falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

Consultation about NHS Forth Valley's Strategic Plan with Rebecca MacMahon, Health Improvement Team from NHS Forth Valley.

Held on Monday 7 September 2026

At the Carers Centre, Falkirk

Chaired by Sharlene Ramage
Online option facilitated by Nicola Weedon (Adult Services Team Lead)
Notes by Dana Horsburgh (Carer Representative) and Zoom assistant.

Meeting Overview and Key Actions

This meeting was a consultation where Rebecca, an Improvement Advisor with NHS Forth Valley, gathered feedback from carers about quality, safety, and experience in healthcare services. The discussion focused heavily on carers' experiences within A&E (Accident and Emergency) departments, with participants sharing their experiences of long waiting times, poor communication and a lack of proper support for both patients and carers. Key issues discussed included the need for better identification of carers in healthcare settings, improved discharge planning that includes carers, enhanced support for people with dementia, disabilities and mental health crisis in A&E. Participants also discussed the need for more community-based healthcare options, better access to mental health support, and the creation of dedicated waiting areas for people with specific needs like dementia and autism. The conversation touched on broader healthcare system challenges including the proposed restructuring of NHS Forth Valley and the impact of new housing developments on local healthcare infrastructure. Rebecca explained that the feedback would inform a new five-year quality, safety, and experience plan for NHS Forth Valley, with plans to involve frontline staff and patients in developing and implementing the strategy.

Rebecca

- Bring back the draft of the NHS Forth Valley quality, safety, and experience five-year plan to the carers group for feedback before it is finalized.

Collaboration

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Meeting Minutes

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- NHS Forth Valley Improvement Team: Organize and facilitate workshops at the end of September/beginning of October with staff from across the organization to start drafting the quality, safety, and experience plan.

Care Planning and Consultation Updates

Sharlene discussed upcoming events and consultations for carers, including sessions on benefits, dementia care, and NHS consultations. Rebecca, an Improvement Advisor with NHS Forth Valley, explained the purpose of developing a five-year plan focused on quality, safety, and experience, and sought feedback from attendees on their experiences and expectations for care. The discussion highlighted the importance of communication, being listened to, and being included in conversations about care, with participants sharing personal experiences of challenges in accessing support and feeling understood by healthcare providers.

Rebecca's discussion

Carers discussed challenges with hospital care, particularly for people with dementia, noting issues with proper identification and communication with medical staff. Carers suggested implementing better community treatment options, including upskilled nurses in treatment rooms and walk-in centres. The discussion also covered concerns about unsafe discharges of patients with substance use issues, with Rachael from SFAD (Scottish Families Affected by Alcohol and Drugs) highlighting the need for better staff awareness and support systems to prevent dangerous situations at home.

Hospital Carer Support Improvements

A carer shared positive experiences of being treated well in hospital while identifying herself as a carer, particularly noting that staff allowed her extra recovery time before discharge. Other carers in the room discussed challenges with post-hospital care, including delays in paid carer services being arranged and communication gaps between hospitals and care providers. There was emphasise on the importance of better identification and support for carers during hospital stays, suggesting that staff could improve by better flagging carer status and ensuring proper follow-up care arrangements.

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

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A&E Care Improvement Suggestions

A carer discussed her experiences with A&E care, highlighting that while the wards provide good care, A&E experiences are often poor due to high pressure and fast turnover. Sharlene emphasized the need for carer support in A&E, particularly for patients with conditions like dementia, delirium and disabilities, noting that carers often feel scared and unable to leave their loved ones unattended. Carers also suggested improvements such as volunteers providing basic care like food and water, supporting patients to mobilise, creating information boards for patients, and potentially having different waiting areas based on the severity of conditions.

Healthcare Challenges for Autistic Patients

Carers highlighted the challenges autistic people face in healthcare settings, especially in emergency departments and busy waiting rooms, where noise and sensory overload can cause distress and agitation. Carers emphasised the need for separate, quieter spaces for people with autism and learning disabilities in healthcare facilities, as well as better discharge planning that includes unpaid carers. Carers emphasised the need for planned slots at walk-in centres to provide more structured and appropriate care for autistic patients, noting that current systems can be overwhelming and deterrent to seeking medical help.

Healthcare Access Challenges for Carers

Nicola discussed challenges in healthcare access for people with communication difficulties and carers, highlighting the need for staff to identify and involve carers in healthcare decisions. Nicola emphasized that carers often prioritize the person they care for over their own health needs, leading to delayed medical care or discharge against medical advice. Nicola also addressed concerns about healthcare variations, particularly the differences in care quality between weekdays and weekends and discussed the potential impact of NHS reorganisation on local services.

NHS Scotland Restructuring Plans

The discussion focused on NHS restructuring and service improvements in Scotland, with participants sharing experiences about healthcare access and quality. The conversation covered concerns about centralisation versus localisation of health services, challenges with A&E usage, and the need for better patient experience and staff support. A key development was the announcement of a new five-year strategic plan being developed by the Improvement Team, which will include workshops in September-

falkirk & clackmannanshire carerscentre

Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

October involving frontline staff, patient representatives, and management to create actionable plans with clear accountability measures through a new Safety Steering Group structure.

Carers views and experiences

A carer suggested a wristband system to indicate dementia patients; some carers liked this ideas and others thought that people might not like others knowing of their diagnosis.

A carer shared their experience of excellent coordination of social work and hospital staff during their planned admission to hospital; this carer also highlighted the extra time they were given in hospital to recover.

Rachael SFAD shared carers experience of poorly planned discharge where domestic abuse was known, the cared for person was returned home without acknowledgement of the carers needs/safety.

A Carer spoke about the need for planned appointments for their cared for person. The cared for person has an autism diagnosis. The carer said that the person will pull all the things of the walls, touch things and make a mess in the room, this carer emphasised that planned appointments allow staff time to be prepared but also reduces carer stress. This carer highlighted the importance of this for new GP walk in services having some allocated time slots, this would be useful for many carers.

Throughout the conversation many carers emphasised the need to be listened to and involved with their cared for person's care.

A carer spoke about the importance of staff asking them how they are.

Last minute updates regarding hospital care, for example the cared for person "is being discharged today", causes additional stress.

A carer shared their experience of their loved one turning 65 and changing from one service to another, there was no communication about this to the carer and the first time they knew was when a staff member visited and said now that they are 65, they are moving into another service, the carer asked for more information and was told you will receive an appointment. Without the carers support the cared for person would not attend any appointments.

A carer suggested that the new drop-in GP centres should have advanced nurse practitioners.

Rachael from SFAD said that people should be treated as individuals when they attend A &E.

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Meeting Minutes

Consultations for carers to share their views with external organisations

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Sharlene asked if there was a policy in place surrounding unpaid carers involvement with NHS FV services, Rachael did not know if there was.

A carer told staff in hospital she was an unpaid carer she received excellent support.

Carers discussed the importance of transparency about care plans when someone is being discharged home.

Sharlene spoke about carers experiences of care packages after discharge from hospital, some carers have thought that they were going to receive very robust care packages when the reality was some support, carers need to be informed realistically what care support will look like.

A carer said they have been made to feel like an “interfering wife” when trying to be involved in NHS care planning.

A carer suggested everyone in A &E having a copy of their own paperwork, if the person is called when carer is at the toilet staff can check paperwork, this would have conditions on it, for example dementia diagnosis.

A carer suggested paramedics having more access to instant tests such as blood tests for people who have angina, this would free up ambulances and attendance at A&E.

Many carers feel that Falkirk community hospital could be utilised better.

A carer suggested that senior NHS managers should shadow staff on the front line to see what it is like to work under such pressure.

A carer spoke about Stirling community hospitals minor injury service and said this should be replicated at Falkirk community hospital. Many carers agreed with this.

A carer spoke about the fantastic service at Stirling’s community hospital and pointed out that people who use public transport from Falkirk may struggle to use this facility.

falkirk & clackmannanshire carerscentre

Meeting Minutes

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