

## Changes to Rehabilitation Services in North East Glasgow: Lightburn Hospital Stakeholder Reference Group

9am on 17 November 2016

New Lister Building, Glasgow Royal Infirmary

### MINUTES

#### Present:

Jonathan Best (Chair)	Director North Sector, NHSGGC
Ann Ross	Chief AHP North Sector, NHSGGC
Barry Sillers	Head of Planning, North & Regional Services, NHSGGC
Catriona Renfrew	Director Planning and Policy, NHSGGC
George McGuinness	Public Partner, North East Glasgow
Irene McInnes	Public Partner, North East Glasgow
Jim O'Neill	Associate Clinical Director, North East Sector, NHSGGC
John Barber	Patient Experience Public Involvement Manager, NHSGGC
Martin Brickley	Public Partner, East Dunbartonshire
Morven McElroy	Lead
Sheena Glass	Chief Executive, Glasgow Older People Welfare Association

#### In attendance:

Maureen McDowall	Scottish Health Council
------------------	-------------------------

		Actions
<b>1.</b>	<b>Welcome &amp; Apologies</b>	
	Jonathan thanked everyone for coming to the meeting and Irene was welcomed and introduced to the group. Apologies were received from Arlene Crockett and Lorna Dunipace.	
<b>2.</b>	<b>Minutes of Meeting held on 12 October 2016</b>	
	All agreed the minutes were an accurate reflection of the previous meeting.	
<b>3.</b>	<b>Review of public events and feedback to date</b>	
	John asked if those in the group who attended the event had read the circulated summary note, explaining that this was to provide a high level overview of both sessions that aimed to capture the themes and topics discussed. He said all feedback and comments had been captured with more detail in the engagement log and that a more complete note of the event had been taken for reference. He asked if the summary met this aim and was reflection of the events and it was agreed by those who had been in attendance that it was.	
	The Scottish Health Council's circulated summary evaluation of the public events, that to-date 7 people had completed, was discussed. Those who attended agreed that the table top discussion had been particularly useful and productive. The evaluation and the public partners commented that the	

	<p>elected members took up too much of the time available with questions and statements and then left before contributing to the table top work.</p> <p>The group discussed the advertising of the event and John outlined that leaflets and flyers were sent to a wide range of community groups and were available in Lightburn, elderly wards in GRI and that it was mentioned in the Health News insert in the Evening Times.</p> <p>It was suggested that GP surgeries would be a good place to have information available and John agreed to look into the best way to do this. Irene recommended housing associations as a good way to distribute information via newsletters and George said he would get some contacts for John. Sheena also said that GOPWA had an information stall at an upcoming event in the SECC for over 50's and they could distribute the leaflet there, John agreed to get a box of leaflets to them for this.</p> <p>There was discussion about how information is presented to the public and posters and other materials need to be concise with the main points highlighted otherwise people would not take in the information. The group agreed to review any future materials to ensure they met this.</p> <p>John spoke about how all comments and feedback heard throughout the process was captured and collated in a log. The log was presented showing how comments both related to the proposal and unrelated, but heard via the process, were recorded. This included telephone and email communication and those directly heard through attending groups, the public events and at the more recent drop-in sessions at Lightburn. The themes emerging were similar to those the group was aware of with the main ones being around transport and access and knowledge and understanding of the current and new service models.</p> <p>This led to discussion about:</p> <ul style="list-style-type: none"> <li>• What acute services for the elderly could be provided in the community to enable people to stay at home longer. Irene said that the work on GP clusters was about bringing services back into the community and that community based services would meet some of the needs people have.</li> <li>• Travel and access was highlighted but it was recognised that; very few patients and visitors used public transport; the catchment area was very large; and that even for some in the East End of Glasgow Lightburn could be difficult to get to by bus. Martin said that for people in East Dunbartonshire access and transport was not the issue as Stobhill is closer and for them the pathways and services being provided would be key.</li> <li>• That for many elderly patients, particularly those at the day hospital, Lightburn does not feel like a hospital and the environment at Stobhill might feel more medicalised. The group recognised that for many of those attending it is a social experience and they might otherwise be isolated. However, the group discussed that no matter how homely</li> </ul>	<p><b>J Barber</b></p> <p><b>J Barber</b></p>
--	--	---

	<p>Lightburn felt that it could not compete with local care homes and Sheena, Irene and George commented on their very positive experiences of Greenfield Park.</p> <ul style="list-style-type: none"> <li>• The idea of going to a care home being off-putting due to long-held perceptions about what happens in these facilities and that experiential stories from patients would be useful to counterbalance this. Also it might be good to have community reps visit the local care homes to learn about what happens and the expectation is that people will go there for rehab to enable them to return to home.</li> <li>• Care homes work with both the community and acute services in that they have both health and social care staff, clinical and rehabilitation teams working together in a community setting to provide the best care for patients.</li> <li>• Recognition that the proposal was about more than the closure of the hospital and that it was about providing the best care for the target population.</li> </ul> <p>Catriona spoke about how the feedback heard so far was extremely valuable and that one of the aims of the engagement process was for feedback to help shape the process. She said that if the Board does decide to proceed to consultation then this information would be tremendously useful in developing resources to help stakeholders and those potentially affected better understand and provide further comment on the proposal.</p> <p>Jonathan asked if anyone had any comments on how feedback was being collected or anything to add in addition to what had been heard. The group agreed that the feedback heard to date was comprehensive and would be useful when reviewing options and that once checked by John to ensure no comments were personally identifiable it would be helpful to have these available to online.</p> <p>Maureen also asked if the detailed background information document would be made available online. This was discussed and it was felt that in isolation it was difficult to understand. John said that the aim of the information online was to present an easy to understand narrative of the engagement to date and that much of the detail had been presented or discussed and was available in the documents that people could view. He said that if someone got in touch looking for that level of detail then they would be able to share the document with them.</p>	<b>J Barber</b>
<b>4.</b>	<b>Review of options</b>	
	<p>Catriona discussed the circulated SRG options review paper and said that it was based on the format presented and used at the public events. She explained that this was the Boards view of how the elderly rehabilitation services in the North East could best be reprovided. In shaping this view they had looked at a number of options for inpatient, day hospital, outpatient and movement disorder clinics. Also that the assessment criteria had been developed using feedback, such as access for patients and visitors, but that they had to meet local clinical aims and local and strategic direction. She asked the group; if they felt people formally understood that the Board has</p>	

said these are the options; that they had been looked at against the criteria to see how they perform; and if so with the feedback heard would the group assist with a further review of the options. The group agreed that the options presented and the assessment criteria made sense.

Catriona then outlined the options for each service area and the criteria stating that they are assessed as acute services and that during the process we will hear and consider community based elements such as homecare, but the proposal needs to be tested against what acute services can provide. She invited the group to comment, discuss or present alternative options during the review.

Catriona discussed the options presented for inpatient beds and asked the group to consider these against the assessment criteria. Irene said that these cover the ground for acute services. There was discussion about transport and the work done around it as part of the process with recognition that for some visitors it would be more difficult to get to Stobhill. Catriona said that the focus of the proposal was to improve clinical care and that the access to services and specialties would result in more intensive shorter rehab time allowing people to return their home or to a care home in their local area sooner. The group agreed that the improvements proposed were clear, with public partners recognising the benefit and agreeing if they ever required such services that it would be their preference and had no further comments or options to meet the aims.

Catriona discussed the options presented for outpatients and asked the group to consider these against the assessment criteria. There was discussion about what services the clinics need access to and Morven provided details about how having on-site access to them is clinically better for the patients and illustrated this using clinical examples based on her own patients. Martin said he agreed with the proposals but that people might ask why the services required can't be provided in the East End or at Lightburn. Morven explained that irrespective of not having the physical space or infrastructure to develop them there would be staffing issues e.g. the footfall of patients through a site like Lightburn would not be enough to maintain the competencies that many staff would need to meet to remain qualified.

There was discussion, that for the care home service and also outpatients, have we illustrated the case clearly enough and that we could use patient experience stores to illustrate the models better. Sheena said that patients want the best and it's not them who are vocal. She explained that amongst some of those who are very old there might be some resistance as their idea, knowledge and perceptions of care can be different; however she felt that for her, her contemporaries and carers would welcome the proposal. George agreed and said that if he had the choice he would rather be in a hospital that had access to the wider range of services.

Barry discussed that the idea of a new acute hospital in the East End is not deliverable and the proposal is about providing the best clinical care and services with the resources that we have. He said that we can develop a

clearer explanation of the resources such as staff and infrastructure that would be required to do this and how it's not viable. Catriona said that a map illustrating what the North East has access to and how other areas compare might be useful. Jim added that if considering local access from the East End then people have a major acute hospital in the GRI. He said that the older model of small local hospitals doesn't exist because they don't work and that Patients already travel to other sites for specific treatments e.g. the Beatson for cancer and people have never asked or questioned why this is not locally provided.

There was further discussion about care homes and that a stronger definition of the services provided needs developed illustrating how they are now health and social care facilitates and that it's the same team you see here that you would in a hospital. The group spoke about the resistance that some will have towards care homes due to the label and perception that they result in a loss of independence rather than helping to keep it. Maureen said that although the focus was on acute services there were other aspects that might be affected by a person's journey and going to a care home e.g. loss of benefits, other plans, personal choice and that the person centred aspects have to be considered. Catriona said that person centeredness is more than preference and that working with people to provide the best clinical care is also part of this; however examples of patient experience of rehab in care homes would be good to help illustrate this.

Catriona discussed the options presented for Parkinson's Services and asked the group to consider these against the assessment criteria. She explained that a letter was being sent to them all today to help inform our view about the options. A meeting had taken place with the Consultant and one patient to consider local access via the GRI, which can present physical access issues, as opposed to Stobhill which is less local to those in the East End but is much more physically accessible. The group discussed the provision of these clinics in a community setting; however the view of the consultant was that clinically a hospital site is best for access to a wider range of services. Catriona said the letter will let us engage with patients and hear their feedback directly on the options.

George suggested that postcodes are used to determine the times of appointments e.g. if you live local you are offered earlier appointments and if further away then later to allow for transport and traffic etc. Morven said this is currently looked at for the geriatric clinics; however Catriona agreed this is something that needs to be looked at across the Board.

There was further discussion about the local Parkinson's Group who meet at Lightburn. Catriona explained that although several attempts had been made to engage directly with them, including inviting them to be part of the SRG, hearing their feedback had been difficult. However, the HSCP had created a list of locally accessible venues that the group could choose to continue to meet in if the proposal went ahead.

	Jonathan asked if people were satisfied with the options presented and if people were happy with the general direction of travel and the group agreed. Catriona asked if people were clear on the next steps and explained how the feedback heard during engagement would be presented to the Board in December and that they would then decide on whether or not to proceed to a formal consultation. Jonathan thanked the public partners for their input and assistance to date and asked if they would be happy to be involved further if the decision to go to consultation was made. The group agreed and it was suggested a meeting mid-December to provisionally discuss the next steps might be useful.	
<b>5.</b>	<b>Any other Business</b> None discussed	
<b>6.</b>	<b>Date of Next Meeting</b>	
	TBC	