

# Item No: 5

Meeting Date: Wednesday 27<sup>th</sup> September 2017

## Glasgow City Integration Joint Board Public Engagement Committee

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## WEST GLASGOW MINOR INJURIES SERVICES REVIEW – PUBLIC ENGAGEMENT

Purpose of Report:	To report on the public engagement process as part of the review of minor injuries services for West Glasgow.
Recommendations:	<ul> <li>The IJB Public Engagement Committee is asked to:</li> <li>a) consider and approve this report on the public engagement process to date as a key part of the Review process;</li> <li>b) note that the period for public engagement is due to finish on 29 September 2017; and,</li> <li>c) note that this report will be updated to reflect further comments received and submitted to the Review and Stakeholder Group to form part of the Group's report to the Integration Joint Board on 8 November 2017.</li> </ul>

#### Relevance to Integration Joint Board Strategic Plan:

The Integration Joint Board has strategic planning responsibility for unscheduled care services as described both within the Integration Scheme and the Partnership's Strategic Plan. The Board agreed at its meeting in March 2017 a draft three year strategic commissioning plan for unscheduled care that set the strategic direction for these services. The Board also agreed in December 2016 a Participation and Engagement Strategy. The proposals in this report are consistent with the strategic direction set by the Board.

## Implications for Health and Social Care Partnership:

Reference to National	Contributes to:
Health & Wellbeing	Outcome 9. Resources are used effectively and efficiently in
Outcome:	the provision of health and social care services.

Personnel:	None at this stage.
Carers:	Carers are positively impacted through the designing of

services around the needs of individuals, carers and
communities.

Provider Organisations:	None at this stage.
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Equalities:	The public engagement process and the outcome of the review
	to be reported to the Integration Joint Board in November 2017
	will include an assessment of the equalities impact.

Financial:	The Partnership's budget for 2017/18 includes a "set aside" component for unscheduled care an element of which is accident and emergency services that includes minor injuries services. The Partnership's budget for 2017/18 is currently the subject of discussion with the NHS Board, and a national review is underway of set aside budgets. Further information will be included in the report to the IJB in November 2017.
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Legal:	The integration scheme includes specific responsibilities for the
	strategic planning of certain acute hospital services.

Economic Impact: None at this stage.
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Sustainability:	None at this stage.
Sustainable Procurement	None at this stage.

and Article 19:	-

<b>Risk Implications:</b>	A risk analysis will need to be developed alongside the detailed	
	proposals as they emerge.	

Implications for Glasgow	None
City Council:	

Implications for NHS Greater Glasgow & Clyde:	The outcome of the review when considered by the Integration Joint Board in November 2017 will potentially have implications
	for the planning and delivery of minor injuries services in West
	Glasgow and the Board will be requested to direct the NHS
	Board accordingly.

#### 1. Introduction

- 1.1 The Integration Joint Board at its meeting on 21 June 2017 agreed to establish a joint process with the NHS Board to consider options for the future of minor injuries services for West Glasgow (available at: <u>https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM\_No\_16\_-</u> <u>Review\_of\_Minor\_Injuries\_Services\_in\_West\_Glasgow.pdf</u>)
- 1.2 Integration Joint Boards have strategic planning responsibility for unscheduled care including minor injury services. The NHS Board has responsibility for the delivery of acute services, and so reviews of this kind need to be considered jointly, with the final decision resting with the Integration Joint Board. A joint Review and Stakeholder Group has been established led by the Integration Joint Board.
- 1.3 The report to the Integration Joint Board in June 2017 included the proposals that the Review Group should:
  - develop a proportionate approach to gather patient and public views, including a means of ensuring there is a patient perspective in the option appraisal process; and,
  - establish the views of other key stakeholders including local GPs
- 1.4 It was agreed at the Integration Joint Board meeting in June 2017 that the public and patient engagement process should be overseen by the Integration Joint Board's Public Engagement Committee. The Committee at its last meeting considered the proposals for public engagement.
- 1.5 This report presents a description of the public engagement process to date, the material that has been used and information on the responses that have so far been received. This report will be updated once the formal engagement period has ended on 29 September 2017.

#### 2. Background

2.1 When considering proposals for service change a consistent and robust process of engagement with those affected is required. This is emphasised in the Participation and Engagement strategy agreed by the Integration Joint Board in December 2016 <a href="https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35620&p=0">https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35620&p=0</a> and in Scottish Government guidance to NHS Boards CEL4 (2010).

- 2.2 It should be stressed however that as this is a process of review of minor injuries services as distinct from a formal public consultation on a proposed service change the emphasis has been on engagement rather than consultation.
- 2.3 This report describes the engagement process undertaken as part of the review and outlines the programme and activities carried out to engage with patients, carers and interested parties; and the comments, questions and concerns received so far. The engagement period took place between 3 July 2017 to 29 September 2017.

## 3. Engagement Process

#### **Review and Stakeholder Group**

- 3.1 At the start of the review process a Review and Stakeholder Group (R&SG) was established with members from the HSCP, NHS Board, acute services, staff and patient representatives. The Scottish Health Council attended meetings as an observer. The R&SG supported and guided the review process and:
  - undertook an options appraisal exercise to scrutinise, discuss and determine the options for engagement;
  - developed the engagement plan and public engagement materials; and,
  - reviewed the consultation process and will consider all the feedback from the engagement process for reporting on the outcome of the Review to the Integration Joint Board.

#### **Option Appraisal**

- 3.2 In advance of the engagement process the R&SG carried out an option appraisal exercise to identify and examine the strengths and weaknesses of the available options. The option appraisal was carried out in two stages. The first stage involved fourteen people and one patient representative. The second stage involved an additional three patient representatives nominated by the North West Locality Engagement Forum. Minutes from the two R&SG meetings were posted on the HSCP web site (<u>https://glasgowcity.hscp.scot/review-minorinjuries-services-west-glasgow</u>). Other participants in the option appraisal included an emergency department Consultant, a General Practitioner, Senior Nursing, a staff representative, management and planning staff. An officer from the Scottish Health Council was also in attendance. The second meeting took place to consider a fourth option at the request of the North West Locality Engagement Forum.
- 3.3 The option appraisal was written up including the scores, and the criteria used to assess each option. The full report on the option appraisal exercise provides further information on the process, including the full scoring and summarised comments for each option was posted on the HSCP web site following the second meeting

(https://glasgowcity.hscp.scot/sites/default/files/publications/Option%20apprasia 1%20information%20%28August%202017%29.pdf).

## 4. Engagement Plan

- 4.1 An engagement plan was developed and agreed by the R&SG outlining how we would engage with potentially affected people and communities. This was also reported to the last Public Engagement Committee meeting (<u>https://glasgowcity.hscp.scot/sites/default/files/publications/IJB\_Public\_Engagement ent\_28\_06\_2017\_Item\_No\_9 Minor\_Injuries\_Services\_in\_West\_Glasgow.pdf</u>) and discussed at the North West Locality Engagement Forum. The plan was revised and updated during the engagement process in response to feedback, and a third engagement event added to the programme. Also following feedback from community groups, the engagement period was extended from the original date of 8 September to 29 September 2017 therefore allowing more time for comments to be received.
- 4.2 The engagement plan had several strands with different ways people could comment on the review, and a wide-range of approaches were used to engage with and invite feedback, comments or concerns from stakeholders. The key elements were as follows:

#### **Direct Correspondence**

- 4.3 A letter advising about the review and how to submit comments was sent via email to all elected members in the area including MPs, MSPs, Glasgow City Councillors and councillors in West and East Dunbartonshire Councils. The letter also offered a meeting.
- 4.4 A similar letter was sent to GPs, and other primary care contractors, Community Councils in West Glasgow and community groups and organisations, and also to community networks in West and East Dunbartonshire via the HSCPs.
- 4.5 All correspondence provided details on where to find further information, how to get in touch and how to provide feedback.

#### **Engagement Materials**

- 4.6 A suite of information materials and methods were developed to provide different levels of detail about the review and to answer questions or address issues heard during the engagement phase. The table in annex 1 describes the full range of resources developed and reports made available, including a Frequently Asked Questions.
- 4.7 Information on the travel analysis and options appraisal, and all other papers relating to the review, including minutes of meetings were made available on the HSCP web site. The review webpage was updated and promoted regularly. The availability of printed copies of all the information was promoted as was the offer of attending community groups to discuss the review.

4.8 A you tube video on minor injuries services available on the NHS Board web site was posted on the HSCP web site, and used as part of the engagement events.

#### Advertising and Social Media

4.9 Over 400 posters were distributed to GPs, community groups, pharmacies, hospitals and health centres advising of the review and a further 400 distributed advising of the engagement events. The engagement events were widely publicised via the HSCP twitter account which also promoted the review and provided links information on the HSCP web site including the you tube video. Only 1 twitter comment was received.

#### **Engagement Events**

- 4.10 In total six engagement events have taken place with a total of 98 people in attendance
- 4.11 The first engagement session took place with the North West Locality Engagement Forum on 6 July 2017 and was attended by 20 people. Information on the review, the minor injuries services and the option appraisal was presented, and the outcome of this session was:
  - to include three forum representatives on the R&SG;
  - to increase the weighting given to access in the option appraisal; and,
  - to include a fourth option on a health centre based model.
- 4.12 A further update on the review and the engagement programme was given to the Forum on 31 August 2017. Minutes from both Forum meetings were posted on the HSCP web site.
- 4.13 An engagement event also took place with local GPs on 22 August 2017 attended by GPs from North West Glasgow and open to GPs from West and East Dunbartonshire HSCPs. 10 GPs attended this session and the key messages to emerge were:
  - concern that the service at Yorkhill (and previously at the Western) was not well advertised;
  - concern over the public transport services from West Glasgow to the Queen Elizabeth University Hospital;
  - concern over the potential impact on primary care should the current temporary closure be made permanent; and,
  - support for the potential option of providing a service from Gartnavel.
- 4.14 Three public engagement events were held on:

Wednesday, 6 September 2017 at 7.00 pm in Maryhill; Tuesday, 12 September 2017 at 1.30 pm in Drumchapel; and, Thursday, 14 September 2017 at 7.00 pm in Partick. 4.15 The aim of the events was to explain the purpose of the review, outline the options being considered, the outcome of the option appraisal and encourage discussion, answer questions and note the views expressed to inform the review. Each session included a showing of the you tube video, a presentation on minor injuries services and the option appraisal. Following each presentation the audience had the opportunity to ask questions and raise points of concern with members of the review team. In total 98 people have attended these sessions. Feedback from the events will be given at the Public Engagement Committee meeting, and this report has been updated to include information from these sessions.

## **Equalities and Accessibility**

4.16 The engagement programme was developed to be fully accessible to all communities. Throughout, we used easy to read information, presented in easy to read formats. If required, information could be provided in alternative languages or formats. We used the internet to host papers and information to help make them accessible to a wider population or those who have difficulty in travelling. We ensured that all meeting venues for the events were fully accessible. We ensured our engagement did not negatively impact on people based on age, sex, race or any other protected characteristics.

## 5. Feedback, Comments and Concerns Heard

5.1 All feedback, comments and concerns heard throughout the engagement process has been captured and collated (see annex 2 for summary points of all feedback received so far). In addition so far as well as the 98 people who attended the review at events and public meetings, we received 22 comments from stakeholders via emails, and 1 comment via twitter.

#### 6. Role of Scottish Health Council

6.1 It should be noted that as it is the Integration Joint Board that will make the final decision on the outcome of the review, the role of the Scottish Health Council is advisory and providing guidance, on that basis the Scottish Health Council has been invited to be part of the joint planning group with that remit.

#### 7. Recommendations

- 7.1 The Public Engagement Committee is asked to:
  - a) consider and approve this report on the public engagement process to date as a key part of the Review process;
  - b) note that the period for public engagement is due to finish on 29 September 2017; and,
  - c) note that this report will be updated to reflect further comments received and submitted to the Review and Stakeholder Group to form part of the Group's report to the Integration Joint Board on 8 November 2017.

## **RESOURCES DEVELOPED OR PROMOTED FOR CONSULTATION**

Resource	Description
Posters	A3 colour posters developed to raise awareness of the Review and engagement process including advertising the public engagement sessions. Posters advertising the three public engagement sessions were distributed widely to key stakeholders and three follow up email reminders of sessions.
Option Appraisal Report	A full report on the option appraisal process describing the options and the assessment of each option against the agreed criteria.
Transport Analysis Report	A report on the desktop transport analysis looking at journey times by car and public transport from postcodes within the West Glasgow catchment area.
Video explaining the service	A you tube video explaining the minor injuries service posted on the HSCP web site and used in the engagement sessions
Frequently Asked Questions	A list of frequently asked questions from comments and concerns heard during engagement was posted on the HSCP web site and made available at the engagement sessions An Information Leaflet setting out the options and process to comment was also produced.
Presentation	A presentation on minor injuries services and the Option Appraisal was used at the engagement sessions and was also posted on the HSCP web site and hard copies made available

#### SUMMARY OF FEEDBACK TO DATE 30 AUGUST 2017

#### Emails

The themes from the feedback are:

- The most popular choice expressed by responders was to establish a MIU in Gartnavel Hospital
- Some responders stated that the location of a Minor Injuries Unit in West Glasgow should be better advertised and explained to the local population
- At the beginning of the consultation, responses intimated that a consultation session in Partick would be useful. This was subsequently arranged
- Responses were received from Glasgow Councillors, MSPs, a West Dunbartonshire Councillor, GP surgeries, Community Council and members of the public.

## Letters

Letter from the local Councillor for Clydebank Central to the Clydebank Post expressing concern about the over-centralisation of services and the need for locally based services at the Golden Jubilee and/or the new Health and Care Centre to be built in Clydebank.

#### Social media

#### As above – comments reflected those in the email section.

A petition is now on the website signed by 51 people and reads:

<u>Review of West Minor Injuries Service</u> (dated 8 September 2017) Further to information given at Anderson Community Council meeting on Tuesday last, regarding the above service, we, the undersigned would appreciate the reopening of the Minor Injuries Unit at Yorkhill

#### Engagement Events

#### Key Themes/Comments

#### **Quality of Services**

- Concern about the impact of moving West MIU to the QUEH site did it increase the waiting times at Accident and Emergency?
- Concern that the Nurse Practitioners were getting 'absorbed' into the QEUH Accident and Emergency Department – this would impact on their skills, experience and practice.
- Concern that many of the practicing Nurse Practitioners were nearing retirement age and that the Board needed to plan for the future
- If the MIU needs to be near general hospital facilities then does this not raise a question around effectiveness of other MIUs?

## Communication

- The publicity in relation to the relocation of the West MIU to Yorkhill from the Western Infirmary Hospital had been very poor and suggested usage declined because patients didn't know about it.
- Concern that some areas in the west of Glasgow never got the leaflet detailing all the changes as a result of the Western Infirmary closing. The Board also need to recognise that some people put all flyers in the bin and that there needs to be other ways to get information into the public domain.
- There needs to be clearer information on when a person should attend a MIU or the GP or an Accident and Emergency or a pharmacist.
- More information on the functions of MIUs is needed
- Concern that the scale of service changes has lead to confusion over which service is the most appropriate to access and where it is located.
- In general the Board and the HSCP should be better at communicating with the public and consideration should be given to better use of technology to improve communication and the distribution of information.

## Transport/Access

- Gartnavel had barriers to access due to difficulty in parking and distance from bus stop but overall had the best public transport links
- Gartnavel would be a better site as the GP Out of Hours service is based there, similar to other MIUs
- Concern if the Clyde Tunnel were to shut access to QUEH MIU would be compromised
- A point made from a representative of the local MSP's office was that the most common complaint at the office was that residents in the west Glasgow felt that the Health Service was 'abandoning them' with everything moving south of the river
- Concern about the poor transport links to Stobhill and Queen Elizabeth University Hospital (QEUH) from places like Drumchapel and Knightswood. The No 16 First Bus used to go direct to Stobhill but the NHS changed this

for a route to QEUH. It can take 1 ½ hours to get to QEUH with 2 changes of buses, the cost, frequency of buses and distance to walk from bus stop were all points noted

- It was noted that for some areas like Milton and Possilpark the transport links to Stobhill were good.
- Concern about how difficult it was for older people to attend the MIU at the QEUH
- Concern that Drumchapel was one of the poorest communities in Glasgow with the greatest need for health services yet health services and support are being moved out the area. Many residents in Drumchapel are limited both physically and financially.

## **Best Value**

 Questions were asked why the previous published investment plans for Gartnavel had not been progressed. It was suggested that once the Health Board sold the Yorkhill site – this money could be invested in Gartnavel – it was felt that finance could be made able to work to ensure 'equality of service' across Glasgow. The question was raised as to where this investment is now being used.

## **Options Appraisal**

- The demographics of the poorer communities effected should be reflected more in the scoring.
- The scoring was weighted in favour of the status quo option and it was felt that 'access to services' should have been scored higher.
- The 'quality of clinical care' and 'access for patients' should have been weighted equally.
- The priority for patients is 'access' and 'quality of care' the 'best value' and 'strategic fit' are not important considerations for patients. From a patient point of view – they are not interested in 'Strategic Fit' and if these points were omitted from the overall total then gap in points between Option 2 and Option 3 would reduce by 25 points
- The 'quality of care' should score the same whatever unit a patient attends therefore all options should receive the same score (same rationale used to score 'quality of facilities'). If this was the case the difference between Option 2 and Option 3 would reduce by a further 40 points. This would mean Option 2 – 'transfer to Gartnavel' total score would be 15 points more than Option 3 'status quo' and would therefore would then be ranked 1
- The obvious choice is for the West MI unit/service is Option 2 'transfer to Gartnavel' there is a need for a local service in the North West of the River Clyde.

Many of the concerns outlined under this section were made at the second meeting of the Locality Engagement Forum held on the 31<sup>st</sup> August 2017

#### **GP Engagement Event**

- concern that the service at Yorkhill (and previously at the Western) was not well advertised;
- concern over the public transport services from West Glasgow to the Queen Elizabeth University Hospital;
- concern over the potential impact on primary care should the current temporary closure be made permanent;
- support for the potential option of providing a service from Gartnavel;
- concerns about access to the Yorkhill site;
- awareness that closure of the service had had an impact on primary care services with some anecdotal evidence of increased attendances with minor injuries;
- concerns over the lack of consultation with primary care when i) there were less than anticipated attendances at the unit and ii) when the decision was made to close the service;
- concerns over the lack of knowledge about what is a minor injury.

#### North West Local Engagement Forum

- concern about the local patient representation in the first option appraisal session;
- concern that the importance of access was under played and should have been given more weight than best value;
- concern that no consideration had been given to the potential for a minor injuries service based in one or more health centres and therefore more accessible to patients;
- concern that the original service had not been well advertised, and that the closure of the unit happened very quickly with little notice;
- concern about the travel times from the West Glasgow area to the Queen Elizabeth University Hospital particularly by public transport;
- why was the service not opened at Gartnavel as originally planned?