



## North West Locality Engagement Forum

Draft Minutes of meeting held on 6 July 2017 in the Albany Centre

### Present:

Alan McDonald (AMc)	John McVicar (JMcv)	Alan Gow (AG)
Roy Greatorex (RG)	Muriel Anderson (M A)	Lilian Woolfries (LW)
Abdul Benjellon (AB)	Mohammed Jamil (MJ)	Mary McShane (MMcS)
Robert Smith (RS) - chair	Alison Horner (AH)	David Thomson (DT)
Jean Dougan (JD)	Anna Brown (AB)	Ann Kilgour (AK)
Margaret Smith (MS)	Betty Trotter (BT)	Rev Roderick Cox (RC)
Mark McBay (MM)	Gillian MacDonald (GM)	

### 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)
Colin Davidson (CD)	Bill Rossine (BR)	Nicky Neilson (NN)
James Carberry (JC)	Stephen McGuire (SMcG)	

### In attendance

Hamish Battye, (Head of Planning & Strategy (Older People & South Locality))  
 Margaret Walker (NW Locality, Planning Manager)  
 Colin McCormack (NW Locality, Head of Adult Services)  
 Anne Harkness (Director of South Sector, Acute Services)  
 Louise Creber (Mental Health Network)  
 May Simpson, (NW Locality, Community Engagement & Development Officer)  
 George Murphy (Patient Involvement Officer, West Dunbartonshire)  
 Niall McGrogan (Head of PEPIQ)

Robert Smith welcomed everyone to the NW Locality Engagement Forum meeting – a single item agenda meeting on the Review of West Glasgow Minor Injuries Service

#### 1 Review of West Glasgow Minor Injuries Service – setting the scene

Hamish Battye, (South Locality, Planning and Performance Manager) advised that the responsibility for planning of emergency or unscheduled care services including West Minor Injuries Service (MIS) now resided with the responsible Glasgow City Health and Social Care Partnership (HSCP). Responsibility for delivering acute hospital services including Minor Injury Services remained with the NHS Board and the Acute Services Division. The Review of the West Glasgow MIS is a joint review involving Glasgow City HSCP and NHS GGC Health Board.

He explained that the HSCP Integration Joint Board will decide the future location of the

West Glasgow MIS after a period of stakeholder and public engagement which will run from now until mid-September 2017. The information gathered at public events, comments made via the web site/letters and responses/opinions gathered during the consultation period will inform the decision of the IJB. The decision would then be conveyed to NHS GG & C Health Board.

A video was then played to explain what injuries get treated at Minor Injury Units

**2 Presentation - West Glasgow MIS (attached)**

Anne Harkness (Director of South Sector, Acute Services) gave a presentation on MIS detailing the activity, catchment population, age profile of attendees, travel information and introduced the options being considered for the permanent location of the West Glasgow MIS.

**The following questions and points were made:**

- The MIS was supposed to be relocated at Gartnavel when it was refurbished – who decided to move it to QEUEH and who did the Health Board consult with before moving it?
- Overall usage shown in the presentation is low for Yorkhill MIS but the Health Board did a poor job of telling people that the MIS was at Yorkhill. The leaflet sent out in the ‘run up’ to the Western closing was poorly written, not clear with too much detail. There were a number of similar comments regarding Yorkhill MIU being poorly publicised – some GP’s, TOA taxi drivers, pharmacists etc didn’t know there was a MIS at Yorkhill.

Anne detailed the huge amount and range of information distributed to the public regarding the Western Hospital closure and the location of services but this aspect may need further consideration if a change of service is planned in the future.

- Information presented on the average time it takes a person from areas/communities in NW Glasgow to travel to either Stobhill or QEUEH using public transport is incorrect. Many members voiced their concern about this aspect of the presentation.
- It was felt that the information presented is ‘self serving’ to fit an answer the Health Board/HSCP wants. A number of similar points were voiced – ‘cuts drive the proposal and decision’, ‘a deliberate trend to centralise resources – less access for local people’
- The reason the MIU at Yorkhill was not well publicised was to ‘prepare the ground’ for closure.
- What impact did the transfer of West MIS to the QEUEH have on other services- did it have a ‘knock on’ effect on the waiting time of South MIU, the QEUEH Hospital A & E waiting times, OOH etc?

Anne advised that unfortunately this information was not available and it is difficult to track given the number of people who attend the QEUEH each day – 250 -300. She stressed however that MIS patients are assessed, treated and discharged within four hours.

- Concern was expressed about any proposed changes to Treatment Rooms in Health and Care Centres. The HSCP need to consider who uses these services – it needs to be local. Moving services to South Glasgow or Stobhill is not convenient for many patient or communities in NW Glasgow.
- One of options that should have considered in this review was transferring the MIS to one of the new Health and Care Centres. A number of members suggested that this option should be considered.

Anne advised this option was not scored or considered in detail as it would have scored poorly as there weren't other acute services on such sites, they have different hours of operation, and they don't have X ray facilities. This meant that it would be very high cost to locate a specialist highly qualified team in a local location.

Anne agreed that there needed to be greater public awareness and knowledge on MIS – what injuries are treated etc

- Why is there no figures for Western MIS before it shut – can't compare 'like with like'

Anne advised that when planning MIS it was estimated 22,000 would attend annually but in fact the usage is half that figure – 11,200 patients treated between Jan – Dec 2016.

### 3 Options Presentation and Discussion

Hamish presented information on the three options, criteria, scoring and weighting given to each option – all the information was in information pack and will be posted on the web sites. The web site addresses are detailed in the poster. The options scored the following:

Option 1 - Re open Yorkhill – **scored 395**

Option 2 – transfer service to Gartnavel – **scored 505**

Option 3 – emergency services for West Glasgow at Queen Elizabeth

University Hospital and GRI, and minor injuries services at Stobhill- **scored 595**

#### The following points and question were raised:

- What happened to the long standing plan to extend and improve Gartnavel?

Hamish explained there is a cost implication to opening the service at Gartnavel which influenced the scoring on best value for this option.

- A number of members felt that one of the new Health and Care Centres should be considered and scored.
- Could the Treatment Room service be redesigned to accommodate the MIS?

Colin McCormack made the observation that investment in the new Health and Care Centres is a good long term investment but felt that locating the MIS would score poorly against the criteria and weighting. He also felt there was a great deal of confusion

about what service offered – Out of Hours, MIS, Treatment rooms, when to use the GP etc. Maybe a need for more and clearer information for the public.

- It was felt the weight (out of 100) given to the criterion on patient access was wrong – the ‘quality of care’ and ‘access for patients’ should be closer instead of 20 points different. You can have the best ‘quality of care’ in a location/unit but if patients can’t access it – it is useless and serves no purpose. If the weighting was equal then the option that would have scored the most would have been Gartnavel. A number of members made the same point – the accessibility criteria should have been given more weight (out of 100)
- It was felt the scoring and weight given to each criterion was a subjective opinion and driven by other factors – the scoring was not objective. Access is really important – especially for people from deprived areas or people with limited incomes – there is no choice. The poor health of people living in Drumchapel was highlighted and shifting the service to QEUH or Stobhill would create barriers, increase inequality and further disadvantage people living in poorer communities. It was felt the assessment is self serving.
- Who decided the weight and scoring in the option appraisal – were they from the North West? Were they workers of the Health Board or HSCP? How many use public transport or were any of them on a low income?
- Option 3 as written in the poster and explained in presentation is not clear. Using the term ‘emergency service at QEUH and Glasgow Royal’ confuses the explanation – it looks like option 3 is Stobhill. This needs to change.

Anne agreed the information needs to be presented more clearly

- Why is Stobhill an option – it was never built to serve West Glasgow patients.
- There was disappointment that Gartnavel only scored 3 in the ‘best value’ criteria – it was felt this was scored incorrectly
- Why was Yorkhill considered at all? It’s not accessible, poor strategic fit etc. There are plans to close it within 5 years – why would you invest in it?

Hamish advised that Yorkhill was considered as an option because the West MIU was transferred to that site after the closure of the Western. Hamish advised it was a temporary move to Yorkhill and it is a temporary ‘closure’ and move to the QEUH for West MIS but agreed the information and position needs to be clearer in the material on the website and for future engagement events

- It was felt the information and scoring is dependent on where you stay – Yorkhill is accessible and would score highly if you live in Yorkhill but it is not accessible for Knightswood residents – North West covers has a huge area/number of communities. Again it was felt the patient ‘travel times’ presented in relation to QEUH or Stobhill was very inaccurate for many communities in North West – including Drumchapel, Knightwood, Summerston etc. It was felt overall Gartnavel has the best transport links.
- Would moving the MIS to QEUH mean that it would be ‘oversubscribed’? It was felt that QEUH may have all the services and facilities but moving the MIS would

	<p>increase numbers of people attending which would then result in long waiting times – therefore providing a poor service.</p> <ul style="list-style-type: none"> <li>• Overall the members felt that transferring the West MIS to Gartnavel was the obvious and best choice. It was felt this was the best ‘local’ option</li> </ul> <p>Hamish noted a number of points</p> <ul style="list-style-type: none"> <li>- There needs to be a clearer description about the options especially the description of option 3</li> <li>- It was felt the ‘accessible’ was under scored and ‘weighted’ (out of 100)</li> <li>- Treatment rooms in Health and Care Centres should be considered and scored as an option.</li> </ul>
<p><b>4</b></p>	<p><b>Wider NW Locality Engagement</b></p> <p>Hamish advised that after today the following action will be taken to publicise the Review:</p> <ul style="list-style-type: none"> <li>- The write up from today, option appraisal etc will be on the two web sites listed in the poster – comments/feedback can be made via email or by letter.</li> <li>- Elected members have been advised of the Review and have been offered a meeting to discuss the review.</li> <li>- West Dunbartonshire and East Dunbartonshire have been contacted and advised about the review and consultation.</li> <li>- There are plans to present information to the GP’s/ GP Forum for comments</li> <li>- The posters will be sent out to GP’s, Opticians, Dentists, and Housing Associations to encourage feedback and comments.</li> <li>- The Review Group will report back to the NW LEF at the August meeting.</li> </ul> <p>He advised the Review Group – chaired by Alex MacKenzie was looking for 2 – 3 LEF volunteers to join the group. Gillian MacDonald, Lilian Woolfries and John MacVicar volunteered.</p> <p>May Simpson advised that information would also go to specific groups, Networks and Forum including – the Recovery Communities, Integration Network, Voluntary Sector, Community Councils, Children and Families project running over the summer etc She asked for other suggestions on how to publicise the Review? It was suggested and agreed to run 2 – 3 public sessions in late August in order to seek opinions from the wider community.</p> <p>Robert felt it was not helpful to run a consultation over the summer months and felt the decision regarding the location of the West MIS by the IJB should be ‘pushed’ back to later on in the year</p>
	<p><b>Date of next meeting 31 August 2017</b></p>