

## Public and Staff Engagement Update

We have been engaging with the public and staff on the NHSGGC Mental Health Strategy throughout 2024 and would like to thank those who participated and provided their feedback. This rich font of information helps us move forward with implementing change.

Public and staff surveys March/April (public) and Sept / Oct (staff) enabled us to better understand people's awareness of mental health services, peoples lived experienced, what matters to people when it comes to using mental health services, and what people want us to prioritise moving forward. In-person engagement sessions Aug / Sept (public) and Oct / Nov (staff) focused on reducing inpatient mental health services and reinvesting into community mental health.

### Feedback

Feedback covered many topics and areas and these are grouped and summarised under the Themes below:

Location: Opinions varied on whether services should be centralized or decentralized. Many expressed a strong preference for services to be located within or close to the patient's community as this helps facilitate family and carer involvement, recovery and reduced feelings of isolation for patients. Others noted that centralization might improve resource allocation and care continuity including co-location with other services.

Accessibility: Many people emphasised the importance of, and closeness to, good public transport connections to minimise travel time alongside concerns about the financial burden on families of patients who may struggle with associated costs. Parking, though less frequently mentioned, was noted as important and should be accessible and free where possible.

Equity of Access and Patient Centred Care: Barriers to accessing services were identified, suggesting that care should not only focus on location but also on the specific needs and preferences of the patients. The need for inclusive, person-centred care was a key concern. Examples included neurodiversity, English as a foreign language and gender sensitivity.

Environment and Facilities: The quality of the inpatient environment was seen as vital for patient comfort as this contributes to recovery. People described the ideal setting as less clinical and 'homely', highlighting the importance of single rooms for privacy, access to green and outdoor spaces, and communal amenities all fostering a sense of

normalcy and integration with the community. Reliable Wi-Fi and improved hospital food, especially for older adults, were frequently mentioned as essential.

Discharge from services: Participants expressed concerns about inconsistent discharge processes and the limited availability of follow-up community services. Delays in accessing post-discharge care were seen as potential risks for relapse and deterioration. It was also important for carers and users that they were included in discharge planning.

Safety, Staffing, and Service Priorities: Many participants were worried about service demand and reducing inpatient capacity without first strengthening community services. Staffing shortages were cited as major issues impacting care quality. There were differing opinions on the potential impact of centralisation and whether care quality would be diluted or otherwise. There was support for urgent-care developments so far but there were calls for additional crisis services and better integration with caregivers in care planning.

Digital Services: Some had positive experiences with virtual appointments, but many questioned their suitability for complex mental health issues. Digital exclusion remained a significant barrier for some service users.

Community and Third Sector Support: The role of third-sector organisations was widely praised, with participants calling for better integration into the mental health strategy. Concerns about the sustainability of these partnerships and the need for clearer referral pathways were highlighted.

Integrated Care and Attitudes toward Mental Health: There was a strong push for integrated care, especially for older adults and those with co-occurring physical health issues. Participants emphasised the need for improved mental health training across the healthcare system to foster compassionate and effective care.

Training: Participants highlighted the need for staff training and development of skills across a range of areas; The Triangle of Care which aims for meaningful involvement between service users and carers, compassion and empathy, communication and listening skills, compassion and empathy, reducing stigma, trauma informed, neurodiversity, advance statements. Training should also be provided for non-specialist mental health staff including first contact practitioners and GPs.

Carers: There is a need to improve communication with, and provide support and information to, carers (for their mental health too). This includes listening to and considering carers views.

The reports can be found [here](#) on the NHSGGC website.

(<https://www.nhsggc.scot/hospitals-services/services-a-to-z/mental-health-and-wellbeing/mental-health-engagement-and-involvement/>)

## Going forward in 2025

Feedback from the surveys and sessions included the clear message that engaging with patients, families, carers and staff in discussions about service delivery and location was essential to creating responsive and effective care and we will continue to do so on improving care in community settings.

We are also working to ensure that we dovetail the learning from the feedback above and the work under the Mental Health Strategy with the emerging wider NHSGGC strategic programme Reform 25: GGC Way Forward – Transforming Together which focuses on four key elements to; Improve access, Harness digital and innovation, Shift the balance of care, and Improve population health.

The next stages of engagement on inpatient redesign are outlined below.

- A long list of possible combinations of hospital sites that could achieve the proposed service change is being developed.
- The feedback gathered to date will contribute to the development of non-monetary costs and benefits criteria that will help ‘sift’ out some of those combinations and produce a more manageable short-list of options.
- The short-list will then be subject to more in-depth appraisal. A range of people with lived and living experience, carers, professionals and other stakeholders will take part in an option appraisal process that scores and ranks those options.
- Public consultation will follow, including the outcome of the option appraisal process alongside financial appraisal. It may be that one particular option is preferred, but no final decision will have been made at this point. There will still be potential for the public and communities to influence the decision-making process.
- We will then continue to involve and engage with people on how changes will be implemented.