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Meeting Minutes

Consultations for carers to share their views with external organisations

FOR FALKIRK CARERS

Consultation about NHS Forth Valley Services with Ross McGuffie, Chief Executive, Professor Karen Goudie, Executive Nurse Director, Hazel Webb, Interim Home First Lead, Lyndsey Dunn, Head of Community Health and Care, and Yvonne Cairns, Nurse Consultant Dementia and Delirium.

Held on Tuesday 20th October 2026

At the Carers Centre, Falkirk

Chaired by Sharlene Ramage (Carer Participation Development Worker).

Online option facilitated by Sharlene Ramage (Carer Participation Development Worker).

Notes by Nicola Weedon (Adult Service Lead) and Zoom Assistant.

Quick recap

The meeting focused on the "home first" approach to hospital discharge and the importance of carers in the process. NHS staff on the day discussed the collaborative's goal to make every day count for patients by using designated frailty units and comprehensive geriatric assessments to reduce hospital stays for older adults. Ross highlighted that delayed discharges in Clackmannanshire and Stirling were at their lowest since November 2025.
There was an in-depth discussion about the "discharge to assess" model, which moves assessments from the hospital to the home. Carers shared personal stories of hospital discharge, including gaps in communication and the struggle to get community support once the cared for person is home from hospital.
Carers expressed concerns about the impact of political announcements regarding health board restructuring and the lack of public consultation before this Scottish Government decision was announced.
This meeting also offered an opportunity to highlight the importance of including carers' voices in service design and evaluation. It was evident that Care Opinion is a good way to capture feedback, however there are possible gaps in gaining feedback from those who are not online.

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Collaborative Care for Older Adults

Lyndsey presented on a collaborative initiative aimed at improving care for older adults in acute hospitals, highlighting the importance of designated frailty units and comprehensive geriatric assessments. Lyndsey discussed the goal of making every day count for patients, particularly those over 75, and emphasised a home-first approach to avoid unnecessary hospital stays. The discussion included questions about resource allocation and potential changes to health board structures, with concerns raised about the practical implications and funding required for such changes.

Health Board System Restructuring Discussion

There was mention of the possibility of Health Board Restructuring and Sharlene shared her shock at the recent political announcement and lack of public consultation. Ross highlighted the importance of reshaping the care system to spend less on institutional care and more on community-based support, particularly in discharge planning where assessments should occur at home rather than in hospitals. The discussion also touched on the role of carers in discharge planning and the need to support them appropriately.

Hospital Discharge Process Improvements

Lyndsey discussed challenges with the current hospital discharge process, explaining how patients can often wait too long in hospital when they are clinically fit for discharge. Ross emphasised the importance of planning for discharge on the first day of admission into hospital. Lyndsey commented that there had been some investment in discharge planning, however it was clear from listening to carers today that “we need to do more liaising with families during the discharge process”. A carer asked if carers could “have input on questions asked in discharge planning”. Ross and Karen both expressed the importance of carer involvement and co-production of materials/resources. Lyndsey is keen to link in with carers at a separate event to discuss the hospital discharge journey.

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Lyndsey went on to describe ongoing work to implement comprehensive geriatric assessment at the hospital's front door through a specialist team. There was discussion about Denmark and how well this model had worked there. A carer commented that there is much more money to spend in Denmark in comparison to Scotland.

Dementia Update

Yvonne introduced herself and mentioned her new role and position as chair of the National Dementia Nurse Consulting Group for Scotland. Yvonne discussed the importance of individualised care planning and coordination across different settings. The conversation also touched on the challenges of caring for people with specific conditions and the need for specialised training for staff caring for individuals.
Yvonne informed carers about the work that she is undertaking to ensure that new and existing staff are encouraged to attend dementia and carer awareness training, which is occurring in many NHS and Care settings and is delivered by Yvonne.
Yvonne is also working to develop and refine the "what matters to you" conversations with patients and carers to ensure more individualised care. The discussion highlighted challenges in caring for patients with dementia, particularly when carers are not treated as equal partners in care.

Carers discussion with Karen

A carer shared their personal experience of using Care Opinion to share their poor experience. This carer was pleased with the speed of the response, however they emphasised how detrimental this experience has been on their wellbeing. Karen let the carer know that she was aware of his experience as the Care Opinion team had reached out to her and she offered to speak with the carer on a one-to-one basis after today's session. Karen explained that this carer's experience would be investigated by the Patient Relations team.

Care Provider Streamlining

There was an open discussion in the room which highlighted the need to reduce the number of care providers to ensure quality and oversight, noting that while there are

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currently 83 external providers, many are not actively taking on work. Hazel explained that the goal is to streamline services by working more closely with active providers and building up reablement services. Some carers were worried that reducing the amount of care providers would reduce the number of paid carers available to provide packages of care. The discussion also touched on the Scottish Government's ambition to amalgamate local authorities and carers thoughts on the potential impact for carers.

Hospital Discharge

The discussion focused on integrated healthcare services and the importance of supporting people during hospital discharge to help them return home and maintain independence. There was emphasis on having meaningful conversations with patients and carers about their individual needs and goals.
Ross shared details about a successful 12-week wraparound support program in North Lanarkshire that helped over 50% of participants achieve independence without ongoing care.
Sharlene highlighted that hospital staff need to be mindful that sometimes carers are caring for multiple people.

Home-Based Healthcare Assessment Approach

Hazel presented a new approach to healthcare assessments that shifts from traditional hospital-based evaluations to home-based assessments, which has shown positive results including more people staying at home and reduced hospital readmission rates. The team has been collecting feedback through complaints procedures and staff reports. Hazel discussed plans to implement Care Opinion and patient reporting measures, while acknowledging the challenge of accommodating carers who prefer paper-based feedback over digital options. During the conversation it was identified that there is a need to improve how carer feedback is captured, utilised and lessons learned being reported back to carers.

Carers Thoughts on gathering their feedback

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Many carers in the room discussed the challenges faced by carers in caring for loved ones, emphasising the need to better understand and support carers' experiences. A carer highlighted the importance of measuring the impact on carers and suggested that carers should be asked directly about their well-being and coping strategies. A carer commented that carers often go through difficult situations without proper support or acknowledgment, and there is a need for better ways that carers can share their experiences.

Carer Feedback and Service Improvements

Ross emphasised the importance of listening to carers and ensuring their feedback leads to meaningful action and improvements in services. A carer shared their personal experience from 1996, expressing frustration that many of the issues discussed back then have not seen significant progress, this carer stressed the need for “real changes” in how services are delivered. Again, it was evident that better communication on how services have been improved due to carer/service user feedback is needed.
A carer emphasised the importance of recognising carers as "experts by experience" and called for formal processes to ensure both patient and carer voices are heard during service changes.
Ross informed carers of a new formal escalation process implemented at the children's ward following a significant adverse event review. These new processes ensure that all parents/carers on their child’s admission to the ward receive a name of a person who can support them and are also told who they can escalate any concerns to.

Emergency Department Care Improvement Initiatives

Karen acknowledged challenges with emergency department care/delivery and patient stays, highlighting efforts to implement systems and processes to ensure safety and make improvements. Karen explained that NHS Forth Valley are over-recruiting nurses to try and ensure that there are always safe levels of staff. The discussion emphasised the importance of involving carers as key stakeholders in service changes and measuring outcomes before and after implementation.
Ross stressed the need for more individualised healthcare approaches rather than one-size-fits-all solutions and explained that making meaningful changes from

institutionalised care to community care will take time, however, it has been done in other areas and has worked really well.
The discussion ended with many carers keen to continue the conversation. Sharlene will reach out to Ross to arrange a follow up consultation.

Carers Views/Experiences/Comments and Comments from staff.

- A carer asked, "where is all the new staff coming from to do this reablement work". Hazel explained that there is new investment to support recruitment, also services are being reshaped to put more support into communities rather than hospital services.
- A carer commented that Scotland cannot be compared to Denmark as Denmark is a much wealthier country than Scotland.
- Sharlene asked if Ross knew why there was no public consultation about the possibility of reducing the amount of Health Boards. Ross explained that consultation will take place moving forward. Sharlene asked if Ross could share that as a local service, we are disappointed that the Scottish Government decided to announce this without meaningful public/carer participation. Ross explained that there has been discussion with national carers organisations. Sharlene will reach out to Carers Trust and keep carers informed.
- Many carers in the room commented that they had not been asked if they were willing to continue caring for the person when they were being prepared for discharge home from hospital.
- A carer commented that Police Scotland had moved to a similar centralised model of delivery that the NHS boards are considering, this carer said that it has been a "disaster for Police Scotland" and he worries that should the NHS move to two boards, similar problems may arise.
- A carer discussed challenges with social work support and care assessments, expressing frustration with delays and lack of progress.
- A carer wondered about people with dementia and what steps are being taken to make sure their hospital journeys are dementia friendly. (Yvonne Cairns Dementia and Delirium Lead discussed the work that she is doing with Falkirk's carers - more information is in the text above).

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- A carer of someone with dementia commented that "post diagnostic support is great; however, you get it at the start, that's not when you need it". Other carers in the room agreed with this carer.
- A carer spoke about their children who have different complexities of need, feels that more training is required for staff to make sure that they are meeting the needs of individuals. This carer also wants staff to listen to carers as they are "experts by experience".
- A carer commented that there is need for "better care planning before admission to hospital".
- A carer suggested that good training for staff could be developed using tips from the dementia bus. Yvonne explained that she had observed very good techniques from the bus and uses similar methods in her training.
- A carer commented that carers must be included in every aspect of someone's hospital journey.
- A carer commented that they would like to see carer experiences recorded and monitored within the hospital systems.
- A carer commented that they would like to see evidence that carers are being asked if they want to continue caring.
- A carer commented that sometimes carers may feel pressurised into taking the cared for person home.
- A carer asked about carer involvement in discharge planning, when the cared for person is supported by NHS mental health services/wards. Sharlene commented that carers should be supported to contribute to all discharge planning, Karen agreed that regardless of the ward/service, carers should be offered the opportunity to be listened to. This carer commented that "this isn't happening", Sharlene suggested that the carer puts these experiences onto Care Opinion, where they will receive a response from the NHS ward in question.
- A carer asked what "wraparound Mental Health planning should look like for people who are discharged from Mental Health wards." Karen explained that everyone should know what their support will look like in the community before they are discharged. This carer commented that this is not happening. Karen asked this carer to put their experiences onto Care Opinion where they will receive a reply from a staff member.

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- A carer commented that they had very good experiences of support from Mental Health wards within Forth Valley, they feel that they are listened to and supported well.
- A carer shared their experience of using Care Opinion and how he received a response the following day from NHS FV with an email to contact someone to discuss his experience in more depth. Sharlene and the carer were impressed at the speed of this response. This carer had a terrible experience, which had an extremely negative impact on his mental health and wellbeing. Karen commented that she knew of his experiences as the Care Opinion team had contacted her directly, Karen agreed to speak with this carer on a one-to-one basis.
- A carer in the room commented on the carer above's experience and described how worried they were for the carer's wellbeing and how they "checked in on them".
- A carer spoke about the worry of "who will care when the carer is put in hospital".
- A carer spoke about reaching crisis before social support was provided.
- A carer shared their frustrations that the consultant would not listen to them. This carer stated that the consultant continued to speak to the cared for person even although they could not understand due to their condition.
- A carer shared that it took professionals a few days to contact them when they were next of kin and this was stated on the cared for person's file.
- A carer stated that their cared for person is now in a care home and they are "just starting to feel a bit more like themselves again".
- A carer mentioned the importance of the same paid carers coming into the home, especially when the cared for person is "a very private person".
- Sharlene explained to carers that they can change their package of care if they are not happy with the care providers.
- A carer shared her concerns about reducing the number of providers that are commissioned in Falkirk to provide care. Ross, Karen and Sharlene explained that less providers means more opportunities to work with providers when carers/service users are not happy.
- Sharlene explained that Daniel Stoddart the Care at Home Lead is looking at ways that carers can share their views about care providers.

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- A carer said that they had worked for the council when they "changed to Central Region and it was a nightmare".
- A carer mentioned that they had called social work trying to arrange a break, this was around two to three months ago, and they have still heard nothing back.
- Sharlene asked Hazel about mechanisms that are in place to seek carers' views on the services that are being adapted/implemented. During this discussion Hazel recognised that although they are asking carers/service users/staff about their experiences, the feedback loop about changes could be better.
- A carer stated that staff need to be using direct feedback from carers.
- Sharlene mentioned that some carers don't like using technology and said that staff need to be mindful to find ways to gather feedback from those who are not using technology.
- A carer commented that at times their caring role became so hard they went to bed at night and "didn't want to wake up in the morning".
- A carer asked how we are measuring carers' experiences and the impact caring is having on the carer. This carer wants there to be statistics around carers' experiences and examples of how improvements have been made due to carers' feedback. Another carer commented that metrics should be measured (i.e. before and after). Many carers in the room agreed with these suggestions.
- There was a discussion around how much money unpaid carers save the NHS.
- A carer stated that their GP told them about the Carers Centre and how much being involved in the "carers groups has helped" them.
- There was conversation about carers themselves ending up hospitalised due to the stress and pressure from their caring role.
- A carer stated that "statistics and numbers are no good, they can be made up, you need real feedback from real people, that's what people want to hear".
- A carer shared their experiences of trying to "fight" to get the care that their cared for person needed.
- A carer stated that "we have been having these same conversations for over 20 years, nothing is changing".
- Sharlene asked what needs to change. Carers suggested, talking to and listening with carers, involving carers in decisions, keeping carers informed, hearing from lived experience, no "tick box exercises", being seen as an equal when sat around the table with professionals and "feeling seen".

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- A carer shared their experience with mental health teams and their cared for person being admitted. This carer had to take the cared for person's medication into the hospital, they handed over this large bag and they later found it still in the cared for person's room. They were concerned that the cared for person could have taken all of this medication. Karen has asked the carer to contact her.
- A carer asked if all NHS staff receive carer awareness training. Sharlene explained that although there is carer awareness training, this training is not mandatory.
- A carer commented that "staff struggle to get time to complete the mandatory training, never mind the non-mandatory".
- A carer spoke about the importance of all staff doing training, especially people who have been doing the role for a long time.
- A carer said, "let us know what changes you are making, it's good that you are making changes, but we need to know".
- A carer spoke about their Creative Break grant and how attending football matches [via Respitality scheme] supports them to have a meaningful break.
- Sharlene mentioned that carer representatives are being supported to sit on Health and Social Care Partnership steering groups. This is working very well and perhaps NHS Forth Valley should consider this.