

Ward 15 Stakeholder Reference Group

Midday on Wednesday 1 February 2017

Royal Alexandra Hospital



MINUTES

Present:

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| Iain Cunningham | Engage Renfrewshire |
| Jack | Parent and member of Kids Need Our Ward Campaign |
| Dagmar Kerr | Parent and Action for Sick Children Scotland |
| Rachel Killick | Patient Experience Public Involvement Manager, NHSGGC |
| Lorna McIlreavy | Scottish Health Council |
| Jen Rodgers (Chair) | Chief Nurse, Paediatrics & Neonates, NHSGGC |
| Catriona Renfrew | Director Planning and Policy, NHSGGC |
| Sandra | Parent and member of Kids Need Our Ward Campaign |

In Attendance:

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| Lisa Ramsay | PA & Team Support, NHSGGC |
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Actions

1. Welcome & Apologies

Jen Rodgers welcomed all to the meeting with introductions being made. Apologies were noted from Caroline Champion, Joe Ferrie (with Iain attending as a deputy), Kimberley Hutchison and Neil Ferguson. Rachel Killick has offered to call them following the meeting to provide them with an update.

Rachel

2. Minutes of Meeting Previously held on 15 December 2016

All agreed that the minutes were an accurate reflection of the previous meeting.

Rachel

3. Matters Arising

Sandra said that it had been a difficult time of year for parents to respond to the consultation. Lorna McIlreavy added that it is hard to ever get a three month period during the year due to school holidays or without something coming up. Catriona said that she had not seen any evidence of people not being able to participate in the consultation. Catriona asked that Sandra pass details of the people that have told them they were unable to participate so they can be contacted.

Sandra

Jack said that the consultation was not advertised well. Catriona replied that the consultation was advertised in Paisley as well as other areas. Radio Clyde were contacted however they chose not to cover the consultation. Information on the consultation was sent to all local media outlets as well as a paid for advert in the Greenock Telegraph and Paisley People.

Sandra said that there were a lot of people on social media talking about the consultation however they were not able to attend the public events. Catriona replied that it is important the people have other methods to contact us than attending public events and that people engage differently now, and NHS GGC have therefore used a variety of ways to engage.

Jack said that it was difficult to find information about the consultation on the website. Lorna noted that the link to all the information was on the home page of the NHSGGC website.

Sandra asked if one member of the Board voted against the consultation and then another Board member agreed, would there then be a motion against the consultation. Catriona confirmed that this would be the case.

Eligibility for Support from the Financial Inclusion Service

Jen advised that information on the financial inclusion service was highlighted at the four public events. There are not rigid eligibility criteria for the service as a whole; each families circumstances are considered on an individual and holistic basis.

Jack asked what the process was for families accessing the financial inclusion service. Jen replied that there is immediate help for families as well as help with benefits claims etc and with filling out application forms. There is also a question about family support included in the nursing admission questionnaire and staff from the service also visit wards in the RHC.

Sandra said that it was concerning for families when one child is in hospital and they have another child with support needs at home, especially if the child is in the paediatric intensive care unit in the Royal Hospital for Sick Children in Edinburgh. Catriona replied the only two hospitals in Scotland with paediatric intensive care units are in Govan and in Edinburgh. There are many parts of Greater Glasgow and Clyde where families have to travel much further than Paisley to the Royal Hospital for Children. The Board has to look at the overall responsibility it has for its population.

Summary of Communications Activity

Press releases have been put out at notable stages of the consultation, and been promoted on NHS Greater Glasgow and Clyde's Facebook and Twitter page. The consultation has also been in Health News. Dagmar added that Health News is usually distributed with The Evening Times and The Herald newspapers. Sandra asked if a separate Twitter account could be set up by NHS Greater Glasgow and Clyde for Ward 15. Lorna noted that the NHS GGC Twitter account was an official account.

Equality Impact Assessment Action Plan

Rachel informed the group that one of the actions from the Equality Impact Assessment was how the financial inclusion service should be promoted, which Jen had already spoken about.

Another action from a parent that had difficulty parking at the Royal Hospital for Children due to the size of her car which was specially adapted for her child. Appointment letters will include a leaflet with information for parents about where to park if they have a large vehicle.

A third action was to engage with carers centres about the consultation. Rachel spoke at a session organised by Inverclyde Carers Centre. The consultation has also been included in the Renfrewshire Carers bulletin.

The autism information leaflets for parents are also being reviewed.

The doors in the Royal Hospital for Children are now being reviewed to establish which would be required to be automatic. The first areas being looked at are theatres and the paediatric intensive care unit.

Jack asked how minority groups were communicated with where English is not the first language. Iain said that information could not be printed in every language. Dagmar added that most information always states that should it be required in an alternative format to contact us. Jen said that the children's emergency department also use the telephone interpreting service.

Iain said that the Racial Equality Centre in Glasgow would be able to disseminate information on the consultation. Sandra said there was also a large group of Syrian refugees in Paisley. Iain replied that they would be communicated to by Renfrewshire Council as they will have workers working with them.

Sandra asked if the impact of transport had been looked at. Rachel replied that it had, and further work was being undertaken to report to the Board. Sandra noted that the only bus that went directly from Paisley to the Royal Hospital for Children has been withdrawn. Jack added that the transport information that was presented at both public events in Paisley was inconsistent. Catriona replied that feedback from the first public event was that for more analysis on transport to be carried out, which is being done. Jack said that the second public event did not have journey timings in minutes. Jen advised that it is about the difference in journey times between the point of departure to Ward 15 and the point of departure to the Royal Hospital for Children. Jack responded that using Google maps for journey timings for public transport and driving was ludicrous and that less than 1% of people that use Ward 15 were asked about transport. Catriona explained that no-one is trying to conceal the transport issue and NHS Greater Glasgow and Clyde try to respond to any criticism about material that is presented.

Sandra and Jack said that transport issues and clinical impacts of the proposal were intertwined. Catriona replied that there was not an attempt to conceal the fact that it will take significantly more time to get to the Royal Hospital for Children than Ward 15 by public transport from Paisley. Sandra asked if the paper going to the Board could include how long it takes her to get to the Royal Hospital for Children on public transport. Catriona explained that the paper going to the Board meeting which is being held on 21 February 2017, will be clear about the transport issues.

Catriona

Catriona noted that the clinical staff support the consultation.

4. Summary of Responses Given to Proposal in Consultation Period

Catriona informed the group that the summary of responses during the consultation period have been:

- A number of people have said that they accept the clinical arguments of the proposal;
- Asked if losing Ward 15 would mean the RAH would be downgraded
- risks of travelling further in an emergency;
- Nurturing and not just about cold clinical arguments but the psychological impact;
- Issues about delays getting onto the Queen Elizabeth University Hospital campus due to traffic;
- Ward 15 is a local service rather than something big and distant,
- Complexities around travel/transport;
- Concerns about the Scottish Ambulance Service;
- Financial implications and people have children with chronic illnesses and financial pressures;
- Concerns about the capacity of the paediatric intensive care unit.

A short summary will be included in the paper that is going to the Board. This will be circulated to the group prior to the Board meeting.

Catriona

Jack said he was still a bit hazy about the clinical outcomes of moving Ward 15 to the Royal Hospital for Children. Catriona replied that the clinicians gave the best answers they could at the public events about the clinical outcomes and some of those paediatricians have worked in the RAH for many years and they support the proposal. Jack said that the clinician would support the proposal because they are employees of NHS Greater Glasgow and Clyde. Sandra then said that one of the paediatricians told her that if the Panda Centre closes then they would retire. Dagmar explained that she was aware of improvements being made to community nursing services and some services will be enhanced locally and have not heard that the Panda Centre is at risk of closure.

Sandra asked if there would be no paediatric services at the RAH if the proposal goes ahead. Jen replied that there would still be paediatric outpatient clinics held in the RAH should the proposal go ahead.

Catriona informed the group that the clinicians have explained that Ward 15 cannot provide a modern model of clinical practice. It is the most ill children that will benefit the most should the proposal go ahead. Sandra said that it is not just about those children but also about children with chronic illnesses. Jen explained that modern practice admits less and less children and those that are admitted are in hospital for shorter periods. There are also approximately 90 paediatric clinical nurse specialists in Greater Glasgow and Clyde, they work with community children's nurses to ensure children and families can be looked after at home whenever possible. Catriona added that in 2008, 55% of children were discharged from Ward 15 without an overnight stay; that is now between 65% and 70%.

Sandra asked what the Board paper would recommend. Catriona replied that as the consultation had not finished then that question could not be answered.

Jack asked if the Scottish Ambulance Service would be able to cope should the proposal go ahead. Catriona replied that she has had two meetings with the Scottish Ambulance Service and they will adapt to support any service changes. Jack said that there should be reassurance given to the public that this will happen. Catriona explained that the responsibility of the Scottish Ambulance Service is to get patients to the right care across Scotland. Sandra added that there are only two paediatric ambulances between Paisley and Largs. Catriona replied that the Scottish Ambulance will adapt to service changes implemented by NHS Greater Glasgow and Clyde.

Sandra asked if the proposal was financially driven. Catriona replied the proposal is clinically driven.

5. Next Steps

Catriona informed the group that the Board paper will be produced following end of consultation.

Catriona

6. Feedback & Evaluation

Lorna informed the group that the Scottish Health Council had sent out survey questionnaires to get feedback on the consultation process. Those questionnaires went to community councils, councillors, MSPs and to individuals across Renfrewshire and other areas that had been involved in the consultation process. In total 66 questionnaires were returned, however only 45 had been completed fully. The survey closes on 8 February 2017. One of the themes that had emerged was that there was a low percentage of people that have not had their questions answered. There would also be focus groups held on 3 February and 6 February as well as telephone interviews. Notes and observations had been taken at the public events. The Scottish Health Council will provide a report to the Board and to the Cabinet Secretary for Health, Wellbeing and Sport.

Jack asked if a decision on the proposal will be made at the Board meeting. Catriona replied that although a decision will be made she did not know what that would be.

Sandra said that Ward 15 had clinical excellence. The group agreed that Ward 15 provided excellent care. Catriona also noted that there is a difference in clinical access and children have better clinical access and better care at the Royal Hospital for Children as Ward 15 does not have as good access to the expertise or equipment that is available at the Royal Hospital for Children.

Lorna clarified that the Scottish Health Council are looking at the process of public involvement and not answering questions on the proposal itself.

Sandra informed the group that there is a public meeting on 2 February 2017 about the proposal. Jen replied that if it would be helpful she could provide accurate numbers to that meeting on children that have been transferred from Ward 15 to the Royal Hospital for Children as the numbers she has seen from members of the public and parents are inaccurate and it is important for the public to hear the right information.

Jen thanked everyone for being part of the SRG as it had been very helpful and have got valuable information and that was appreciated.