



Item No. 7

Meeting Date Wednesday 22nd February 2023

**Glasgow City
Integration Joint Board
Public Engagement Committee**

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Glasgow City HSCP - Primary Care Engagement

Purpose of Report:	This report presents the Glasgow City HSCP Primary Care Engagement Report (available at Appendix 1) and details the work undertaken by the Primary Care Improvement Team to engage with stakeholders on the draft Glasgow City Primary Care Improvement Plan (PCIP) 2022/23-2025/26 and primary care services.
Background/Engagement:	<p>The final Primary Care Improvement Plan (PCIP) 2023-2026 will be presented to Glasgow City Integration Joint Board for approval in summer 2023. It will detail Glasgow City's Primary Care Workplan, including actions to support the implementation of the 2018 GP Contract¹ and Memorandum of Understanding (MOU²). The delivery of the PCIP 2023-2026 will contribute to the Glasgow City IJB Strategic Plan.</p> <p>Engaging with stakeholders is essential in the planning, delivery and evaluation of primary care services. The engagement exercise therefore provided an opportunity for Primary Care contractors, staff and patients to share their thoughts and suggestions for improving primary care services within Glasgow City HSCP and influence the PCIP 2023 – 2026.</p>

¹ Scottish Government (2017). *GMS contract: 2018*. <http://www.gov.scot/publications/gms-contract-scotland/>

² Scottish Government Health and Social Care Directorates (2021). *Memorandum of Understanding (MOU2)*. https://www.sehd.scot.nhs.uk/publications/Memorandum_of_Understanding%202-GMS_Contract_Implementation_for_PC_Improvement%2030_July_2021.pdf

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	The eight recommendations identified through the engagement process will be used to help shape the final Glasgow City PCIP 2023-2026.
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p> <p>Primary Care Leadership Group and the City Wide Primary Care Strategy Group</p> <p>Not Applicable <input type="checkbox"/></p>
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Recommendations:	<p>The IJB Public Engagement Committee is asked to:</p> <p>a) Note the contents of the report, specifically the activities undertaken to engage on the draft PCIP 2022/3-25/6 and Glasgow Primary Care Services; and</p> <p>b) Note the eight recommendations identified through the engagement process that will be used to help shape the final Glasgow City PCIP 2023-2026.</p>
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Relevance to Integration Joint Board Strategic Plan:	
<p>A significant volume of patient contacts take place within primary and community care each year, with estimates suggesting that up to 90% of health care episodes start and finish in primary and community care. Transforming primary care services is therefore a vital element of the IJB's strategy.</p> <p>Implementation of the recommendations within the engagement report through the delivery of the PCIP 2023-2026 will support all of the IJB's current strategic priorities and the revised priorities due to be presented to the IJB for approval in March 2023.</p> <ol style="list-style-type: none">1. Prevention, early intervention and harm reduction2. Providing greater self-determination and choice3. Shifting the balance of care4. Enabling independent living for longer5. Public Protection	

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The delivery of the Glasgow City Primary Care Improvement Plan has relevance to all 9 national health and wellbeing outcomes.
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Personnel:	Over 700 stakeholders were involved in the engagement exercise.
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Carers:	Carers were engaged with as a part of the process, influenced the recommendations in the report and will be involved moving forward.
Provider Organisations:	Provider organisations were invited to participate in the engage process.
Equalities:	<p>During the engagement process efforts were made to engage with, and ensure representation from across Glasgow's diverse communities, including those with protected characteristics.</p> <p>The Primary Care Improvement Team is currently working on a new Equality Impact Assessment. The findings of which will be incorporated into the final PCIP 2023-2026.</p>
Fairer Scotland Compliance:	The engagement exercise was developed to be accessible and inclusive, with participation including patients living in poverty and areas of deprivation.
Financial:	This paper will inform the final Primary Care Improvement Plan (PCIP) 2023 – 2026. The PCIP which will detail the estimated funding available for primary care services in Glasgow City, including an indicative programme for the expenditure of the Primary Care Improvement Fund, which supports the implementation of the 2018 GP contract.
Legal:	None
Economic Impact:	None
Sustainability:	This paper gives recommendations for ensuring the sustainability of Primary Care Services.
Sustainable Procurement and Article 19:	None
Risk Implications:	<p>Key risks associated with the ability to implement the recommendations detailed in this report are:</p> <ol style="list-style-type: none">1. Insufficient funding available from Scottish Government to deliver primary care services; and2. Recruitment and retention difficulties across most practitioner groups in primary care and community services.
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	This paper will inform the final Primary Care Improvement Plan 2023 – 2026, which will detail the estimated funding available for primary care services in Glasgow City.

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1. Purpose

- 1.1. This report presents the Glasgow City HSCP Primary Care Engagement Report (available at Appendix 1), which details the work undertaken by the Primary Care Improvement Team to engage with stakeholders on the draft Glasgow City Primary Care Improvement Plan (PCIP) 2022/3-2025/6 and primary care services.

2. Background

- 2.1 In 2019, Glasgow City HSCP consulted on, and agreed, a PCIP for 2019 – 2021³. The plan focused on the implementation of the General Practitioner (GP) Contract 2018 and the Memorandum of Understanding 1 (MOU1)⁴.
- 2.2 A collaborative approach is being taken to finalising the PCIP 2023-2026. The plan builds on the achievements of the past 5 years, lays out the responsibilities Glasgow City HSCP has in relation to primary care, including actions to support the implementation of Memorandum of Understanding 2 (MOU2) and provides details of the primary care workplan and how this will contribute to the Glasgow City Integration Joint Board's (IJB) 2023-2026 Strategic Plan.
- 2.3 It was recognised that engagement with contractors, staff and patients was vital when developing the PCIP 2023-2026. Consequently, a structured approach to engagement was developed, in line with the IJB's own [Consultation and Engagement Guidelines](#).

3. Engagement Activities

- 3.1. During a 4-month engagement process, over 700 Primary Care (PC) contractors, staff and patients within Glasgow City HSCP were engaged with to seek their views. A range of methods and approaches were used to ensure that engagement sessions were accessible for as many people as possible. These included presentations and discussions via Microsoft Teams or face-to-face meetings, attendance at appropriate Glasgow City HSCP meetings, pop up stands in health centres and a shopping centre and the use of a social media survey i.e., Facebook and Twitter.

4. Key Findings form the Engagement.

- 4.1. PC contractor and staff feedback was categorised into five key areas for improvement: the sustainability of PC; quality improvement; communication and engagement; collaborative working; and property. The need to develop, improve or increase accessibility to six PC services was also identified.
- 4.2. Patients' feedback was categorised into three key areas for improvement: access to services; communication; and other areas for improvement.

³ Glasgow City Primary Care Improvement Plan (PCIP 2) 2019-21 (May 2019): [Glasgow City PCIP 2 2019 -21](#)

⁴ Scottish Government (2017). Delivering GMS contract in Scotland – Memorandum of Understanding 1. <http://www.gov.scot/publications/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/>

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- 4.3. As a result of the engagement exercise, eight recommendations were identified:
- 1 Promote the sustainability of PC services;
 - 2 Support the ongoing implementation of the GP Contract 2018;
 - 3 Review PC services and increase access to services;
 - 4 Support the establishment of mental health and chronic disease management hubs;
 - 5 Progress support for quality improvement (QI) in primary care;
 - 6 Improve communication and engagement with PC contractors, staff and patients;
 - 7 Improve / increase collaborative working, including multi-disciplinary working; and
 - 8 Address issues with property and clinical space.
- 4.4. The eight recommendations identified through engagement process will be used to inform the direction of primary care services in Glasgow City HSCP and shape the final PCIP 2023-2026 that will be presented to the Glasgow City IJB for approval.

5. Recommendations

- 5.1. The IJB Public Engagement Committee is asked to:
- a) Note the report and the activities undertaken to engage on the draft PCIP 2022/23-25/26 and Glasgow Primary Care Services, and
 - b) Note the eight recommendations identified through the engagement process that will be used to help shape the final Glasgow City PCIP 2023-2026.



Glasgow City Health and Social Care Partnership Primary Care Engagement Report



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January 2023

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Section 1. Executive Summary

Background

In 2019, Glasgow City Health and Social Care Partnership (HSCP) consulted on, and agreed, a Primary Care Improvement Plan (PCIP) for 2019 – 2021¹. The focus of the plan was the implementation of the General Practitioner (GP) Contract 2018² and the Memorandum of Understanding 1³. Work is currently underway to finalise the PCIP 2023-2026. This plan will build on the achievements of the past five years, provide details of the Primary Care (PC) work plan and contribute to the Glasgow City Integration Joint Board's (IJB) 2023-26 Strategic Plan. It will describe how Glasgow City IJB proposes to allocate the PCIP budget for 2023 - 2026 and provide details of any additional funding the Scottish Government has made available to support general practice. A collaborative approach is being taken to finalising the PCIP 2023 – 2026, which will later be presented to the Glasgow City IJB for approval.

Engagement

Engagement with PC contractors, staff and patients within Glasgow City HSCP is fundamental to the development of the PCIP 2023-2026. A structured approach to engagement was developed and implemented with all feedback collated and analysed. To ensure the engagement sessions were easily accessible for everyone, a range of methods were used. This included presentations and discussions via Microsoft Teams or face-to-face meetings, attendance at appropriate Glasgow City HSCP meetings, pop up stands in health centres and the use of a social media survey i.e., Facebook and Twitter.

Key findings and recommendations

During the four month process, over 700 PC contractors, staff and patients within Glasgow City HSCP were engaged with.

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PC contractor and staff feedback was categorised into five key areas for improvement: the sustainability of PC, quality improvement, communication and engagement, collaborative working and property. The need to develop, improve or increase accessibility to six PC services was also identified.

Patients' feedback was categorised into three key areas for improvement: access to services, communication and other areas for improvement. The patient feedback identified the need for easier access to PC services, in particular GPs and dentists, effective communication from and between PC services and improved mental health services. The recommendations within this report will inform the PCIP 2023-2026 and contribute to the IJB's Strategic Plan.

As a result of the findings, the eight recommended actions are:

- 1 Promote the sustainability of PC services
- 2 Support the ongoing implementation of the GP Contract 2018²
- 3 Review PC services and increase access to services
- 4 Support the establishment of mental health and chronic disease management hubs
- 5 Progress support for quality improvement (QI) in primary care
- 6 Improve communication and engagement with PC contractors, staff and patients
- 7 Improve / increase collaborative working, including multi-disciplinary working
- 8 Address issues with property and clinical space

Conclusion

The engagement exercise provided opportunities for PC contractors, staff and patients to share their thoughts and suggestions for improving PC services within Glasgow City HSCP and influence the PCIP 2023 – 2026. This report details the engagement process, provides an analysis of the findings and identifies recommendations for the PCIP 2023-2026. The findings build on the achievements of the past five years and will contribute to the delivery of the Glasgow City IJB's Strategic Plan. The engagement report will be presented to the PC Strategic Group and the IJB Public Engagement Committee. The Committee will be asked to

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note the report in relation to the engagement activity undertaken to inform the PCIP 2023-2026.

A collaborative approach is being taken to finalising the PCIP 2023-2026 and as part of this process an Equality Impact Assessment (EQIA) will be undertaken on the PCIP 2023-2026. Following this, the final PCIP will be presented to the Glasgow City IJB for approval.

Section 2. Introduction

2.1 Introduction

This report details the primary care (PC) contractors, staff and patient engagement exercise undertaken by the Primary Care Improvement Team (PCIT), Assistant Chief Officer, a Senior Organisational Development Advisor and Local Engagement Officers. It was undertaken to help inform the Primary Care Improvement Plan (PCIP) 2023-2026. Transforming PC services is a vital element of the Glasgow City Integrated Joint Board's (IJB) strategy. The majority of patient contact and patient care each year takes place within PC, with estimates suggesting that up to 90% of health care episodes start and finish in primary and community care⁵.

In 2019, new Scottish Government guidance outlined the requirements for the second iteration of the PCIP⁶, following this, Glasgow City HSCP consulted on, and agreed, a PCIP for 2019 – 2021¹. The focus of the plan was the implementation of the GP Contract 2018² and the Memorandum of Understanding (MOU) 1³. The PCIP 2019-2021¹ was introduced in response to the growing pressures within PC, for example, a lack of GPs due to recruitment and retention issues. The 2018 contract² refocused the GP role as expert medical generalists, to enable GPs to do the job they trained to do and deliver better care for patients by diverting some work to other specialist services and multi-disciplinary teams (MDT). Following agreement of the MOU 2⁴ in 2021, the plan was refocussed. The MOU 2⁴ covers 2021-2023 and aims to expand and enhance multi-disciplinary team (MDT) working, implement the vaccination transformation programme, increase pharmacotherapy support

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and commence board responsibility for the community treatment and care service (CTAC) to further support the role of GPs.

The PCIP 2023 – 2026 will detail Glasgow City HSCP's PC workplan and contribute to the delivery of the Glasgow City IJB's Strategic Plan. It will describe how Glasgow City IJB proposes to allocate the PCIP budget for 2023 - 2026 and give details of any additional funding the Scottish Government has made available to support general practice. The outcomes from the engagement activities will inform the new PCIP 2023-2026, build on the achievements of the past five years and help inform areas for further improvements with PC.

The engagement exercise included an opportunity for stakeholders to feedback on the draft PCIP 2022/3-2025/6⁷ as well as existing PC services. The purpose of this report is to detail the engagement activities, provide an overview of analysed feedback, report the findings and make recommendations for the final PCIP 2023-2026. This feedback will be incorporated into the final PCIP 2023-2026 that will then be presented to the Glasgow City IJB for approval.

Section 3. Glasgow City Health and Social Care Partnership

3.1 Geographical area

Glasgow City HSCP covers a large geographical area and includes three localities: North East, North West and South shown in Figure 1 below.

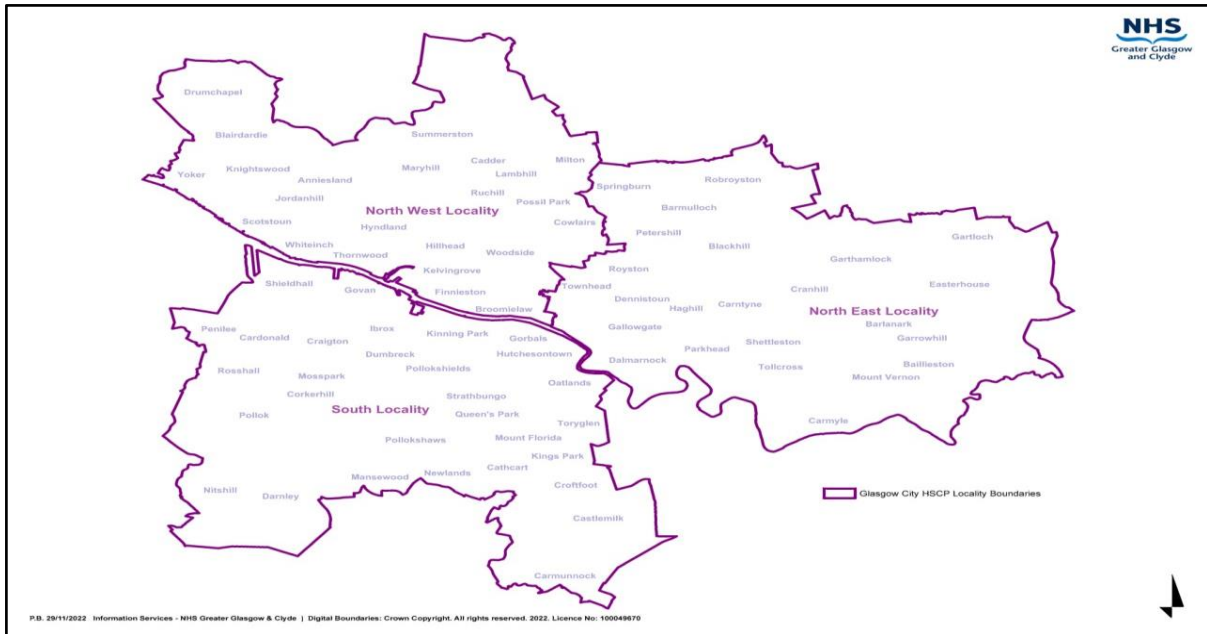


Figure 1: Map of Glasgow City HSCP

Glasgow City HSCP has 163 community pharmacies, 162 general dental practices, 141 general practices and 113 optometrist practices. It has an estimated population of 635,640 as well as providing care to approximately 100,000 patients from outside this area⁸. In addition, Glasgow City is currently hosting approximately 2,000 Ukrainian refugees. The resident population is forecast to increase by 4.3% between 2022 and 2043. However, a more significant increase is forecast within the older population (aged 65 years and over), which is expected to increase by 31.8% over the next 21 years⁸ (further detail of the age-band population in Glasgow City HSCP and Scotland is listed in appendix 1). The increased patient numbers and growing aging population will impact on the demand for Glasgow City HSCP services and affect access to care. It is therefore vital that appropriate plans are in place to help ensure the sustainability of services.

88.5% of Glasgow's population are white ethnicity and 11.5% are ethnic minorities. This is almost three times higher than the national average of 4%⁸. Glasgow has many cultures and languages, which need to be given appropriate consideration when planning healthcare services (appendix 2).

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Of the six HSCPs in the NHS Greater Glasgow and Clyde (NHS GG&C) area, Glasgow City HSCP has seen the largest increase in patient list sizes for general practice since 2014. Whilst the overall increase for NHS GG&C was 6.75%, practice list sizes in North West Glasgow, North East Glasgow and South Glasgow grew by 12.89%, 8.54% and 5.57% respectively⁸, thus increasing demand on GP and PC services.

3.2 Health inequalities in Glasgow City HSCP

Public Health Scotland defines health inequalities as the *“avoidable and unjust differences in people’s health across the population”*¹⁰. This includes life expectancy, access to care, quality and experience of care, behavioural risks to health, quality of housing, low income and socially excluded groups, e.g., homeless people. People experiencing combinations of these factors are more likely to experience health inequalities¹¹.

Glasgow has the lowest healthy life expectancy among Scottish local authorities for both men and woman. Life expectancy for Glasgow males from birth (73.1) is 3.7 years lower than for Scotland’s males (76.8). For Glasgow females (78.3), it is 2.7 years lower than for Scotland’s females (81.0). The premature mortality rate of deaths of people under 75 years from all causes is around 50% higher for Glasgow than Scotland⁸.

In Scotland, there were 805 probable suicides registered in 2020. Just under three-quarters (71.4%) of people who died by suicide in 2020 were male¹². In Glasgow, the rate of prescriptions and psychiatric hospitalisations associated with mental ill health is higher than the national rate¹.

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government’s standard approach to identify areas of multiple deprivation in Scotland. Based on SIMD2020v2, 45.4% of Glasgow’s data zones are in the 20% most deprived zones in Scotland⁸. Glasgow City has the highest concentration of people in Scotland living in deprived circumstances and has

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high levels of child poverty, fuel poverty and food insecurity¹³. 11% of Glaswegians report not managing well financially and 1% report being in deep financial trouble. It is estimated that 32.2% of children aged between 0-15 years live in poverty⁸. 17% of Glaswegians are classed as homeless or threatened with homelessness. Children in Glasgow are more likely to live in the most deprived areas than any other age group and more likely to experience homelessness than adults¹³. The expectation is that this will increase because of the worsening cost of living crisis, which is likely to further increase health inequalities.

These factors evidence the significant health inequalities experienced in Glasgow City HCSP and support the importance of appropriate planning to help ensure accessible, effective and sustainable PC services.

Section 4. Draft PCIP 2022/3-2025/6⁷

4.1 Draft PCIP 2022/3-2025/6⁷

The draft PCIP 2022/3 - 2025/6⁷ includes a set of actions that covers the responsibilities of Glasgow City HSCP in relation to PC, including the responsibilities for managing the PC prescribing budget, collaboration with PC contractors (GPs, Optometrists, Dentists and Community Pharmacists) and contributing to the sustainability of PC in Glasgow. The draft plan⁷ provides details of seven high level actions (detailed in table 1 below), the wider context, and the financial and budgetary frameworks within which these actions would be progressed and lays out Glasgow City HSCP's plans to deliver upon the MOU⁴.

Table 1: Seven actions within the draft PCIP 2022/3-2025/6⁷

1	Within the overall Scottish Government funding, implement the requirements of the 2018 GP contract through the PC investment fund
2	Promote the sustainability of PC services
3	Develop and implement the PC Mental Health and wellbeing teams for all GP clusters

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4	Ensure we have high quality of engagement with PC contractors, third sector networks, the locality engagement forums and equality groups
5	Progress support for quality improvement (QI) in PC
6	Ensure that the PCIP is connected to the HSCP's other transformational programmes and to the policy developments by the health board and Scottish Government
7	Improve the performance management framework for those PC functions where Glasgow City HSCP have a responsibility

Engagement with PC contractors, staff and patients is fundamental to developing the PCIP 2023 - 2026⁷ and is a key part of the drive to improve PC Services in Glasgow. The feedback and views are vital to inform any plans being progressed.

Section 5. PCIP Engagement Plan

5.1 Engagement plan

Engaging with PC contractors, staff and patients is essential in the planning, delivery and evaluation of healthcare. It can aid decision-making, transparency and enable people to have an active role in healthcare planning.

The aim of this engagement exercise was to engage with PC contractors, staff and patients within Glasgow City HSCP. The objectives it set out to achieve are shown in figure 2 below:

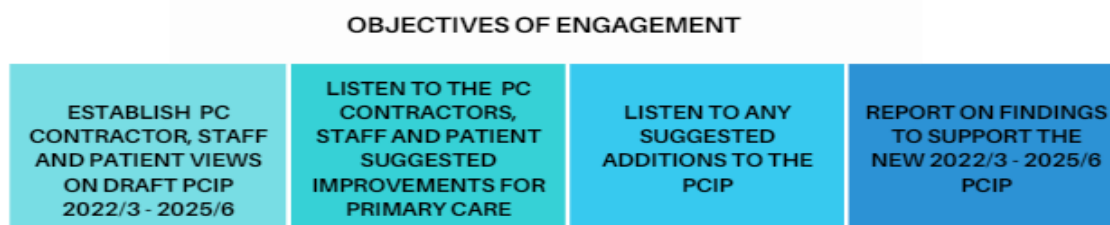


Figure 2: Objectives of engagement exercise

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Through the process PC contractors, staff and patients were asked for their views and suggestions for improvements to PC services and for feedback on the draft PCIP 2022/3-2025/6. This report details the findings which will help inform the final PCIP 2023-2026.

Section 6. The Engagement Process

6.1 The Process

The engagement process was carried out between June and November 2022 and was supported by Glasgow City HSCP's Assistant Chief Officer for Primary Care and Early Intervention, the PCIT, Locality Engagement Officers and a Senior Organisational Development Advisor. The aim was to involve a wide range of PC contractors, staff and patients. A structured approach was developed to guide the engagement.

6.2 Methods

To ensure the engagement sessions were easily accessible for everyone, the methods outlined below were used:

- Presentations and discussions via Microsoft Teams;
- Face-to-face presentations and discussions with staff groups and patients;
- Online survey undertaken using Mentimeter;
- Open discussions during relevant HSCP team and senior management meetings;
- Listen and learn on-line sessions;
- Pop up stands in health centres and in a large shopping centre; and
- Social media survey i.e., Facebook and Twitter.

As part of the online and group sessions, attendees were provided with a copy of the draft PCIP 2022/3-2025/6⁷ which was also available in an easy read format, for them to review.

6.3 Data collection

The information received from the engagement was logged and analysed for key and recurrent themes. Four methods of data collection were used. Mentimeter, which is an on-

line survey tool that allows for interactive presentations and enables people to add their feedback at their own pace, verbal and written feedback and an online survey. All the feedback was then collated on excel.

Section 7. Engagement

7.1 PC contractors and staff

[7.1.1 Two on-line engagement events](#)

Two online events were held, one during the day and one during the evening, to aid accessibility and participation. Both events lasted two hours and in total 120 people attended. Attendees included PC contractors, senior managers and HSCP staff. The aim was to update staff on the planned changes to general practice, optometry, community pharmacy and dental practices in Glasgow City HSCP. The Assistant Chief Officer explained how HSCP staff have been working within the current PCIP over the last three years and provided an overview of the future plan. Three speakers also gave an update on the development of mental health and wellbeing hubs, the vaccination transformation programme and CTAC services. Attendees had the opportunity to ask the speakers or Assistant Chief Officer questions about the draft PCIP 2022/3-2025/6⁷ or PC services, either verbally or via a chat box. Facilitated discussions were hosted via breakout rooms, with feedback gathered within Mentimeter. The breakout rooms' discussions were hosted to gain suggestions for improvement to PC services and the draft PCIP.

[7.1.2 Senior management meetings](#)

Time was allocated within appropriate senior management team meetings to discuss the draft PCIP 2022/3-2025/6⁷. More than 40 people were consulted.

[7.1.3 Pharmacotherapy](#)

A Microsoft Teams meeting was held with pharmacotherapy staff and consisted of a presentation followed by a request to complete the Mentimeter survey. 21 pharmacotherapy staff attended with 12 people completing the Mentimeter survey. Four

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had already participated in the initial online engagement meeting but chose to attend their team engagement session too.

7.1.4 Dental and Optometry

Dentists and optometrists were invited to the initial two on-line engagement events. One Consultant in Dental Public Health and one Optometrist Director attended.

Opportunities to hold specific sessions with Optometry and Dentistry colleagues were investigated, but challenges with capacity meant this was not possible. To aid engagement, a Mentimeter link was shared with the Oral Health Directorate and the Optometry Lead, with one dental colleague and three optometry colleagues completing the online survey.

7.1.5 District Nurses and Diabetes Specialist Nurses

Members of the PCIT attended a district nurse and a diabetes specialist nurse team meeting, where a short presentation was given, followed by a request to complete either the feedback form or to complete the online Mentimeter survey. In total 30 staff attended.

7.1.6 Listen and Learn sessions for HSCP staff

Gary Dover, Assistant Chief Officer, hosted five 'Listen and Learn' on-line sessions to discuss the draft PCIP 2022/3-2025/6⁷ and gather opinions. These were advertised via email and the Glasgow City HSCP newsletter, and were open for all staff to attend. The sessions lasted one-hour and involved a presentation followed by group discussions. Notes were taken throughout the meetings.

7.2 PC contractor, staff and patient engagement

7.2.1 Pop up stands in health centres

Pop up stands were held in Govanhill Health Centre, Gorbals Health Centre and Maryhill Health Centre where the PCIT engaged with staff and patients. A stand was placed in a busy section of the health centres, with information about PC services displayed on a noticeboard. During these events, the majority of people engaged with were patients. In

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addition to speaking to patients, a number of PC contractors and staff also took the opportunity to engage with the PCIT team.

Patients

Patients were asked: '*Are there any areas within Primary Care that you feel need improved and why?*' In addition, they were asked some equality and diversity questions to help the team establish that a diverse range of patients were provided the opportunity to give their feedback. All the questions that were asked were optional.

Staff

Staff were asked four questions:

1. Do you work in Glasgow City HSCP?;
2. What is your role?;
3. Are there any areas within PC that you feel need to be improved and why? This can be within your own service or other services and any additional suggestions; and
4. What else should / could we include in our PCIP 2023-2026 and why?

7.3 Patient engagement

The PCIT attended 17 in-person engagement events and hosted a social media survey, over a four-month period. During the in-person events, the team delivered presentations and facilitated verbal discussions on PC services. The sessions were held at the locations outlined in figure 3 below.

01	Sheltered Housing, 9a Denmilne Gardens	06	Sheltered Housing, Gourlay Street	11	Stay Play and Learn Riverside Hall Govan	16	BSL National Plan Event
02	Sense Scotland	07	Gorbals Health Centre	12	Breastfeeding Group Govanhill Neighbourhood Centre	17	Barrowfield Community Centre
03	ESOL class (1) Kingsway Wellbeing Centre, 50 Kingsway Court	08	ESOL class (2) Kingsway Wellbeing Centre, 50 Kingsway Court	13	Fearless Triple P Class, Drumchapel 3D		
04	Sheltered Housing, 21 Bulldale Place	09	Stay Play and Learn Priesthill Community Hall	14	Heart of Scotstoun Community Centre		
05	Sheltered Housing, Biel Drive, Yoker	10	Maryhill Health Centre	15	Govanhill Heath Centre		

Figure 3: Engagement sessions held for HSCP patients

7.3.1 Engagement with residents in sheltered housing complexes

Engagement sessions were held within four sheltered housing complexes across Glasgow City HSCP. A short presentation was given followed by a group discussion. Following this, a feedback form was completed. This included housebound and mobile patients. Some residents, where required, were provided with assistance to write down their thoughts. These sessions generated great open discussions. The staff also completed feedback forms and their views were added to the staff feedback.

7.3.2 Engagement with people with moderate to severe physical / learning disability

A simplified group presentation was given to four service users attending Sense Scotland's day care centre. All had communication, sensory and complex support needs. To aid communication, the service users each were accompanied and assisted by their Support Practitioner and flash cards were used to help with answering the questions.

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7.3.3 Engagement with community groups

The PCIT visited community centres that host community groups to engage with their attendees. People attending the groups were asked about the improvements they would like to see in PC.

7.3.4 Locality engagement forums (LEF)

The Local Engagement Forums (LEFs) in Glasgow City HSCP are online meetings, hosted by the Locality Engagement Officers. One of the aims of the LEF is to aid the decision making and planning structures of Glasgow City HSCP and ensure health and social care services reflect the priorities and needs of local communities. The membership includes service users, patients and carers.

During three city-wide LEF engagement sessions, the Assistant Chief Officer, the PCIP Programme Manager and Clinical Directors, talked about the PC service priorities. Key speakers were invited to talk about their services and the groups had open discussions about PC services. A Locality Engagement Officer was at each event. Notes were taken on the feedback received. 66 people attended across the three sessions.

7.3.5 Engagement with people who communicate using British Sign Language (BSL)

In October 2022, a staff member from the PCIT attended the BSL National Plan Event and engaged with some of the attendees. Five BSL users completed the feedback form about PC services.

7.3.6 Pop up stand in a large shopping centre

A pop-up stand was set up at Parkhead Forge shopping centre in the East End of Glasgow. The stand was placed in a busy area of the shopping centre with information about PC services displayed on a noticeboard and on banners. It had been noted that responses from previous events were predominantly from people aged 60 years and over, so this provided an opportunity to gather feedback from younger people and young families.

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7.3.7 Social media survey

A digital version of the feedback form was created and shared using social media via Facebook and Twitter. It ran for five weeks and 122 people completed the survey. Results were removed if the person did not live within Glasgow City HSCP.

Section 8. Feedback

8.1 Analysis

All feedback forms were entered into Microsoft Forms and exported to Excel, and information gathered via Mentimeter and via the online survey was downloaded into an Excel spreadsheet. The spreadsheets were combined to make it possible to filter and organise the data. Group discussions were documented, broken down into common themes and reported in brief.

Prior to analysing the data, it was cleansed to check for duplications and irrelevant information e.g., comments related to care or services out with PC and to ensure contributions were pertinent to the engagement exercise. The cleansing process helped the team to clearly understand and interpret the data gathered. Once data cleansing was complete, the data was analysed and manipulated in order to identify key themes and findings, which have informed the recommendations for the PCIP 2023-2026.

8.2 PC contractor and staff feedback

360 responses were received from a range of PC contractors and staff (more detail of who contributed is available in appendix 3). They were asked their views on what areas of PC required improvement. Table 2 displays areas for improvement that were identified by ten or more PC contractors and staff. Additional feedback is noted in appendix 4.

Table 2: PC contractor and staff feedback

Areas for Improvement	Feedback
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<p>Communication:</p> <p>47 responses highlighted the need for public messaging / improved communication</p>	<p><u>Feedback included:</u></p> <p>“Better & sustained communication to educate the public about the changes within primary care and to explain all of the other options available to patients - not just GPs”</p> <p>“Local engagement with patients and take them on the journey with us so they have an understanding of services and direction of travel”</p> <p>“Improved communication with patients”</p>
<p>Staff support:</p> <p>46 responses highlighted the need to increase staff support / education / training</p>	<p><u>Feedback included:</u></p> <p>“Roll out of mental health support via CLWs, assistance re staff shortages”</p> <p>“More support for GPs is needed. Our workload is heavier, and nobody is reducing our workload”</p> <p>“Support for respiratory services in the community - increasing demand passing from GP to team, releasing time to care for GP but limited resources being passed over”</p> <p>“Education to improve and enhance the role of the GPN”</p> <p>“Education in care homes for carers as a lot of inappropriate referrals and wasted visits for DNs”</p> <p>“Education in diabetes”</p>
	<p><u>Feedback included:</u></p>

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<p>Roles and responsibilities:</p> <p>35 responses highlighted the need for clear staff roles and responsibilities</p>	<p>“There's resistance about who should do what, often due to staff being overstretched to cover multiple tasks”</p> <p>“PN role has been forgotten about in future plans”</p> <p>“Need clearly defined roles in pharmacy”</p> <p>“Progression of CDM hubs and clarity of roles”</p> <p>“Staff undertaking the correct jobs for their roles”</p>
<p>Investment:</p> <p>35 responses highlighted the need to increase investment and funding</p>	<p><u>Feedback included:</u></p> <p>“Investment in SPHERE to take on housebound patients”</p> <p>“We are caring for those who should be under secondary or tertiary care. If we are not supported financially, who is left to look after the public?”</p> <p>“Need more staff/ more money”</p>
<p>Collaborative and MDT working:</p> <p>35 responses highlighted the need to improve collaborative and MDT working</p>	<p><u>Feedback included:</u></p> <p>“Important that we work together as a team for PC to run smoothly”</p> <p>“More info on how to work together. We need to be efficient and informed”</p> <p>“Inappropriately distribution of MDT resources. All practices need to get proper support”</p>

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	<p>“MDT staff working directly in GP practices”</p> <p>“Real focus on local CLWs working collaboratively with carers and community services”</p>
<p>Staffing:</p> <p>32 responses highlighted the need to increase staffing and address recruitment and retention problems</p>	<p><u>Feedback included:</u></p> <p>“Cover for single handed/small practices to allow annual leave/sickness cover”</p> <p>“GP recruitment and retention must be a priority”</p> <p>“Can't recruit, train and maintain enough District Nurses”</p>
<p>Access:</p> <p>32 responses highlighted the need to reduce waiting times, increase access and manage patient demand</p>	<p><u>Feedback included:</u></p> <p>“Improve waiting times for patients attending GP practice”</p> <p>“Easier access to physio – not 26 weeks wait”</p> <p>“Accessibility to PC services”</p> <p>“Patient expectations and demands”</p>
<p>Planning and processes:</p> <p>27 responses highlighted the need</p>	<p><u>Feedback included:</u></p> <p>“Workforce planning - key to the development of PC”</p> <p>“We need to standardise processes across GP practices for continuity of training to deliver the objectives”</p>

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to improve planning and processes	<p>“Finding ways of stemming the flow of work from waiting lists and work transfer from secondary care”</p> <p>“Community nurse specialist role not supported by admin, resource and referral processes”</p> <p>“Improve referral processes for all community services”</p>
<p>Patient care:</p> <p>23 responses highlighted the need to focus on patient centred care and improve the quality of care</p>	<p><u>Feedback included:</u></p> <p>“Ensure continuity of care, trust and provide a person-centred care approach”</p> <p>“Consideration of how to improve patients' experience of their first point of contact with PC”</p> <p>“Sustain quality care provision for patients via robust PC standards”</p>
<p>CTAC:</p> <p>23 responses suggested improvements / changes to the Phlebotomy and Treatment Room service</p>	<p><u>Feedback included:</u></p> <p>“Patients complaining they aren't able to get through to phlebotomy service on the phone”</p> <p>“Phlebotomy staff do not have a base locally and are always looking for rooms”</p> <p>“DNs -inappropriate referrals e.g., BPs added to bloods (it's like a loop hole)”</p> <p>“CTAC can't do Hickman and PICC lines so even young, ambulant people need DN team input”</p>

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	<p>"CTAC need to be able to carry out bariatric treatments as again they need to go unnecessarily to DNs"</p>
<p>Premises:</p> <p>16 responses highlighted the need to improve premises / increase access to clinical space</p>	<p><u>Feedback included:</u></p> <p>"Lack of building facilities leading to uncertainty"</p> <p>"Clinic rooms themselves in some area's aren't fit for purpose, they are not disabled friendly"</p> <p>"Phlebotomy - More space for staff"</p> <p>"No space in practices for pharmacy clinical and to see diabetic patients. Get thrown out of rooms for physio / CLWs"</p>
<p>Mental health services:</p> <p>14 responses highlighted the need to improve / increase mental health services</p>	<p><u>Feedback included:</u></p> <p>"Better access to Mental Health - Lower waiting lists"</p> <p>"Establish true mental health hubs"</p>
<p>Referral processes:</p> <p>13 responses highlighted the need to review the referral process to DNs and mental health services</p>	<p><u>Feedback included:</u></p> <p>"District nursing need a clearly defined criteria, it needs a more robust referral process"</p> <p>"Mental health - SPOA - needs to be a priority"</p>
<p>Diabetes care:</p> <p>13 responses highlighted the need</p>	<p><u>Feedback included:</u></p> <p>"Diabetes needs to be a priority"</p>

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to improve diabetes care	"Patients with diabetes are not receiving screening services previously provided by GP contracts pre 2018 resulting in deteriorating control"
IT: 11 responses highlighted the need to improve IT	<u>Feedback included:</u> "Improving IT systems so they link to across practices" "IT and communication between specialities" "Linked IT between primary and secondary care"

In addition to more generalised feedback about PC Services, a range of suggestions were received during PC contractor and staff sessions, and senior management meetings, in relation to specific services. These are detailed below.

i. **Children's Services**

A review of PC Children's services was suggested, with increased awareness of services available in PC for families with children with mental health problems identified as being beneficial, in addition to easy access routes and clearer pathways into Child and Adolescent Mental Health Services (CAMHS). Better joint initiatives, increased education and collaborative working with Children and PC services and an agreed strategy for integrated working with Children's Services was suggested, as the National Care Service is creating uncertainty. Recruitment and retention is also problematic in children's services and a resolution is needed to accommodation issues.

ii. **CTAC: Phlebotomy and treatment rooms**

It was suggested phlebotomists are trained on other care interventions such as BP, pulse, urine, weight etc., as these chronic disease care checks are required as well as bloods. Requests were made for treatment room services to be reviewed, to include PICC and

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Hickman lines, catheters, bariatric treatments and chemo disconnect, to allow non-housebound patients to be seen in the health centres. Moving and handling equipment in treatment rooms was suggested and waiting times for ear syringing needs to be reduced.

iii. **Diabetes services**

It was suggested that a consistent approach to diabetes care across Glasgow City HSCP was needed. Furthermore, that more education on diabetes, more support for newly diagnosed patients and a return of regular screening / reviews was needed within PC.

iv. **District Nurses (DNs)**

Staff reported the need for: more DNs; improvements to the single point of access referral system to reduce inappropriate referrals; a referral process with a set criteria for patient referrals and work required to support realistic patient expectations of what the DN service can provide.

v. **Mental health**

Better access to mental health services, with clear and simple pathways and lower waiting lists was suggested.

vi. **SPHERE Bladder and Bowel Service**

Inequality in service provision was identified due to housebound patients being assessed by the DN service, whilst mobile patients receive a specialist service.

8.3 Patient feedback

361 patients engaged in either the patient engagement sessions or the online survey.

Throughout the patient engagement, responses were received from a broad spectrum of people, i.e., different gender, age, area lived, ethnicity, religion, sexuality and disability

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(appendix 5). Following the engagement report, the PCIT will carry out an Equality Impact Assessment (EQIA).

8.3.1 Collated patient responses

The PCIT collated and analysed all the responses from patient engagement activities to better understand the patient's need for improvement across PC in Glasgow City HSCP. Table 3 displays the areas for improvement identified by patients. A further breakdown of the number of responses can be found in appendix 6.

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Table 3: Patient feedback

Area for Improvement	Feedback
<p>GP Access:</p> <p>117 responses highlighted the need to improve access to GPs/waiting times/appointments</p>	<p><u>Feedback included:</u></p> <p>“Start by allowing patients face to face access to GPs.”</p> <p>“Access to GP. Would be better to revert back to appointments as the current process of receptionists deciding who you see or the length of time to get action is frankly shocking.”</p> <p>“Doctors’ appointments. Difficult to get through to surgery and then all appointments taken for that day.”</p>
<p>Dental access:</p> <p>63 responses highlighted the need to improve access to Dentist/waiting times/appointments/NHS treatment including children</p>	<p><u>Feedback included:</u></p> <p>“Dental waiting times remain extremely high compared to prior to Covid, feel this should be a priority.”</p> <p>“Dentistry approval for dental treatment taking too long.”</p> <p>“Most definitely, I’ve had a temporary filling in for two years still no appointments available. My kids haven’t been seen by a dentist for over two years and still need to wait another 8 weeks for a check-up.”</p>
<p>Face-to-face appointments:</p>	<p><u>Feedback included:</u></p> <p>“Face to face appointment availability needs to be more readily available and not decided by a receptionist if I have a face-to-face to see a Doctor.”</p>

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<p>61 responses highlighted the need to improve access to face to face appointments</p>	<p>“Definitely, start by allowing patients face to face access to GPs.”</p> <p>“Return of face-to-face GP appointments”</p>
<p>Mental health services:</p> <p>24 responses highlighted the need to improve mental health services</p>	<p><u>Feedback included:</u></p> <p>“Mental health services have long wait lists and also use primarily non-face-to-face services which can be helpful but being the only option is not great.”</p> <p>“Access to mental health services shouldn’t be as hard as it is. Having a CPN or psychiatrist attached to Dr surgery’s would help.”</p> <p>“Access to mental health care is complex and once again waiting times can be excessive.”</p>
<p>Communication:</p> <p>14 responses highlighted the need to improve communication with patients</p>	<p><u>Feedback included:</u></p> <p>“We need online services to book appointments and be kept up to date with news.”</p> <p>“Local dentist closed with no communication or transfer to new surgery.”</p> <p>“Improve communication re access to free services.”</p>
	<p><u>Feedback included:</u></p>

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<p>Podiatry:</p> <p>14 responses highlighted the need to improve access Podiatry</p>	<p>“Pays for a private podiatrist – should be able to get this on NHS. Can’t get an appointment. Unable to cut own nails.”</p> <p>“Can’t get a podiatry appointment.”</p> <p>“Less waiting times for podiatrist.”</p>
<p>Language barriers:</p> <p>13 responses highlighted the need to improve interpreting services/ language barriers</p>	<p><u>Feedback included:</u></p> <p>“Needs help with interpreter.”</p> <p>“Phone interpreter is not good, don’t have a clear explanation of diagnosis, changes in medication.”</p> <p>“Access to interpreters – often told it will be arranged but it hasn’t. Wife does not use GPs as struggles to get an interpreter with ease”</p>

8.3.2 Positive Feedback

Although the focus of patient engagement was on service improvement, 33 patients expressed how happy they were with their care and provided positive feedback, as displayed in figure 4 below. This number is not reflective of patient satisfaction levels as this was not asked as a direct question but given spontaneously.

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Figure 4: Positive comments received from patients

8.3.3 Areas for improvement

The key areas for improvement identified following patient engagement included:

1. Access to services;
2. Communication; and
3. Other areas for improvement.

These are summarised in figure5 and discussed in more detail below.

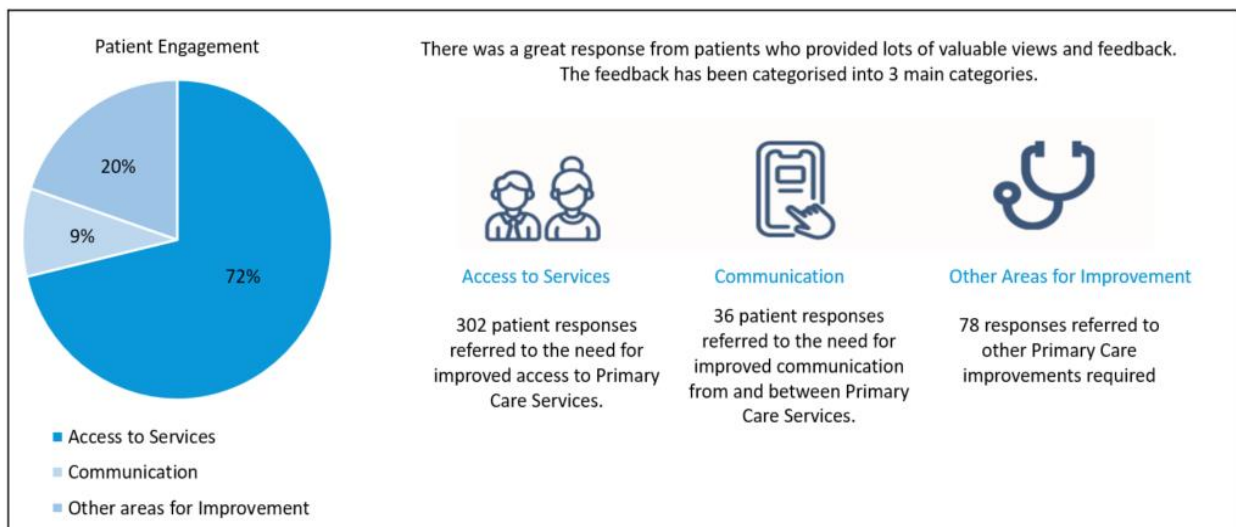


Figure 5: Key themes identified by patients

8.3.4 Accessing PC services

The most consistent theme that emerged from patient engagement was the need to improve access to PC Services. This ranged from arranging an appointment with a GP or

Dentist to ensuring there are no barriers to accessing healthcare. The key issues associated with accessing PC services identified from the patient feedback are outlined below in figure 6:

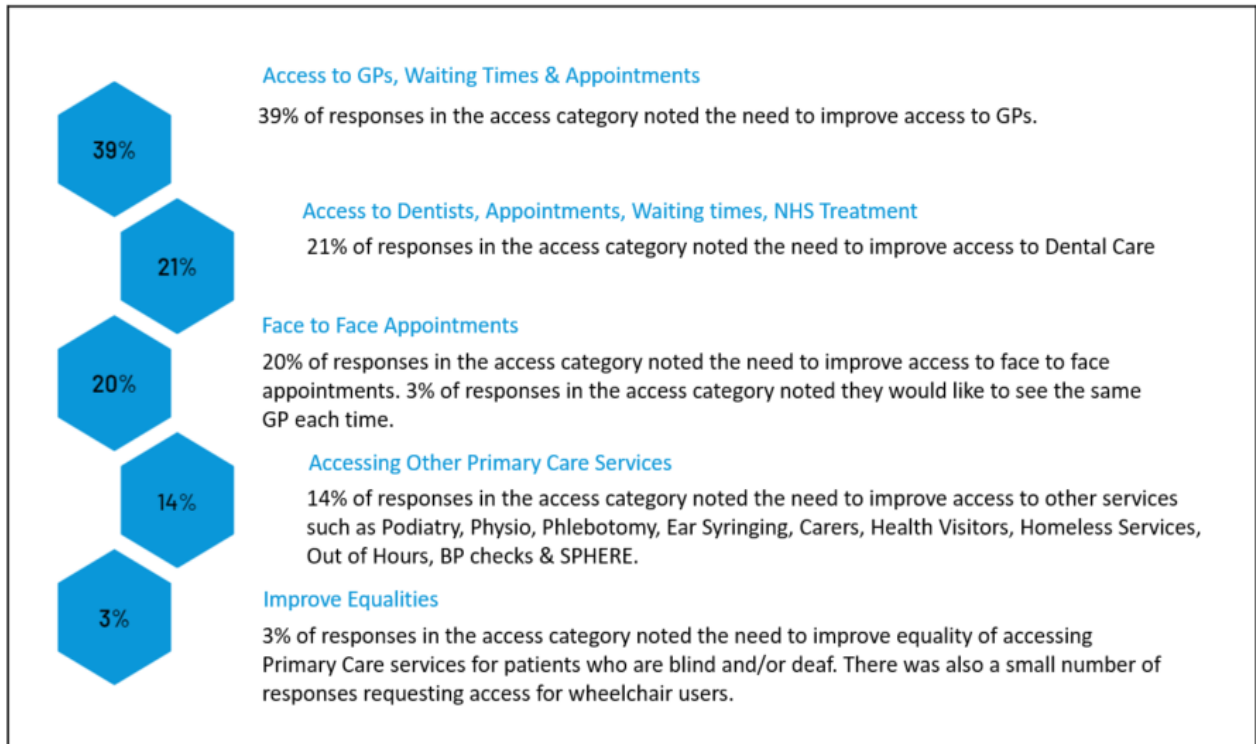


Figure 6: Patient feedback re accessing services

8.3.5 Communication

Patients expressed the need to improve the communication they received from PC services, specifically the removal of barriers to effective communication, e.g., lack of interpreters available and the need to improve how services communicate with each other. A breakdown of the findings is noted in figure 7.

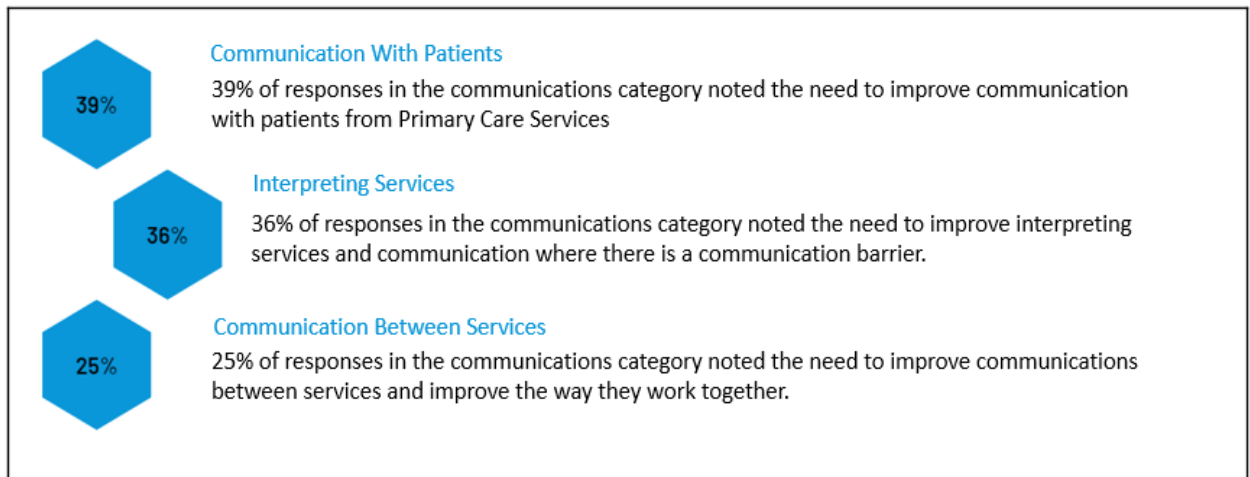


Figure 7: Patient feedback re communication

8.3.6 Other areas identified for improvement

Figure 8 below provides an overview of the other areas identified by patients for improvement. Nearly a third of patient feedback within this category highlighted the need to improve access to mental health services through faster referrals, improved waiting times, provision of face-to-face services and having mental health services available in the community.



Figure 8: Other areas for improvement identified by patients

8.3.7 Locality engagement forums (LEF)

The online LEF patient engagement sessions held via Microsoft Teams connected with 66 people. The feedback received at the forums, aligns with the patient responses gathered in other settings. Key themes were:

General Practice:

- Access problems to GP surgery (this was the main concern);
- Delay in getting prescriptions via the GP;
- GPs not offering minor injury procedures;
- Improved communication between secondary care and primary care; and
- Ineffective signposting to services by PC e.g., patient sent to optician, then a pharmacy and then back to the GP.

Community Pharmacy:

- No consultation space in some small community pharmacies;
- More information to the public on Pharmacy services, including in different languages;
- Medication not always available at pharmacy; and
- Local community pharmacy stopped home delivery service.

Mental Health:

- More information on Mental Health Services required; and
- Long waiting list for counselling.

Optometry:

- Access problems to optometry due to Covid backlog.

8.3.8 British Sign Language (BSL) National Plan Event 2017 – 2024

A staff member from the PCIT Team engaged with attendees at the BSL National Plan Event. The feedback received was broken down into three key themes:

- **Improved GP access:** BSL users are unable to communicate over the phone. Not all practices communicate with patients by text or e-mail and therefore patients require a BSL interpreter. This is not always possible for same day appointments;
- **Reliable Wi-Fi:** This is required for Contact Scotland translation. Health centres / GP practices / PC services sometimes have poor Wi-Fi; and
- **Staff training:** Basic training needed for PC staff on how to communicate with deaf people.

Section 9. Findings

The findings and recommendations from the engagement will inform the PCIP 2023-2026.

9.1 PC contractor and staff findings

Feedback from the PC contractor and staff engagement was categorised into five key areas for improvement:

1. The sustainability of PC;
2. Quality improvement;
3. Communication and engagement;
4. Collaborative working; and
5. Property.

Figure 9 shows the percentage of responses for each area and highlights the priority areas for improvement.

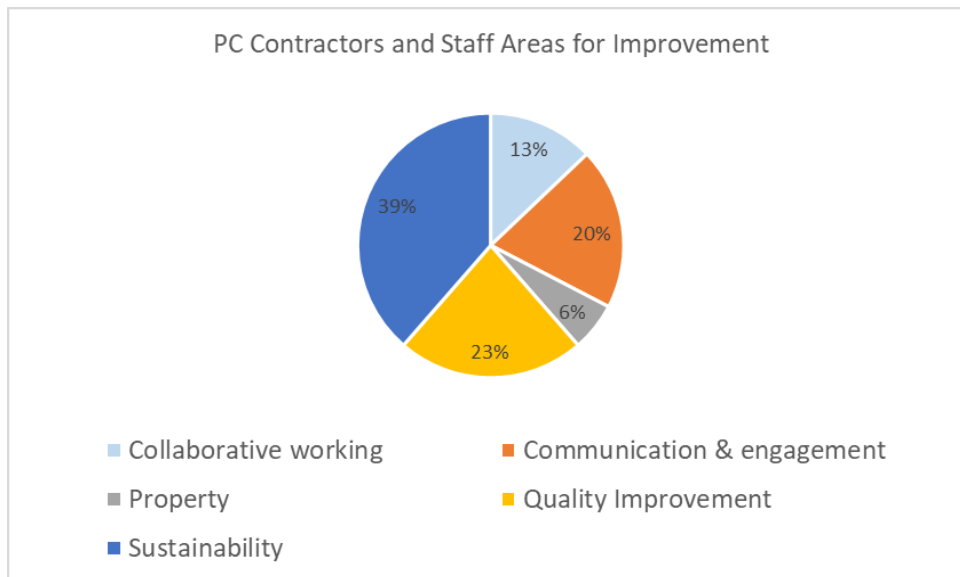


Figure 9: Percentage of responses for each area of improvement identified by PC contractors and staff

Appendices 7 and 8 break the key areas down into those identified by PC contractors (appendix 7) and those by staff (appendix 8).

In addition to the five priority areas, the need to develop, improve or increase accessibility to six PC services was identified and is discussed in more detail in section 9.1.6 below.

9.1.1 Sustainability of PC

Sustainability of PC was the main area of concern raised by PC contractor and staff. This supports the need to address issues with recruitment and retention of staff, provide clearly defined roles and responsibilities, standardise processes, and have robust referral criteria and pathways, and better workforce planning.

Unsustainable GP workload, with insufficient and inequitable MDT support, remains an ongoing and significant concern. PC contractors identified the need to embed and analyse what the 2018 GMS contract² and PCIP 2019 – 2021¹ has already achieved and to progress with the implementation of MOU2² and the PCIP 2023-2026.

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The results identified the need to increase access to several PC services, reduce waiting times and increase public messaging regarding PC. Progression of mental health and chronic disease management hubs, and improved diabetes care, was also identified as required. To support the above, addressing health inequalities and more education for staff is essential.

9.1.2 Quality improvement

The need to improve the quality of the PC services provided within Glasgow City HSCP was the second highest concern. Feedback includes the following suggestions detailed in figure 10:

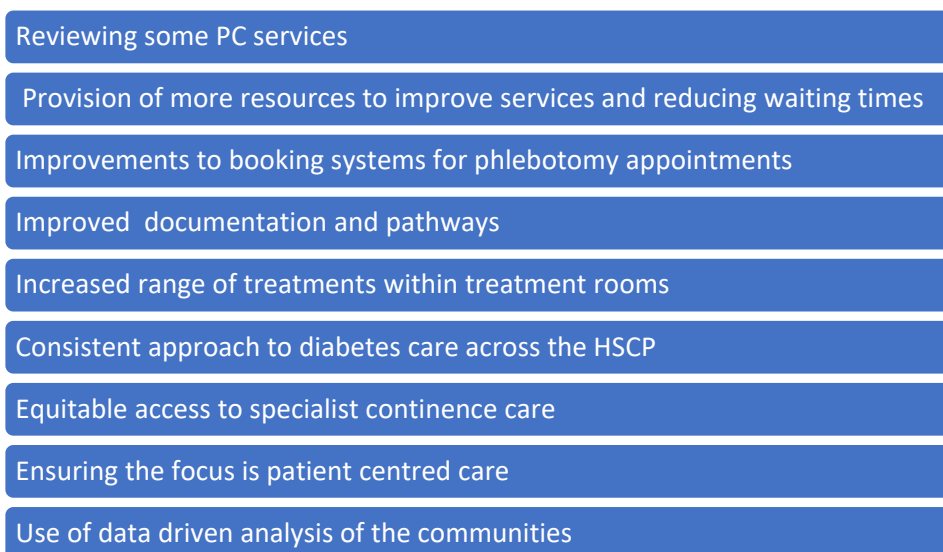


Figure 10: Identified quality improvement areas within PC

9.1.3 Communication and Engagement

The engagement found the need to improve communication within and out with PC. Specific feedback highlighted the need for shared IT systems, a better interpreting service and increased use of public messaging and engagement to create realistic patient expectations.

9.1.4 Collaborative working

Feedback suggested that improved collaborative working would help improve PC services. Specifically, that more MDT and joint working is needed to reduce PC waiting lists, improved collaborative working within and out with PC would be beneficial and staff need time and

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capacity to build connections, to ensure clear strategic direction. The results from the engagement also identified the need for better joint initiatives, increased staff education and collaborative working with Children's and PC services.

9.1.5 Property

The final area identified for improvement was property. Specifically, the need for more useable clinical space in GP practices and health centres, increased bases for staff and faster lease assignment to the board, with clearer guidelines.

9.1.6 Improvements to 6 specific services

The engagement exercise identified the need to develop, improve or increase accessibility to six PC services. Table 4 lists the improvements highlighted.

Table 4: Improvements required to six PC services

Children's Services	<ul style="list-style-type: none">• Review of PC Children's services with increased public awareness of the services available• Clear pathways into Child and Adolescent Mental Health Services (CAMHS)• Better joint initiatives, increased education and collaborative working• An agreed strategy for integrated working
CTAC: Phlebotomy and treatment rooms	<ul style="list-style-type: none">• Consider a review of the Phlebotomy service• Review of treatment room services to allow non-housebound patients to be seen in the health centres• Moving and handling equipment in treatment rooms• Reduced waiting times for ear syringing
Diabetes services	<ul style="list-style-type: none">• Consistent approach to diabetes care across the HSCP• More education on diabetes for staff and patients• Restart regular screening / reviews

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District Nurses	<ul style="list-style-type: none">• Review staffing levels• Improvements to the single point of access referral system• A set criteria for patient referrals• Creation of realistic patient expectations of the DN service
Mental health	<ul style="list-style-type: none">• Increased access to mental health services• Clear and simple pathways into services
SPHERE Bladder and Bowel Service	<ul style="list-style-type: none">• Address inequality in service provision

9.2 Patient findings

From the patient engagement, two key areas for improvement were established: access to PC services, in particular GPs and Dentists, and effective communication from and between PC services, and via the interpreting services. There is also an identified need for improved mental health services.

9.2.1 Accessing PC services

The most consistent area identified from the patient feedback that requires improvement was easier access to PC services and reduced waiting times. Specifically, the need for more face-to-face GP appointments and the removal of barriers to accessing healthcare.

9.2.2 Communication

The patient results highlighted the need for better communication from and between PC services, and the removal of barriers to effective communication, including an improvement to the interpreting service. Staff training on how to communicate with deaf people would also be beneficial.

9.2.3 Other areas identified for improvement

Nearly a third of patient feedback highlighted the need to improve mental health services. Small numbers of patients fed back the need to improve pharmacy, neurodiversity, diabetes, optician, sexual health and breastfeeding support services.

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Other areas for improvement include the need to reduce delays in getting prescriptions and medications, consider better provision of home delivery services via local pharmacies, address the lack of consultation space in smaller pharmacies and ensure the availability of enough information on pharmacy services. The results also highlighted that patients were unhappy with GPs not offering minor injury clinics and at times PC services provided ineffective signposting to other services.

9.2.4 Positive Feedback

Despite not asking patients about their positive experiences within Glasgow City HSCP, 33 pieces of positive feedback were received.

9.3 Broader context and alignment of findings

To understand if the findings of the PC engagement report were consistent with other local, regional, and national research into PC contractor, staff and patient experiences of PC services, a range of additional publications were reviewed.

9.3.1 The Health and Care Experience Survey 2021-2022¹⁴

The findings within the engagement exercise are supported by the findings of *“The Health and Care Experience Survey 2021-2022”*¹⁴, a two-yearly postal survey commissioned by the Scottish Government. The survey asked people about their experiences during the previous 12 months of accessing and using their GP practice and other local healthcare services, receiving care, support and help with everyday living, and caring responsibilities. They received 18,562 responses from patients within Glasgow City HSCP.

Out of NHS Greater Glasgow and Clyde’s six HSCPs, Glasgow City rated the top for patient satisfaction, and 13th out of 31 HSCPs in Scotland. Communication, being treated with compassion and empathy, and accessibility to a pharmacist at the GP practice were the strongest areas, whilst the areas for improvement were accessibility to GP appointments, knowing the health care professional well and difficulty accessing a mental health practitioner or MSK physiotherapist at the GP practice. Patients reported it is now more

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difficult to access a GP appointment in the way they want, that they are less likely to be able to book an appointment in advance and were less satisfied by the quality of information provided by reception staff than in 2020.

9.3.2 Glasgow City HSCP Survey to identify engagement priorities across Older People, Adult, Children and Family Services¹⁴

The findings in the PC engagement report also support the three key areas identified for improvement by Glasgow City HSCP's engagement survey, which was published in March 2022 and had 106 respondents. The three key areas for improvement were:

1. Better access to GP appointments with lower waiting times and more face-to-face appointments, plus clear and accessible information about services;
2. Improved children and adolescent mental health services with reduced waiting times to receive an assessment and for receiving a service; and
3. Improved IT systems and easier access to PC services. This may indicate that digital methods of delivery may not be the most accessible or preferred for some people.

9.3.3 Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland¹⁶

NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland's "*Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland*" report made recommendations relating to healthcare services. They recommended LGBT+ inclusivity training for organisations, development of protocols to ensure PC services are involved in transgender and non-binary care, online consultations available as part of the core service delivery model for the Gender Identity Clinics (GICs), investment to reduce waiting times in GICs and encouraging more clinicians into the specialty.

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Section 10. Recommendations

The recommendations within this report will help inform the PCIP 2023-2026 and contribute to the IJB's Strategic Plan. As a result of the findings, the eight recommended proposed actions are listed in table 5.

Table 5: Eight recommended actions for PCIP 2023 – 2026

1	Promote the sustainability of PC services
2	Support the ongoing implementation of the GP Contract 2018 ²
3	Review PC services and increase access to services
4	Support the establishment of mental health and chronic disease management hubs
5	Progress support for quality improvement (QI) in PC
6	Improve communication and engagement with PC contractors, staff and patients
7	Improve / increase collaborative working, including multi-disciplinary working
8	Address issues with property and clinical space

Section 11. Conclusion

The engagement exercise aimed to gather PC contractors, HSCP staff and patients' thoughts on the draft PCIP 2022/3-2025/6⁷ and identify areas for improvement to PC services. This report details the engagement process, analysis of the findings and provides recommendations for the PCIP 2023-2026. The PCIP 2023-2026 will build on the achievements of the past five years and will contribute to the delivery of the Glasgow City IJB's Strategic Plan.

Glasgow City HSCP has the largest population of the six HSCPs with NHS GG&C and high levels of health inequalities. It has the lowest healthy life expectancy and mental ill health is higher than the national rate⁸. Almost half of Glasgow's residents live in an area of multiple deprivation with 17% of Glaswegians classed as homeless or threatened with homelessness¹³. This will likely increase as a result of the worsening cost of living crisis,

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compounding health inequalities and increasing demand for PC services within Glasgow City.

The engagement focussed on the draft PCIP 2022/3-2025/6⁷ and PC services within Glasgow City HSCP. A structured approach was developed and engagement sessions held utilising various methods, engaging with over 700 PC contractors, staff and patients. The sessions were accessible and used presentations and discussions, pop up stands and a social media survey. Data was collected via an online Mentimeter survey, verbal discussions, written feedback and an online survey via Facebook and Twitter.

Over a four-month period, a variety of methods were used to engage with PC contractors, staff and patients, using either online or paper feedback forms. Data was logged, cleansed and analysed for key themes.

362 PC contractors and staff engaged. As the responses were similar from PC contractors and HSCP staff, results were merged and data categorised into five recurrent themes: sustainability, quality improvement, communication and engagement, collaborative working and property. In addition, suggested improvements to six PC services were identified.

361 patients engaged within 17 patient engagement sessions and the online survey. The team engaged with a broad spectrum of people, i.e., gender, age, area lived, ethnicity, religion, sexuality and disability. The main areas identified by patients for improvement were better access to services, reduced waiting times, more face-to-face appointments, improved communication, minor injury clinics available at GP surgeries and improved mental health services, pharmacy, neurodiversity and diabetic services.

This report has identified eight recommendations, detailed in table 5 below for inclusion in the final PCIP 2023 – 2026:

Table 5: Eight recommended actions

1	Promote the sustainability of PC services
2	Support the ongoing implementation of the GP Contract 2018 ²
3	Review PC services and increase access to services

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4	Support the establishment of mental health and chronic disease management hubs
5	Progress support for quality improvement (QI) in PC
6	Improve communication and engagement with PC contractors, staff and patients
7	Improve / increase collaborative working, including multi-disciplinary working
8	Address issues with property and clinical space

This engagement report will be presented to the PC Strategic Group and the IJB Public Engagement Committee. The Committee will be asked to note the engagement report and the activity undertaken to help inform the PCIP 2023-2026. A collaborative approach will be taken to finalising the PCIP 2023 – 2026. As part of this process, the findings and recommendations contained within this engagement report will be encompassed into the final PCIP 2023-2026. Following this the PCIT will carry out an EQIA on the plan. The final PCIP will then be presented to the Glasgow City IJB for approval.

Section 12. References

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Section 13. Appendices

Appendix 1:

Age-band population in Glasgow City HSCP and Scotland

Age-band population								
HSCP	All ages		Children 0-17		Adults 18-64		Older people 65+	

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	No.	%	No.	%	No.	%	No.	%
North East	181,781	100%	34,283	18.9%	122,176	67.2%	25,322	13.9%
North West	224,598	100%	33,456	14.9%	163,676	72.9%	27,466	12.2%
South	229,261	100%	43,773	19.1%	152,653	66.6%	32,835	14.3%
Glasgow City	635,640	100%	111,512	17.5%	438,505	69.0%	85,623	13.5%
Scotland	5,466,000	100%	1,026,922	18.8%	3,382,998	61.9%	1,056,080	19.3%

NRS – 2020 Small area population estimates⁹

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Appendix 2:

Glasgow City HSCP population (ethnicity banding)

HSCP population										
Ethnicity banding	NE		NW		South		Glasgow City	Scotland		
	No.	%	No.	%	No.	%	No.	%	No.	%
White Scottish, Other British and Irish	162,712	89.5%	184,994	82.4%	189,038	82.5%	536,704	84.4%	5,075,279	92.9%
Other white	6,401	3.5%	11,508	5.1%	7,621	3.3%	25,535	4.0%	172,927	3.2%
All White	169,112	93%	196,502	87.5%	196,659	85.8%	562,239	88.5%	5,248,206	96%
All Asian	6,997	3.8%	19,087	8.5%	25,616	11.2%	51,731	8.1%	145,211	2.7%
African	3,959	2.2%	4,500	2%	4,003	1.7%	12,460	2%	30,593	0.6%
All other Ethnic Groups	1,713	0.9%	4,510	2%	2,983	1.3%	9,210	1.4%	41,991	0.8%
All minority ethnic	12,669	7%	28,096	12.5%	32,602	14.2%	73,401	11.5%	217,974	4%
All people	181,781	100%	224,598	100%	229,261	100%	635,640	100%	5,466,000	100%

NRS – 2020 Small area population estimates⁹

Appendix 3:

PC contractor and HSCP staff consulted

PC Contractors	HSCP staff
GPs and practice staff	Senior managers
Pharmacotherapy	Specialist diabetes nurses
Ophthalmology	SPHERE team
Dental services	Respiratory nurses
	District nurses
	Children's services
	Health improvement teams
	General Medical Services
	Disability staff forum
	HSCP employed carers
	Administrative staff

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Appendix 4:

Improvements required table

	IMPROVEMENT REQUIRED	
1	Public messaging/ other communication	47
2	Staff support / education / training	46
3	Clear staff roles and responsibilities	35
4	Support and investment / funding	35
5	Staff / recruitment and retention	32
6	Reduced waiting times / improve access / managing patient demand	32
7	Planning / process / guidelines	27
8	Collaborative working	25
9	Patient centred care / improved quality of care	23
10	Premises	16
11	Mental health services	14
12	Referral process e.g., DNs, and mental health	13
13	Diabetes Care	13
14	Improved phlebotomy service	12
15	IT	11
16	Treatment room - increased treatments available	11
17	MDTs	10
18	Staff recognition	9
19	GMS Contract 2018	8
20	Pharmacy Services	8
21	GP workload	7
22	Improved links with secondary care / managed transfer of secondary care work	7
23	GP locums - availability and role	7

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24	Sustainability of primary care	6
25	PCIP improvements	5
26	CDM	5
27	Other services - frail patients, CLWs	5
28	MSK Physiotherapy	3
29	SPHERE	3
30	Urgent care	3
31	Environment	2
32	Improve interpreting services	2
33	Staff overworked	2
34	Podiatry	1
35	Psychiatry bloods	1
36	Data driven analysis of communities	1

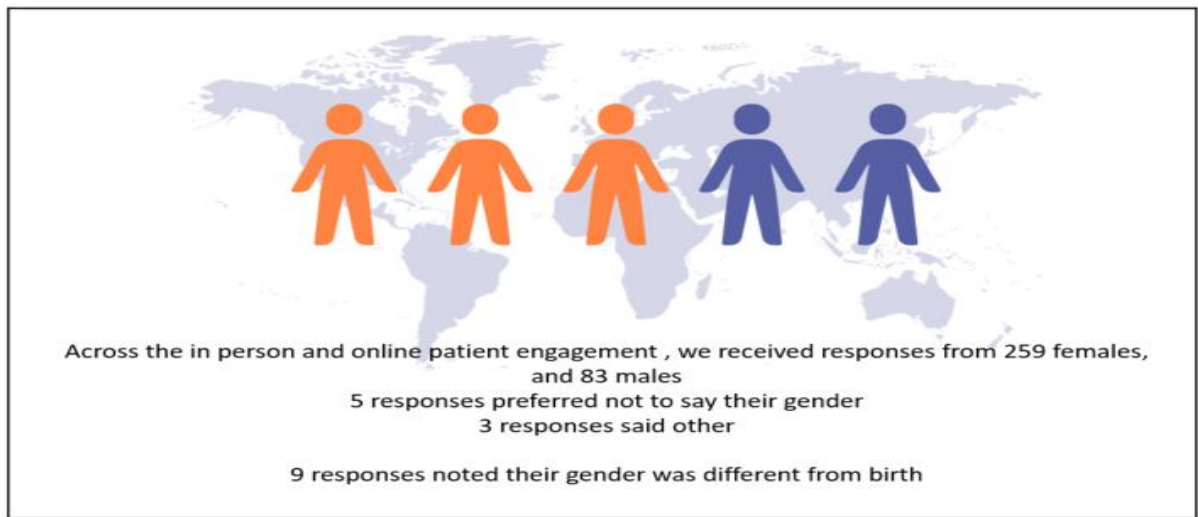
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Appendix 5:

Demographics Report

The patient engagement process aimed to engage with a broad spectrum of people, i.e., differing gender, age, area lived, ethnicity, religion, sexuality and disability.

6a: Gender



6b: Carers

In Glasgow City HSCP 14.4% of adults provide unpaid care to others. 57.2% of people aged 18+ with high levels of care needs are receiving personal care at home or via direct payments for personal care⁸. Throughout the engagement, patients were asked if they provided care for others within Glasgow City HSCP. 123 respondents reported providing care / support for someone.

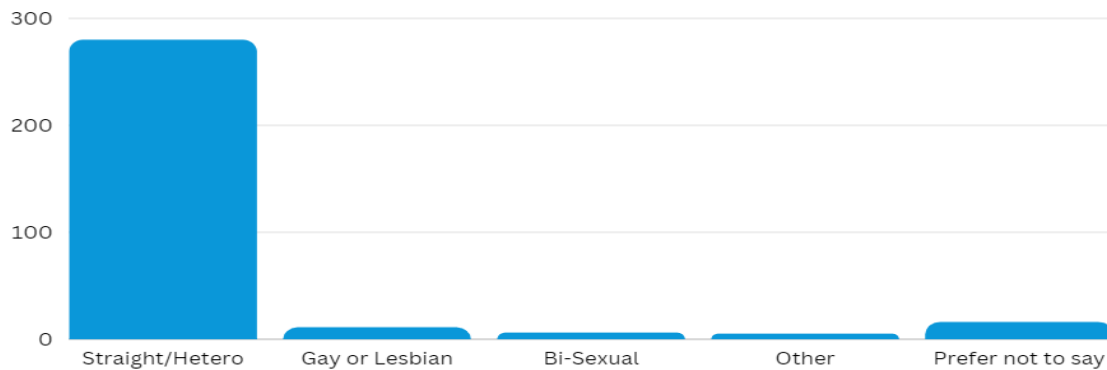
6c: Sexuality

Glasgow has almost twice the percentage of LGBTi people (5.7%) as Scotland (2.9%). 90.6% of people living in Glasgow are heterosexual⁸. Throughout the engagement patients were asked patients: *"Which sexuality best describes how you think of yourself?"*

- 280 responses received identified themselves as heterosexual/straight
- 11 responses received identified themselves as gay/lesbian
- 6 responses received identified themselves as bi- sexual

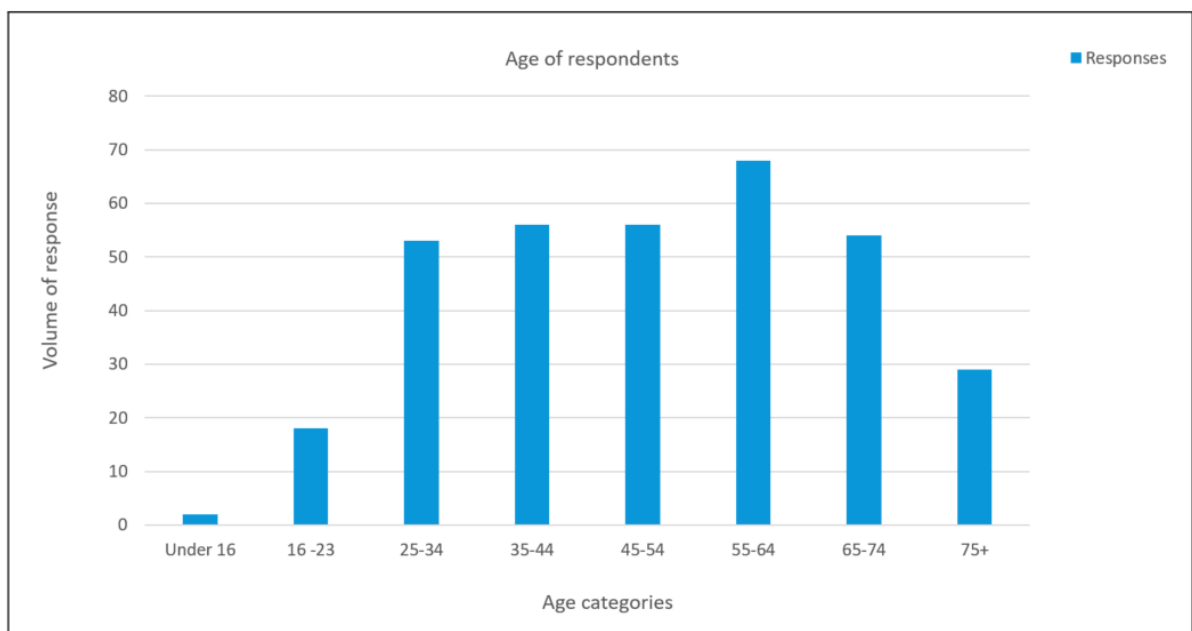
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- 21 responses received selected other/prefer not to say



6d: Age

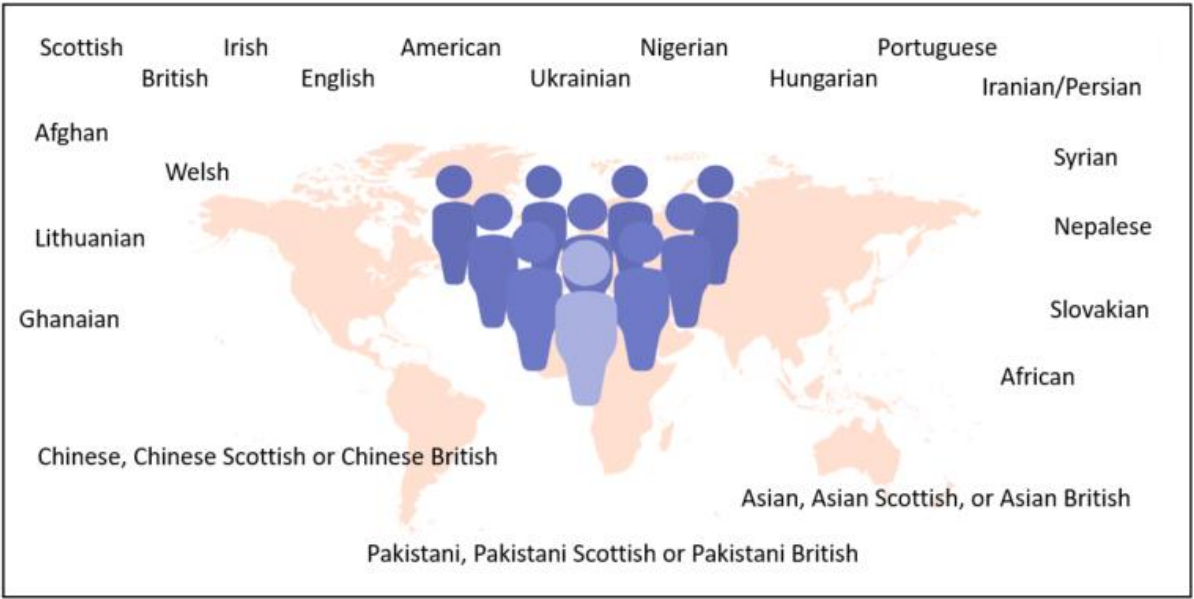
In Glasgow HSCP, 61.9% of the population is aged 18-64 years old⁸. The graph below displays the responses from the patient engagement, this identified the largest volume of responses were received from the age group 55-64.



6e: Ethnicity

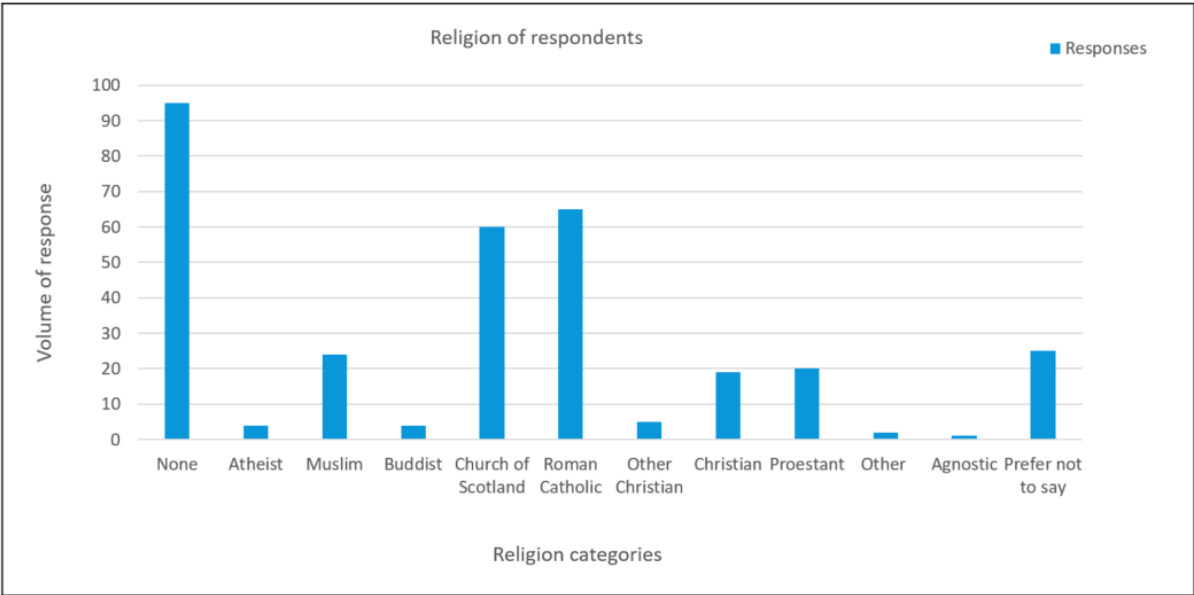
88.5% of Glasgow's population are white ethnicity and 11.5% are ethnic minorities⁸. People from more than 20 different ethnicities provided feedback.

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6f: Religion

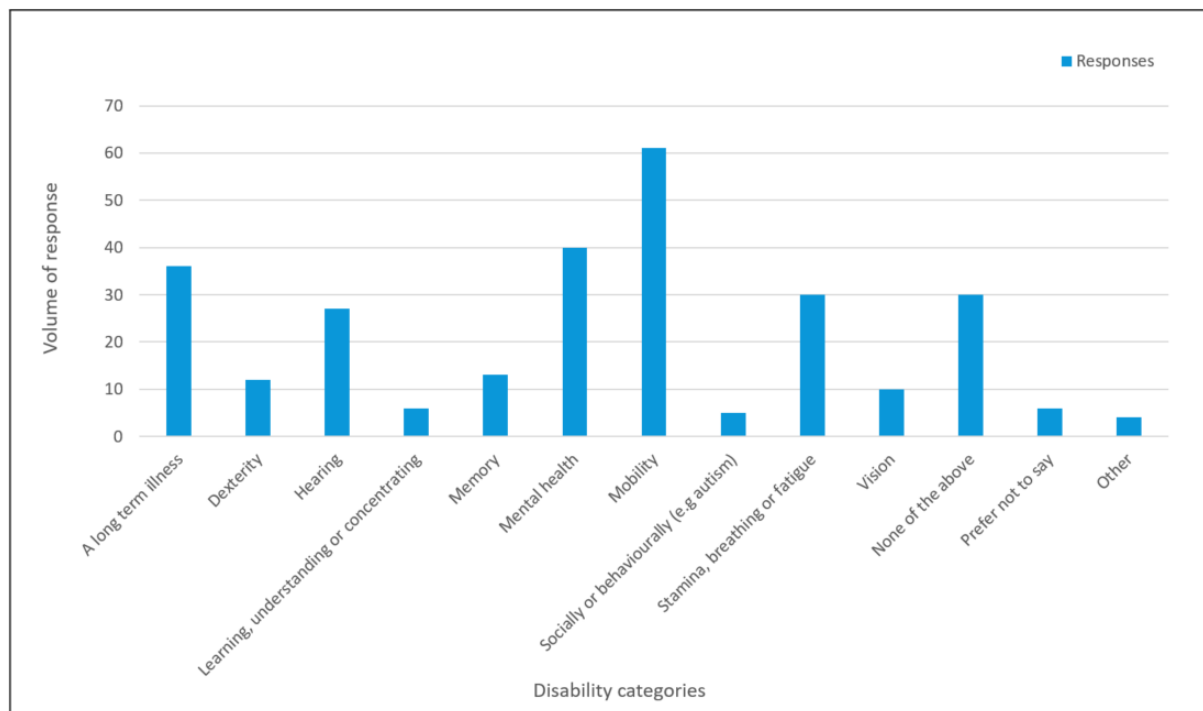
More than half of the Glasgow population report belonging to a religion (52.3%), with most following Roman Catholic (20.9%) or Church of Scotland (14.0%)⁸. Throughout the engagement patients were asked: “*What religion, religious denomination or belief do you identify yourself as?*” The results identified the largest volume of responses received noted they had no religion; Roman Catholic was the second largest response followed by Church of Scotland.



6g: Disability

Mental health conditions are 48% higher, learning disability 20% higher and physical disability 16% higher for Glasgow than Scotland⁸. 23.0% of Glasgow adults have common mental health problems compared to a 17% of Scottish adults. 4% of school pupils in Glasgow have Asperger's / Autism Spectrum Disorder⁷⁸. During the patient engagement, patients were asked: *"Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more"*?

Within the responses the highest proportion of responders documented mobility, the second highest response was from those living with mental health conditions and the third highest have a long-term illness.



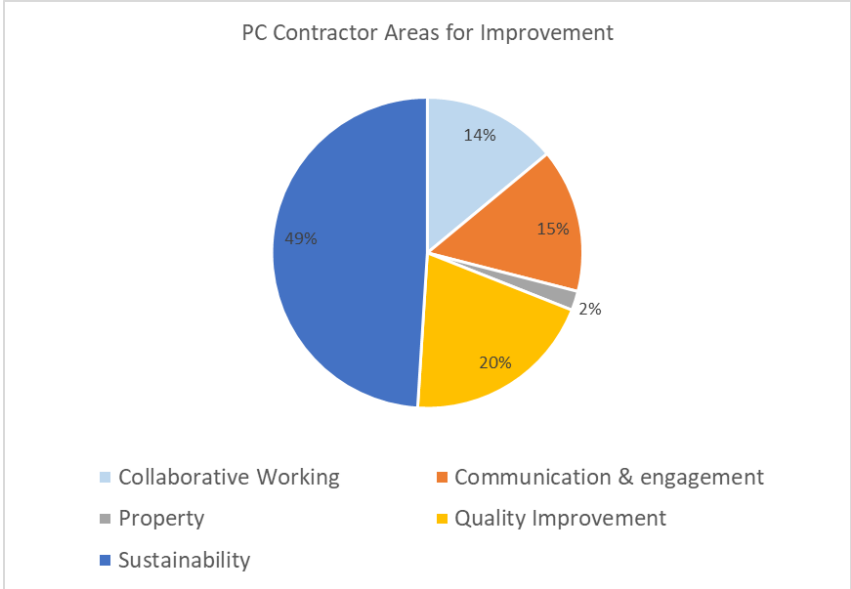
Appendix 6:

Patient feedback breakdown of responses

	IMPROVEMENT REQUIRED	No of responses
1	Access to GP/ waiting times/ appointments	117
2	Access to Dentist/ waiting times/ appointments/ NHS treatment including children	63
3	More face-to-face appointments	61
4	Mental Health Services	24
5	Accessing Podiatry	14
6	Better communication with patients	14
7	Language Barriers/ Interpreting Services	13
8	Reception Staff	11
9	Pharmacy	10
10	Communication between services/ more joined up	9
11	Accessing Physio	9
12	Access to phlebotomy	8
13	Neurodiversity	8
14	Diabetes services	7
15	Access to all services	7
16	Same doctor consistency	5
17	Opticians/ eye care	5
18	Sandyford or Sexual health	5
19	Vaccinations	3
20	Access for blind/ visually impaired	3
21	Equitable access for deaf people/ hearing services	3
22	Out of hours appointments/ supporting those who work	3
23	More breastfeeding support	3
24	Continence clinics	2
25	Health Visitors	2
26	Ear Syringing	1
27	Accessing Carers	1
28	Homeless Services	1
29	BP Monitoring	1
30	Online Appointment Booking	1
31	Understanding of learning disabilities	1

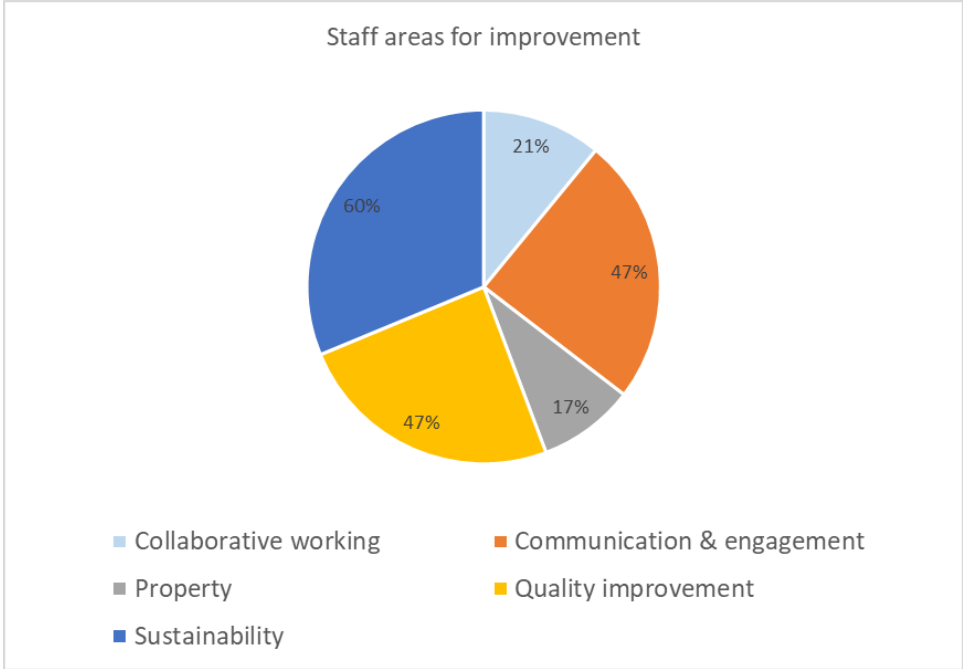
Appendix 7:

PC Contractor feedback – Percentages of areas for Improvement in PC



Appendix 8

Staff feedback – Percentages for areas for Improvement in PC



Section 14. Tables

1. 7 actions within the draft PCIP 2022/3-2025/6⁷
2. PC contractor and staff feedback
3. Patient feedback
4. Improvements required to six PC services
5. 8 recommended actions for PCIP 2023 – 2026

Section 15. Figures

1. Map of Glasgow City HSCP
2. Objectives of engagement exercise
3. Engagement sessions held for HSCP patients
4. Positive comments received from patients
5. Key themes identified by patients
6. Patient feedback re accessing services
7. Patient feedback re communication
8. Other areas for improvement identified by patients
9. Percentage of responses for each area of improvement
10. Identified quality improvement areas within PC

Section 16. Glossary of Abbreviations

BSL - British Sign Language
CAMHS – Child and Adolescent Mental Health Services
CDM – Chronic disease management
CLWs - Community Link Workers
CTAC - Community Treatment & Care Services
DN – District Nurse
EQIA – Equality Impact Assessment
GIC – Gender Identity Clinic
GMS – General Medical Services
GP – General Practice/General Practitioner
GPN – General Practice Nurse
HSCP – Health and Social Care Partnership
IJB – Integration Joint Board
IT – Information Technology
LEF – Locality Engagement Forums
LGBT – Lesbian, Gay, Bisexual and Transgender
LGBTi - Lesbian, Gay, Bisexual and Transgender and Intersex
MDT – Multi Disciplinary Team
MSK – Musculoskeletal Physiotherapy
MOU - Memorandum of Understanding
NHS GG&C – NHS Greater Glasgow and Clyde
PC – Primary Care
PCIP – Primary Care Improvement Plan
PCIT – Primary Care Improvement Team
PICC - Peripherally Inserted Central Catheter
PN – Practice Nurse
SIMD - Scottish Index of Multiple Deprivation
SPOA - Single Point of Access