

**Glasgow City HSCP
Minor Injuries Services for West Glasgow
Review and Stakeholder Group Meeting**

**Minutes from a meeting held in the Triathlon Room, Commonwealth House
on Tuesday, 20 June 2017 at 9.30am**

PRESENT: Hamish Battye, Head of Planning & Strategy (Older People & South), HSCP. (HB)
 Gary Campbell, Staff Side, Acute Services. (GC)
 Jacqueline Carrigan, Head of Finance, South Sector, Acute Services. (JC)
 David Dall, Head of HR, Acute Services. (DD)
 Neil Ferguson, Head of Planning, South Sector, Acute Services. (NF)
 Malcolm Gordon, Emergency Medicine Consultant, Acute Services. (MG)
 Anne Harkness, Chief Operating Office, South Sector, Acute Services. (AH)
 Anne Marie Kennedy, Public Partner. (AMK)
 Jacqueline Kerr, Head of Operations, North West Locality, HSCP. (JK)
 Rachel Killick, Public Involvement Manager, NHS Board. (RK)
 Alex MacKenzie, Chief Officer, Operations, HSCP. (AMack)
 Kerri Neylon, Clinical Director, North West Locality, HSCP (KN)
 Catriona Renfrew, Director of Planning & Policy, NHS Board. (CR)
 Louise Wheeler, Service Change Advisor, Scottish Health Council. (LW)
 May Boyle, Admin Support, HSCP (minute taker)

APOLOGIES Gillie MacDonald, Public Partner

1. Introduction

Alex opened the meeting and asked that everyone introduce themselves. He asked if there were any questions about the papers for the meeting or points that should be noted by way of introduction. AMK stated that the use of acronyms in the papers made it difficult to understand some of the information. It was agreed to avoid the use of acronyms in future papers.

2. Review Background

AMack explained that NHS Greater Glasgow and Clyde Board and Glasgow City Integration Joint Board (IJB) had agreed to establish a joint process to consider options for the future of minor injuries services for West Glasgow. The Minor Injuries Unit (MIU) at Yorkhill serving West Glasgow was closed on a temporary basis last year. A paper was being considered at the Integration Joint Board tomorrow proposing a joint review process. The paper outlined that the review process would involve an option appraisal that would assess the options for the services that included:

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- re-opening the service at Yorkhill;
- transferring the service to Gartnavel; and
- the status quo.

3. Review and Stakeholder Group Membership and Terms of Reference

The terms of reference of the review and stakeholder group were discussed and agreed. This Group would review the options available and identify the criteria to be used to assess each option. The options would then be discussed, reviewed and scored on their strengths and weaknesses against the criteria. A report would be produced on the findings of the review and submitted to the IJB at their September 2017 meeting.

In terms of membership it was noted that this should be expanded to include staff side representation, the Scottish Health Council as an observer, and that representation would also be sort from the North West Locality Engagement Forum.

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4. Project Plan and Timetable

HB presented the project pan and timescale leading up to the IJB report in September. It was noted the project plan was a live document and would be added to and updated as the review progressed. The engagement programme would be developed further and discussed at the Locality Engagement Forum event on 6 July.

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5. Option Appraisal

HB explained the option appraisal process and the aims of today's discussion to arrive at a preferred option that would then be the subject of engagement the users, carers, GPs and others over the coming months. NF then presented information on minor injury services that included:

- a description of minor injury services, and their availability in GG&C;
- the proximity of minor injury services with A&E departments;
- comparisons with other health board areas;
- activity and catchment area for the West Glasgow service;
- travel and best value analysis.

In discussion on the analysis KN advised the group that a large proportion of people were unaware of the service when it was based at Yorkhill. It was noted that units at Stobhill and the New Victoria had access to diagnostic services and this might have an effect on attendances there. Analysis showed that the public were travelling across the City to attend services with some travelling from the West End to the New Victoria.

MG advised that approximately 10% of attendances did not have an injury and were then redirected to an appropriate service. This was an issue for A&E attendances too and needs to be addressed. It was also considered that if the Yorkhill service was to stay closed then the public must be informed about what services were

available and where, and the reasons why it was not being re-opened.

There was discussion on the activity levels at Yorkhill when the service was open and comparison with other sites. AH advised that in relative terms the Yorkhill unit was a high level of service for a small amount of people, whereas the QEUH was a high level of service for a significantly larger number of people.

Garry advised that staff were frustrated as they were not as busy as they could have been despite efforts to advertise the service. In contrast the QEUH was extremely busy.

KN reported that GPs were concerned around the awareness of the service and that more could be done to raise awareness with the public to clarify what the service was about. AMK thought the public should be better informed about minor injury services.

After further discussion it was agreed it would be useful to augment this analysis with an analysis of the catchment areas for the units at Stobhill and the New Victoria. It would also be useful to show a more detailed map of the West Glasgow catchment area.

The group then went on to consider the available options. In discussion an option to provide a minor injuries service from a primary care location was discussed but this was discounted as there was not sufficient information at this stage to assess such an option. It was agreed the following options should be evaluated as part of the option appraisal:

1. re-opening the service at Yorkhill;
2. transferring the service to Gartnavel; and
3. the current position with A&E services serving the West Glasgow area from QEUH and GRI and minor injury services at Stobhill.

The next step in the process was to identify the criteria against which these options would be assessed, and weighting the criteria in order of importance (out of 100). After discussion the following criteria and weights were agreed:

- quality of clinical care (this criterion should include access to other back up facilities such as diagnostics and A&E services and the potential need for patient transfers to other services) - 40;
- access for patients (this criterion takes into account public transport, where bus stops are located, and car parking) - 20;
- quality of facilities (this criterion refers to the clinical accommodation available) – 5;
- strategic fit (it was noted that this criterion should also include the NHS Board's and HSCP's existing capital and property strategies) – 15; and,
- best value (it was noted that this criterion would include the cost of the service including workforce and other costs, and future sustainability of the service in terms of its location) – 20.

A paper describing the criteria and the issues taken into account in assessing the options would be circulated separately.

The group then moved on to assess each option against the criteria above, and agreed the following scores for each option:

- option 1 – re-opening Yorkhill

Criteria	Weight	Score	Weighted score
Quality of clinical care	40	5	200
Access	20	5	100
Quality of facilities	5	5	25
Strategic fit	15	2	30
Best value	20	2	40
Total weighted score			395

- option 2 – transferring service to Gartnavel

Criteria	Weight	Score	Weighted score
Quality of clinical care	40	6	240
Access	20	6	120
Quality of facilities	5	5	25
Strategic fit	15	4	60
Best value	20	3	60
Total weighted score			505

- option 3 – emergency services provided from QEUH and GRI, and minor injuries services from Stobhill

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Criteria	Weight	Score	Weighted score
Quality of clinical care	40	7	280
Access	20	4	80
Quality of facilities	5	5	25
Strategic fit	15	6	90
Best value	20	6	120
Total weighted score			595

In summary the total scores where:

- Option 1 – re-open Yorkhill - total score 395
- Option 2 – transfer service to Gartnavel - total score 505
- Option 3 – emergency services provided from QEUH and GRI, and minor injuries services from Stobhill – total score 595

After discussion, it was agreed the outcome of the option appraisal would be written up for wider engagement.

6. **Next Steps**

The next steps involved:

- Presenting the option appraisal information to the North West Locality

- Engagement Forum;
- developing an engagement programme;
- a process for recording views and comments;
- the publishing of information about the review on the HSCP and NHS Board web sites etc.
- meetings of the review group to oversee the review process; and
- preparing the review report for the November IJB

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7. Dates of meetings

To be confirmed