

Consultations for
carers to share their
views with external
organisations

FOR

FALKIRK
CARERS

Consultation about Hospital Discharge and Care at Home Services with Lana Ray, Team Manager from Falkirk's Health and Social Care Partnership (FHSCP)

Held on 13th February 2026

At the Carers Centre, Falkirk

Chaired by Sharlene Ramage (Carers Centre Participation Development Worker)

Online option facilitated by Ami McKnight (Carer Support Options Lead)

Notes by Ami McKnight, Sharlene Ramage and Zoom assistant.

Attendees

There were 27 people in attendance, Carers with a variety of caring situations, Carer Representatives, staff and staff who are also unpaid Carers.

Lana Ray – Central Team Manager.

Lynn Adams- MECS Team Manager.

The meeting focused on discussing the redesign of care at home services, including a shift from time-based to goal-oriented care, we also discussed the new discharge to assess model. Lana and Lynn, presented updates on the redesign, emphasizing the importance of involving unpaid carers in the process and increasing opportunities for peer support. Carers shared personal experiences of the positives within the current system, whilst also highlighting issues such as lack of clarity in discharge plans, inconsistent communication, and challenges in accessing support services. The discussion also touched on the need for better integration of mental health services and the potential for using technology to monitor care needs.

Lana provided an update on the Care at Home redesign, explaining that it will adopt a reablement/rehab model focusing on maintaining independence. The changes include moving away from time and task-based care to a more flexible approach. The discussion addressed concerns about moving away from 30-minute time slots to more flexible care arrangements, with Carers expressing both support and concerns about potential impacts on their routines and workload. Lana also spoke about the successful pilot that was coordinated at Forth Valley Hospital, which resulted in some individuals reducing their care needs from 24 hours to only a few, Lana spoke about the aims of this initiative to be “person focused”.

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There was discussion around the different computer systems used within the NHS, Social Care, GP's etc, and how these systems don't talk to each other.

Lana discussed possible changes to care teams. Lana said that her manager Daniel requested feedback from Carers particularly around things that are working well, where improvements could be made, and Carers experiences of external care providers. Between March and May 2026, Daniel cannot attend the Carers Centre due to election restrictions. A mailbox system was proposed to gather feedback throughout the care at home redesign process, with both physical and email options discussed.

The discussion also focused on the discharge process for hospital patients, Lana explained that all parties involved in a patient's care, including hospital staff, in-house services, and district nursing teams, participate in morning meetings to discuss discharge plans. There was discussion about the need to involve unpaid carers in these discussions.

Lana and Lynn discussed various technologies, such as bed exit alarms and monitoring systems, to support when 24-hour care is needed, this can be useful as some Carers have commented that they don't want people in their home in the middle of the night, sometimes technology can be used as an alternative or used to access how much care or support is needed for bedtime. Some Carers were unaware that such technologies were available and other Carers commented on how useful MECS visit to the centre had been (MECS staff came to the centre to show Carers digital equipment). Carers spoke about the additional stress and pressure when patients are discharged without proper planning or equipment in place.

The discussion focused on the process of discharging patients from hospital and coordinating care between health and social care services. Carers asked about Summerford and Cunningham house and if the same process would occur. Lana explained that patients would undergo the same assessment.

A Carer spoke about their experiences of mental health discharge, and challenges in mental health care coordination and highlighted the need for better communication between mental health professionals and Carers.

A Carer asked why nobody from the Mental Health team was in the room, it was explained that this is a different team who manages this and many Carers are keen to chat with someone from the department, Sharlene will try to find out who this is, and Lana offered to try and help too.

Lana asked about Carers experiences with reablement and rehab services, particularly regarding Carer involvement in goal setting and care reviews, it didn't seem like many people had been through this process and the Carers who did comment had not had great experiences. It was apparent that there are communication gaps during the 21-day hospital discharge assessment period, which has led to confusion about care hours and support, this conversation highlighted the need for clearer communication and better coordination between hospital and social work teams.

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The discussion also touched on the challenges faced by Carers, including assumptions about their availability and the importance of recognizing unpaid carers.

Lana spoke about the importance of keeping people at home for longer, especially when this is their preference, Lana spoke about how home care services have evolved to meet changing needs. Sharlene emphasised the importance of the Carer being involved in this choice as someone might only be able to stay at home if the Carer is there to support them, many Carers want to continue caring for the person they care for but if things become too much Carers can ask for additional support and can also decide that they no longer want to care.

A Carer discussed the difficulties she encountered when coordinating care, including issues with communication and medication management, and stressed the need for more professional and respectful support for Carers.

Lana spoke about the yellow fob that Alzheimer's Scotland has developed and also the value of befriending services.

Lana said she would feedback Carers views to Daniel Stoddart Care at home and review lead. Points to feedback are: -

- Improved communication and involvement of unpaid carers in discharge and review processes, including ensuring Carers are identified and included in multidisciplinary meetings and reviews.
- Ensure feedback from today's session, including experiences and concerns about care redesign, is shared with Daniel, especially before his meeting with Carer reps at the end of February.
- Set up (or support the setup of) a mailbox or email box at the Carer Centre for ongoing feedback and questions regarding the care at home redesign, and ensure feedback is collated and shared with Daniel on a regular basis.
- Highlight to Daniel and the team the need for clear communication to Carers about the 21-day assessment process (including that it is not always 24 hours and how care is stepped down), and ensure this is clarified in future patient/carer information.
- Ensure Carers are informed of relevant contact names and points of contact within the Home First team and intake team during the 21-day assessment period.
- Highlight to the redesign team the need for clear post-21-day assessment review processes and communication to Carers about who to contact for reviews and support.
- Investigate and address the identified gap in communication regarding ongoing reviews and points of contact for Carers whose care is provided by external providers.
- Feedback to Daniel and the redesign team the need to ensure all relevant professionals (e.g., GPs, hospital staff) routinely ask patients/families about Carer status as part of initial conversations.

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- Highlight to the redesign team the importance of flexibility in scheduling reviews and support meetings to accommodate Carers who are in employment or have other responsibilities.

Carers Views/Statements

- A Carer asked if changes to service delivery would impact external care providers, changes won't.
- For gathering Carers views of the redesign, Carers in the room said they would like paper and electronic options.
- Carers spoke about very short visits and how these are not supporting people to become more independent.
- A Carer commented that Creative Homecare provide 1-hour visits and this works really well for them and the cared for person.
- Carers raised concerns about the lack of funding and how the discharge to assess model would work if there was a lot of people requiring 24hr support.
- Carers spoke about the stress/anxiety caused when the care companies are late for visits.
- A Carer raised their concerns about the additional stress that is caused when paid Carers try to rush the cared for person, this Carer commented that "they go away and I am left to pick up the pieces".
- Carers want to be involved when assessments are carried out with the person that they care for.
- A Carer spoke about the supports that they receive from Safe at home, and how great this service has been for them.
- A Carer shared their experience of not being involved in the hospital discharge process and being asked to collect the cared for person the following morning, other Carers echoed this experience.
- A Carer raised their concerns that they feel that they are having to do all the research, they want someone to tell them at the hospital what they need to do.
- There was a lot of discussion around consent and Power of attorney, Carers feeling that they are not included when decisions are made.
- A Carer shared their positive experience of the care that their cared for person received during their rehabilitation process, the persons mobility got a lot better.

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- A Carer felt that staff at hospitals aren't recognising Carers, Carers in the room had mixed experiences of this and someone mentioned the Alzheimer's Carers Card. Sharlene handed some of these out on the day.
- A Carer spoke about their poor experiences of discharge from the mental health team.
- A Carer said that they had a great experience of discharge from the mental health team, Sharlene asked this Carer if they would be happy to anonymise their experience so others could learn from this good practice.
- Section 28 of the Carers Act was mentioned (Carers right to be involved with hospital discharge), a few Carers commented that staff are not aware of this.
- A Carer stated that unpaid Carers constantly feel "burnt out".
- A Carer feels that there needs to be more advertising about the Carers Centre, Lana suggested various methods that their team use such as social media and TV.
- Accessibility in the Carers Centre was raised, Sharlene apologised for this.
- A Carer suggested the Carers Centre should try and attend GP cluster meetings, Ami (One of the management team at the Carers Centre) said that staff had attended and there is more work planned around GP visits from staff.
- A Carer stated that staff often don't know what unpaid Carers are, someone said perhaps employers need to gather information to see if their staff members are unpaid Carers, a Carer in the room commented that their employer does this.
- A Carer shared their experiences of "unsafe discharge" from the mental health ward and how they worry that this is happening regularly.
- A Carer spoke about the improvement in the person that they care for, particularly around their independence levels, this Carer felt that this improvement was due to the very good support from paid Carers
- A Carer spoke about their experiences of the new discharge to assess model, there were many aspects of this that did not go well for the family, communication was missing, expectation that the Carer would be there etc, SR will meet with the Carer to discuss.
- A Carer spoke about their choice to have more care at home and how they were happy to pay for this.
- Many Carers said that often they feel the paid Carers are rushing, a Carer highlighted that this must be very stressful for the paid staff too. Others in the room shared these experiences and views.

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- A Carer spoke about the fantastic support MECS provided when the person they care for fell, this Carer said all services were great until they reached A + E where there was a very long wait for help.
- A Carer stated that “doing away” with the Community hospitals was a “bad idea”, other Carers in the room agreed.
- A Carer spoke about the additional pressure when professionals call them, especially when they are at their place of employment.