

Lightburn SRG

10am on 22 December 2016

Glasgow Royal Infirmary

MINUTES

Present:

Catriona Renfrew (Chair)	Director Corporate Planning & Policy, NHSGGC
Ann Ross	Chief AHP North Sector, NHSGGC
Barry Sillars	Head of Planning, North & Regional Services, NHSGGC
Fiona Brown	Head of Older People & Primary Care NE Glasgow City HSCP
Jim O'Neil	Associate Clinical Director North East, Glasgow City HSCP
John Barber	Patient Experience Public Involvement Manager, NHSGGC
Martin Brickley	Public Partner North East Glasgow
Morven McElroy	Lead Clinician for Older People North Sector
Neil McCallum	General Manager, Rehabilitation, NHSGGC
Paul Ryan	Clinical Director, North East, Glasgow City HSCP
Sheena Glass	Chief Executive, Glasgow Older People Welfare Association

In attendance:

Lisa Ramsay	PA / Team Support, NHSGGC
Maureen McDowall	Scottish Health Council

Actions

1. Welcome & Apologies

Catriona Renfrew welcomed all to the meeting and apologies were noted from Jonathan Best; Lorna Dunipace; George McGuinness; Irene McInnes

2. Minutes of Meeting held on 17 November 2016

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

3. Matters Arising

Options Appraisal

An Options Appraisal session will be arranged for January 2017.

J Barber

3. Review of Informing and Engaging Process

Catriona informed the group that the Board of NHSGGC approved the proposal to go to formal consultation and dates for the formal consultation process will be agreed and it will be in line with what was discussed at the last meeting of the SRG.

John Barber asked the group if they were happy for the Engagement and Feedback report could be published on the NHSGGC website. All agreed this could be actioned. Maureen McDowall asked if the report could be summarised. John replied that this would be done as part of the consultation process.

Catriona asked the group if there were any other questions about the Engagement and Feedback report. There were no other questions raised by the group.

4. Consultation Process

Catriona informed the group that a number of people have raised concerns that should Lightburn Hospital close that there will be an impact on the area due to deprivation. Due to this Linda de Caestecker, Director of Public Health, will carry out some work on the potential effects of closing Lightburn Hospital as part of the consultation process.

The group then had a short discussion with some amendments to the Draft Consultation Plan suggested.

John advised the group that a weighted and scored options appraisal will be carried out early in the new year and draft material will be developed and finalised after this via email. A basic Consultation Summary Leaflet will be produced that include key points with a focus on the clinical drivers as well as links for accessing further information.

Fiona Brown asked that more detail around the NEEDS qualification about people that cannot be supported at home through the community rehabilitation team is included as part of the consultation process.

Catriona advised that the consultation materials will be clear that in intermediate care is not means tested and that there was a national decision to move continuing care out of the NHS and was not a decision made by NHSGGC.

Catriona suggested producing information videos that would explain intermediate care etc with much more emphasis on what the patient is experiencing. Also, videos could also be helpful as it can be difficult to use non-complex language for some of the treatment that a patient receives when using written materials. Martin Brickley agreed that information videos like this would be helpful.

Jim O'Neil suggested a presentation of new services available would be useful during the consultation process. Catriona added that a lot more is being done for patients in a home environment than during the last consultation process in 2011.

There was some discussion that Greenfield Park Care Home is able to provide a lot of the care that is currently provided at Lightburn Hospital.

Maureen said that people might ask how their benefits will be affected by receiving care in a care home. Catriona said that there is a possibility where some patients may be charged should Lightburn Hospital close. Fiona added that a recent view is that charging will be applied after intermediate care for where the patient will stay. Catriona said that the HSCPs can change their charging policy in the future.

Morven McElroy advised that with regards to Day hospital services some patients attend classes in hospital settings however it is not a requirement that the classes are carried out in hospital settings. Ann Ross added that the AHP service is currently going through a redesign of what is available in Greater Glasgow and Clyde and some of the services currently provided on an acute site be provided at a non-acute site and looking at the possibility of involving the third sector.

Sheena Glass said that classes similar to what Ann described are already carried out at the Fred Paton Day Centre in Glasgow. Fiona added there is a new day centre near Stobhill Hospital that may also be able to provide such classes. Martin also said that there are similar facilities available in East Dunbartonshire.

Ann informed the group that only therapeutic classes falls under the remit of the NHS and that a large number of classes are not therapeutic and are more socially interactive, which does not fall under the responsibility of physiotherapists or occupational therapists.

John said that when the consultation is launched, similar to the engagement process, he will write to community groups, community councils, GPs, pharmacies and information will be published online etc. A public event will be held, probably in Lightburn Hospital and drop in sessions in Lightburn Hospital and Glasgow Royal Infirmary would take place. There will also be outreach work done in libraries and shopping centres, with John also looking to engage with community groups in East Dunbartonshire via Martin who agreed to raise it with local

Catriona informed the group that the consultation will have to be balanced as 40% of Lightburn Hospital patients are not from the East End of Glasgow. It will be important to engage with people that live in East Dunbartonshire and the Maryhill corridor, recognising that for those not in the East End, Lightburn Hospital is not convenient to get to. Paul Ryan added that for many people across the whole catchment area, Stobhill Hospital is easier to get to than Lightburn Hospital.

John said that as part of the consultation process he would look at the impact of the recent changes to public transport in the East End. John added that when he spoke with patients and visitors, a large number of people did not use public transport to get to Lightburn Hospital.

Neil McCallum said that locally the staff in Lightburn Hospital have been kept informed about the proposal. Catriona added that staff are also able

to access the public engagement material on the proposal as it is web based.

Martin asked what would happen to a patient if they did not want to leave a step up or step down bed. Catriona replied that when there is a bed designated for specific care and that care no longer requires to be provided to that patient, then a discussion would have to take place that the patient would have to move.

Catriona advised the group that she would speak to the East Dunbartonshire HSCP Chief Officer about the amount of work that has been carried out by Glasgow City HSCP for their intermediate care model.

C Renfrew

Jim said that the proposal is a good news story as elderly care in Glasgow is improving.

Catriona said it would be helpful to have public partners to assist with the Options Appraisal. John will do an options appraisal briefing and will share before meeting.

J Barber

Catriona thanked everyone for their time and attending the meeting.

5. Date of next meeting

11.30 on Thursday 26 January 2017 in room 2.39, Lister Building, Glasgow Royal Infirmary. This meeting will focus on Options Appraisal work.