



# Glasgow City Health and Social Care Partnership (HSCP)



## North East Locality Focus Group Thursday 23<sup>rd</sup> November 1pm till 3pm 2023 Templeton Business Centre

### Present

Morag Skinner, Flo Collins Jim Skinner, Agnes Brisbane  
John Ferguson, Frances Graham, Katrina MacFarlane.  
Dr Saket Priyadarshi Associate Medical Director  
Gillian Ferguson, Coordinator, Glasgow City Alcohol and Drug Partnership  
Lisa Martin PEPI Manager Patient Experience and Public Involvement  
Jackie Shearer Arts Strategy Coordinator, Parkhead Hub  
Tony Devine Community Engagement HSCP.

### Apologies

Ruth Matheson, Janette Whitelaw, James Duncanson, Bob Middleton,  
Tam Hewitt, Susan Middleton, Lorraine Kennedy.

### Item (1) Minutes of Previous Meeting

Moved by Morag Skinner seconded by John Ferguson

### Item (2) Safer Drug Consumption Facility (SDCF) situated in Hunter Street Health Social Care Centre presentation by Dr Saket Priyadarshi Associate Medical Director and Gillian Ferguson, Coordinator, Glasgow City Alcohol and Drug Partnership

Doctor Saket Priyadarshi provided background information on the way the policy has developed over a number of years. A Safer Drug Consumption Facility was first proposed in 2016, following publication of a health needs assessment of people who inject drugs in public places. The full business case was presented to the Glasgow HSCP IJB Board in February in 2017.

Doctor Saket Priyadarshi listed a range of factors that influenced the IJB Boards decision to approach the Lord Advocate in 2022 with a revised proposal these were.





- Outbreak of HIV in people who inject drugs in public places.
- Between 400 to 500 people injecting drugs in Glasgow city centre.
- Risk to public from discarded injecting equipment and needles.
- Lord Advocate suggested taking a fresh look at SDCFs.

Doctor Saket Priyadarshi then went on to highlight some of the benefits of a SDCF.

- Reduce drug related health harms.
- Reduce infectious disease transmission.
- Reduce drug related litter/visible drug use.
- They are cost effective reducing acute service usage.
- Reduce Stigma
- Increase access to treatment, care and support services.
- Neither increase nor reduce crime in the vicinity.

The meeting opened up for questions.

**Question:** How is service managing the general discrimination there is out there against people who are drug users?

Gillian Ferguson responded ADP is engaging with as many groups and communities as possible example given of positive engagement with a family group who had raised concerns. Some people have had personal experience of loss through addiction and this helped frame the conversation around the need for compassion, care and practical solutions to keep people safe.

**Question:** Some people will question why such a lot of money is being put into this specific service when general health and care services are so underfunded, you can't get an appointment with your own GP for weeks

Doctor Saket Priyadarshi responded It is a difficult situation and we acknowledge services across the board are struggling to meet demand, however NHS and social services have been poor at meeting this groups' health and care needs, and they do not access mainstream services because of multiple barriers.





We have a duty towards this group as well as every other group, and they are at a high risk of serious harm to their health and wellbeing because our services currently don't meet their needs.

Recent research (Glasgow Caledonia University) shows that public attitudes are more supportive than they were 10 years ago

**Question:** What is the policing position in relation to the SCF some in the community have heard about safe zones?

Doctor Saket Priyadarshi responded the service is working very closely with Police Scotland, there will be no 'exclusion zones' around the facility the building itself is the only space where people will not be prosecuted for personal drug use/consumption. The area immediately around the facility and the wider community will be policed in the same way as other areas, in line with their own procedures

**Question:** Where are the current 'hot spots' for drug use is the East End? disproportionately affected?

Doctor Saket Priyadarshi responded drug use is a feature of every single community across Glasgow In terms of public injecting overdose statistics it is the case that areas of the east end Calton/Gallowgate city centre are among the highest in the city. Evidence from other SDCF sites in Europe does not support the argument that having the facility will attract higher numbers of drug users into the area people are not travelling specifically to use the service from outlying areas the target population is already known to services and are those who are already in/using unsafe locations within the city centre

**Question:** Do staff supply drugs?

Doctor Saket Priyadarshi responded no, however highly trained staff are on site to support people as required. One concern is the quality of the drugs people may take and, at some point in the future there may be scope to explore whether checks on the substances are carried out, but that isn't the current position.





**Question:** How will the service be promoted, to get users into the service?

Gillian Ferguson responded the target client group is already known to services (HSCP/NHS) are working closely with partner's example needle exchange providers and Simon Community and others to ensure anyone who could benefit from it knows about and is supported to use it.

**Question:** Is this a pilot?

Yes, it is a national pilot and will be robustly monitored and evaluated before any proposals to roll out further are made.

Gillian Ferguson spoke about their plans for future engagement and that the service is keen to work with communities to identify as many opportunities these included further attendance at local community meetings and when possible local pop-up sessions where people can have one-to-one conversations with the team in a less formal environment this would also support more sensitive conversations that people may not wish to have in larger group settings. The service is also looking to existing SCF sites and learning about what works well in relation to public engagement.

LEF Members thanked both Gillian and Saket and for their presentation and asked that they be kept informed of future SDCF policy developments. Tony said that everyone in attendance would receive a report of the meeting.

### NHS Greater Glasgow and Clyde Review of GP Out of Hours Service Presentation by Lisa Martin PEPI Manager Patient Experience and Public Involvement

Lisa explained that in February 2020, NHSGGC reduced the number of centres the service was provided from consolidating resources at three sites based at Stobhill Ambulatory Care Hospital, New Victoria Ambulatory Hospital and Royal Alexandra Hospital. Since then, GP Out of Hours has developed the service helping it move to a more stable, appointment based model, accessed by calling NHS24 on 111. This has resulted in fewer unplanned closures of sites, with patient transport offered to those where required. An important part of the review





process was recording the impact of the changes we made to the service and to involve the public in our proposals to make this change permanent.

Lisa highlighted the engagement sessions carried out in the Northeast;

- ✓ 23rd October Springburn Health Centre
- ✓ 27<sup>th</sup> October Mental Health Network
- ✓ 30th October 10am Easterhouse Parish Church
- ✓ 2<sup>nd</sup> November Parkhead Health Centre

The group was generally supportive of the reconfiguration of the service agreeing that it was necessary given the operational problems running the existing service. The group highlighted different experiences of accessing the Out Of Hours Service with the majority feeling they received a good service. They were keen to see a robust public education campaign to inform members patients about what services were available and when they should be accessed.

### Item (6) Future LEF meeting dates for first six months of 2024

Following discussions members agreed to move LEF meetings from afternoons to morning sessions new meeting time will be 10am till 12 noon.

Thursday January 18th  
Thursday February 15<sup>th</sup>  
Thursday March 21st  
Thursday April 18th  
Thursday May 30th  
Thursday June 27<sup>th</sup>

If you require any more information please contact  
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