



Glasgow City HSCP

Locality Engagement Forum (LEF)
Questionnaire 2023-2024
Report

April 2023



Introduction

The information gathered through this questionnaire will shape the focus of Locality Engagement Forum (LEF) Engagement sessions and priorities for 2023-24. Locality Engagement Forums exist to provide a space for members of the community to come together to discuss issues, themes and listen to what is happening and relevant to health and social care services in the North East, North West and South of Glasgow.

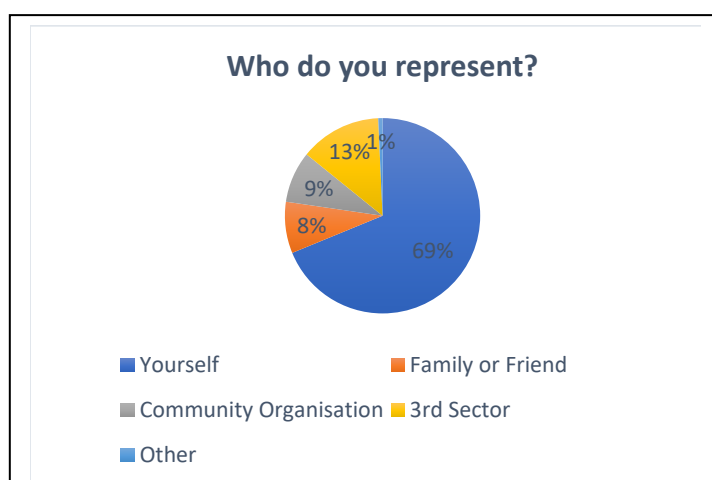
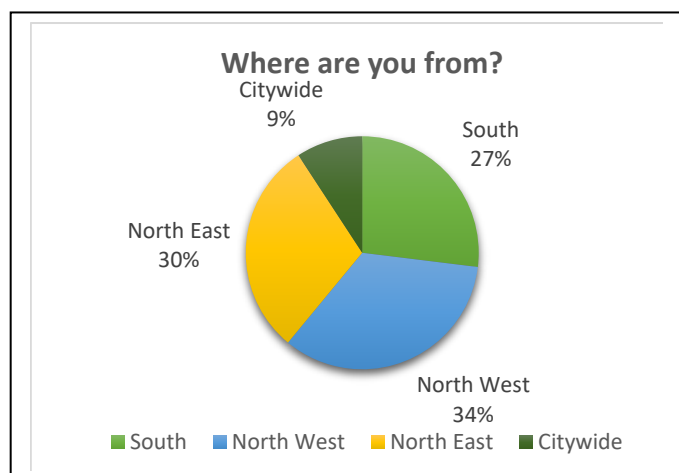
The Health and Social Care Partnership (HSCP) in Glasgow City is responsible for the planning, design and delivery of children and family, adult and older people's health and social care services. It is important that members of the community are included in the planning and design of services to ensure that they meet the needs of communities and individuals.

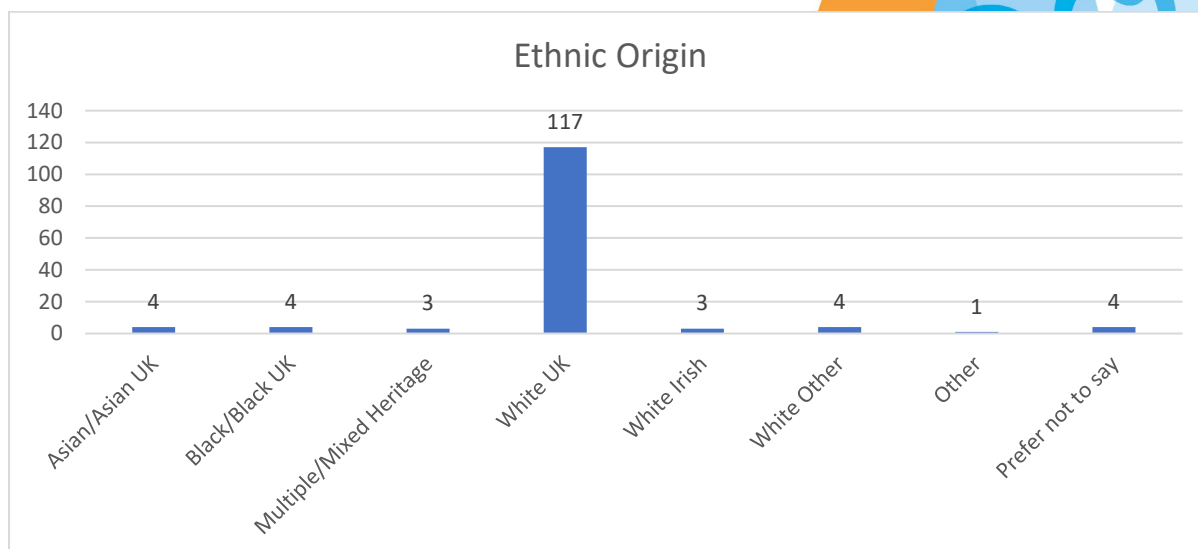
Who Completed the Questionnaire?

141 people completed the questionnaire which was available online, in paper copies and a number were completed face to face or on the telephone.

43♂ and 93♀ and 4 Others/Prefer not to say

Age	16 to 26 years old:	5
	27 to 60 years old:	68
	61+:	66





With previous LEF questionnaires we struggled to attract opinions and completed questionnaires from the diverse population of people who use health and social care services. To collect data from a wider range of people we organised a focus group in partnership with Mental Health Foundation. The first session covered health and social care structures, services and how to access them with the second session focusing on the participants experiences of accessing these services. Each of the engagement sessions attracted over 20 asylum seekers and refugees.

There was wide ranging discussion and some of issues identified were:

- difficulty in knowing where to go to get a service/known the system or structure (Blue Badge, vaccination for older children etc),
- waiting times for some services – CAMHS and lack of family supports in the community,
- length of time to get an appointment at CAB,
- not being listened to in a hospital setting and
- difficulties in accessing some services due to asylum seeker status.

An example given was a young asylum seeker with disabilities secured a college place but could not attend because they couldn't access funding for an escort because of their asylum seeker status.

Identified Barriers to getting Involved

47 people who completed the questionnaire indicated that they had an illness, health issue, disability or caring responsibility. **82** had indicated they had no barriers to taking part in LEF meetings or events and **12** respondents preferred not to say.



When asked what additional support could be provided to help assist people attend and participate in the LEF meetings or events in the community 41 people responded.

- 13 responses - Transport to meeting/disabled parking
- 6 highlighted - Good accessible building for events
- 6 people highlighted - personal support assistance to attend meeting due to poor physical health and/or Mental health/anxiety
- 4 suggested - alternative times due to caring responsibilities or work commitments
- 4 wanted - support for carers/childcare
- 2 suggested - offering online participation in addition to in-person or completing questionnaires instead of attending meeting
- 2 people wanted - more notice/better publicity
- 2 highlighted - Information in large print and Easy read information
- 1 person suggested Electronic Notetaker for hearing loss
- 1 person suggested more local meeting

Locality Engagement Forum meetings are held in accessible buildings, provide transport, support with childcare and carers support if required. We provide large print and can organise written material in easy read or alternative languages. Interpreters and signers can also be provided at meetings/events. Providing personal assistants to attend meetings and electronic note taking is a support we can explore if requested.

Over the last year LEF meetings and events were both in person and online in Localities and citywide and it is anticipated this will continue in 2023-24. After discussions with LEF members we decided not to organise 'blended' online and in person meeting as members felt they did not work.

The questionnaire asked: 'what was the best format, day and time to organise LEF meetings or engagement events?'

Preferred format of meetings:	The preferred day was:	The preferred time was:
1. In person meetings in localities	1. Tuesday	1. Morning
2. Focus groups on specific issues	2. Wednesday	2. Afternoon
3. In person meeting city wide	3. Monday	3. Lunchtime
4. Online meeting	4. Thursday	4. Evening
5. HSCP staff attending meetings	5. Friday	
6. Surveys		
7. 1 to 1 meeting		



Best way to get information

The questionnaire asked 'what is the best way to get information both on LEF meetings and general health and social care information? The response was:

1. Leaflets and posters in community venues (Library, Sports Centre, Health and Care Centres, CAB etc)
2. HSCP Connect (HSCP telephone service and if required in person)
3. In the community via 3rd sector or community project, word of mouth etc
4. Online - HSCP Website or Your Support Your Way
5. From HSCP staff when receiving service
6. Text message
7. Social Media (Twitter, Facebook, Instagram etc)
8. Newspaper or advert

HSCP Strategic Plan

In Summer 2023 Glasgow City HSCP will publish a new Strategic Plan which sets health and social care the goals, priorities and ambitions for the city. The questionnaire asked people 'what was the most important health and social care priorities for them, their family and community'

There were 126 comments noted and below is an ordered summary of the priorities and themes recorded:

1. **Older People's services - 14% of comments** – better home care and supports in the community such as Day Care services, community alarm and social support to reduce loneliness.
2. **Mental Health services – 13% of comments** – more support for people experiencing depression, feelings of isolation, anxiety and suicidal thoughts; support to prevent ill health reaching crisis and improve access and reduce length of time for services. Mental health services were highlighted as a priority in the previous LEF Questionnaire Reports.
3. **Access to services – 12% of comments** – comments highlighted access and waiting times for services; physical access and difficulty with transport because services are more centralised and having enough staff to deliver health and care services.
4. **Tackling causes of ill health and equality – 12% of comments** – tackling the causes of ill-health, health inequality and poverty; more prevention, early intervention and harm reduction strategies and tackling associated issues such food poverty, fuel poverty, social isolation and loneliness.
5. **GP services – 12% of comments** – improving availability of GP appointments and seeing a GP face to face. Both these concerns were highlighted in the previous LEF Questionnaire Reports.



6. **3rd sector – 8% of comments** – need for collaborative working with 3rd sector organisations and long-term funding for 3rd sector, local support groups and services in the community. Comments like these were recorded in previous LEF Questionnaire reports.
7. **Children and families – 7% of comments** – more support and access to services for parents and families with children with disabilities, physical or mental health concerns; out of school opportunities, activities and supports for children and young people.
8. **Learning Disability services – 5% of comments** - good services and social care support for families affected by disability and adults with learning disabilities.
9. **Carers services and support – 5% of comments** – more support for carers and families – both information and practical support
10. **Shorter time to get Care packages in place – 4% of comments** – reduce waiting times for discharge from hospital by getting care packages and homecare in place quicker.
11. **Addiction – 2% of comments** – support for people on their recovery journey, substance misuse and the impact of addiction.
12. **Others – 6% of comments** – comments ranging from public transport to safer communities to good quality public housing to libraries and leisure services.

Experience of Social Care Services

The questionnaire asked: ‘if you or a family member had recently used a local social work service, what service you used and your experience of it’. Only **15%** of people indicated that they had recently used Social Care services and **22** comments were recorded.

The range of services noted include:

- A review from the Central Review Team
- Adult Learning Disability Service (3 people)
- Occupational Therapy for adaptations (3 people)
- Homecare Services (3)
- Referrals to Lifelink service
- Self-Directed Support and Transition services
- Care Home Placement
- Drug and Alcohol Recovery Services
- Child Protection
- Community Alarm
- Rehabilitation
- Carers Service,
- Blue Badge application
- School/behavioural issues
- Kinship and Carer Service.



Nearly **73%** of the comments described a positive experience with comments such as ‘SW really good and supportive’ and ‘service has been very good resulting in positive and shared outcomes’

There were **27%** negative comments about Social Care services including difficulty of getting in contact with a social worker, long wait for a Blue Badge, social work staff lack of knowledge of Self-Directed Support; limited support for carers; poor Long Covid rehabilitation service and one carer ‘felt the service was intrusive and unneeded’.

Experience of Local Health Services

The questionnaire asked: ‘if you or a family member had recently used a local health care service, what service was used and what was your experience of it’. In comparison to the above a significant number of respondents had experienced local health services. **85%** of people indicated that they had recently used local health services and **101** comments recorded.

GP Services

There were **41** comments recorded regarding GP services with the majority (**66%**) being positive comments or experiences and **34%** being critical of the GP services.

Examples of positive comments include ‘very helpful GP – good service’, ‘GP, nurse and receptionist in HC&C - 10 out 10’, ‘GP and Nurse Clinic - pretty good experience, helpful and timely and ‘Good GP - asthma online, get back within hour or got an appointment on the day’.

In terms of negative comments there was a couple of common comments and experiences including:

- Difficulty in getting an appointment with a GP (6) and ‘not seeing the same GP’ (2)
- ‘GP surgeries reception staff are not welcoming and put off some service users’ (2)
- Good surgery – too busy and under resourced - staff under pressure (3)
- GP practice not responding timely to request or health concern (3)

There were more positive comments recorded about GP services this year compared to the LEF Questionnaire in 2022-23.

Primary Care, Community Health Services and Health Centres

There were **43** comments recorded on a range of Primary Care, Community health services and Health Centre based clinics – **39** were positive comments and **4** experiences/comments were negative. A summary is noted below



Baby Immunisation clinic – two comments – both positive – ‘staff were very lovely and helpful’

CAMHS – 2 comments recorded – both positive experience but one person noted they ‘had a long wait for an appointment’

Dentist – 6 comments recorded about Dental services – 5 positive and one person had a poor experience with the length of time for treatment

Diabetic Clinic – ‘for eye appointment, the service was great and a positive experience’

District Nurse service - 5 comments recorded – all positive experiences

Drug and Alcohol Recovery Service – one comment – good experience

Falls Service and alarm installation – ‘very good for elderly and all other people with health problems who live alone’

Physiotherapy/Rehabilitation – there were 7 comments recorded – all positive experiences

Health Visitor – 2 comments – both positive

Mental Health services – there were 6 comments recorded. 4 were positive with one person ‘feeling I much more resilient than before I accessed the mental health team’. The first negative experience centred around difficulty in getting through to someone and support on the phone and the other was in relation to ‘patchy service since Consultant Psychiatrist left in 2019’

Nursing Services – treatment room, palliative care, diabetic clinic and respiratory nurse – respondents noted positive experiences

Pharmacy services - 3 comments – all positive

Podiatry – positive comment recorded

Sexual Health service – one comment recorded – respondent found the service ‘disappointing as there was no discussion of any issues’

Speak and Language Therapist – it was noted one respondent attended this service

Other Services

There were 17 comments recorded regarding Acute Hospital services which are not delivered by the HSCP. Seven people recorded negative experiences – the majority were in relation to long waiting times for services, 5 people noted the service or clinic they attended with no comment and 5 people ‘received a good service’ at a hospital service or clinic.

2 respondents had used the ambulance service recently and one person received a service from NHS 24hrs using a video link which they found was ‘good’.

Opportunities and Opinions on the Use of Technology in delivering Health and Social Care Services

The final area explored by the questionnaire was the HSCP use of technology to deliver health and social care services such as Telecare, Technology Enabled Care and Support (TECS), digital appointments and online training for carers etc. The questionnaire asked,



‘what other technology could be used to deliver or enhance local health and social care services?’.

There were **84** responses:

- **20%** of comments suggested ‘technology is not for everyone - they don't replace face-to-face service’ and ‘people want and prefer face to face meetings, appointments and support as digital technology doesn't meet the needs of all in our communities’
- **18%** of responses felt not everyone was ‘good with technology or couldn’t work technology’ or noted that not everyone was online or have access to IT. It was suggested that it was easier for younger people to use technology and that ‘more training and support’ was needed for older people.
- **2%** felt that ‘face to face training, personal contact, social connection with others is important’
- **1%** felt technology should not be used to deliver health and social care services

However, there was a significant number of comments supporting the use technology in health and social care services and although not everyone was ‘sure what all the types of such care there are, but strongly support such new directions in modernising the service and making it deliver more effectively’.

Some respondents (**11%**) welcomed:

- ‘Messages as reminders for appointments and for information’
- ‘Health and social care accessible information on social media platforms’
- ‘Regular webinars on local issues, available to all the community. Not always live streamed but the ability to watch when convenient’
- Social media platforms for awareness and interaction plus education-based technology parents already access regularly

8% of comments acknowledged the benefits of digital appointments/video calls with GP and **8%** of comments related to being ‘able to book your appointment online at the GP’s or with Social Worker and being able to self-refer online’ and wished ‘every GP surgery to have online booking’

It was felt that technology could be ‘used to enable and empower individuals and communities’ plus **6%** of respondents felt ‘technology helps you maintain a person's independence’ and ‘enhanced services for disabled users for e.g. captioning on online events or audio description’.

16% of comments noted that it was ‘important to provide access to technology for the whole community whether this be information pods in health care settings and libraries as not everyone can afford to buy equipment or wi-fi’. Others (**5%**) suggested that technology must be ‘simple and reliable technology’ and that ‘there is a need for training and support to use technology’.



One respondent suggested a 'community engagement platform/App - perhaps one for each of the 3 localities - detailing resources specific to the city, and an online community platform would be a good way of interacting with our community, as well as providing a range of useful resources'.

On balance more respondents were accepting, could see the benefits and were positive about using technology in health and care services.

All the comments listed are available in the appendix.

Summary

There was several comments and themes that continue to be a priority for patients and service users such as timely access to services especially Mental Health and GP services as well as the need for long-term funding and support for 3rd sector organisations. It is essential to tackle underlying causes of ill health and inequality, improving access to services and the importance of good services for older people was highlighted.

However, there was a significant number of positive comments about both local health and social care service in the community. There was also a greater acknowledgement and acceptance of the use of technology to deliver health and social care services.

Finally, we appreciate all the respondents taking time to complete the questionnaire and the Locality Engagement Forum information gathered will be used to deliver and shape events, engagement opportunities and meetings in 2023 to 2024.