

Notes of Review of West Minor Injuries Service Engagement Session held on 12 September 2017 in Drumchapel Community Centre.

Present: Frances Marley, Margaret Smyth, Louise Allan, Lorraine O'Brien, John Docherty (Bill Kidd, MSP Office), Angela Naughton (Bill Kidd's MSP Office), Alison Horner (Drumhub), Laura Mirren, Peter McGillion (Drumchapel CC), Alice J Wright, Alan Mc Donald (GDA), Lesley Grant, Chris McBonar (Drumchapel Health Centre), Sharon McDonald (Drumchapel Health Centre), Paul Hayes (Scottish Health Council), Cllr Elspeth Kerr, Will Thomson (G15 Buses SCIO), Joyce Bell (G15 Youth Project), Karen Mack.

In attendance:

Jackie Kerr (Head of Operations, NW Locality),
Anne Harkness, (Director of the Queen Elizabeth University Hospital)
Neil Ferguson, (Head of Planning South Sector & Women and Children)
Margaret Walker (Planning Manager, NW Locality)
May Simpson (Community Engagement and Development Officer, NW Locality)

Opening Comments

Jackie Kerr welcomed everyone to the engagement session, provided a history, timeline and details of the process for the Review of West Minor Injuries Service. This session will be written up and available on the website <https://glasgowcity.hscp.scot/consultations-and-engagement>.

She explained that the Integrated Joint Board (IJB) of Glasgow City Health and Social Care Partnership (HSCP) had planning responsibility for West Minor Injuries Services, listed the information available on the website and how to make comment on the Review up until the 29 September 2017.

Presentation - Minor Injuries Services

Anne Harkness then took the meeting through a presentation on Minor Injuries Unit (MIU), its role, the rationale of moving it to Queen Elizabeth University Hospital (QEUH) from Yorkhill site and usage.

The following comments and points were noted:

- Points were made that the general public were not aware that West MIU had moved from the Western Hospital to the Yorkhill site which had contributed to the low usage. Anne accepted the feedback that communication with the general public needed to improve and the main message that the Western Hospital was closing was widely known but other information regarding the relocation of services was not. Any ideas on how to improve communication would be welcomed.
- It was noted that some areas in the west of Glasgow never got the leaflet detailing all the changes as a result of the Western Infirmary closing. The Board also need to recognise that some people put all flyers in the bin and that there needs to be other ways to get information into the public domain.
- It was felt that the signage at Yorkhill directing patients to the Minor Injuries Unit was also poor.

- A comparison was made with West MIU and Victoria MIU – the Victoria had two years to ‘build up’ a patient base and there was good advertising – that’s why the attendance rates are better.
- Many residents expected the West MIU to move to Gartnavel when the Western closed.
- It was suggested that staff in Gartnavel and GP’s were not sending patients to West MIU in Yorkhill but directing them to QEUH – this impacted on the numbers attending.
- A number of points were raised about the poor transport links to Stobhill and Queen Elizabeth University Hospital (QEUH) from places like Drumchapel and Knightswood. The No 16 First Bus used to go direct to Stobhill but NHS change this for a route to QEUH. It can take 1½ hours to get to QEUH with 2 changes of buses, the cost, frequency of buses and distance to walk from bus stop were all points noted.
- It was noted that for some areas like Milton and Possilpark the transport links to Stobhill were good.
- Points were raised about how difficult it was for older people to attend the MIU at the QEUH. Anne advised that it tended to be people under 50 years old and families that attended MIUs. She advised that a Frailty Unit was recently opened at the QEUH and this specialist unit was set up to treat older frail patients providing specialist support to get patients home without having to be admitted to hospital.
- It was noted that the bus service from the West of Glasgow to QEUH was disjointed - who was responsible? A representative of G15 Buses SCIO in the audience advised that SPT made decision in relation to scheduling and timetabling.
- A representative was concerned that health services are continually moving and changing depending on the ‘next proposal’ i.e. the Out of Hours GP service and wards moved from Drumchapel Hospital to Gartnavel. Health services in local communities are moving to main hospital sites. Anne acknowledged that policies change and the Health Board have to re-act to changes such as funding, Government legislation, demand etc.
- It was highlighted that Drumchapel was one of the poorest communities in Glasgow with the greatest need for health services - yet health services and support are being moved out the area. Many residents in Drumchapel are limited both physically and financially.
- A number of representatives asked about the impact of moving West MIU to the QEUH site – did it increase the waiting times at Accident and Emergency. Anne advised it was difficult to extract patient information whether a patient would have attended a MIU or emergency service at the QEUH.
- Concerns were raised that the Nurse Practitioners were getting ‘absorbed’ into the QEUH Accident and Emergency Department – this would impact on their skills, experience and practice.
- Concerns were raised that many of the practicing Nurse Practitioners were nearing retirement age and that the Board needed to plan for the future. Anne advised there was an Educational programme in place and the Board were aware of the age profile of staff.
- Anne was asked if the MIU service staff was ‘distinct’ from the A & E staff at the QEUH or will they be ‘absorbed’ and how many staff were on duty at any one time/on shift. Anne advised that there was always a minimum of 2 staff ‘on shift’ and yes staff would be used where needed to meet demand.

- Anne was asked what would be the cost of opening a MIU at the Gartnavel site. She advised it would be just under £700,000. Money would have to be found to re-open at the Yorkhill site or at transferred to Gartnavel Hospital.
- Anne advised that there was a 'saving' when the West MIU moved to QEUH last year.

Presentation – Option Appraisal

Neil Ferguson took members through the Option Appraisal process and presentation. Both presentations are available on website. He confirmed that patients and services users were represented on the Review Group and will continue to meet until the review is completed.

The following comments and points were noted:

- It was felt that the demographics of the poorer communities effected should be reflected more in the scoring. The audience was advised it was a consideration when scoring 'access for patients' and this is why Gartnavel scored highly.
- The audience was advised availability of staff was a consideration when scoring 'quality of clinical care'.
- The meeting was advised that it was Drumchapel Health Centre that was used in the option appraisal and scored poorly in the 'quality of facilities' as it did not have a x ray machine or the necessary support service to operate a MIU.
- It was felt that the scoring was weighted in favour of the status quo option and it was felt that 'access to services' should have been score higher.
- An example of a patient being transferred from The Brownlee Unit to QEUH for an x-ray rather than using Gartnavel facilities.
- Drumchapel Hospital had an x-ray machine – could this not be used? Anne advised the quality of the images was poor quality and confirmed the site had been marketed for sale. Opening Drumchapel Hospital was not an option.
- It was noted that a decision had been taken not to install x-ray units the new Health and Care Centres being developed.
- It was felt that the 'quality of clinical care' and 'access for patients' should have been weighted equally.
- Anne advised that the 16% of all patients attending a MIU's go on to use other services – this is quite a high percentage of patients. It is advantage to locate all the services on one site – it reduces patient transfers.
- There needs to be clearer information on when a person should attend a MIU or the GP or an Accident and Emergency or a pharmacist.
- Anne advised that the time from patient 'registration to discharge' in MIU's was within 4 hours. 96% of patients were discharged from Minor Injuries service at the QEUH within 4 hours.
- The final point made from a representative of the local MSP's office was that the most common complaint at the office was that residents in the west Glasgow felt that the Health Service was 'abandoning them' with everything moving south of the river.

Next Step

Jackie Kerr confirmed timeline of the process with a final report on the Review going Glasgow City HSCP Integrated Joint Board on 8 November 2017 and there after the recommendation will be presented at a Health Board meeting. Final comments need

to sub mitted by 29 September 2017 and all the details of the process for the Review of West Minor Injuries Service are available on the website <https://glasgowcity.hscp.scot/consultations-and-engagement>. Jackie thanks everyone for their attendance and participation.