

Changes to Rehabilitation Services in North East Glasgow Stakeholder Reference Group

1pm on 20 September 2016

Templeton Business Centre

Draft Minutes of Meeting

Present:

Jonathan Best (Chair)	Director North Sector, NHSGGC
Ann Ross	Chief AHP North Sector, NHSGGC
Arlene Crockett	Policy and Engagement Manager, Alzheimer's Scotland
Barry Sillers	Head of Planning, North & Regional Services, NHSGGC
Charlie McDonald	Manager, Matty Carwood Day Centre
George McGuinness	Public Partner, North East Glasgow
John Barber	Patient Experience Public Involvement Manager, NHSGGC
Lorna Dunipace	Interim Head of Transformational Change, Glasgow HSCP
Martin Brickley	Public Partner, East Dunbartonshire
Mhairi Ross	Practitioner North East Community Connectors Programme
Patricia Myers	Senior Charge Nurse, North Sector, NHSGGC
Richard Hassell	Clinical Services Manager, North Sector, NHSGGC
Sheena Glass	Chief Executive, Glasgow Older People Welfare Association

In attendance:

Lisa Ramsay	PA / Team Support, NHSGGC
Louise Wheeler	Scottish Health Council

Actions

1. Welcome & Apologies

Jonathan Best welcomed all to the meeting and introductions were made. Apologies were noted from Maureen McDowall and Pamela Ralphs.

2. Purpose of Stakeholder Reference Group

Jonathan explained that attendees were personally invited because of the different perspectives they will be able to contribute to the meeting. This is an opportunity for people to offer their views and perspectives about how NHS Greater Glasgow and Clyde can inform and engage with patients and the public that use the service and also how best to engage and communicate with the local community.

Jonathan said that the purpose of the Stakeholder Reference Group is to support the Board in their engagement process. Public Partners will be asked to advise on the best way to carry out public engagement events and how best to engage with local communities as well as providing essential local knowledge.

3. Draft Terms of Reference

The Terms of Reference were reviewed and agreed by the group during the meeting.

4. Presentation: Improving Rehabilitation Services in North East Glasgow

Jonathan delivered a detailed presentation (circulated with minutes) outlining the proposed changes. Jonathan also invited the group to ask questions at any time during the presentation.

Additional information not included in the presentation along with questions asked were:

Copies of the Clinical Strategies can be made available to members of the group if requested.

The map on slide 10 will be made available in a different format that is easier to understand.

Ann Ross described the purpose of Target Team. They were initially devised for winter 2015 to target older patients to receive combined treatment from Occupational Therapists and Physiotherapists to enable them to get home within a 72 hour period of being admitted. The target team proved to be very successful and Jonathan advised that he and his staff want to build on that model in future.

Lorna Dunipace provided a brief overview of step up and step down beds. Step Up beds are provided in a community setting with community rehab, social work input, GP and Geriatric Consultant input as an alternative to a hospital admission. They provide treatment, care and rehabilitation so patients can be discharged from to home. Step Down beds are for patients who no longer require hospital care but at the time of discharge are not able to return home. In Step Down beds, patients also receive community rehab and social work input before being able to return home or if not able to return home are assessed for a care facility. Both Step Up and Step Down beds are for time limited periods of intermediate care. They are commissioned and supported by the Health and Social Care Partnerships and care is provided in care homes.

Sheena Glass asked Lorna if she could explain what a community rehab team was. Lorna replied that community rehab teams are made up of Allied Health Professionals; Speech and Language Therapists; Dietitians; Occupational Therapists; Physiotherapists and Psychiatric Nurses. The community rehab team support patients for early hospital discharge and to receive treatment at home or in step up / step down beds. They are a designated team.

Martin Brickley asked if the GRI Pathway for frail elderly patients (slide 16) would apply to residents in East Dunbartonshire. Jonathan replied that it would. Lorna added that of the Intermediate Care Step Down beds, Greenfield Park, Northgate House, Ashton Grange, Oakbridge and Quayside are in Glasgow, whilst Westerton is in East Dunbartonshire. For AWI (adults with incapacity) patients, Darnley and Quayside care homes are for non-Glasgow residents too.

Sheena commented that she had used Greenfield Park for a family member and it provided a high standard of care. George McGuinness said that he was concerned that patients could be discharged home and their home is not fitted out with the necessary equipment that they require to remain at home. Jonathan replied that it is a key point as if a piece of equipment is missing, i.e. a hand rail, then that is significant for an elderly person and can delay discharge.

Lorna said Glasgow HSCP is trying to get 30% of patients in step down beds fit enough to return home. Currently, Glasgow HSCP is achieving 28% of patients in step down beds to return home.

Jonathan advised that the Scottish Ambulance Service are interested in the proposed service change to the Day Hospital as they feel they would be able to provide a better service to patients should the proposal go ahead.

Arlene Crockett said that transport for patients could be an issue in terms of how long would an ambulance take and how would that affect an elderly patient? Jonathan replied that David Robertson from the Scottish Ambulance Service is looking at the proposed service change to establish how they can do things differently and what the most appropriate vehicle for transport for each patient would be. John added that transport needs will also be looked at as well as asking carers and visitors how they travel to Lightburn Hospital.

John advised the group that should there be any question that cannot be answered during the meeting, information and answers will be shared with the group as soon as possible.

J Barber

Lorna explained to the group the ease of being on one site for a patient, as proposed, will be having access to various treatments rather than being put in an ambulance and transported off site for several hours as currently happens.

Sheena told the group that people do not like to be in an ambulance for a long time and that perhaps a mini bus and grouping people maybe an alternative method of transport that could be considered as this had been popular with people attending day centres.

George said that parking at Stobhill Hospital can be particularly difficult and public transport access is not good. For a patient that has a 9am appointment, they may have to leave at 7am and take two or three buses depending on where they are travelling from. There are also financial implications for those that have to pay for public transport. Patients that have frail and elderly visitors will also have to be taken into consideration in terms of public transport access.

John said that the Board Nurse Director is keen to implement an open visiting policy within NHS Greater Glasgow and Clyde. Martin said that an open visiting policy may help to ease parking difficulties at Stobhill Hospital. Patricia Myers added that in her wards visitors are encouraged to visit their loved ones during mealtimes if that helps the patient and they have visiting

from 1.30pm to 8.30pm in Stobhill Hospital. Improved comfort for visitors is also being looked at in terms of seating etc.

John advised the group that a whole range of services were sent an invite to join the Stakeholder Reference Group. Unfortunately, Parkinson's Scotland and North East Glasgow Carers Centre had expressed an interest, but were unable to attend and John has offered to visit them to brief them if they wish to attend in future.

John went on to explain that an EQIA will be carried out to ensure that the engagement process is accessible to all. He would also like the help of the Public Partners in ensuring that information and materials are easy to understand and that when distribute these or advertise events we are reaching the right people and communities.

The engagement process will close on 5 December 2016 and the group will be asked to review progress, discuss options and materials to help shape the proposal. During the engagement process, all feedback received will be recorded and collated in a report for the NHSGGC Board meeting on 20 December 2016. Should the proposal be approved then a full public consultation will be implemented and that will run to March.

Arlene asked if there was a plan B and has an alternative been discussed? John replied that the proposal is the preferred option as currently the only alternative option is the status quo. Other options may be raised during the engagement process and those options would be brought to the SRG for consideration.

George said that the SRG has to be realistic. He would prefer to go to a facility such as Stobhill Hospital that is all singing and dancing than to Lightburn Hospital. John said that NHSGGC is currently not in a position to invest in Lightburn Hospital.

Jonathan advised the group that people no longer need to remain in hospital for long periods of time. Patients are now being given more intensive rehab in hospital along with rehab at home which allows for a shorter stay in hospital.

George said it would be good to share information on the Step Up and Step Down beds with local communities. Lorna advised that the commissioning of Step Up and Step Downs beds is currently out to tender however there will be a two facilities per sector with the maximum stay around 28 days. George added that this type of information it what should be shared with communities.

Martin asked about the number of beds available. John Barber advised that as part of the engagement process a more detailed background document will be written and will contain this information.

George also said that it would also be good to arrange a visit to Stobhill for the Public Partners to give them a clear picture of what the proposal would mean. John said he would pick this up at a later item on the agenda.

John informed the group that the presentation was written with the clinical teams and what was described is the type of care they want to provide as it is more effective and allows people to return to their homes or communities sooner. The proposal is about providing a better model of care.

Sheena said that the biggest opposition will be about transport for visitors and not from patients. Martin added that it is important to educate the public with the information they had heard about the benefits to patients and it has to be written in a language that people understand. It needs to describe that the health service want to provide a better service.

Sheena then said that proposals like this need to be carried out as soon as possible as the ageing population are only getting older and this is for their benefit.

The Public Partners were all supportive of the proposal however all felt that public transport to Stobhill was an issue and must be taken into account during the engagement process.

5. Draft Involvement and Communications Plan

John explained to the group that the draft Involvement and Communications Plan was a working document and would change as required. John asked for questions, comments or suggestions, but said that some questions might need passed to the Board's Communications Team as they lead on a lot of the digital, external and press communications.

Louise Wheeler asked about the development of the draft information leaflet and if waiting for approval by the SRG there will be less time to get it into the public domain before the engagement process closes. John replied that he would want the final version of the information leaflet to be signed off at the next SRG meeting by mid October and work will be done on the leaflet amongst the group via email from now until the meeting with a view to sending it out after this.

The draft plan was accepted by the group, but will also be shared via email and if there are any questions, comments or suggestion then to get in touch with him or Lisa Ramsay.

6. Arrange Site Visits

John said that he will contact the Public Partners via email to arrange site visits if that would be something they would like to do. Sheena said it may be helpful for two or three Public Partners to go on a site visit at the same time. John replied that he would be happy to arrange the visits to sites as required.

J Barber

7. AOCB

Arlene advised that Alzheimer's Scotland has recently opened a dementia resource centre that may be of use for a public event and that visiting their dementia cafes to speak to customers about the proposal would be a good form of engagement. John thanked her for this suggestion.

Mhairi Ross said that for engaging she would be happy to link in with housing association in the east end of Glasgow especially sheltered

housing. Lorna added that Janice Mitchell is the housing lead in the North East Glasgow HSCP and could also be linked in with.

Jonathan thanked all for attending especially the Public Partners for their valuable contribution.

8. Evaluation

John circulated an evaluation form to the Public Partners for anonymous completion.

9. Date of Next Meeting

To be confirmed.

DRAFT