

# Summary Report May 2006

## Children's Hospital Consultation Event

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# Contents

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<b>1</b>	<b>Introduction</b>	<b>2</b>
1.1	Background	2
1.2	Objectives	2
1.3	Approach	2
<b>2</b>	<b>Key findings</b>	<b>4</b>
2.1	Overview	4
2.2	Location of the new children's hospital	4
2.3	Expansion to provide services for young people up to 16 years old	6
2.4	Views on emergency services for children	8
2.5	Ante-natal care in west Glasgow	9
2.6	Long-term engagement	9
2.7	Additional comments	11
<b>3</b>	<b>Concluding comments</b>	<b>13</b>

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# 1 Introduction

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## 1.1 Background

In 2004 the Minister for Health allocated £100 million for a new children's hospital to be 'triple co-located' in Glasgow by 2010/11, i.e. where maternity, children's and adult acute services can all be located on one site. NHS Greater Glasgow (as it was called at that time) was asked to consider all possible sites within this timescale and an independent group, chaired by Professor Andrew Calder, was also established to support and advise the Board.

Both the Board and the Calder Group deemed the best site to be the Southern General campus and the Health Minister has accepted this recommendation. However, the Board must formally consult on the transfer of children's acute services to a new build hospital on the Southern General campus by 2010/11. NHS Greater Glasgow & Clyde (NHSGG&C) initiated consultation with the public and other stakeholders on 3<sup>rd</sup> April 2006 around the proposal for a new children's hospital in Glasgow. The consultation process involved an event for representatives of patients/parent organisations, charitable bodies and partner organisations to hear what the consultation is about and have an opportunity to give their views. This report summarises the issues raised by participants.

## 1.2 Objectives

The objectives of the event were simply:

- to provide an opportunity for representatives of patients/parent organisations, charitable bodies and partner organisations to hear more about the consultation; and
- to provide them with an opportunity to discuss the issues and give their views, which can be incorporated into the wider consultation process.

## 1.3 Approach

Potential participants were invited from the NHS Greater Glasgow & Clyde Involving People database in addition to the event being advertised on the website and in the local press. The event was held on Thursday 27<sup>th</sup> April 2006 at the Holiday Inn, Glasgow. It commenced at 6.30pm, with a duration of 2.5 hours. Approximately 80 participants attended, with some representation by young people.

Participants heard a series of presentations from NHS Greater Glasgow & Clyde staff to ensure they had some information before they participated in discussions. The speakers and the focus of their presentations are noted below.

- Morgan Jamieson, Medical Director, New Children's Hospital Project, gave some background to the consultation.
- Fiona Mercer, Planning Manager, Acute Planning Directorate, spoke of some of the issues around the consultation and the objectives to be met.
- Niall McGrogan, Head of Community Engagement, gave an outline of the plans for stakeholder engagement for the new hospital.

A short plenary was held following the presentations, where all those presenting and other relevant NHSGG&C personnel participated in the panel: Catriona Renfrew, Director of Corporate Planning & Policy; Dr Iain Wallace, Medical Director Women's & Children's Services; and Rosslyn Crocket, Director Women's & Children's Services.

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Participants were then split into five workshop sessions to consider the five themes presented within the consultation document, as follows:

- location;
- young people's services;
- ante-natal care in West Glasgow;
- emergency services for children; and
- long-term engagement.

Each workshop was facilitated independently by a consultant from FMR Research, with a NHS member of staff (those who had been on the panel) on hand to answer any factual questions. The exception to this was a dedicated workshop for young people, facilitated by Niall McGrogan of NHSGG&C and supported by FMR. All five workshops came together briefly at the end of the event to hear a brief re-cap from FMR on some of the key points from the workshop discussions.

This report provides an overview of the key points to emerge from the discussions.

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## 2 Key findings

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### 2.1 Overview

This section raises the main issues and concerns to be raised by workshop participants at the event. It is structured around the five topics which each workshop considered over the course of an hour and a quarter or so.

### 2.2 Location of the new children's hospital

The consultation document states that the preference for the Southern General site is driven by two things:

- the location of adult and maternity services (only the Southern and the Royal will have both following the move from six to three adult inpatient hospitals); and
- land on site to accommodate a new build similar in size to the current hospital (the Southern is a big site with space for development whilst the Royal site is very tight for space – the only option would be a ten storey tower on top of a planned seven storey block, with no direct physical link to maternity, which would be unlikely to gain planning permission).

The consultation sought views on the site, with particular focus on any barriers to access which should be considered.

Nearly all participants were in favour of the concept of triple co-location of services and many felt that the Southern General was the most appropriate of the two sites for the children's hospital given the issues outlined above. This was not universally the case, however, with a few participants stating that they had not been convinced of the case for closure of either Yorkhill or the Queen Mother's prior to or at the event.

However, whilst the Southern General was overall perceived to be the most appropriate site of the two, it was not necessarily perceived to be in the best location in terms of access and other issues so there were a number of concerns expressed which participants felt must be addressed in order for this to work as well as the theory suggests it should.

#### 2.2.1 Gold standard provision

Participants were very keen that the new hospital should be of as high a standard as possible, with combined elements to truly meet the aims of triple co-location, i.e. not just on the same site or even with linked corridors but for services for mothers, babies and children to be integrated as fully as possible.

#### 2.2.2 Transport

There were significant concerns around public transport, or perceived lack of it, to the Southern General, in each of the workshops. This related to the number of options for public transport, the proximity of stations/stops, the connectivity of different forms of transport and the timing of services. For example, the nearest train station was considered to be Cardonald station but this is some distance away across the M8 and not readily accessible to all. If people are accessing the hospital via bus, many will have to take two buses (a lengthy and expensive process) or incur the expense of a taxi. Access was perceived to be a particular issue for those living in the north of the city, e.g. Drumchapel. The subway does not have disabled access, so it was suggested that this requires to be upgraded, along with Cardonald station. It was stressed that access must be provided at different times of day – early morning

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through to evening, as is often not the case at present. Connectivity should be considered for those outwith Glasgow too. The new rail link to the airport and proximity to airport were both seen to be positive opportunities to build upon. It was suggested that buses going through the Southern General site and a train station at the site would be ideal and must be considered now to be incorporated into the plans.

Having said this, access to Yorkhill by public transport was also considered to be poor. Participants suggested that transport structures need to be developed in partnership between those providing services and those using them, in addition to dovetailing with wider regeneration projects on the river, for example. There was a call for a solid commitment to more direct transport to the Southern General site.

Participants recognised that those who would be accessing the hospital via public transport were more likely to be those with less disposable income. The suggestion was made that reduced cost travel could be provided to patients on the production of a letter or appointment card.

It was recognised by participants that many visitors will prefer to drive to the site, particularly if it is not easy to reach by public transport, and sufficient car parking to accommodate this must be taken into account when designing the new developments.

There was also some discussion around reducing environmental impacts and it was suggested that the new site should be 'bike friendly' as far as possible, with safe cycle routes to the hospital and somewhere to safely leave bikes once at the hospital. This was perceived to benefit staff, patients and visitors alike.

There was concern about the closure of the Clyde Tunnel (for repairs) and the impact this may have on those trying to access the Southern General site from the north of the city, particularly in emergency situations.

### **2.2.3 Signage**

The lack of signage on the current Southern General site was also raised as an issue which requires to be addressed, so that anyone arriving on the site knows where to go. This was a particular issue with regard to A&E services for parents bringing children and ambulances (see later section on A&E).

The need for visual signage for D/deaf people was also highlighted, e.g. having visual signage linked to any audio intercom system. It was recommended by several workshops that organisations such as Deaf Connections should be consulted at the design stage to ensure these sorts of issues are taken into account.

### **2.2.4 Branding**

The 'Sick Kids' brand was also raised by one of the workshops as being particularly strong in raising funds for the hospital and it was hoped that this brand would transfer to the new children's hospital.

### **2.2.5 Accommodation and support for families**

It was noted in the main Q&A session that accommodation for families who need to be located near children who are staying in the children's hospital long term must be considered. The very close location of Ronald McDonald House and other services and the support provided by staff was very much appreciated and vital for families. (It was noted by NHS personnel that discussions were ongoing with the relevant current accommodation providers at Yorkhill and with housing associations local to the Southern General who may be able to provide accommodation locally.) There was a concern that the NHS might feel that housing associations could provide a similar standard of support to that available at present as the current services go far beyond

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the provision of accommodation. Accommodation for briefer stays is found at Yorkhill in B&Bs, so this also requires to be considered early in the planning process.

### **2.2.6 Proximity to sewage works**

The proximity of the Southern General to sewage works and the potential risks this may present was also raised. Medics present reassured participants that no links between sewage works and infections in this way had been proved. It was recognised that the related odour may not be pleasant but that this could now be addressed under new legislation (as it is now classified as a public nuisance).

### **2.2.7 Funding levels**

There was a concern that £100 million was insufficient for a state of the art children's hospital in addition to upgrading maternity facilities at the Southern General. It was noted by NHS personnel that other new facilities have required a similar level of investment and £20 million has already been put aside to upgrade the maternity facility, so the £100 million will solely fund the new children's hospital.

### **2.2.8 Cognisance of other service changes in developing the new facility**

It was noted by participants that other services are changing in Glasgow and the wider area, so the new hospital must take into account new models of care and reflect this in the way the hospital and its services are designed, for example with regard to bed numbers and the typical length of stay (assumed to be very short or very long and intensive rather than the couple of weeks for minor procedures of the past).

## **2.3 Expansion to provide services for young people up to 16 years old**

The children's hospital at Yorkhill treats children up to the age of 12 currently and the consultation document proposes that the new children's hospital treats young people up to the age of 16 years. New models of care will be considered in addition to the physical environment, aiming to smooth the transition for young people with chronic health problems to adult services. The consultation sought views on this change.

### **2.3.1 Agreement to expansion**

Participants clearly recognised that young people aged 13 – 16 were not children or adults and so required services tailored to their own needs. Many teenagers' needs were considered to be more closely aligned to children's than adults so there was support for the age group to be extended to 16 (or even 18 and beyond in some instances) for the new children's hospital, provided it is recognised that they are not children and their needs are different to the under 12s.

### **2.3.2 Comments on provision**

A number of suggestions were then made on how services should be provided for young people. For example, this might include the facility to make toast or tea if they wanted, or to have a choice of meals appropriate to them. It was considered to be key to make the environment in which they are treated to be as comfortable, welcoming and as much like 'home' as possible. A separate lounge for them to relax in was also requested (from a participant who had asked young people what they wanted).

The number of young people who were in isolation was also raised, with a request to consider other facilities such as PC and broadband connections for them to access at their bedside.

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Others requested drop-in facilities, like a youth club, at night time where young patients can speak to someone and can build their self esteem, etc. *“in a club type environment, not a medical environment”*. It was suggested that youth work could be conducted in hospital as ill young people have other issues they may wish to address too. Having company when doing things was seen to be really important to young people, including things targeted specifically for teenagers, not just younger children. Young people considered there to be a need for this kind of provision on the ward in addition to any other specific rooms for them, as sometimes they cannot leave the ward because of their treatment. Simple things like having appropriate magazines were also suggested as making a big difference.

Younger patients were often seen to get preferential treatment in terms of activities but also meals – for example, they choose first so older patients have no choice and have to take what is left. Catering portion sizes were also considered to be too small for teenagers: *“I think they should be made a lot bigger because all you are getting is sandwiches, a packet of crisps and a yoghurt and a wee small carton of juice and that’s it for teenagers, they need a lot, lot more for lunch and dinner”*.

The point was made that wards currently have a mix of age groups and teenagers find it difficult enough to sleep without toddlers/babies on either side of them crying in the night. It was requested that this is taken into consideration when designing the new hospital.

### **2.3.3 Special and complex needs**

The point was made that children and young people with learning disabilities or very complex needs also need to be considered – 16 may be an artificial cut-off for them to move to adult services. This was particularly an issue for those whose chronological age is 16+ but their needs may still be better met in a young person’s facility rather than an adult one, with continuity of care from those who understand their condition.

### **2.3.4 Cancer treatment**

The suggestion was made that the Teenage Cancer Trust (TCT) should be approached with regard to building a unit within the new hospital, as there was meant to be a TCT unit at Yorkhill but this was put on hold pending the move.

### **2.3.5 Widening of services**

One workshop raised the issue of the need for different services to be provided if the age group is raised, for example there was a view that sexual health services may require to be provided and this will have an impact on staffing. This was seen to have benefits in other ways, however, as services such as sexual health and mental health which young people may find difficult to access in a stand alone setting (because of stigma) they could access in a facility which treats many other issues.

### **2.3.6 A&E implications**

Allied to the following section, there were expressed concerns around the age group of access to the A&E. It was suggested that the increase in age will present different problems at the children’s A&E (participants were thinking particularly of drug or alcohol induced violent behaviour by young people). Other participants were reassured to hear that children would be treated in a separate A&E to adults who may behave violently, with particularly reference to alcohol and drugs, so this is a difficult issue to address satisfactorily.



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### **2.3.7 Transition to adult services**

Regardless of the upper age limit at the children's hospital, the point was well made that the transition to adult services must be managed well.

## **2.4 Views on emergency services for children**

The strategy for Accident & Emergency (A&E) services in Glasgow is for adults to be served by the Royal Infirmary and the Southern General, with children having a dedicated children's A&E at the new children's hospital. All adult sites (Victoria, Stobhill, Gartnavel, etc.) will have Minor Injuries Units and children can go to these for sprains, minor burns, stitches, etc., where they will have quick, local access to staff trained to deal with children and young people during the day. More major injuries and illnesses will be treated at the children's hospital A&E, which will also have a local catchment for minor injuries. This consultation sought feedback on this.

### **2.4.1 Education and awareness**

A key comment to emerge from the discussions was *"how will parents know what is a major and what is a minor injury?"*. There was considered to be a real need for education/awareness raising so that parents know where to go if their children require treatment: *"people are inclined to panic if there is something wrong with a child, it is just a question of information"*.

### **2.4.2 Signage**

Signage was raised as a general point but also as a very specific point with regard to A&E services – it was perceived that when people are rushing to have their injured child attended to they will not necessarily pick up on whether signs are for adult or children's services. This suggested the need for A&E services for children's A&E services to be sited next to adults. Participants were clear that they can have separate doors and separate facilities but should not be at different ends of the campus.

### **2.4.3 Staff skills**

The point was made that *"children are not just mini adults, they need very complex types of treatment"* so there was concern that staff should have appropriate skills, particularly in the Minor Injury Units across the city. This point was linked to one made around the re-organisation of health services across Scotland, where hospitals are becoming larger and so the new children's hospital will not appear as large in comparison to other local hospitals. It was therefore commented that perhaps the new generation of local hospitals will have more specialist paediatric care than is currently the case. In any case, it was suggested that the increasing use of tele-medicine will have an impact on the location of treatment versus input from specialists at the new children's hospital.

It was noted that the Kerr Report stated that all children up to the age of 16 should be treated in an appropriate children's setting but that the Minor Injuries Units would deal with children. The real concern about this focused on the lack of skilled staff, given that *"sick children's nurses are at a real premium"* and staff would be required for the specific children's A&E at the Southern.

### **2.4.4 Changes in adjacent areas**

It was noted that A&E services are being changed in Lanarkshire and requested that these changes are taken into account when designing the new hospital.

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## 2.5 Ante-natal care in west Glasgow

With the transfer of services from the Yorkhill campus, alternative arrangements need to be made for expectant mothers in the west of the city and this will be addressed in detailed planning for the closure of the Queen Mother's Hospital. This consultation also sought views to inform this planning process. There was less discussion on this issue, partly because there were strong views on the other aspects of the consultation and also because it was known that it would be addressed more fully at a later date.

### 2.5.1 Don't lose current good practice

A key point to emerge from discussions was that the positive aspects of current provision must not be lost when designing new provision in this area. The antenatal services provided at the Queen Mother's were considered to be *"hard to better"* and participants were keen that expectant mothers' needs were met fully in the transition and important appointments were not missed and women know where they are meant to be going.

### 2.5.2 Community midwife provision

Confidence was also expressed in the skills of midwives, which participants felt should be maximised within the community setting throughout the city, not just in the west. *"In this day and age women should not be trailing back and forward to an acute site or a maternity hospital for basic care, midwives could do it."*

This could perhaps be facilitated via GP surgeries, as people were keen to *"keep it local"* for example like the current service at Rutherglen Health Centre, although it was recognised that space is tight given the increase in services provided locally now. Other opportunities for local antenatal care which may be appropriate to maximise include the Children's Centre which was recently announced by the Health Minister for Drumchapel. This was seen to be particularly relevant for more vulnerable members of the population.

### 2.5.3 Targeting need

It was suggested that the population/deprivation statistics should be considered when looking at what services would be provided in what locations, to ensure that priorities are targeted appropriately. For example, the west end has the highest proportion of breastfed babies but adjacent areas have amongst the lowest.

## 2.6 Long-term engagement

NHSGG&C recognises that a range of different people (individuals, patient representatives, voluntary organisations, children's charities, partner agencies, etc.) will wish to be involved in the development of the new children's hospital and must be involved to ensure that it meets needs as fully as possible. This consultation initiates the process but also sought views on how stakeholders should continue to be involved. A number of issues emerged from the workshops, as follows.

### 2.6.1 Timescales and publicity

The amount of notice given to groups to attend events/respond to consultation documents was considered to be far too short and this requires to be addressed in future. Some groups meet at four to six week intervals so invitations to participate/respond need to take this into account. Allied to this, there is often perceived to be poor publicity about such events and consultation generally. For example, a participant had not seen any posters about the event/consultation in Yorkhill Hospital – an obvious place to target interested stakeholders. Posters in NHS

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premises (hospitals, GP surgeries) and other workplaces were suggested as a means of improving publicity and therefore participation levels.

### **2.6.2 Harder to reach groups**

It was recognised that some minority groups are harder to reach than other stakeholders so the consultation process needs to work harder to ensure they are included. This means that any engagement should reflect a diversity of approaches to ensure that there is something to suit different sorts of stakeholder. The event format of the evening was welcomed, although participants did not feel it would be appropriate for all target groups. It was suggested that existing structures which are in place to access the views of particular groups should be utilised as far as possible. For example, it would be useful to access the views of D/deaf people via Deaf Connections.

### **2.6.3 Building on current practice**

It was recognised that there are already ways to engage with children and young people at Yorkhill, so this should be utilised and built upon rather than starting from scratch. User participation was perceived to be particularly important for longer term users of the children's hospital, e.g. renal or cardiac patients. A radio phone-in for Radio Lollipop was also suggested, or someone going around the children in the hospital asking them what they would like the new hospital to be like. However, others did not think Radio Lollipop was well used as the equipment wasn't consistently good at bedsides and it was perceived to be pitched to a younger age group, not teenagers.

It was acknowledged that other structures exist for young people to give their views and these should also be tapped into. The role of schools and school councils was raised as an obvious route to access young people's views on the design and provision of services, possibly involving an educational element with teacher input. A benefit of this is that the NHS is not relying on children and young people to come to them to give their views (which we know is harder to achieve) as the NHS is going to them, where they already are.

Links to the National Youth Parliament and national youth agencies were also suggested as worthy of exploration. It was also suggested that the Commissioner for Children and Young People may be worth talking to, to learn from her experiences in engaging with children and young people.

### **2.6.4 Mechanisms appropriate to young people**

Niall McGrogan has spoken of engaging with young people via text, etc., as this is how they prefer to communicate and this was encouraged by participants. Use of mobile phones is obviously restricted in hospitals at present, so this needs to be considered. It was noted in the young people's workshop that a website, with chatroom facility, is being developed for and by young people using Yorkhill to improve access to information and networking. A newsletter is also in development, again written and produced by young people, which should be out this summer.

### **2.6.5 Learning from other areas**

The young people's group suggested going outwith the UK to learn what works well in other countries, either by web links (like the recent link to Dublin for the Christmas party) or physical visit. It was seen to be critical to involve children and young people in the design of the new hospital, requiring liaison with architects. It was suggested that the building should look different from other hospitals, e.g. "*Balamory colours!*"

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### **2.6.6 Advocacy**

Participants highlighted that some young people who would use the new hospital would not be able to give their views, with a request that their parents and siblings are involved in the process as their advocates instead.

### **2.6.7 CHCPs**

Participants recognised that CHCPs would have participatory structures at local level but it was also important to involve those who actually use the service and their families.

### **2.6.8 Staff input**

The views of staff were also perceived to be very important to the development of the new hospital, in addition to patients and parents. It was noted that this should go beyond the Women and Children's Directorate.

### **2.6.9 Trust and responsiveness**

Participants clearly felt that they had been asked to give their views on NHS proposals before but had not been listened to, as the final version of strategies and plans for developments did not take comments made into account. It is vital that the new children's hospital listens to the comments and suggestions made during the consultation process and demonstrates that it has used that feedback in order to refine and inform future plans. Many communities of interest feel that they have been "*consulted to death*" but not listened to – not a situation which will result in continued engagement.

## **2.7 Additional comments**

A number of other comments and suggestions were made at the event which do not necessarily fit into the five topics listed above. These are noted below.

- 1        There was a perception that the decision to move the children's hospital to the Southern General has already been made, regardless of people's views.
- 2        It was suggested that there is a need for a drug rehabilitation unit for babies/small children and that the existing Yorkhill/Queen Mother's site could be used for this purpose. Representation has been made to Tony Blair on this matter and he has passed this on to the Scottish Executive who have responded that they are considering it.
- 3        The comment was made that Community Councils had not been invited to other meetings about the closure of Yorkhill, e.g. at St Andrew's Square, and others commented that insufficient notice was given to Community Councils of this event.
- 4        The point was made that Yorkhill currently has a fast track system for patients who need to get into hospital quickly, without having to go through A&E first and it is important not to lose this.
- 5        It was requested that the new children's hospital has better beds, which children cannot fall out of and hurt themselves (as is currently the case at Yorkhill).
- 6        The catchment of the maternity unit at the Southern was also queried, with particular reference to the Clyde area now adopted by NHS Greater Glasgow.

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It was considered that the triple co-location may make this a more attractive maternity hospital to give birth in and so may present capacity issues.

- 7 There was some comment that the planned reduction in number of maternity, A&E and other acute hospitals in Glasgow is too much of a reduction. It was suggested that Gartnavel requires an A&E but could also accommodate a maternity hospital on the site. This was considered to be the case by some because of the scale of Glasgow's population and others because of accessibility – the North/West was not perceived to be served sufficiently well in terms of acute provision in the new plans.
- 8 There was also some comment on the quality of ambulances run by the Scottish Ambulance Service, not passing OFCOM standards and the Glasgow area not having sufficient vehicles for its needs.
- 9 A number of participants were very keen to talk about the closure of the Queen Mother's and the impact this would have on maternity services, mothers and babies and the existing children's hospital. This was emotively described as "*the severing of the umbilical cord*" and there was significant concern that the decision had been taken to close the Queen Mother's without having plans in place to ensure continuity of service provision and safety for mothers and babies.

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## 3 Concluding comments

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The event on 27<sup>th</sup> April 2006 comprised one of several different means of consulting stakeholders on the proposals for the new children's hospital and this consultation process is just the start of an extensive period of engagement on the issue. The key points to be made at this stage are summarised below.

### 1. Location of the new children's hospital

Whilst there was support for the concept of triple co-location, and the Southern General was perceived to be a more sensible option in terms of site capacity, etc., than the Royal Infirmary, the location of the Southern General was a concern for many participants.

**Transport** was perceived to be a critical factor – public transport is not perceived to be good now to either the Southern General or Yorkhill. Participants urged this to be considered as early in the planning process as possible, working with users of the services as well as providers to ensure integrated public transport is provided directly to the hospital, at appropriate times of day. Car parking must also be considered, as should access for cyclists.

**Signage** must also be addressed on such a large site, particularly with regard to A&E services and to be accessible to all.

The 'Sick Kids' **brand** was perceived to be particularly strong with regard to fundraising and this should be retained.

**Accommodation and support for families** is provided locally and well at present and participants wish to see this continue for those with both long and short stays. This is about more than just accommodation – additional support to families is vital.

There was some concern about the proximity to **sewage works** at the Southern General with regard to potential infection (reassured by NHS personnel) and odour.

There were also some concerns about the level of **funding** available in order to upgrade the maternity hospital in addition to building a new children's hospital, to ensure that the new hospital really is 'gold standard'.

There was recognition that **other services are changing** so this must be taken into account when designing the services and facilities for the new hospital.

### 2. Expansion to provide services for young people up to 16 years old

Participants were in **agreement** that the age limit for those treated at the new children's hospital should be increased to (at least) 16 years of age. There were a number of suggestions on how this should be provided, for example as much like home as possible, with separate areas for young people to meet, with some degree of freedom to make tea/toast, drop-in facilities, having PC/broadband access for those in isolation, appropriate magazines, increasing catering portions, considering the allocation of beds by age group.

Some young people have **special and complex needs**, and it was requested that 16 should not be a hard and fast cut-off if their needs could be better met in a young person's facility rather than an adult hospital.

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It was requested that the **Teenage Cancer Trust** be approached with regard to a unit in the new hospital, as this has been on hold pending the move from Yorkhill.

Participants recognised that **additional services** may require to be provided if the age limit is increased, e.g. to include sexual health services. This may have additional benefits as participants suggested young people may feel more comfortable attending a general hospital for issues which may carry stigma, e.g. sexual or mental health.

Consideration was also given to the fact that increasing the age group would have an impact on the **types of problems presenting to A&E**. If people are more comfortable that children attend a separate A&E and are not exposed to difficult adult behaviour (alcohol or drug induced in particular), this presents a challenge as older young people may well present with similar issues.

Regardless of the age limit at the new children's hospital, participants clearly stated that they wished the **transition to adult services** to be as seamless as possible.

### 3. Views on emergency services for children

The key comment to emerge from the discussion focused on **education and awareness**: how would people know what was a major or a minor injury and therefore where to take their child?

**Signage** was an issue for people with regard to A&E – on entry to the site, it must be clear where to go and it was suggested that adult and child A&Es be sited next to each other to avoid confusion.

**Specialist skills** to work with children were highlighted as a concern, particularly as there was perceived to be a shortage of these at present. These are required in the new children's hospital, the children's A&E and Minor Injuries Clinics across the city.

**Changes** to A&E services are also being introduced in **neighbouring areas** and it was requested that these are taken into account when designing the new hospital.

### 4. Ante-natal care in west Glasgow

It was considered to be key **not to lose current good practice** exhibited by the Queen Mother's and not to 'lose' any women from the system during the transition period.

**Community midwives** were rated highly and their skills should be maximised across the city, perhaps learning from current experiences in Rutherglen. It was suggested that population and deprivation statistics are taken into account in order to target services most appropriately.

### 5. Long-term engagement

A number of points were made with regard to long-term engagement around the new children's hospital. The **timescales** for consultation and **publicity** to raise awareness of events such as this were criticised, as many community groups meet infrequently and no notices had been seen in Yorkhill, for example.

Any engagement must recognise that one size does not fit all, so **harder to reach groups** may require to be engaged with in different ways. Existing structures should be used to ensure that minority groups' views are incorporated, e.g. via Deaf Connections.

Whilst this is the start of the engagement process, there is already engagement with children and young people so **current practice should be built upon** rather than

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replaced/duplicated. This includes existing practice at Yorkhill and other structures such as schools/school councils, the Youth Parliament, national youth agencies, and learning from other relevant stakeholders such as the Commissioner for Children and Young People, etc. Participants were reassured to hear that young people will be engaged by **means appropriate to them**.

Young people were keen to **learn from other areas** and participants generally were keen that children and young people are involved in the design of the new hospital. Where children or young people cannot do this themselves, then parents and siblings should be involved in the process as their **advocates** instead, rather than just relying on other participatory structures such as those at the CHCP level.

**Staff views** were also perceived to be critical to ensuring the new hospital meets needs, and this must go beyond the Women and Children's Directorate.

Critically, there is a view that communities of interest have been consulted to death, but not listened to so there is a **lack of trust** that engagement will be worthwhile. NHSGG&C must clearly demonstrate that it has listened and adapted plans accordingly.



