falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

Consultation with Ross McGuffie NHS Forth Valley Chief Executive and Karen Goudie Executive Nurse Director.

Held on Monday 18 June 2026

at The Carers Centre, Falkirk

There were 25 people in attendance including Carers, presenters and staff.

Quick recap

This meeting focused on discussing improvements to hospital services, particularly around A&E waiting areas and discharge processes, with input from Carers and Carers who have been patients sharing their experiences. The discussion covered challenges at the front door of hospitals, including long waiting times, issues with triage processes, and problems with patient flow. Participants raised concerns about the need for better identification systems for patients with dementia and learning disabilities, suggesting the use of Carer's cards and electronic tracking systems. The group discussed improvements to discharge planning, with emphasis on reducing hospital stays and ensuring better community support, including the need for more intensive support packages rather than simply placing people in care homes. Issues around guardianship processes and power of attorney were also discussed, with participants sharing personal experiences about good and poor care experiences and suggesting ways to improve communication and support systems.

Suggestions for Ross/Karen

- Review and improve processes for identifying and supporting patients with dementia, learning disabilities, and their Carers at first contact (e.g., signage, receptionist prompts, electronic flagging, and use of "This is Me"/"Getting to Know Me" forms and Carer cards).
- Work with Yvonne Cairns (Dementia and Delerium Lead) and the dementia team to ensure "This is Me" and Carer cards are consistently offered, explained, and updated, and consider developing an electronic version for easier updating and access.

- When the implementation of a digital front door triage tool is in place, ensure the app allows patients/Carers to input key information such as dementia diagnosis, Carer status, consent, etc. and ensure this information is visible across departments.
- Consider use of volunteers to support feedback submissions at the front door, improving the Care Opinion feedback system.
- Support better communication and involvement of Carers during hospital stays, where appropriate include Carers in the triage/assessment processes and ensure staff are trained in effective communication with Carers.
- Share learning and improvement actions taken in response to Carer feedback at future sessions to demonstrate responsiveness and transparency.
- Ensure ongoing education and training for staff (including consultants) on the value of listening to Carers, particularly for patients with complex needs or cognitive impairment.
- Explore the use of visual identifiers (e.g., purple lanyards) for patients with dementia/disability, subject to privacy and consent, and evaluate their effectiveness in improving staff awareness and response.
- Review and improve processes for identifying Carers, especially when the Carer themselves is admitted/being admitted to hospital, look at registration forms, A and E reception asking etc, learn from good practice such as Carers experience with paramedic staff.
- Review and, where possible, prevent discharges occurring in the middle of the night, and ensure all discharges are communicated and coordinated with Carers.

A&E Performance Improvement Discussion

Ross led a discussion about challenges at the hospital's front door and A&E performance improvements. Ross explained that the frailty unit is supporting people to bypass A and E, however, whilst the hospital has made progress, including reducing long waits by 20% and delayed discharges by 25% over the past 12 months, occupancy remains consistently above 100%, which continues to add pressure the system. The group discussed potential solutions including how to better support patients to access the right care, rather than going to A&E in the first instance. **Ross mentioned that the busiest time in A&E is 6- 10pm**.
Ross mentioned that medical staff working within the A and E department have been trained very differently to GP's, Ross explained many people expect the same treatment at A and E as they would receive at their GP surgery, however this will not happen.

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

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Emergency Department changes, issues and developments from Carers Views.

Ross discussed changes to the staffing model at the emergency department (ED) to better match current patient flow data, which has shown significant changes from historical patterns. The discussion highlighted Carers issues with the current triage system, including problems with waiting times to talk with NHS 111 advisors and problems obtaining a GP appointment. The Minor Injuries Unit in Stirling was noted as working well and is open 9am-9pm Monday to Sunday.
Ross spoke about vending machines in A and E and how there will soon be options to pay via card, the machines will also be topped up more frequently to prevent Carers becoming frustrated that they cannot access food/drinks in the evening, these positive changes are occurring due to Falkirk Carers sharing their opinions/views, and Ross then being able to highlight this with the external company, thank you!

Dementia Care Support System Improvements

Ross mentioned that there are ongoing improvements for Carers and patients with dementia in FVRH accident and emergency department. Carers suggested flagging dementia patients in electronic systems (and people with cognitive issues/ disabilities too), the need to implement clear signage for Carers ie where the nearest toilet is, and when developing a digital front door triage system ensure there is built-in alerts for Carers and patients with disabilities.
The group discussed challenges around technology access, with Ross acknowledging that while 90% of patients could use digital tools, alternatives would still be required for the remaining 10%. The discussion also covered concerns about AI implementation in healthcare and the importance of balancing technological advances with human connection and patient safety.

Healthcare Feedback Process Improvement

Karen explained that the healthcare system receives approximately 200 pieces of feedback monthly through various channels including Care Opinion and outlined plans to improve feedback processes by implementing Care Opinion pods and making it easier for patients to provide feedback. The discussion highlighted challenges in receiving and responding to patient feedback, with participants sharing concerns about follow-up processes and the need for better communication with patients, particularly those with dementia or other disabilities.

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

Karen emphasized the importance of using feedback as a supportive and reflective development opportunity.
Karen discussed the importance of balancing positive and negative feedback through Care Opinion, explaining how the system covers health and social care services and allows for trend analysis to identify issues and share learning across services. Karen mentioned that formal complaints have time scales, however feedback is always welcome even if something happened 6 months ago.
The discussion included information about existing support services for Carers in hospital, with confirmation that a hospital Carer support worker is available to assist both Carers and cared-for individuals when admitted to hospital.

Disability Care Transition Challenges and Mental Health Improvements.

A parent Carer shared their experiences as a parent of children with disabilities, highlighting gaps in care transitions when young people reach 18 and the need for better training in learning disabilities, autism, and rare conditions. This Carer emphasized that Carers are experts by experience and should be central to care planning.
The discussion included recognition of improvements in mental health services over the past decade, particularly in leadership and funding.

Clinical Care/Guardianship/Power of Attorney/ Discharge Planning

Ross discussed the impact of guardianship processes on hospital bed days, noting that even under optimal conditions, the process takes approximately 91 bed days in line with the national best practice statement, which can significantly delay discharges. Ross also highlighted that legislative changes are being considered by Scottish Government to improve the guardianship process to prevent people having to stay in hospital where they are less likely to maintain their independence. The discussion also covered practical issues including the cost barriers to setting up power of attorney. Sharlene encouraged Carers to reach out to the Carers Centre if they need information about Power of Attorney or Guardianship.
Sharlene emphasised the importance of better involvement of Carers in the discharge process from the point of admission. Ross emphasized the need for intensive community-based support packages that focus on maintaining independence rather than creating dependency.

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

Carers Views/Suggestions/ Experiences and staff comments.

A Carer shared their frustrations regarding people attending A and E for minor things, many Carers in the room shared these frustrations and commented that people can often do self-help things but are choosing to present at A and E which means people really needing A and E support are having to wait longer.

Regarding the new NHS app, a Carer said that some Carers won't be able to access this, Ross is aware and will ensure there are alternatives for those who are digitally excluded.

A Carer shared some experiences of their own time in hospital when things didn't go well, this Carers feels NHS FV need to take ownership when they are wrong, Karen said please let us know if you have negative experiences as this is the only way that we can make improvements.

Regarding new digital case notes, a Carer asked if they have POA if they should be able to access these new notes, Ross said decisions are not finalised yet, however Karen hopes that this would be allowed.

A Carer suggested that volunteers could help with walking, mealtimes etc with patients who are in wards, another Carer added that areas in New Zealand have befriending in care homes.

The importance of staff being Carer aware was raised at numerous points throughout the session.

A Carer commented that Ward 4 and 5 staff have been amazing with them, asking how they are doing too, this Carer commented that they could see excellent leadership throughout these wards.

There were comments about the lack of advertisement and knowledge of A and E alternatives such as pharmacy first pharmacy first plus etc.

A Carer shared their experiences of paramedic support, just drivers initially when the person that they cared for needed urgent care, there was then a long wait in A and E, people not reading the board in the ward that stated the cared for person's needs, this Carer feels that there needs to be better care for people who are majorly ill.

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

A Carer shared their positive experience of paramedics identifying them as an unpaid Carer, liaising with other professionals and communicating with them that the cared for person was looked after, this reassured the Carer, and they could focus on getting better.

Online Carer asked if she could share A and E experiences with Sharlene via email.

A Carer commented that their GP service operated as a triage service, they were seen in the GP, then went straight to CAU and bypassed the A&E waiting area, this Carers wonders why this type of triaging can't be done out with 9-5. This Carer also commented that NHS 24 used to do this too, but last week it didn't seem to be the case, and we waited 7 hours in A&E.

A Carers commented that there was no drinking water available in A&E for hours last week. They commented that the water cooler was broken and all the jugs were removed.

Many Carers discussed the importance of proper communication and triage processes, particularly for patients with dementia/cognitive impairments and disabilities.

A Carer commented that communication takes seconds and can prevent stress, aggressive and abusive behaviour, however last week, whilst waiting for 7 hours there was no communication at all from staff. This Carer wonders.....

- Could there be clear posters/signage encouraging Carers to identify themselves and present their Carer's card?

- Could A&E reception staff routinely ask whether a patient has dementia or cognitive impairment and whether they are accompanied by a Carer?
- Could this be flagged on the electronic system at the earliest possible stage to support continuity and awareness throughout the patient journey?

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

This same Carers commented that the "Getting to Know Me" document is a positive initiative; however, further practical clarification may be helpful.
Areas to explore:

- How do Carers become aware of the document?
- Are Carers advised to keep it readily accessible in emergencies?
- How frequently should it be updated?
- What is the process for replacing or updating it?
- Could an electronic version be developed that Carers can:
    - regularly update
    - store securely on their phone
    - download quickly during emergencies?
    - Could prompts/reminders be introduced encouraging periodic review and updating?

Carers Centre Staff online comment, I think we need a system in place to help identify patients with dementia. At any given time 100's of patients with dementia will be in FVRH, many won't have a formal diagnosis. Is there any way that one of the national IT systems could flag a patient with dementia so that the information isn't lost when transferring between departments. And possibly something simple like a purple lanyard for the patient so they can be easily identified?

Carers Centre staff comment, I have spoken to a Carer who was unable to stay with the person that they care for due to a virus outbreak at the hospital, they had to leave the person alone with hospital staff, the Carer explained that the person had dementia and that once assessed they must contact the Carer who would come to collect them, however the person left hospital alone in the middle of the night, in winter. This Carer had highlighted that the cared for person had Dementia, staff needed to call the Carer to collect them and they should not be allowed to leave hospital on their own, this Carer was assured that this would happen, however the person turned up at home in the middle of the night after walking home alone from FVRH.

A Carer suggested that digital should not replace the human touch/connection.

A Carer commented that Care opinion is fine but only if it is followed up on. When I put feedback on there the response was to follow up and discuss further, I was given a name and

contact number, which went to voicemail. I left a message and they never returned my call.

Carers Centre Staff online comment I have had several Carers express concern about the attitude of nurses working on wards, particularly when their loved one struggles to feed themselves, go to the toilet themselves or change their clothes themselves, despite being informed of a dementia diagnosis. I have heard of a person not eating whilst on the ward and it turning out that their false teeth were in their bedside drawer, also people not having access to their hearing aids which results in frustration for everyone.

A Carer commented that you can anonymise your feedback and Care Opinion help you with that.

A Carer commented that I always think that feedback should be about looking to solve the problem not to fix the blame.

A Carer asked if it is possible to arrange a specific zone (it could be with chairs in different colours) for patients who have mental health issues or learning disabilities and their Carers, and this way the nurses will know that these people have specific needs and need to be accompanied by their Carers? Some Carers commented that people may not want others to know.

A Carer emphasised that Carer's are experts about their loved ones- we know what is normal for them and what isn't

Carers Centre Staff online commented that it would be good to try and avoid discharge in the middle of the night, this staff member commented that this has happened to 2 Carers in the past few weeks

A Carer commented that it would be best practice if everyone had a POA in place so that a guardianship is not required. Everyone does need to be proactive in getting a POA in place and not waiting for a crisis

A Carer representative shared a Carers personal story about a tragic case involving a young patient who died, highlighting the importance of listening to Carers.

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

A Carer shared a personal example of how the person that they care for received inadequate community support after hospital discharge, this resulted in prolonged isolation, poor quality of life and another hospital admission.

Sharlene mentioned Carers where the cared for person may have episodes of poor mental health, particularly if addiction is present and the need to gain consent and record this on these new digital systems when the person is mentally well.

A Carer spoke of the worry when your cared for person might lose their package of care when they are admitted to hospital.