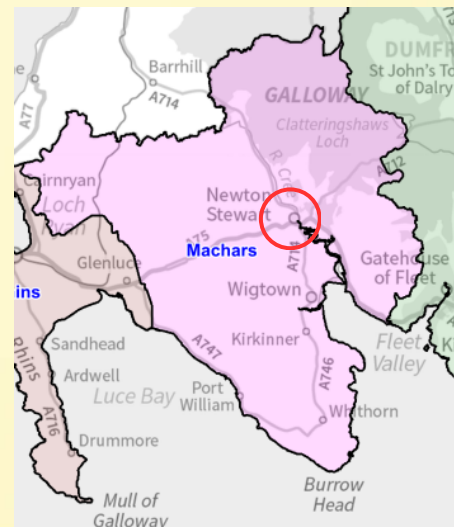
Newton Stewart Cottage Hospital's 22 intermediate care beds are currently suspended, but the hospital delivers other health care services.

Planned flexible intermediate beds

6 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.

What people told us during the engagement and consultation periods

As required when considering major service change, formal engagement and consultation was conducted with communities and stakeholders.



	Dates	Total Number of Participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700 Total: 1091
Formal consultation period	14 April to 7 July 2023	Online survey: 238 In person: approx 510 Total: 748

For Machars, the main themes from the engagement and consultation activities in 2023 are:

Home Team	Town	Theme 1	Theme 2	Theme 3
Machars	Newton Stewart	Local provision/ close to home (18 participants)	Cottage hospital - retain/reopen (13 participants)	= Care hub = Palliative/ end of life care (Nine participants)

Chapter 4: Machars

Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	6 February 2024, Macmillan Hall, Newton Stewart	7
Staff Session	6 February 2024, Macmillan Hall, Newton Stewart	9
Local Hospital Action Group	Wednesday 17th January 2024. Participants: 3	

Focussed workshop session

A focussed workshop session, with 7 members of the public, was held in The Macmillan Hall, Newton Stewart. The discussion was based around 3 questions around Newton Stewart Hospital with a more generic opportunity asking people if there was anything else that should be considered in the short term. People in The Machars agreed that the cottage hospital is an important resource in their communities. The emphasis was on the provision of care close to home, reduction in travel (cost and time) and respite for people needing palliative and end of life care, reducing pressure families and Carers. Other suggestions included repurposing the building to provide a hub for a range of health and social care support.

The participants were asked to identify

1. What opportunities would be created by reopening or repurposing the cottage hospital building?
2. What do you think the strengths or benefits of each idea would be?
3. What do you see as the weaknesses, threats and/or risks of either proposal? What suggestions do you have as to how these could be overcome or addressed?

Chapter 4: Machars

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

Newton Stewart Cottage Hospital

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.

Recommendations:

- Undertake formal options appraisal in regard to Newton Stewart Cottage Hospital with full involvement of community and stakeholders (proposed options below)
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area community councils to further develop and deliver preventative and early intervention approaches.

Proposed Options for consideration – Newton Stewart Hospital

1. Status quo – no bed based services; some out-patient services
2. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base, and offering the space to local groups for community-led activities that will support people to live happier, healthier lives in their local communities.
3. Re-establish – open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments
4. Community Ownership – Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board
5. Close the site – remove all services and sell the building

Chapter 5: Rhins

Current cottage hospital estate

Galloway Community Hospital Dalrymple Ward has 26 intermediate care beds. The hospital also delivers other health care services.

Planned flexible intermediate beds

3 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.

What people told us during the engagement and consultation periods

As required when considering major service change, formal engagement and consultation was conducted with communities and stakeholders.



	Dates	Total Number of Participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700 Total: 1091
Formal consultation period	14 April to 7 July 2023	Online survey: 238 In person: approx 510 Total: 748

The small number of people who responded to the online surveys during the engagement and consultations meant it was not possible to theme their comments. In addition there were no comments specific to Galloway Community Hospital Dalrymple Ward during the consultation period.

Chapter 5: Rhins

Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	14 February 2024, Locality Office	4
Staff Session	14 February 2024, Locality Office	12
Local Hospital Action Group	Galloway Community Hospital Action Group, online 13 February and in-person 19 February	7

Focussed Workshop session(s)

A focussed workshop session, with 4 members of the public, was held in Locality Offices, Stranraer. The discussion was based around 3 questions around three themes with a more generic opportunity asking people if there was anything else that should be considered in the short term. People in The Rhins agreed that the Galloway Community Hospital (GCH) and cottage hospitals are important resources in their communities.

The emphasis was on provision of care close to home, reduction in travel (cost and time) and reducing pressure on community staff families and Carers.

How can we make best use of the available resources to meet the needs of the community, bearing in mind the increasing workforce and financial challenges?

1. What opportunities would be created by adding services at GCH and/or reopening or repurposing the Newton Stewart cottage hospital building?
2. What do you think the strengths or benefits of this would be?
3. What do you see as the weaknesses, threats and/or risks? What suggestions do you have as to how these could be overcome or addressed?

Chapter 5: Rhins

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

Galloway Community Hospital, Dalrymple Ward

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.

Recommendations:

- Build on established rehabilitation services in Galloway Community Hospital and explore potential for additional outreach to community
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area community councils to further develop and deliver preventative and early intervention approaches.

Chapter 6: Dumfries North and Dumfries South

Current cottage hospital estate

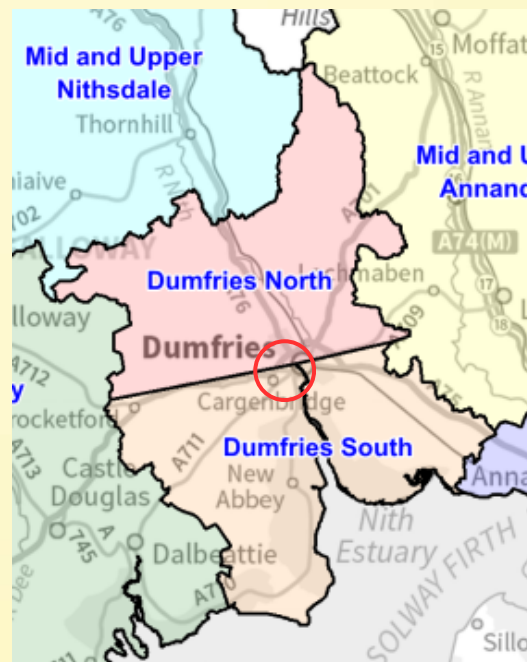
Mountainhall Treatment Centre, Ward 1 has 18 intermediate care beds.

Planned flexible intermediate beds

6 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.

What people told us during the engagement and consultation periods

As required when considering major service change, formal engagement and consultation was conducted with communities and stakeholders.



	Dates	Total Number of Participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700 Total: 1091
Formal consultation period	14 April to 7 July 2023	Online survey: 238 In person: approx 510 Total: 748

For Dumfries North and Dumfries South, the main themes from the engagement and consultation activities in 2023 are:

Home Team	Town	Theme 1	Theme 2	Theme 3
Dumfries	Dumfries	Carers (14 participants)	Respite (10 participants)	Improved communication (Seven participants)

Chapter 6: Dumfries



Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	1 February 2024, Dumfries and Galloway Royal Infirmary	2
Staff Session	14 December 2023, Mountainhall Treatment Centre	0

Focussed workshop session

A focussed workshop session, with 2 members of the public, was held in DGRI on 1 February 2024. The discussion was based around 3 questions around three themes with a more generic opportunity asking people if there was anything else that should be considered in the short term. During the consultation and engagement periods, people recognised that Mountainhall and sheltered housing developments could support the flexible bed model.

The feedback from communities generally agreed in principle that care home beds could potentially be used for intermediate care. Some concerns were raised over availability of additional beds given current lack of availability.

From what people have told us there is support to improve end of life care at home, preventative services and digital/technological interventions to support people to stay at home for longer

- The participants were asked to identify
1. What opportunities there were to address each topic
 2. What the strengths or benefits would of each would be
 3. What the weaknesses, threats or risks would be and how these could be overcome or addressed

Chapter 6: Dumfries

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

Mountainhall Treatment Centre, Ward 1

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.

Recommendations:

- Build on established rehabilitation services in Mountainhall Treatment Centre, Ward 1 and explore potential for additional outreach to community
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area community councils to further develop and deliver preventative and early intervention approaches.

Chapter 7: Lower Annandale and Eskdale

Current cottage hospital estate

Annan Cottage Hospital has 18 intermediate care beds, and the hospital delivers specialist rehabilitation and other health care services.

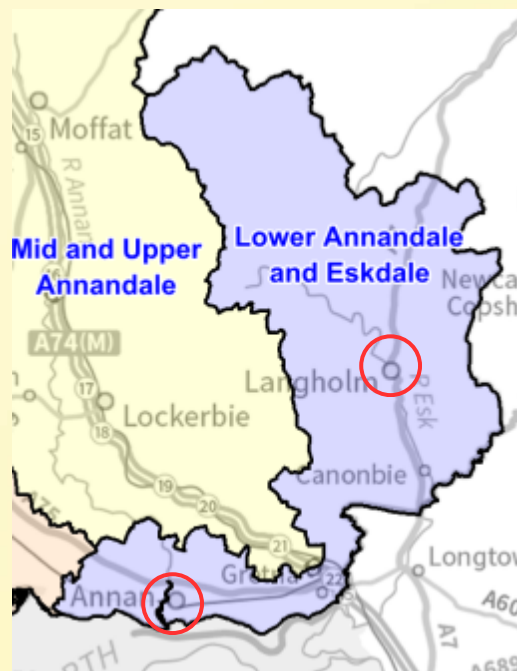
Thomas Hope Cottage Hospital has 12 intermediate care beds, and the hospital delivers specialist rehabilitation and other health care services.

Planned flexible intermediate beds

2 care home beds are being commissioned and with wraparound support from the local Home Team will provide flexible bed based intermediate care. Initially this will be for palliative care, end of life care or respite for Carers. In the longer term these will support step up, step down care.

What people told us during the engagement and consultation periods

As required when considering major service change, formal engagement and consultation were conducted with communities and stakeholders.



	Dates	Total Number of Participants
Pre-engagement 'Time to Talk'	July to September 2022	534
Engagement period	16 January to 3 March 2023	Online survey: 391 In person: approx 700 Total: 1091
Formal consultation Period	14 April to 7 July 2023	Online survey: 238 In person: approx 510 Total: 748

For Lower Annandale and Eskdale, the main themes from the engagement and consultation activities in 2023 are:

Home Team	Town	Theme 1	Theme 2	Theme 3
Lower A&E	Annan	Joined up care (Five participants)	Cottage hospital - retain/reopen (Four participants)	= Staffing levels = Technology (Two participants)

Chapter 7: Lower Annandale and Eskdale

Engagement December 2023 – February 2024

Who we engaged with:

	Date, location	Participants
Focussed Workshop	29 January 2024, Langholm Day Centre	4
Staff Session	26 January 2024, Annan Town Hall	2
	29 January 2024, Langholm Day Centre	3

Focussed Workshop session

A focussed workshop session, with 4 members of the public, was held in Langholm Day Centre on 29 January 2024. The discussion was based around 3 questions around three themes with a more generic opportunity asking people if there was anything else that should be considered in the short term. Most respondents agreed with the proposal to adopt a flexible bed model to deliver intermediate care closer to home. There were some conflicting views about how this could work/where these beds should be, such as in care homes and supported/sheltered accommodation and concern over lack of capacity and resources.

During the consultation, people identified a need for increased local provision, particularly in regard to respite care – suggestions included overnight sitter service or dementia day care. How can we make best use of the available resources to meet the needs of the community, bearing in mind the increasing workforce and financial challenges?

People in Lower Annandale and Eskdale agreed that sheltered housing developments (including extra care), increased care at home capacity and increasing capacity or flexibility of use in cottage hospitals would support local intermediate care needs.

The participants were asked to identify

- What opportunities there were to address each topic
- What the strengths or benefits would of each would be
- What the weaknesses, threats or risks would be and how these could be overcome or addressed

Chapter 7: Lower Annandale and Eskdale

Full details of the discussion are within Appendix 4. Regarding cottage hospitals in the area the main points from the discussion are:

Thomas Hope 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.

Annan Cottage Hospital

There was no specific mention of Annan Cottage Hospital.

Recommendations:

- Build on established rehabilitation services in Annan and Thomas Hope Hospitals and explore potential for additional outreach to community.
- Several other suggestions were highlighted during the discussions. These should be gathered together and considered collaboratively with the Home Team area community councils to further develop and deliver preventative and early intervention approaches.