

# North West Local Engagement Forum

**Thursday 27 February 2020**

**10.00am – 12.00pm**  
**Woodside Health and Care Centre**  
891 Garscube Road, Glasgow

## **Agenda**

**Welcome and Introductions (Robert Smith, Chair)**

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| <b>1. (a) NW LEF Minutes – 28 November 2019</b>          | <b>10.00 – 10.15</b> |
| <b>(b) NW LEF Report – 30 January 2020</b>               |                      |
| <b>2. Woodside Health and Care Centre (May Simpson)</b>  |                      |
| <b>(a) Comparative Patient Opinion and Travel Survey</b> |                      |
| <b>(b) Access Audit</b>                                  | <b>10.15 – 11.00</b> |
| Tea Break  |                      |
| <b>3. Review of NW LEF (May Simpson)</b>                 | <b>11.15 – 11.30</b> |
| <b>4. NW LEF - 2020 – 2021 Planning</b>                  | <b>11.30 – 11.45</b> |
| <b>5. AOCB</b>   | <b>11.45 – 12.00</b> |

### **Date of Next Meeting**

26 March 2020 @ 10.00- 12.30 in Training Room Gullane St @10.00am

For more information or to become a member of NW LEF contact: May Simpson, email: [May.Simpson@ggc.scot.nhs.uk](mailto:May.Simpson@ggc.scot.nhs.uk) or Phone 0141 314 6263.

## Draft Minutes of NW Locality Engagement Forum Meeting held on 28 November 2019

### Attendance

Robert Smith	Rita Hepburn	Ann Kilgour	John McVicar
Mary McShane	Sadie Gordon	Muriel Anderson	Mr Jamil
Gordon McInnes			

### Apologies

Abdul Benjelloun	Alan Gow	Winnie McPhail	Alan McDonald
Janice Walker	Nicky Neilson	Lilian Woolfries	Mark McBay
Margaret Smith			

### In Attendance

Jason Mokrovich HSCP, Business Development Manager, Communication Team  
 Ewan MacGregor, HSCP, Business Development Officer, Communication Team  
 May Simpson, NW Locality, Community Engagement Officer

Robert Smith welcomed everyone to the NW Locality Engagement Forum meeting.

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| <b>1</b> | <p><b>a) Minutes of NW LEF – 22 September 2019 – agreed.</b></p> <p><b>Matters Arising</b> – Review of Participation and Engagement Workshop organised for Thursday 16 January 2020 between 10.00 – 12.00pm in Albany Centre.</p> <p><b>b) NW LEF Report – 15 October 2019 and NW Locality Plan 2019- 22 – noted</b></p> |
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| <b>2</b> | <p><b>Review of Communication Strategy</b> (Jason Mokrovich and Ewan MacGregor, HSCP Communication Team)</p> <p>Jason provided members with the background to the Communication Strategy, Action Plan, details of the Improvement Plan and information on the survey carried out at that time. He highlighted the Framework for Effective Communication, the size and diversity of the audience, communication channels used by the HSCP and the reason why the Action Plan needed to be updated.</p> <p>The present survey went out at the beginning of October and would close on 5 January 2020. There have been over 400 responses to date. The team are happy to send out paper copies, take comments via the telephone, twitter etc. Members had received copies of the survey and some had returned electronic copies already. GMCI agreed to put the link to the survey on Greater Glasgow Mental Health Network website.</p> |
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Points and comments noted were:

- It was impossible for 2 lay volunteer members of the IJB to report on the work of the Board to the population of Glasgow. It was noted that the representative were not expected to represent all citizen but to give their views/prospective/ and bring diversity of views to Board.
- The communication survey should be targeted at the general public – not just stakeholders like LEF members, Carers Forums, staff members, 3<sup>rd</sup> sector partners etc.
- The HSCP need to act on the feedback given or be honest and tell people why they can't carry out a popular/significant suggestions, themes or comments. Otherwise people feel they have taken the time to give the HSCP their opinion but it has not been valued.
- It was felt that the most effective communication method was 'face to face - especially with marginalised communities. Using a range of communication tools – email, paper, twitter – was useful as different communities and age groups have different preferred ways of communicating and receiving information.
- It was felt that senior managers should be more visible in order to build trust and a relationship with the communities they provide service to.
- Communication was a two way process – not just information going one way (on a website, in a Newsletter etc).
- It was noted that the HSCP leaflet would likely be revised and the circulated/distributed.
- When communicating with people in the community – use simple/layman language, no acronyms, stop using language barriers e.g. 'maximising independence' means – 'do it yourself', be more actively inclusive and make a greater use of visual media.
- When 'change', alteration to services or reviews are taking place the important thing to communicated is – 'how is the change going to me/people/service users/patients'. What will be the impact of this change? This needs to be part of the communication.
- It was agreed that strategies like 'maximising independence' need to have a robust communication strategy.
- It was also noted that the HSCP should not be relying solely on the 3<sup>rd</sup> sector as funding and grants have been cuts and many 3<sup>rd</sup> sector projects and services are struggling to survive – not take on more work with less resources/funding.
- It was felt the HSCP needed to be more honest – 'if it isn't working – tell people it is not working'. But it was acknowledged by members that it was sometimes difficult to have an open and honest debate/two way communication when often health and social care

	<p>services were influenced by political factors – especially in the lead up to an election.</p>
3	<p><b>RNIB</b> (Gozie Joe Adigwe, Community Facilitator – Diversity Lead) – deferred - Gozie Joe Adigwe unable to attend meeting.</p>
4	<p><b>Programme 2020</b></p> <ul style="list-style-type: none"> <li>- <b>16 Jan 2020 @ 10- 12.00 in Albany Centre</b>– Review of Participation and Engagement Workshop - agreed</li> <li>- <b>30 January 2020 @10.00- 12.30 in Albany Centre</b> - Update on GP/Primary Care Services and progress report on Review of Out of Hours Services. Save the Date has been sent out.</li> <li>- <b>27 February 2020 @ 10.00- 12.00 in Woodside Health and Care Centre</b>- Learning Disability Services - agreed</li> <li>- <b>26 March 2020 @ 10.00- 12.30 in Gullane Street Mental Health Services</b> – invite Colin McCormack and Greater Glasgow Mental Health Network – Gordon McInnes - agreed</li> </ul>
5	<p><b>AOCB</b></p> <p><b>a) Children’s Service Plan – Consultation</b> MS advised that the Children’s Service was out for consultation closing date for comments – 31 January 2020. RS concerned that this consultation was being done over the holiday period. AK felt it should be poverty – not ‘child poverty’. MS would send out paper copies and electronic copies to members to complete and return.</p> <p><b>b) Times for meetings</b> – after discussion it was agreed to change the length of the ordinary meeting to 2hour – so meetings would finish at 12.00pm. If there were a number of agenda items/speaker then the meeting would finish at 12.30pm.</p>

**Date of next meeting:** 16 January 2020 @ 10.00am- 12.00pm in Albany Centre



## **North West LEF Engagement Report:**

### **GP Services and Primary Care Plans and Out of Hours Progress**

**30 January 2020 in Albany Centre, 44 Ashley Street, G3 6DS**

#### **Introduction**

On the 30 January 2020 in the Albany Centre, Robert Smith, chair of NW Locality Engagement Forum (LEF), welcomed representatives from NW LEF, 3<sup>rd</sup> Sector Projects and the wider community to an engagement event focusing on changes to GP services, the Primary Care Implementation Plan and the Review of Out of Hours.

#### **GP Services and Primary Care Implementation Plans**

Kerri Neylon, Clinical Director, NW Locality and Margaret Black, NW Locality, Primary Care Development Officer provided the meeting with a very informative presentation (attached) covering the background, challenges, changes to services and expected outcomes of the Primary Care Implementation Plan. The following comments and discussion points were noted:

- The demand and waiting times for physiotherapy services were too long.
- The allocation of Link Workers in Glasgow is based on deprivation but there isn't enough funding to provide a Link Worker for all the areas of need in Glasgow. Therefore areas with 'pockets of deprivation' such as Knightswood miss out. However the GP Clusters, especially those covering a more diverse patient population, are looking at the best use of the additional funding they are allocated and it may make sense to 'pool' resources to develop a service. These are discussion and decisions for GP Practices in the GP Clusters (7 – 8 GP Practices in each Cluster). Kerri advised that both Link Workers and pharmacy support can make a huge impact on a GPs time.
- It was agreed that it was an advantage when Community Pharmacists (local chemists branches of Boots, Lloyds, etc) who are Independent Contractors, had space for a consultation room/facilities in their shop.

- There was a discussion on the role of physiotherapist and referral pathways into other services. It was noted that a full assessment by a qualified practitioner was the best way to determine the correct course of treatment.
- There needs to be investment in a range of services such as, community supports to managing self care, encouraging exercise etc, to reduce reliance on anti depressants but GP's also need time 'within practice' to discuss options and supports that patients can access. The additional staff and multidisciplinary teams should help create time for GP's to spend time with patients with more complex needs.
- Link Workers 'map out' what community and voluntary services and supports are in their area. Building up knowledge and sharing information is a really important aspect to improving access to services and support for patients. Information about Waverly Care Support and Outreach Project will be circulated to all the Link Workers and GP's in NW Locality.
- An example was provided where a patient phoned into the GP for a repeat prescription however the prescription was not forwarded to the Community Pharmacist. It took 3 days, a lot of phone calls and a number of visits to the Community Pharmacist before the prescription was send by the GP Practice. This was not an isolated incident as other patients were experiencing the same delay. There needs to be better system/communication between GP Practices and local Community Pharmacist.
- There were worries expressed about increasing demands on GP Practices and that those patients with severe, enduring and multiple health concerns were least able to access the time and support of the GP. Kerri advised that investing in multi-disciplinary teams would hopefully 'free up' GP time in order to tackle health inequalities and support the patients most in need.
- There were a number of comments about the need for a general education campaign for the public on 'what health service to access and when'.
- There were concerns about the utilising the 'mish mash' of independent contractors. There were comments that some opticians are focussed on selling spectacles and some dentists seem to prioritise cosmetic treatments and that it is difficult for members of the public to know which practice to choose.
- As GP Practices change and develop so will the role of the receptionist and all the practice staff who will all become more knowledgeable and proactive at signposting patients to services. Additional training of all practice staff is ongoing and the education of the public on 'what to expect from your GP

Practice' was noted. It was noted that leaflets / materials need to reflect that levels of literacy across the city are not high.

- It was noted that the physical health needs of people who have mental health issues can be neglected. There has been some improvement in this regard with the introduction of a Physical Health Policy, and it is hoped that as the new GP contract takes effect, it will become much more usual to have 15 minute appointments with GPs and this should be helpful for more complex consultations.
- The introduction of the new contract will be evaluated both locally and nationally.
- There was discussion of the lack of GP facilities in the city centre and that this reflects that until recently, there were few people living in the centre of the city. There are GP practices based in the Townhead Health Centre at the Glasgow Royal Infirmary, and in Argyle Street and St George's Cross.

### **Review of Out of Hours – Progress Update**

Kirsty Orr, Planning Manager, Review of Out of Hours Services (OOH), provided the audience with a presentation on the work that has been undertaken so far in relation to the Review of Out of Hours Services. (attached)

The review covered the whole of the Greater Glasgow and Clyde Board area and encompassed a number of services across the Health and Social Care Out of Hours system including: Home Care; District Nursing, Mental Health Services, Emergency Social Work and GP Out of Hours service. After the scoping and mapping exercise and several development sessions with all the key partners the recommendation was to create a professional facing Urgent Care Resource Hub (UCRH). It was agreed that Glasgow City's HSCP would be the first to set up UCRH as Glasgow 'hosted' a number of Board wide OOH services. A location has been identified and is expected that the UCRH will 'go live' in the summer of 2020.

The UCRH is a professional facing development which should deliver a more streamline and co-ordinated OOH service to the public as there will be co location of some teams, linked IT systems and skilled call handlers. It is also anticipated that co-ordination between OOH services and 'daytime' services will improve along with closer links with 3<sup>rd</sup> sector provision in the community.

### **How patients and carers access OOH services will not change.**

The following comments and discussion points were noted:

- Edinburgh Gateway is a good example of a single point of access to information and services for patients and service users.
- Kirsty reassured the audience that this review is not about a reduction of teams or services it's about better co-ordination and integration of existing services. The review will also contribute to sustaining services as in recent years it has become increasingly difficult to recruit and retain staff to Out of Hours services and teams.
- There was reassurance that GPs would still provide home visits as required – the GP OOH service will be part of the UCRH.
- It was noted that the 3<sup>rd</sup> and voluntary sector projects and service have had cuts in budgets and funding over the last few years and find it difficult to meet demands. Kirsty advised the meeting that the HSCP had identified a sum of money which would be invested in 3<sup>rd</sup> and voluntary sector projects as part of the 'Maximising Independence' work stream.
- There were a number of comments on 'when does the public know who and when to contact' for support especially 'out of hours'. It was agreed that information on where and how to access services needs to be accessible in order to reach patients and public with poor literacy skills, disabilities and for patients whose first language is not English etc.
- There will not be a change in telephone numbers of OOH services – the contact number for the Crisis Team will not change but the response will be better co-ordinated as many of the OOH teams and service will be co-located and virtually co-located via the new UCRH.
- The audience were re assured that a communication plan was in place for both the 'lead in' period and the launch of the UCRH – all key partners and services identified would be notified.
- The audience were reassured that the new UCRH would have access to interpreting services as normal.
- Support for people or carers affected by Learning disabilities would be covered by the UCRH during the out of hours periods.
- The GP Out of Hours Service was included in this review as maintaining GP OOH's services in recent years it has become increasingly difficult. The ability to recruit and retain GP to staff the Out of Hours service had been difficult resulting in the closure of some of the GP OOH services. Addition staff capacity and management support had been allocated to address this



problem and attract GP's into the services. Employing salaried GPs the OOH service was being looked at as an option.

The meeting finished with a discussion on the need for additional support for carers and the suggestion of the HSCP providing the carers with a basic carers kit to support personal care and that Carers Services keeping in regular contact with known carers.

Robert thanked the speakers and audience for their participation in an informative and lively discussion.

### Appendix 3 – Attendance

<b>NAME</b>	<b>ORGANISATION</b>
Mariegold Akomode	Waverley Care
Andy Bell	NW Carers Team – Glasgow HSCP
Catherine Benton	Jordanhill Community Council
David Cowan	Merchant City and Trongate Community Council
Sadie Gordon	NW LEF
Alan Gow	NW LEF
Rita Hepburn	NW LEF
Mohammed Jamil	NW LEF
Anne Kilgour	NW LEF
Margaret Lance	Waverley Care
Elizabeth Lochrie	Glasgow City HSCP
Derek Manson-Smith	Woodlands & Park Community Council
Margaret Muir	Marie Curie
Gillian McCamley	Community Connectors – GCVS
Alan McDonald	NW LEF Member
Peter Goodwillie	(PA)
Gordon McInnes	NW LEF & MHN
Morag Mckerrell	Broomhill CC
Mary Angela McKenna	Glasgow City HSCP
Thomas McKinlay	Local Resident
Raylene McLaggan	NHS GGC
Winnie McPhail	NW LEF
Mary McShane	NW LEF
John McVicar	NW LEF
Dr Alan Rodger	Community Representative
Mags Smith	NHS GGC
Robert Smith	NW LEF
Lillian Woolfries	NW LEF Member
Ellen Wright	High Knightswood & Anniesland Community Council
<b>In Attendance</b>	
Margaret Black	Glasgow City HSCP
Kerri Neylon	Glasgow City HSCP
Kirsty Orr	Glasgow City HSCP
May Simpson	Glasgow City HSCP

### Item 3

## NW Locality Review of Participation and Engagement – 16 Jan 2020

### Note of LEF Self Evaluation Discussion

#### Q1 to Q7 - agree with the survey results

#### Q8 What do you see as the weaknesses?

Members agree with comments made – the LEF needs a better mix of participants - more young people. There used to be more overlap with YP and even had representation at one point on the PPF.

#### Q9 What could we do to improve the LEF?

- Evening meetings to encourage middle aged people to attend.
- NW are planning 2 evening meetings this year but there needs to be a recruitment drive
- Recruitment drive
- Better links with existing Forums, maybe LEF reps attending the Forums and Networks in the NW rather than them joining the LEF
- Communication gets fed up but never know the outcome of the engagement.
- Maybe the NW Locality SMT need to be a bit more responsive. Also sometimes it take a long time to see results of engagement ( Woodside H & CC)
- Suggestion of a 'issue log' to keep track of things
- Need to find out how services involve their patients and SU
- Discussed barrier to involvement - time and capacity

#### Q10 – Integrated Joint Board (IJB)

The public don't know about the IJB – where do they advertise the IJB meetings, the Public Engagement Committee (PEC) – that information needs to be better publicised and also tell the public in simple language what the IJB does. How is it relevant to the public?

- Suggestion to circulate IJB minutes and agenda

Members of the public not able to get anything on the agenda and members of the public are not allowed to take part in the IJB or the PEC

#### Q11 – Public Engagement Committee (PEC)

There is a problem with the name of the PEC -its does not engage with the public. Misleading name the Locality can only influence the PEC agenda once a year and the time allocate is 45 – 60 mins to talks about locality engagement. The PEC needs to connect with the Localities on a more regular basis

#### Item 4 - NW LEF - 2020 – 2021 Planning

27 Feb 2020	- LEF Review & Planning - Woodside H & CC Patient Survey	NW LEF	Woodside H&CC @10.00
26 March 2020	- Mental Health Services	NW LEF	Training Room Gullane St @10.00am
<b>2020-21</b>			
30 April 2020		NW LEF	Maryhill H & CC @ 10.00am
28 May 2020		NW LEF	
25 June 2020	<b>Adult Services?</b>	NW LEF/ Wider Community	
27 August 2020		NW LEF	Woodside H&CC @10.00
24 Sept 2020	<b>Children and Families Services?</b>	NW LEF/ Wider Community	
29 October 2020		NW LEF	
26 Nov 20120		NW LEF	Maryhill H & CC @ 10.00am
Jan 2021	<b>Older People?</b>	NW LEF/ Wider Community	
Feb 2021		NW LEF	
March 2021		NW LEF	

#### **Adult Services**

Mental Health  
Alcohol and Drug Recovery Services  
Learning Disability

#### **Older People**

Dementia Services  
GP and Primary Care  
Carer Services  
Day Care

#### **Children and Families Services**

CAMHS  
Children Specialist Services  
Youth Health Service  
Child Poverty

#### **Other**

Health Improvement  
Criminal Justice  
Housing and Homelessness

## NW LEF Meetings - 2019- 20

Date	Topics	NW/City/ Wider Community	Venue & Time
18 April 2019	- Recovery Communities - Natalie Manly - Marie Curie – Margaret Muir	NW LEF	Church Street Office @ 10.00
23 May 2019	- Distress Collaboration Update(MH) - Woodside Health and Care Centre	NW LEF	Maryhill H & CC @ 10.00am
26 June 2019	- Overnight Care Support Update Katrina Philips	Citywide	Touchbase
27 June 2019	- YP with disabilities Cara McGowan - Locality issues	NW LEF	Maryhill H & CC @ 10.00am
22 August 2019	- Sexual Health Services - Walk round new H & CC	NW LEF	Woodside H & CC @10.00am
26 Sept 2019	- Review of LEF, SPG and PEC - Proposal to close a GP Branch surgery in Yoker	NW LEF	SW 35 Church St @ 10.00am
15 Oct 2019	- NW Locality Plan 2019-22	NW LEF/ Wider Community	Albany Centre @9.45am
28 Nov 2019	- Review of Communication Strategy -Craig/Jason/Debbie - RNIB – Gozie Joe Adigwe deferred	NW LEF	Training Room Gullane St@10.00am
16 January 2020	- Participation and Engagement Workshop	NW LEF member /NW Networks	Albany Centre @10.00am
30 January 2020	- Primary Care Implementation Plan - Out of Hours Update – Kirsty Orr	NW LEF/ Wider Community	Albany Centre @10.00am
27 Feb 2020	- LEF Review & Planning - Woodside H & CC Patient Survey	NW LEF	Woodside H&CC @10.00
26 March 2020		NW LEF	Training Room Gullane St @10.00am