

LEF – 2022 Survey Summary Appendix

This is a list of the responses from the 2022 survey put out across the 3 localities. From this information we derived a summary document. If you would like to see further individual responses from the survey, please see below. Please note: This is individuals' experiences, opinions and suggestions and be mindful of sharing the information. For this reason, we have left the information anonymous.

Additional support: What additional support could be provided to help assist you participate in LEF meetings and events?

GNECC was really helpful, why on earth did you change the service? They are incommunicado and we have to REAPPLY every year to be recognised as an unpaid carer. I am very unhappy about this especially as we were not even informed.

Hearing aid loop, accessible building.

To make sure they have easy access.

Information on starting date of classes or events - ahead of time so can plan how to get to Community centre or a safe place in Community to use Wi-Fi for online classes or events.

Transport to meetings

I cannot get into Teams, but you don't do zoom which is more easy for community people to access.

Thought through event planning taking into account mobility issues- standing or sitting for long periods, comfort breaks, COVID event planning.

More frequent assisted bin collection.

Facility taxi with ramp access.

Teams meetings, recordings of meetings to view at a later time with function to be able to feedback/comment.
I have had stroke and require transport to be able attend meetings.
Help with hearing and see what is going on. Access and mobility.
got long covid - breathless and tired
mobility problems require transport to and from meetings
Better access for people with disabilities.
poor hearing
companion who is free that day
Easier access to GP's
word type for hearing impairment

Health and Wellbeing: What support, information or activities can the HSCP provide to help you improve your health, wellbeing and self-care knowledge?

Give us the chance to take a holiday from the person we care for, or with the person, that is the best help I ever got. Peer support is also good.
As much information as possible about the services available in the NW both online and hard copy. Any updates on the services egg when GP's will return to mainly face to face consultations.

Info. On services how to access and any changes
If possible to send out brochures, leaflets, newsletters or any other format about services available and tips for looking after yourself.
To understand some of my illnesses
Cardiac rehab and community of support
Please provide more Access to wellbeing Community classes and activities like Pilates or magpie yoga or chair yoga for people with disabilities and relaxation classes to destress and nutrition and cooking on a budget classes info for those without Digital access or knowledge by Local leafleting/ posters to tenement flats in central Govan and Riverside and Lint house and ads on Community Radio. Also please train local younger and mature people to lead these classes and so to engage others
Reintroduce supported mental health groups
I'm very self-motivated to look after myself - go to fitness classes, eat well etc
Information currently available online is helpful, please keep maintaining and updating this.
Presently get all the help I need from my family.
Can't get in to see a doctor so can't pick up information for help and advice.
Help to navigate what's available
We can listen to heads of departments explaining any new developments and question them on it If we have any question to ask about the NHS this is the platform to air that.
Local support health infrastructure information - especially for the targeted group we work with (children / young people with additional complex support needs and their families and carers

community based support that is accessible, friendly and can offer practical help

Greater mental health support and shorter waiting lists

The HSPC provide a good level of information to partners via email. Covid restrictions have impacted on face to face networking, I'd like to see that resume as soon as is practical

Access to peer support groups, professionally led, quality engagement, improved marketing strategy to reach public not just other chip professionals. Don't assume local orgs have skills or resources to distribute or Engage with local audiences fully.

There is enough information out there the problem is getting people to act on it and lots of people need support to live healthier lives. You have to either get support to people in their own homes or get them out to get supported healthy activities in their community. You need to motivate people and provide support to lead healthier lives. Not everyone responds to or is motivated by online support and information.

Information is available - it's supporting people. For example diabetes - when are the community classes to help people manage diabetes. Support services and courses need to be in the community to encourage people to manage their diabetes

Training sessions for staff, either on Zoom or in person. Would be good to have a training session delivered in the style of us going through the training like we are participants. This helps us get an idea of good language to use when communicating with children and young people.

More advertised support groups Been offered help when needed rather than waiting lists

I received excellent support from the NW rehab team for over a year following serious injuries - just been discharged

Joined up thinking, creative approaches, real transparency, more action, fewer meetings and 'consultations'. Look at best practice in other areas/countries and be bold enough to actually change things.
Local support groups networking. Centralised information accessible by agencies and individuals alike to source best resources for situations.
good access to GPs Out Patients service when required
Exercise and urban gardening
Short videos on social media Think they can be more creative with their messaging Information on how to access the services would be good help. Feel there's an assumption
Information on nutrition and gut health, financial management, time management, sleep hygiene.
be able to be seen by a doctor
don't know
information about carers and family support services
good access to local services who can provide basic procedures which means you don't have to go to our patients department
send out information to people after they get a diagnosis or treatment
Services and supports are quite good but finding what services are available is the hard thing. More information in public areas
got all the leaflet about my condition
More information on long covid and specialist support services. also support for brain fog which is part of long covid
more funding for aids and adaptations

Better communication with services available and information
Cheaper gyms and sport facilities
More local facilities
Access to GP to get information and services.
get all the information I need
better health information
readily available information to help you
Easy access to health information if you are diagnosed with a health condition
start holding public meetings again as this allows service users to meet with others and discuss with each other their views on how services are being provided you can't have proper discussions with each other at virtual meetings were you simply listen to what is being said
Provide updates on local services. Organise face to face events to engage with service providers Opportunity to provide feedback /contribute to delivery of services
More information about services and support running in the area, not just from statutory services but charities too
I think GP's and patient coordinators being more available is a priority. There are points when the surgery only has an answer machine which says they are at their full capacity for the day and yet you could be phoning for results rather than an appointment and can't speak to anyone. I think GPs should also be more informed on the menopause or should be able to refer to someone with more experience.
More support for men to help with mental health.

Information about services that are available in the local community and online self-help tools or activities. Also guidance/advice about how to access health and social care services would be helpful as this often feels very confusing to people and they are not sure how to navigate the system and where to start looking for help, especially if they are digitally excluded.

Information is quite good already

transport

I am happy, at the moment, I am quite used to computers and can access most information

Up-to-date links from documents on line information that are easy to read, clear and understandable. Currently it is very difficult to easily find the information you need. If you've never had to ask for help, the maze is too complex.

It's unclear how to find out about the availability, accessibility and information on resources. If I need support, taking time to understand and access resources will make a challenging situation more difficult.

More focus on social prescribing and supporting carers by giving them the space to be able to self-care and look after their wellbeing. Information definitely not enough.

Don't know enough about what is on offer.

I am good at looking my own self-care and I engage in a range of activities to look after my health and wellbeing. However as a manager of a Community Project, I think that providing free or affordable activities and classes for all ages would help. Making these accessible and getting the word out to people is also important, e.g. posters and fliers in public places.

Keep me up to date with new research and up to date information. Enable groups to start meeting

again so they can share and discuss health information

Firstly - I don't understand what your parameters/jurisdictions are regarding NHS services. If you're asking questions regarding HSCP provision of health services, how effective will that be where it relates to GP (NHS) services for instance? My concern is probably echoed by many others - the lack of GP services - which prior to the pandemic were 'limited' (5 days per week, 9-6pm at best, no weekend local surgery, only sparse locum cover). But since the pandemic - for 2 years now - face to face GP services are strictly triaged and extensively limited. Referrals incur hideous and damaging waiting times. Same applies to NHS dentistry. How will your survey and discussion forums ACTUALLY impact these basic health service inefficiencies, which are bordering on negligence?

I don't know what is currently available, so it is difficult to answer.

Been able to access GPs at times out with the traditional times, evening's weekends, before work. The triage system going through receptionists, just doesn't work, there needs to be another way to do it.

More Advertising e.g. posters / mail , Tv or Radio to give people more awareness

Would want to know why things in health have changed since the pandemic and now that things are improving why are all services not back to normal?

Not aware of what HSPC can do

What is HSCP?

I don't know what HSCP is?

Information about good apps for trackable and "rewarded" weight-loss programs. Online sources of mental health help. Advertising of a centralised

website that is effective at finding good self-care knowledge
Who are the HSCP?
Be out in communities more and share information. Put better information out on social media that is more interesting than standard info. Not engaging
More information online and through the door. I feel the HSCP doesn't have visibility I had to google what it is.
timeout sessions, encouragement to stop and take stock, have a chat with others, time to share topics and issue of concern
More holistic support. Options for other support not health service. like wellbeing, life skills support, coaching
More focus on mental health. Update on services as know there are changes due to covid
More videos that are short and informative

Poverty, Health inequality and access to services: What can the HSCP do, to reduce health inequalities, poverty and improve access to services?

Don't do what you are doing now.
Supply information about services, make the information available to a wide a group as possible by having information available in libraries etc not just online
Have a clear understating of the data and use that to focus resources where they will have most impact. In tandem, services must engage meaningfully with those who should be

the beneficiaries. Avoid 'doing to' and ensure 'doing with' people
Perhaps have provide more awareness to alternative services and help if original route has long waiting list etc.
Poverty
Make funding more accessible
Have locally based supports that are inclusive
Supported education on well-being being active and nutrition delivered by trained local people working from a dedicated wellbeing space in the community where digitally excluded locals can get face to face support with well-being tailored personal plans and also participate in communal activities and learning for social contact
Consult with community groups and organisations before any decisions are made without the input of the groups
More face to face appointments rather online or over the telephone. Online services and telephone services are a barrier to accessing services especially for those in the poorest households
Increase the number of GPs in lower socio-economic areas and make accessing the GP easier.
Open up the halls and the health centres to meeting/groups being able to meet up. Support and information could be distributed in person.
More support for families and for people who are isolated.
Not a lot on first two points. Improving access to what is available is key to change
By listening to the community, the General Practices are only doing zoom calls and phone calls this is unexpected by ordinary people. i.e., "I have a problem with my knee" I will give you a zoom call and look at your knee. Many older people can't do zoom calls, how can a doctor look at a knee through a zoom call and make a decision what's wrong with it. Older people have been traumatised by the lock down, the Mental Health of older people have been effected, and we need a

better health service that will respond to our needs. On a personal note I will no longer go to a doctors surgery or contact them by phone, if I have a health problem I will go to the out of hours, they listen give you good advice and if needed patch you up.

Listen to the members of the LEF on its various concerns around health

Understand fully the community in which they are supporting the delivery of services and be a voice to address information and support to meet their communities needs

Most people don't know what HSPC is or what it stands for - time to get out and let the public know what it is, what services it delivers and how they can influence priorities within it.

Promote universal basic income to government. Means tested benefits put people who need them off applying, penalise the disabled or those with care responsibilities for not being able to make it to appointments, and the stress of constantly trying to remain eligible incurs a health cost of its own. Insecure benefits mean people are less able to plan ahead and make healthier choices, trapping them in the cycle of poverty.

Continue working with and supporting local organisations who deliver activities and services aimed at reducing health inequalities

Engage and codesign services in partnership

Having flexible openings times for services

More community based health and social support services in the poorer communities

More health and support service in halls and churches

More free sessions and publicise them in local amenities to ensure they are being utilised and are known about.

Increase funding to healthcare services Increase healthcare providers pay Increase number of healthcare staff so they have a good work/life balance and stay in the role Provide affordable dental care

Increased wages Decreased living costs More regular access to dentist and doctors Free sport and health groups for all ages

Implement an anti-poverty campaign. The old Strathclyde regional council had a hypothermia campaign in or around 1984-85 and this highlighted every/most households who were in need of support and or maximised benefits via appropriate signposting. That's just one idea

Free travel on public transport to all on benefits/low wage, more widely advertised and availability of free access to health & sports centres. Don't close libraries, keep community centres open and well-resourced. More creative partnership working with film industry when using Glasgow as locations (a lot of resources are put into skips at end of shoots that could easily be re-purposed by community groups etc. and not go into local landfill).

Constantly seek community input for issues in the area. This information should be driving force in deciding any active approach to provision of support.

increase participation encourage young people to become more involved in running groups by taking up more positions like secretary treasurer, minute taker by providing training and support

Lobby politicians, benefit info and community events.

Make services more widely known and available. Don't prioritise illness. Go and meet people where they are like in groups and put information out in an annual census style

Fund them, Improve referral routes between health care providers and third sector. Reduce reporting pressures on third sector organisation.

Give people more money - sort out their benefits

do more with mental health - access to services and help

get government to give us more money to live on

provide more information on what services are available and how you can access them

If you don't know about something you don't know what you are entitled to. just found out my mum has been on the wrong benefits for years

More money and cheaper food and electricity

It's not a bad service but sometimes there is sometimes a waiting list

more spending on home care services

I wouldn't change much - I think services are pretty accessible

Education and political situation - more jobs and better living conditions

Think it's pretty good access

Better transport links

If you have been given a serious diagnosis you shouldn't have to go through a telephone call, video appointment or anything with an emergency or something serious

Services good and good access

it's quite a good service

Better employment opportunities, make services better known.

provide more support to voluntary and third sector organisations greater access to services at weekends especially community mental health services

Work with local action/community groups Fair access to health services across the city

Make information available in a range of different languages and formats and advertise in more community settings

The new hub in Parkhead concerns me as there will be a number of services housed there, and yet as childcare in the area is low, it will be difficult for parents to access the hub without taking their child. Many of the appointments families attend may involve them disclosing information that is not suitable for their child to hear or not being able to open up and share their experience as their child is present. In a hub of that

size I would have hoped some facility where the child could be looked after safely while the parent can then attend their appointment calmly and stress free. Many families in this area experience intergenerational issues and it would be good to protect children from any unnecessary trauma.

Engage with community leaders and staff who work on the ground, not managers, get through to community leaders that are not seen by the external world because of language barriers etc, but they provide amazing help to their peers and are true community builders.

more men matters groups across

Early intervention and preventative work is restricted because of constraints on resources but if support was offered to people at an earlier stage, then their need for services would decrease. Many third sector services focus on this type of work but funding is restricted to 3 yearly so long term funding is needed. Services need to be more flexible as people don't fit into neat boxes and people living in areas of deprivation tend to have multiple health problems and inequalities that often means they are passed from service to service without actually being accepted by one and then they give up egg mental health and addiction - MH services are unlikely to accept someone if they are using illicit substances when often these substances are coping mechanisms. Also people with difficult lives often lack the confidence/motivation to attend appointments or don't have money to get to an appointment but, if they miss it, then they are taken off the list or returned to a waiting list. There needs to be resources dedicated to easing the barriers to accessing services and/or following up why someone doesn't attend.

More outreach

Ensure that everyone is aware of the services - not everyone is on computer

Understand local communities, listen to the grass roots groups and don't just pay lip service to services where everything continues to stay the same

Transparency and visibility of resources and information to support access to services. Understanding and implementing user needs rather than simply gathering feedback.

Access to Social Works Services is very poor. Preventative interventions are non-existent and with only critical cases being picked up many people are being left unsupported and in very precarious positions. Access to SDS is impossible and community care assessments for day care and similar services are being completely overlooked.

Keep going as they are now successfully doing

Providing services as per my answer to Q8, but making services free or affordable. Addressing the impact of poverty, and better still campaigning or lobbying to ensure that people have a decent income and don't have to live with poverty. Access to education, training and employment.

Without financial investment and directed support it's difficult to reduce health inequalities. You could try and get people along to facilitated community support activities to reduce isolation, share information and support personal health goals. Getting information out to people is key to both improve access to services and provide information - could you put health information/leaflets and telephone numbers in prescription deliveries

Improve access to all NHS services - with longer opening hours, including weekends. I realise this will require employing more doctors, nurses, specialist clinicians etc - but this is the simple solution. More staff. Longer opening hours - across the whole NHS service.

Provide educational materials that are not 'preachy', advise on good diet and healthy eating ideas, provide, enable and encourage community gardens and locally grown food and make people aware of its benefits.

On a Macro level challenge Government re benefit decisions, Micro level, make sure patients have access to benefit advice to maximise income, co-location of advice services in health centres could help that. Also more of the gym, reading, activity-social prescribing work.

Advertise about services that are back to normal, provide more information in the form of leaflets etc. I do not use Facebook or tweet and I feel it is difficult to find information about service provision in Glasgow City.

I don't know what HSCP is?

Work on reducing wait lists for dentists and lower pricing for dentistry based on personal finances. Actively show that you're working to fix previous issues involving the treatment of racial minorities in the past. Put investments into the first point of contact phoneline.

I am registered with Tollcross health centre. They use AskMyGP to request support from relevant services. This has been first class and do effective in enabling rapid and appropriate level of support from a range of professions with primary care.

Make me and people more aware of services and make services less complicated

Look at how health services intersect with people in poverty. What is being done educationally in these areas.....there is obviously an inability for impoverished people to educate and inform themselves in comparison to others. Perhaps ask them and find out why

work more closely with organisations at the coalface who do the likes every day within the limited resources they have

Provide more funding and generate more peer groups. They have cut this off. Why not let communities support each other and generate the infrastructure for this to happen, There is an expectation on the state to support people with health. However, creating spaces for it to happen in the community could be more effective.

Help 1/3 sector with providing funding longer term

Raise awareness of free services offered by AHP's, optometrists and pharmacists. Many people may not know their yearly/two yearly eye test is free and is also a thorough test of their eye health and can also detect some systemic conditions such as diabetes and stroke

Target specific communities, areas and make services available and GENERALLY KNOWN. Not just sought after by people

Strategic Plan -

What suggestions do you have to ensure that service users, community groups, carers and the wider public are able to contribute, influence and shape the new HSCP Strategic Plan?

Keep unpaid carers on a list, help them talk to a social worker if things deteriorate and contribute to activities by pairing up befrienders to support our care industry.

As above advertise on all platforms, online and hard copy. Advertise where people meet / gather egg doctors' surgeries.

Don't know

Enable service users etc to engage through a variety of initiatives. Small focus groups, bigger meetings, online, face to face etc.

Engagement must be multi-platform and not be limited to 'one-off' events. People need to know that if they engage that account is taken of their views and that they are given the opportunity to comment on changes. So often that simply does not happen. This makes people sceptical and less likely to engage in the culture. Additionally, those involved in engagement must be properly trained and resourced to do so effectively.

To make it more understandable for in paid career and have things to do in the area

People make Glasgow so take this to them at places they go to

Regular accessible community centre 'Town Hall' meeting style with dedicated times for groups like carers service users and community groups to workshop and then share their lived experience of what needs to be addressed and what supports and community learning and for example preventative well-being programmes with dedicated HSCP staff and local people collaborating to contribute their insights into (for example suggestions as to how support to unpaid carers can be delivered better, than just signposting, by some Glasgow Carer centres) and to have these practical suggestions and solutions mediated to HSCP by community facilitators from these face to face and online information gathering events which can then make meaningful and practical contributions to improving locals health and well-being and supporting those with disabilities and especially mental health vulnerabilities thus influencing and help to shape more community responsive and practically holistic Glasgow HSCP strategic plan

Full Consultation before it's rushed through we need our voices to be taken seriously

Having meetings with local communities - but not online meetings

Run both online and in-person consultation events. In-person needs to cover a range of service users and therefore be offered at different times of day/evening.

It's difficult to get information to people and involve people in the Strategic Plan because so few groups are meeting just now. I don't have and don't want to get or give information online. Opening up halls and health centres should be a priority to getting information to people

Go to where people are meeting and ask their opinions - bowling clubs, churches, lunch clubs that have started up again.

Don't think the majority of citizens know of HSCP or Strategic Plan A well planned advertising campaign might help as long as there was structures available to receive response.

All community groups are full to capacity and they have not enough funding to take on work the NHS we're doing. We need a platform to listen to our suggestion and act on them.

make sure that is well publicised and in various languages and sent to local community centre and organisations in the sector

Make the current plan more readily available for discussion/comment to enable new groups and services to understand the strategic focus of HSCP and how they participate in future shaping

Make information and engagement sessions local, at different times/days, make it interesting and focus on specific services at different sessions to engage people who have a reason who to want to improve their situation

Focus groups, stakeholder organisations, public surveys,

Support local orgs to gather the thoughts of residents in a meaningful way

Innovative use of social media, better design of services in partnership with communities, long term investment in locally led problem solving, support projects that are already working and broaden out to other areas. Value local knowledge and understand how neighbourhoods function and are interdependent.

On line surveys
Get the staff that are going into peoples' homes (homecare) or where the HSCP is delivering services - podiatry, LD day care or outreach services, carer's services etc to find out what people want from health and care services. Add their views to the plan
HSCP staff in clinics, social work offices and health centres should ask people what they think.
Make it public that a Strategic Plan is happening, advertise it in local areas. Set up coffee mornings etc as a consultation event. Reach out to local orgs and give them the power to set up consultations with their service users, e.g. youth groups could hold a drop in session to discuss them.
Conduct regular surveys Hand out surveys in healthcare locations
Free to everyone Local so that it's easy to walk to Listen to feedback and take it on board Ask all ages what they would like
An open forum for feedback and suggestions with genuine responses from a dedicated communication team. Honesty about the 'integrated' approach and systems upholding (and holding up) this! Use Action Research approaches rather than questionnaires and 'meetings'.
Regular in person and webinar open discussions and consultations. Web only is not giving all access to have opportunity to share concerns and ideas. Multiple streams for information gathering and sharing should occur, but centralised collection should be key and then open sharing will help inform plans.
Speak to schools, all the kids even the disruptive ones. Speak to all the places of worship of all religions should be involved. In Anderson we have a lot of students, they should be involved. Local businesses, coffee shops. Some people are left behind as people think they have money when they do not, lonely on plain sight.
provide information offer support explaining the reasons why services are changing give them opportunities to meet and discuss changes need to keep community local halls open this helps them to meet with each other and discuss the changes and what's happening in their local community
Try to reach people who feel marginalised and unrepresented.

Time - most of the meetings are during working time. I can't go to that and there's no consideration Come out and meet groups
Evidence how you have acted on people's feedback before. Go to where people are - don't ask them to come to you. Give multiple ways to contribute - in person, online, chatting to someone they trust.
Ask people questions - like this survey
Text or email survey direct to patients
surveys in the community - face to face
surveys
information needs to be provided in a way that ordinary members of the public can understand some of the issues can be complicated
they don't get our views normally - use Facebook or send out surveys
Talk to people directly
don't really know
giving people to talk
more coordination between community groups so they can make a joint response to service providers
Survey face to face
Postal survey or national campaign.
Through the local councillor for them to gather opinions
Surveys and questionnaires
In person surveys
Don't know
Happy with what they are doing just now
gathering information through GP and health centre
better access to computers and internet

Just ask people for their views
Online forum or platform
opportunity to contribute and express my views at public meetings
Ensure all underrepresented groups are engaged and have an input in their local area.
Need to engage with people from outwit the 'circle', those not currently represented so opportunities should be advertised through a wide range of organisations and not just statutory services
Make it more widely available but also feedback on decisions taken. Do not always do this online or by letter or by visiting forums but try to actually go out to the community and groups that are important to people (covid permitting) as much as possible or set up a zoom or teams meeting with local groups. Make sure all voices are heard from young people to the older generation.
The same as I said in the previous question
More community group discussion in local area. regular contact instead once every 3 years
I think that there needs to be a variety of methods used to gather views as not everyone is online or attends a community group egg survey monkey, telephone canvassing, postcards/letters, community radio, QR codes in shopping centres and community centres, social media. Also there are local organisations who have access to large numbers of people who could be used as a conduit for people's viewpoints egg housing associations, GPs, HV etc as well as approaching established community groups and residents' groups.
more personal surveys
more support for local groups to meet running cost so that can get a chance to network and learn from others
Start Face to Face meetings, although I think hybrid meetings may be useful (especially in the darker months)
Offer consultation across different platforms and at different times. People can find it difficult, if not impossible to get time off work to attend day time sessions, even if they are virtual

Visibility and engagement with the wider community is essential, the least vocal groups are those who should be engaged with.
Local focus groups within the communities
Make engagement accessible and in a variety of formats. Ensure that those involved are representative of the population of Glasgow. Works towards ensuring those with the quietest voice/least empowered have their say.
Ensure that it is available in other languages, that interpreter, BSL is available. Use of social media and target groups already working in these fields who have the skills, knowledge and experience working in those sectors.
As well as going to the usual suspects, broaden your net.
Surveys that are accessible, e.g. social media and/or paper copies, and in a variety of languages. Also engaging with community organisations and groups, including schools, nurseries, third sector.
It's important to try and involve local communities - could there be community discussion groups set up
All health services require trained staff. Put more funds into providing appropriate remuneration packages for NHS staff to attract more people. We probably don't need any more hospitals, or surgeries, just more staff to work in them.
Have a sufficient number of different ways that people can engage, e.g. meetings at different times of day, weekdays and weekends, in accessible locations. Encourage people to know that they will be listened to and their views respected. Put measures in place that will allow carers the necessary cover to ensure that they can attend.
Good
Ask people when they're waiting for appointments, people are bored and more likely to speak to you when they're waiting. Incentives for people getting involved, vouchers etc. Work with the 3rd sector who can help you identify people who may want to input. Make more of a connection between their views and changes-what can and will they influence?
Ensure those who reply are a representative sample of the population. Ensure the methods are culturally sensitive and in a variety of languages/mediums. Consider moving away from only a written plan.

ensuring that general public are kept informed and up to date what is happening

Communicate with all the services making all people aware what help is available to the needs.

As per previous answer, advertise on television, newspapers and offer information on leaflets. Have a full document that I can see that includes telephone numbers and how to access all services that are being offered and what level of service is provided. Some services are self-referral and some are not. What are the waiting times for services? Important that information is shared about waiting times to be seen at hospitals and waiting times of operations.

Short public announcements on television

I don't know what HSCP is?

Make it known when the HSCP strategic plan is being implemented and ask if it has improved previous ways of operating. People can often miss changes if they're not actively detrimental or are small changes.

I've never heard of the HSCP, so can't comment.

It seems to me that the HSCP is only understood my working in the health sector. For general members of the public, it is a completely hidden, inaccessible structure with unclear roles. I have little understanding of its relevance to me.

Be out and meet lots of different groups - not just one session. It works for you and convenient but not for us

Look at meeting people at their homes, streets, community hubs and places people go like central station for example.

Reach out further or support local organisations/groups to do so. Don't rely on the same people/groups of people to provide feedback, other approaches need to be sought to include people who don't normally contribute, who are seldom heard and those with lived experiences who think their way of living is "normal" and don't have a voice. Meet with organisations and groups, ask them to be conduits to the people they serve, provide resources to support this, fund events and give people clear and visual guidelines on collation as well as outcomes, more importantly when people will see changes.

younger people - go to schools, communities and places young people are adults - send it to their work, round doors old people - go out and meet them or send it through their door

Road shows Information to be short and snappy not long winded. Papers to be in English not jargon

Attend community council meetings from time to time to discuss local issues with residents and local councillors

Have online contribution not just meetings? So have a box where I can submit my answers. Similar to surveys

Older and Primary Care Services:

If possible, please specify areas of Older Peoples and Primary Care Services that are a priority for you?

I did not know they existed for real. Where are they and why there is no way of contacting them nor getting any service

GP Services, face to face are a priority followed by Home Care to keep people in the community as long as possible

Day care services

Care and support to remain at home

Home care services as we are carers for a family member.

GP services

GP services and carers services and allied services and homecare services

Carers primary care GP Services

Reduce waiting lists for all services - physiotherapy, GP, hospital, podiatry and more face to face services

GP access; Home Care Services

More service and support activities in their local community for older people especially for men. Transport is a problem so services and supports need to be local. Support local organisations to provide activities in the community. Older carers need more support - all the centre and supports have been reduced during Covid

Getting a face to face GP appointment that is the priority. I still don't understand why the hospital were running and shops were open but you still can't see a GP. The service is now awful. Homecare service putting old people to bed at 7.00pm adds to their loneliness - there must be a better way to support our older people.

Dementia services are needed most not only for the patient but for the family carer., this is Olson goes for palliative care

GP services

I do not work with older people - my response to Q11 is a reflection of my own perspective as I get older and my understanding of the future needs of the client group I work with

Dementia care

give older people as much choice and agency as possible, keep them local to existing support networks

Some people have not seen a GP for 2 years - something is very wrong. Telephone consultation is not good enough. I understand that GP's are individual contractors but this lack of face to face service needs to change.

GP services need to improve - they need to start seeing patients again. People are not getting referred to specialist health service to get diagnosed with long term conditions, cancer etc. GPs are partly responsible for not getting patients early treatment. Once you eventually get referred by GP - you are on a hospital waiting list

Don't work in that area, I work in Youth Work. Ones that tackle loneliness and isolation would be a priority though.

Improving quality of care in care homes. Hiring more permanent care home staff instead of contract workers Improving training of care home workers Improving access to GP services Better training for GPs in mental health treatment

Improved home care services that enable people to remain in their homes

Care at home
Brain injury
Meeting other people in the same position. Talking
Primary card is essential to stop some problems before they get worse and tap into all these other mentioned essential services.
Home care and private care homes.
Dementia Units Digital inclusion Sheltered Housing residents access to high quality internet and devices.
Treat older people with dignity and respect
Look after old people better - more supports in the community
access to carers services for older people
G.P. services
access to regular podiatry services which have been non-existent 2 years
Getting to see a GP and good service for people with sensory impairments
Access to GP service - not letting people into surgery. Improve carers services
aid and adaptations to be homes ramps disabled access
Access to GP service is a priority
GP services need to improve - I know we have had a pandemic but every other service is operating OK - dentist, baby clinics, treatment room but the GP can't see people even after getting a terminal diagnosis
health and social care awareness
Trying to get appointment at GP's is really hard. Receptionists are sometimes a barrier
more support and funding for dementia services
Palliative Care/ Carer Services

Mental Health
I would like more detail on why we are rating the above, every one of those services are important to people who use them, and situations are fluid and you may have to call on any of the above at any time unexpectedly.
Trying to prioritise it would be damaging to the services I may not have enough knowledge or experience of. For example, I don't even know what telecare is (I can make an assumption). But maybe there is someone for whom that service is vital...
Better transport to get people to appointments and services.
Primary care is universal so it's a good starting point for people to access services. Mental health support is not a GP's primary area of care but they are frequently the first point of contact for people so training and availability of support would be helpful, both for health staff but also the administrative and ancillary staff. In terms of older people, loneliness and isolation are prevalent within this client group whether that's because their health has declined, they have been widowed, and they no longer have the confidence to go out and this impacts on their physical and mental health.
dementia
GP - Primary Care - Face to Face is the top priority
Access to assessments, allied health professionals in realistic timescales
Access to services via GP referral for primary care services are an essential gateway, without this access is impossible.
I think all services are vital in the care for older people
Dementia Care, appropriately trained home care staff and nursing home and residential services
Learning and physical disability.
Re Q. 11 above. I thought it was to rate the questions 1 to 10 in order of preference. It didn't seem to work. Is the Q. misleading? Face to face with a GP
Sufficient and quality care and support for allowing people to live in their own homes for as long as possible.

Continuity of service - would like to see the same medical practitioner (GP or nurse) rather than a different one each time.
Visit Doctors surgeries
Same as my previous comments - prompt access to GPs and Dentistry, and any subsequent specialist referrals.
Knowing where to get specific help when needed, and reassurance that it would be available and specific to my needs. I am currently in reasonably good health, but would be glad to know that if I should need more specialised care it would be available when required, and I would not have a long wait for care to be put in place.
Good
I care for an elderly relative, so at the moment GP and podiatry
First port of call will be GP, consider longer appointments and speedier diagnosis and fuller understanding of support available.
carers service podiatry physio
Dementia Services, palliative care and home care.
Don't know what telecare services are and how to access them if I need them. Many of the services offered I do not use - the main one is being able to see my GP Why have you not listed hospital services? I am very interested in all aspects of hospital services.
GP access
N/A
What does older people mean? What age?
The standards of residential homes need to be improved, both in public and private situations. Especially private.
Nothing directly relevant at present. It seems to me that people will respond according to their own circumstances, so if this information is being used to shape services, it will be biased by the people who happen to respond.
Accessibility for people who don't speak English. What are services doing for minorities?

No
Both are under resourced and need prioritising. Primary care are major players in community health, yet they seem to have withdrawn from the vital community service they have always been, the heart of the community, put there by their patients. Some of the buildings housing Primary Care are not fit for purpose, this needs to be addressed asap, only then can they get back to being that major player. PC need to expand to house many other services (a great example being Bromley on Bow) one stop shop on the doorstep. Support should also be given wider in terms of people needing additional services from GPs, reform filling. Some can afford to pay for this service; charged to the patient as a private business, however for some unrestricted funds are non-existent, this is only going to get worse with current welfare system and the increasing costs for living. Additional funding should be made available for primary care to offer this service wider, it's the difference of receiving money entitle too or securing early retirement through ill health. Older People's services touch so many aspects for others including, dementia services and carers, often expecting more of people and their capacities. These services need to be responsive at the time of need and awareness should be around early intervention to avoid crisis.
Older people are lonely. What are you doing to support them after the pandemic
mental Health Dementia
Access to timely GP and acute healthcare
Nursing homes and old people being mistreated

Adult Services: If possible, please give us specific areas of Adult Services that are a priority for you?

clarify what services you actually offer
Community Mental Health and Adult Social Work
Home care
older adults/day care

Adult Social Work Services and Community Mental Health and In patient mental health
Mental health services Adult social work services
People sleeping in the streets is dreadfully sad and people need help. Glasgow needs to tackle this
Community mental health services
Isolation and loneliness with older people - more supports in the community needed
Getting access to a face to face appointment with a GP for adults - GP need to get back to normal and provide service for everyone.
Mental health has become one of the biggest problems since the covid kicked in. A lot of adults are struggling with not enough beds in hospitals to accommodate them, care in the community could be good if the resources are their community groups would like to help but they have not the funding to do this.
SOCIAL WORK SERVICES
My response to Q13 is a reflection of my understanding of the current and future needs of the client group I work with
Mental Health - prevention services by developing the community development around connection and relationships, trauma informed.
Access to GP services needs to improve for adults especially those struggling with mental health - telephone and online consultations are not satisfactory
Long term conditions - depression, mental health, pain control
Mental health services
Prompt access to assessment of need from SW then having care plan provided
Care at home
Alcohol and drug recovery services, mental health, homelessness
Care for carers all ages

more support for mental health local support groups run by the voluntary / third sector not the core HSCP services
They are all essential
Feel more work on sexual health service and stigma could be done
Community Mental health
Mental health services - our mental health has been badly affected over the pandemic
access to mental health services is a priority
too many people living on the street not getting help
homeless and getting houses for young people
need to open up the addiction services again
poor experience with social work services did not really help me left me to cope my own staff were rude to me
Mental health service - long term condition - not much support for families
Letting people know what is available and how to get services
The waiting list for community mental health services is too long
mental health services are a priority
More community mental health services and better publicity about what services and help is available
Mental Health
community mental health services safe places provided out with 9 till 5 and at weekends
Mental Health
Again I'm unsure of why these are being rated.
mental health service and tackling addiction
Mental ill health - there are long waiting lists for services.

Good services when you need them
mental health services in the community
Adult Social Work
The increasing issue of the need for timeous mental health support
Support via Adult Social care is another essential gateway that feels like a very low priority.
all these services are vital within a community
Younger People with Dementia and carers
Social care - learning and physical disability.
CPNs
Mental Health services as poor mental health can affect us all at any time in our lives, and is a major issue in the West of Scotland.
Supporting homeless people get a house and maintain a home
As in 13 above.
Good
Homelessness
Most interested in GP services and that is not included, next would be hospital services and not really able to prioritise as there is only one hospital service listed.
GP services
Mental health services.
None of the above relate to me. As above
I'd like to know more about what Glasgow is doing to solve the HIV situation. What are the service, what is the awareness and what is working
This service needs to be much quicker in their response, waiting times have been unreasonable. When people are referred, that is when their needs have been identified, often after many months of trying to cope on

their own. Months for waiting just for assessments are often inhumane. Adult services also need to work more closely with housing services to ensure any housing adaptation needs are addressed asap, to support people to live well in their own home. Funding is often quarterly and people regularly put back and put back because of other priorities, meanwhile making life hard for people and their families

Mental health services that are not only when you are in crisis

Mental health

Why is there so many homeless on the street. What is being done about this?

Children and Family Services: If possible, please give us specific areas of Children and Family Services that are a priority for you?

For the unpaid kinship care to have support and be treated the same and for a lot of service to stop saying we informal kinship care

CAMHS

Foster care and residential care and children's and adolescent mental health support CAMHS all of the above are really important to be honest as for older people before

NOS 7 No's 1

Support for families who care for someone with autism - there is no services out there, long lists to get help or a diagnosis, life is hard for carers - very little support as well. Social work also need to support families and protect young children - too many children and young people are slipping through the net

Difficult to comment when not sure what all the categories are.

More support for families who are struggling either with the cost of living or looking after children with a disability

Social Work should provide more support for families in order to prevent children being taken into care - if it is safe to leave the children in the family home/their community. Families are crying out for support, with household bill, caring for their children, as there are very few community supports in west of Glasgow. Young people need to be supported to give them the best chance in life.

I live in an area that needs supervision in the family life children are being neglected, some parents don't know the most important things that children need to be healthy and improve their lifestyles. Their values are all wrong but the children are given an expensive toy and dress them up in the latest style, but do not put enough food on the table, there seems to be this culture of go to food banks, lie to get the best benefits.

Child mental health services

I have reflected at Q15 on my understanding of the needs of carers / parent carers - the most discussed areas of anxiety are the continuing needs of children/young people with complex needs as they reach adulthood. The other huge area of concern we hear from carers / parent carers is the length of time it takes to access CAMHS and then the even longer time spent waiting on services 'kicking in' for the cared for child/adult

Access to face to face GP services for young families. Some families (carers, kinship carers, children with autism) who are really struggling with life, health and social pressures

Family support service in the west of Glasgow

Mental Health

Social work

Preschool community support, HV by health visitors

CAMHS

Again places to meet and talk

I feel CAMHS is not fit for purpose and actually was damaging when we tried to access the services.

Camps and mental health for young people

Social Work, Mental Health, Youth work provision

Young people mental health
Getting an autism diagnosis and then getting the help and support to families
Autism diagnosis and services
Support for Kinship Carers
children cared for in homes
residential services
Children's mental health service
Mental Health
As above all of these are important.
young people getting better access to mental health services
Diagnosis and support for families where a child has additional support needs or is suspected to do so, particularly for neuro diverse conditions.
kinship care
Clear pathways of support for young people
Mental health support
all services are vital in a community
Respite and support for families affected by disability.
Regular visits to see if we are still alive, or have circumstances changed requiring more social services input.
Children and Young People's mental health and counselling services, who are currently inundated as a result of the impact of Covid and lockdown on young people. So many children are still trying to cope with what they have endured and getting help is almost impossible.
The adoption process needs to be more streamline - the time between matching families to children to getting final conclusion is too long.
As above in 15.

CAMHS as there's such a huge waiting list
prevention is better, have more community services that provide protective factors, support parents to be better
does not affect me really
Health visiting/ family Nurse services
Pre-birth assistance and then ongoing help when baby is born and specialist care is required by babies / small children
All are essential in one way or another
GP services
I want to know if sessions on children services. Not sure if there is any information sessions
What is being done for youth hanging around town drinking at weekends? Young people hanging around streets. Where are community groups for them?
CAMHS, waiting times are awful for waiting children and their families. Social work services are extremely under-resourced
Mental health services - it is not visible. What are schools doing around this?
Children's homes. Residential. They're not fit for purpose

Other community health priorities: Are there any other Health and Social Care issues that you would want to discuss or highlight as a priority not already covered?

Tackling the Mental / Physical Health issues of Social Isolation
Fair and ethical commissioning with service users involved from the start
Dedicated community staff support for unpaid carers for their physical and mental health especially when caring for someone with a mental illness
Mental Health services and supports for older people and older carers

Face to face appointment with GP's for all ages - take the pressure off families and the hospitals
No, keep Glasgow Children Healthy and Happy.
Unsure if these are HSCP issues: ongoing PPE issues and costs to services delivering care support for disabled children/young people/adults, period poverty of young disabled women
Connecting people. Loneliness and isolation have a huge detrimental impact on wellness. Covid anxiety is prevalent in our communities and each individual has been affected differently. People need the opportunity to meet in a safe environment where they can have the opportunity to explore how they feel now. For some, transformational change has happened and they are confused about what they have lived through.
Working with Housing associations to provide appropriate housing for people with long term conditions, caring responsibilities, needs to more responsive, flexible and compassionate
Improve GP service
GPS keeping door locked is a disgrace.
Lack of real integration between health and social work (that's my experience)
Time to talk is important.
Benefit and entitlement. The processes are very difficult and intimidating.
Gap appointments and the shift to digital services. Like is it really better.....better for who the service or us
Better links to hospital services - better communication
concern over charges that are now applied for service users that used to be free for example podiatry
getting houses for young people
more training for home helps this would allow people to remain in their own home and stay out of nursing homes
Support for families for people with long term medical conditions

All starts in the community - greater education about what services are out there. Better communication and information
I have had good service from GP's and health service
Just access to GP services
looked after and accommodated
mental health services should be provided on a 24 hour service no support after 5pm and no help at weekends
Poverty, Social exclusion, Inequalities
The threshold for access to social services is very high and although adult support and protection is for individuals who lack capacity, my concern is that capacity is a spectrum and people may miss out on support because they don't meet this threshold.
More outreach service in the community
Increased awareness and access to acquired brain injury support
a contact within the HSCP would be good to liaise with
I don't believe that it is possible to rate the importance of different services as they are all essential and part of an integrated care pathway, therefore I have not done so.
Disability/Respite services for children and young people affected by any disability.
Removal of many things from free NHS 1948 original obligations. Dentistry, podiatry, prescriptions, glasses and eyesight, polyps and now ear conditions like wax.
Counselling services for adults and children
Financial Inclusion, Poverty, Employment
There should be more local coverage / information available about services that I can access in the north east of Glasgow.
Dentistry
Separation of infectious disease treatment and other important health issues like cancer treatment.

9-5 meetings when we work. Can we make them later in the evening
Mental health for children/education. Schools are not coping with increased presentation of poor and declining mental health issues in their pupils
Mental health support, wellbeing support and support isn't led by crisis and demand.

IJB: The HSCP Integrated Joint Board (IJB) is the governing body for Glasgow City HSCP and the Public Engagement Committee is a subcommittee of the IJB.

Alleviating Social Isolation / Face to Face Services resuming
How to widen knowledge and understanding of the role and responsibilities of the IJB.
Fair and ethical commissioning Meaningful service user involvement
1) Funding earmarked for dedicated support workers with practical and administrative support and digital support (not just sign posters at carer centres) for low income unpaid carers for support with their own mental and physical wellbeing while caring for especially mentally ill carers. 2) Better Community wellbeing programmes delivered in local Community centres for public health by trained local wellbeing trainers through an education and training collaboration for example 3) Funding earmarked for Community mental health wellbeing awareness social clubs for those with and without mental illness for adults and children and families and carers especially to tackle social isolation and pandemic anxieties and to encourage community led wellbeing groups and not just those with soc6media likes 4) Targeted & themed funded collaborations with freelance creative and local community interest companies CIC and social enterprises using relevant models of good practice 5) More integrated GP practices with nurse practitioners and mental health staff and allied health physiotherapists etc 6) Better local leafletting and posters for digitally excluded and low income and multi ethnic communities 7) Responsive and regular HSCP facilitator led workshopping with service users community groups and individuals to create a flexible and responsive and caring new HSCP plan especially

<p>factoring in the efforts of the pandemic on committees and people waiting on care because of pressure on NHS</p>
<p>I would like that service users were represented at the meeting equality and lived experience</p>
<p>Homelessness, tackling waiting lists in all areas, support to families who are unable to get support, getting back to face to face appointments</p>
<p>Timely access to GPs and the health service. Where older people stand in the priorities for treatment. Highlight the gap between demand and resources/funding in the NHS and consider how to deal with this.</p>
<p>See above - isolation and loneliness in older people, supports and services in the community for older people and those affected by poor mental health, opening up halls and Health centres so the public can meet again</p>
<p>GP appointments - getting GP services back to normal and more supports for families in their local community.</p>
<p>GP surgeries, people need to have a face to face consultation with GP'S. this would cut down the accident and emergency calls,</p>
<p>involve the public or change the name</p>
<p>I am not aware of the IJB - how widely the committee minutes are disseminated and how often they meet would be a useful link to all care services</p>
<p>More open and public process for enabling a cross section of Glasgow residents to be represented - and involve them in finding ways to make it happen. Too much jargon and acronyms make it seem alien and inaccessible.</p>
<p>possible role for citizens assemblies participatory budgeting</p>
<p>Yes, locality plans to be more targeted. This would see more joined up service provision while helping neighbourhoods to identify gaps. Taking a place based approach and incorporating the 20 minute neighbourhood view could be beneficial</p>
<p>Consistency of services, responding to the huge 3rd sector under investment and risk assessing/understanding the impact this will have on communities and likely impact on social and primary care.</p>

Access to face to face GP for all ages - online and telephone is not good enough. Support for families. Waiting list for children's mental health services.
Improve GP services and lack of family supports in the West Glasgow
No
Need integration embedded in SW practice. It's far too fragmented with no real co working or co service delivery. I received appalling service and contact from social work good input from the rehab team. That's supposed to be an integrated service but there's no social work staff on the front line. No point on having the service managed by a social worker but only health professionals providing front line delivery
More accessible and transparent - able to feed in to meetings and get feedback.
carers issues, mental health services, information about what grants and support that are available for local community groups
Peoples right to the city as opposed to big business.
No
Digital inclusion, funding for access to high quality external supervision/ counselling for third sector staff to avoid burn out
They should listen to the public and find out what they need
mental health services and drug abuse
Can't think
don't know
More publicity about the work the committee does and how local people can have a say on the topics discussed by the committee
Getting information about service in order to improve access to services
Supports and services in local communities
Isolation is a real big problem. People are terrified to go out now
like to know more about what they do

Support for people with condition
Where would the average person go to put an item on that committee? Information is key.
Communication with hospital
People should be allow to join a committee
Long waiting list for both children's mental health services and adult mental health services
Can't think
Don't happy
Residential child care
Don't know
Easier to access all service -
to many abbreviations which people find hard to understand more publicity about when they meet and what they do and how to take part
Lack of mental health support Not being able to see GP
Supporting young families / making accessing services easier More recruitment to forums of young people Support for carers
Supporting people who have little education, little understanding of English, and don't understand how system works. How can it be improved?
access to mental health services especially men between ages of 16 - 45
The cross over between mental health and recovery services and how they can work together.
Outreach services
why are community reps treated differently from elected members and officers important to get feedback don't talk down to people it does happen sometimes
Community Nursing / Doctors

Don't treat the community as an add on. The communities are the heart and mind of what the city needs
Mental health and brain injury support
Access to social work services, standards of home care services being delivered.
I think there needs to be a good review of the committee – it's not very user friendly and so few people know it exists and what it is supposed to do.
Less discussion. More action.
Support services for young people leaving care, and for those with drug problems.
Radical look at GP and related services, making them more accessible, flexible and actually there to meet patient need.
No
Perhaps if details of this committee were advertised more, extra folk may wish to attend. Where are details of this committee circulated to?
No
Sorry not sure what HSCP is?
Some of us are new to the area and it'd be nice to see more information about how this all works. I have a very limited knowledge of what this means.
Poorly worded survey, lack of clarity, no option for "not applicable" on some of the questions.
Disband all of these structures that provide jobs with no real outcomes and put more funding into front line service delivery.
Don't know what this is
The visibility of the HSCP and what are they doing about this. Simply not good enough
There should be local groups that should specifically feed into this, form coal face and grass roots, this is the only way you will get the lived experiences and barriers to engagement. Mental health hubs.....not

described as so suicide prevention facilities and services to reduce loneliness and social isolation hospital appointments and admission for single parents/carers (no childcare or respite) emergency funding, pre-empt the hardship that's to come.

What the mental health support in Glasgow is like for young people and adults that isn't hospital based. What are they doing in the community, what is the uptake and percentages and stats. You are failing so many adults and this is visible in the media. Stop with crisis led support and cuts.

Post Covid update on services

People criticised for not delivering services good enough