Going Beyond Harm, Oban
Learning report from 26 June 2017
Contents

Introduction and aims ........................................................................................................................................ 4
Method ......................................................................................................................................................... 5
Analysis and results ..................................................................................................................................... 5
Next steps ................................................................................................................................................... 11
Appendix 1. Going Beyond Harm, Oban – attendee breakdown .............................................................. 12
Appendix 2. Going Beyond Harm, Oban – evaluation responses ............................................................... 12
Introduction and aims
Harm can come in many different forms, but an important – and often overlooked – form of avoidable harm is when carers’ views, knowledge and experience are not asked for or – worse – not listened to or accepted. The consequences of this for service users, staff and carers can be significant.

‘Going Beyond Harm’ was an event, held in Oban for carers and professionals supporting carers who have been in contact with mental health services. The event was organised by Carers Trust Scotland and the Scottish Patient Safety Programme for Mental Health (SPSP-MH) and took place on Monday 26 June 2017 at The Corran Halls. It follows on from the Going Beyond Harm event which took place on 31 August 2016 at the St Mungo Museum of Religious Life and Art in Glasgow. Arising from the event in Glasgow Carers Trust Scotland and SPSP-MH committed to holding regional versions of this event in Oban, Dingwall, Perth and Galashiels.

The aim of the event was to gather carers’ and professional views from remote and rural areas on how to improve safety for service users, staff and carers within mental health services. Karen Martin (Carers Trust Scotland) and Steven Robertson (Healthcare Improvement Scotland) welcomed the delegates to the event and set the scene for the day. Gillian Davies (NHS Highland), Louise Christie (Scottish Recovery Network) and Karen Martin presented on the Triangle of Care in Practice – NHS Highland’s experience. The video It’s all about relationships shown as part of this presentation can be found on the Scottish Recovery Network website (www.scottishrecovertnetwork.net) resources page.
Method
A series of world café discussions at this event were used to explore important issues for improving services in relation to the following areas: 1) Admission/discharge and moving between services; 2) Remote and rural; 3) Involving carers. A world café is a structured conversational process in which groups of people discuss topics at several different tables. Participants were encouraged to record their comments on tablecloths during each discussion.

Analysis and results
All written records from the event were imported into NVivo® qualitative analysis software and a thematic analysis was conducted for each themed discussion by a health services researcher. Thematic analysis seeks to describe and explain qualitative material by identifying patterns or themes.
Discussion area 1: Admission/Discharge and Moving Between Services (Transitions)

A number of themes from the discussion give insight into issues of harm arising out of admission to and discharge from hospital in remote and rural localities.
1.1 Planning for transitions
Communication and information sharing between professionals and services was identified as a key issue to be addressed for improving discharge planning. Communication between Child and Adolescent Mental Health Services (CAMHS) and adult services was highlighted as a concern in relation to transitions for young people. Carers were seen as being crucial to involve in conversations and decisions in regards to transitions and discharge planning.

“communication essential to support safe discharge”

1.2 Geographical challenges
The distance between communities and appropriate services was highlighted as a challenge for ensuring safe care. The use of technology was raised as an important way of overcoming the barriers of access experienced in remote and rural areas. Carers were also viewed as having an important role in supporting patients to overcome these challenges, particularly in relation to attending appointments.

1.3 Taking a more person-centred approach
The need for record keeping and information sharing to be improved was discussed. In terms of how this has an important role in ensuring that patient history and individual needs are appropriately incorporated into decision making. Appointments for patients were particularly highlighted during the discussion and how they may not consider individual circumstances for those living in rural and remote communities. Education and awareness in primary care was raised as a barrier to person-centeredness including addressing stigma.

1.4 Recognising the role of carers and partners in transitions
The importance of carers being routinely informed and engaged concerning transitions and care planning was raised by participants. A lack of wider support in the community relating to transitions was also highlighted as a source of stress for carers. Confidentiality concerns were also identified during discussion as a key barrier to sharing information with carers and involving them in decision making. Related to this, the benefits of carers being informed about appointments to support attendance was discussed.
Discussion area 2: Remote and Rural

A number of themes from the discussion of remote and rural considerations provide insight into the challenges of service provision in these areas and how this impacts on access and the experience of care.

Rural carers suffer more than urban carers
2.1 Lack of services and resources

A range of issues were discussed in relation to a lack of services and resources available in remote and rural communities, particularly for those living on the islands. Concerns were raised about the absence of support at weekends particularly in response to crisis, and shortages of suitably qualified staff to deliver services. The lack of services was seen as creating the risk of patients being moved to inappropriate services especially for young people.

2.2 Barriers to accessing care

Transport difficulties were widely discussed as a barrier to accessing appropriate care and how the burden of travel impacts on patients, carers and staff. This was discussed as being most challenging for island communities. Services for young people were raised as being particularly difficult to access for those living on the islands. The need for local investment and partnership working to overcome access difficulties was raised alongside the need for services to be tailored to the realities of access in remote areas.

2.3 Alternative approaches and local prioritisation

The need for localised care in rural and remote communities was discussed in relation to a decentralised approach. The value of self-directed support approaches and the use of technology as part of alternative models of care were highlighted by participants. As well as how the needs of local communities require greater prioritisation as part of a localised approach with a particular emphasis on young people, families and carers.
A number of themes in relation to how carers should be involved in the delivery of services and the provision of care in remote and rural localities were identified.

3.1 Value, inform and support carers

The need for carers to be acknowledged and valued for their contribution was highlighted, through support and investment but also through ensuring patients have access to their carers. Related to this were issues around confidentiality and how this impacts on whether important information is shared with carers. A need for clarity around what information should be shared with carers was identified as being important for improving decision making, planning and timeliness in relation to patient care. A lack of recognition, support and advocacy was identified in relation to young carers particularly. The importance of valuing carers’ feedback and experiences for informing service improvement was also highlighted.

“look after carers so that they don’t become service users as well...”
3.2 Anticipatory and responsive care
Participants raised the issue of a lack of anticipatory and emergency response in care delivery for remote and rural communities and the high reliance that this places on carers to keep patients safe. This was felt to place a burden on carers and the third sector organisations supporting them. Related to this was the need for local funding arrangements to consider the reliance on carers and for staff delivering care to have greater awareness and recognition of the carers role. Participants also expressed the importance of carers receiving support to put in place emergency planning for crisis situations.

“high reliance on carers to keep people safe”

3.3 Influencing wider change in relation to culture and policy
A need for carers to be involved in influencing the direction of policy was raised alongside wider changes in culture around mental health service delivery. The importance of carers’ experience of service delivery and supporting patient safety and their stories for informing service improvement was also discussed.

Next steps

- We will be building on the learning from the event for the forthcoming events in Dingwall (5 September 2017), Perth (24 October 2017) and Galashiels (9 November 2017).
- We will invite the National Rural Mental Health Forum to participate in future events.
- The team will share this report with the attendees from the event, colleagues in NHS Highland, Healthcare Improvement Scotland, Health and Social Care Partnerships as well as the Scottish Government.
- The learning from these four events and the previous event in Glasgow (31 August 2016) will be aggregated to be circulated amongst all delegates and associated colleagues.
Appendix 1: Going Beyond Harm, Oban – attendee breakdown

Not including the organisers, 21 delegates attended the event and 15 completed evaluation forms were received.

Table 1: Attendee breakdown

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service user or carer</td>
<td>52%</td>
</tr>
<tr>
<td>Non service user or carer</td>
<td>48%</td>
</tr>
</tbody>
</table>

Appendix 2: Going Beyond Harm, Oban – evaluation responses

From the people who completed the evaluation, 87% said they thought a tool such as Triangle of Care should be standard practice in mental health services (13% did not answer the question).

Reason for a tool such as Triangle of Care being standard practice in mental health services

- ‘Carers should be listened to and involved in the care and treatment of their cared for person. Carer’s know the cared for best.’
- ‘Anything that raises carer awareness and involvement is a good thing.’
- ‘If you include everyone who are involved in caring for people who live with mental health issues, then the whole picture will evolve and inform the best route for all to have a safe journey.’
- ‘Anything that involves more people into the care of the people who matter most to me is a good thing. Empower people to help and invest in their own future.’
- ‘Carers should be listened to when they have to carer for members of their families.’
- ‘Anything that highlights the importance of carer involvement is good and education of staff vital.’
- ‘It is a useful tool for all groups, including staff.’
• ‘It’s so obvious we all need to work as a team for the best outcome.’

**Anything from the event you would like to take forward, either within your carer service, your user service forum or service?**

• ‘Better experiences for carers.’
• ‘Ongoing work with Carers trust Glasgow to raise carer awareness in GP surgeries across the area.’
• ‘Would like to help our carers know how to be involved and support those who genuinely improve mental health services.’
• ‘Look at the tools we have. Use carers to share the knowledge they have. Two important points not brought to the fore was the launch of the ACP and how that Effects carers as a whole. The fact that although most of us are carers we are legally not recognised as we don’t have power of attorney. The costs of getting P.O.A. is over £350 in Argyle & Bute – for me there is no way I can afford this, most people can’t today.’
• ‘Carers service providing activities – massage etc. Distance caring within Argyle. Financial support for over-night stays visiting hospital from islands.’
• ‘To work on information documents.’
• ‘We need to look at PTSD/trauma (unresolved) with carer’s.’

**What would you like to see come out of this event?**

• ‘GP services knowing about carers.’
• ‘Ideas for further change that are realistic and to a timescale.’
• ‘A change to the acknowledgement of what carer’s got through and therefore the support they need.’
• ‘Improvement in mental health services and carer involvement. Make it a better experience for both.’
• ‘Carers being more supported, recognised and listened to.’
• ‘Some answers and use the main/common issues in a presentation to those who can make decisions and policies to improve life for everyone with mental health issues.’
• ‘Some answers to some of the questions raised today. More joined up thinking. Cards or a way of emergency services knowing that someone has a mental health problem.’
• ‘More involvement of carers in all aspects.’