

North West Locality Engagement Forum

Draft Minutes of meeting held on 31 August 2017 in the Knightswood Community Centre

Present:

Alan McDonald (AMc)	John McVicar (JMcv)	Alan Gow (AG)
Roy Greatorex (RG)	James Carberry (JC)	Lilian Woolfries (LW)
Abdul Benjellon (AB)	Stephen McGuire (SMcG)	Mary McShane (MMcS)
Robert Smith (RS) - chair	Alison Horner (AH)	Gillie MacDonald (GM)
Jean Dougan (JD)	Ann Kilgour (AK)	Mark McBay (MM)
Margaret Smith (MS)	Betty Trotter (BT)	Rev Roderick Cox (RC)
Colin Davidson (CD)		

Apologies:

Sadie Gordon (SG)	Barbara Wark (BW)	Kate Walker (KW)
Janet Murphy (JM)	Jane Maguire (Jane M)	Rita Hepburn (RH)
Anne Ainsworth (AA)	Nichola English (NE)	Ruby Chalmers (RC)
David Thomson (DT)	Bill Rossine (BR)	Nicky Neilson (NN)
Muriel Anderson (M A)	Anna Brown (AB)	Mohammed Jamil (MJ)

In attendance

Hamish Battye, (Head of Planning & Strategy - Older People & South Locality)
 Margaret Walker(NW Locality, Planning Manager)
 May Simpson, (NW Locality, Community Engagement & Development Officer)
 Maureen McDowall (Scottish Health Council)
 Frances Millar (Change and Development Officer - South Locality)

Robert Smith welcomed everyone to the NW Locality Engagement Forum meeting in Knightswood Community Centre.

1 Minutes of meeting

- I. 11 May 2017 – NW LEF Minutes - deferred
- II. 20 June 2017 – Report - NW Locality Plan 1017 – 18 Engagement - deferred
- III. 6 July 2017- NW LEF – Review of West Minor Injuries Services - accepted

2 Review of West Glasgow Minor Injuries Service – Engagement Update

Hamish Battye, (Head of Planning & Strategy, Older People & South Locality) advised the members of the changes to the engagement programme and option appraisal as a result of the discussion and feedback at the NW LEF meeting on 6 July 2017. The changes made were:

- extended the timescale until 29 September 2017 for responses and comments,
- 3rd engagement opportunity organised in Partick SW Office on 14/9/17
- The weighting against the 'Access for patients' criteria changed from 20 to 30 points, the weighting on 'Best Value' changed from 20 to 15 points and the weighting on 'strategic fit' changed from 15 to 10 points.

- A fourth option - a health centre in NW Locality –was included and scored in the option appraisal.

This resulted in the scoring between Option 2 and Option 3 being much closer. Option 3 – **status quo** scored highest and therefore was still ranked number 1. Option 1 – **re open at Yorkhill** and Option 4 –**health centre**, did not score high and were ranked 3 and 4 respectively with Option 2 – **transfer to Gartnavel** being ranked second.

Option 1 – re open MIU at Yorkhill	425	3
Option 2 – transfer service to Gartnavel	530	2
Option 3 – status quo	575	1
Option 4 – health centre	380	4

Three members of the NW LEF - Gillie MacDonald, John MacVicar and Lilian Woolfries – have joined the Review Group. The next scheduled meeting is on the 12 October and will look at feedback to date and monitor progress with engagement.

Through discussion the following points were noted:

- There are some barriers to the Gartnavel site and access could be improved – Hamish advised this is why it scored 6 (instead of 7) out of 7 in terms of ‘Access for patients’ criteria
- The priority for patients is ‘access’ and ‘quality of care’ - the ‘best value’ and ‘strategic fit’ are not important considerations for patients. From a patient point of view – they are not interested in ‘Strategic Fit’ and if these points were omitted from the overall total then gap in points between Option 2 and Option 3 would reduce by 25 points.
- It was also felt the ‘quality of care’ should score the same whatever unit a patient attends - therefore all options should receive the same score (same rationale used to score ‘quality of facilities’). If this was the case the difference between Option 2 and Option 3 would reduce by a further 40 points. This would mean Option 2 – ‘transfer to Gartnavel’ total score would be 15 points more than Option 3 ‘status quo’ and would therefore be ranked 1
- The obvious choice for the West MI unit/service is Option 2 – ‘transfer to Gartnavel’ – there is a need for a local service in the North West of the River Clyde.
- It was felt that ‘quality of care’ and ‘access’ should be allocated the same number of points. Gillie advised that this was suggested to the Review Group but the medical professionals in the group advised that ‘quality of care’ was the primary consideration and had to score higher than any of the other criteria considered in the option appraisal.
- Questions were asked why the previous published investment plans for Gartnavel had not been progressed. It was suggested that once the Health Board sold the Yorkhill site – this money could be invested in Gartnavel – it was felt that finance could be made available to work to ensure ‘equality of service’ across Glasgow.
- It was felt that the question posed at the earlier LEF meeting had not been addressed. There is still no information and statistics about the impact of moving West MIS to the QEUH and the impact on their services – did it increase waiting times at the Minor Injuries Unit and at Accident and Emergency?

- The point (made at previous meeting) - that there needs to be a greater understanding among the general public of the services provided at Minor Injuries Units – was repeated.
- Access and time - due to poor public transport links from the NW Glasgow to the QEUH – was repeated in relation to Option 3 – the status quo. Hamish advised that SPT had been contacted on the travel information to inform the review.

Hamish was asked if the decision had already been made, and explained that the decision in relation to the location of the West MIS was the responsibility of Glasgow City HSCP Integrated Joint Board (IJB). A Report on the engagement process will go to the Glasgow City HSCP Public Engagement Committee on 27 September 2017. Then a final Report on the Review of West Minor Injuries Service will be being considered at the meeting of Glasgow City HSCP Integrated Joint Board on the 8 November 2017

It was agreed to change the scheduled LEF meeting on 19 October 2017 to 2 November 2017 in order that members could consider and comment on the Final Report before it is tabled at the IJB meeting for a decision on the Review. **Action:** MS agreed to send out membership of the IJB to all LEF members.

3 Occupational Therapy Review and Update

Frances Millar, South Locality, Change and Development Manager, presentation reminded members why the OT Review had been undertaken which were to - improve systems and processes, access to Occupational Therapy support, provide a consistent level of service, make the best use of skilled staff and focus on early intervention.

The progress to date includes - agreement that all staff can provide the same range of equipment to service users/ patients, developing the core role which will reduce the need for 'onward' referral, a pilot project which allows 'Health' OT's to refer for minor adaptations, without the need for a second OT assessment, developing new criteria that that places equal 'weight' on early intervention, shared contact OT staff, a review the IT systems and working with Housing Association to improve access.

It is important as integration happens that patients and service user views are taken into account. The following point were:

- There was a concern that when looking at Occupational Therapy the emphasis is always on physical health and not long term conditions such as mental health- it is not seen as a priority. The member waited 6 months for a service in which time their health deteriorated – it was felt earlier intervention can prevent crisis. Also there is not enough staff - only 1½ OT's in Shawpark resources Centre.
- An experience of Social Care Direct was not good and it was felt the self referral process doesn't work. If you have a staff member who does not have a background or knowledge of long term conditions then their assessment of the self referral or telephone enquiry may be poor and not given the appropriate priority – resulting in service access delay. The access process needs to be improved. Is there a duty OT part of the Social Care Direct team. France advised they were looking at a 'single point of access
- Better advertising of where to phone/who to contact is needed – a single number which was well advertised would be helpful

- Following a positive hospital discharge there was a very poor support in the community. The patient was assessed as only getting 15 minutes Cordia support in the morning so the carer had to employ a private agencies but the private agency staff were not allow to use the hoist. There was a 12 week waiting list. It was felt that this elderly lady could have remained at home for longer if the appropriate support was available at the time of need. People phone/make a referral at time of need – they do not ‘anticipate’ they will need a service
- A family member was assessed as requiring a ‘wet floor’ and the work began, however the patient’s carer stopped the work as they felt there was ‘un necessary’ work being carried out by the contractor. Are contractors making a ‘fast buck’?
- Hospital discharge – people sent home from hospital with no assessment –but require equipment and support to aid recovery. The liaison between hospitals and community is poor and needs to improve.
- One member with a planned procedure – a knee replacement – was sent home without any equipment. The assessment will now be carried out in the community – barriers and a delay in the process for receiving equipment hinders recovery.
- Social isolation is a huge issue in the growing older population – what help is being given to getting older people out and accessing services? All health and social carer staff need to get better at signposting to supports in the community and provided by the voluntary sector.

Other points noted through the discussion included:

- Communication and information between Cordia and Hospital also needs to improve.
- A local Housing Association is building new house – 2 of which are accessible. An example of the accessible house is – in the room there is ‘a wall that at a later date, if required, a double door can be created’. There was no storage or extra room for equipment. The OT service should be more involved in new house builds with Housing Associations.

Frances noted these points and would feed them back to the OT Review Working Group. Also happy to come back to a meeting later in the year for a progress report/update.

4	<p>Mental Health Services – Engagement Suggestions and Ideas</p> <p>After inputs from Annemarie Gorman, Mark McBay, Alan Gow and Stephen McGuire oncurrent issues and development around mental health it was agreed to organise a ‘session’ or ‘event’ that would focus on Mental Health in NW Locality.The issues and developments identified were:</p> <ul style="list-style-type: none"> • Progress on and priorities in NW Locality Plan • Hospital Discharge process • The Need for more support in the Community • Self Directed Support implementation • Crisis and Police • Human Rights • Mental Health Strategy 2017 – 2027 • Carers (Scotland) Act 2015 – there is no mention of Mental Health • Carers service – accessing service <p>Stephen felt it would be useful to gather feedback from service users to take forward and report to HSCP Integrated Joint Board. Annemarie, Mark, Alan, May and Stephen agreed to take forward on behalf of LEF. Action:May to send out first Working Group date – once</p>
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	agreed- to all members as there may be others not at the meeting who would wish to be part of the group.
5	<p>Reports</p> <p>(i) Public Engagement Committee – 28/6/17 – RS & MS gave a verbal report on the presentations made to the Public Engagement Committee</p> <p>(ii) Older People’s Planning Group – 30/8/17- MS reported that the committee covered a range of older people developments including Knightswood Connects, implementation of the Anticipatory Care Tool (Scottish), 3rd Dementia Strategy, draft Falls Strategy, Carers (Scotland) Act 2015 implementation and GP Clusters update. Margaret Walker advised that Older People’s service was the first service to develop 3 Neighbourhoods with integrated teams. Meeting discussed the best way to cover all the patient and service user areas. It was felt that the regular meeting were good but have specific service focused events/sessions.</p>
6	<p>AOCB</p> <p>(i) Invitation to NHS GG&C Annual Review 16-17 on 2/10/17 – copies circulated</p> <p>(ii) Weight to Go Celebration – 11/10/17 – circulated</p> <p>(iii) SHC Transport Report – 31/5/17 circulated</p>
	Date of next meeting 2 November 2017

Meeting Schedule 2017 - 18

- **2 November 2017**
- **30 November 2017**
- **1 February 2018**
- **29 March 2018**