Report:	**Staff Engagement on implementation of enhanced community mental health service provision and related rationalisation of inpatient beds**
Report by:	Vince McGarry, Mental Health Strategy Programme Manager vince.mcgarry@nhs.scot

Contents

1. Overview

This report provides an update on:

- Staff engagement activity on the NHSGGC Mental Health strategy 2023 – 2028, covering end 2024 / early 2025.
- The engagement approach which was built on public engagement activity conducted earlier in 2024, involving an online staff survey and a mix of in-person and online staff engagement sessions.
- A summary of feedback received.

2. Governance

A key work stream of the NHSGGC Moving Forward Together (MFT) programme is the implementation of the refreshed Mental Health Strategy (2023-28). This includes a proposal for enhanced community mental health service provision and a related reduction and rationalisation of mental health inpatient beds. Patient, carer and public feedback and engagement is required to inform how the implementation plan be taken forward, and a phased approach to wider stakeholder engagement is being delivered, with oversight from the Mental Health Strategy Communications and Engagement Steering Group, a subgroup of the Mental Health Strategy Programme Board.

Strategy implementation is managed operationally through the Mental Health Programme Board that has representation from the six HSCPs, clinical and management leadership and by planning and through the MFT Programme Board and Board governance structures including the Corporate Management Team. Progress updates have been provided at NHSGGC Board meetings through routine Communications and Public Engagement updates.

The public engagement approach has been developed in line with other recent corporate engagement activities and with Scottish Government's guidance for engagement; *Planning with People: Community Engagement and Participation Guidance*. This guidance describes an approach to engaging openly and effectively when developing and redesigning services. It also demonstrates how this work is delivering on the aims set out within the NHSGGC Stakeholder Communications and Engagement Strategy 2024-2027.

3. Aim, Objectives and Approach

Staff engagement activity was planned and delivered in line with the agreed overall approach to patient, carer and public engagement, enabling us to design and deliver appropriate and proportionate engagement opportunities that can inform the development of the inpatient bed implementation plan as it moves forward.

3.1 Aim

The aim of this activity was to gather feedback specifically from a staff perspective on the proposed inpatient services bed reconfiguration proposal and explore the factors to be

considered when developing criteria and options that may lead to a preferred option, or options to be presented in any future consultation.

3.2 Objectives

The objectives for this engagement activity were as follows:

- Design and deliver a programme of virtual and in-person staff engagement covering the whole of the NHSGGC board area between October and November 2024.
- Support Heads of Service, service managers and other relevant staff within each HSCP to co-facilitate sessions in their area, maximising the opportunity to gather feedback about local services, address issues or questions and share relevant local information.
- Provide an opportunity for staff to participate online, or to share views digitally if preferred.

3.3 Approach

The NHSGGC Patient Experience and Public Involvement (PEPI) Team led on the development of the engagement programme with oversight from the Mental Health Strategy Communications and Engagement Steering Group which is a subgroup of the Mental health Strategy Programme Board.

The PEPI team worked closely with the Mental Health Network Greater Glasgow and Clyde (MHNGGC) in developing the content. MHNGGC is a charity that works with individuals and their carers living with mental health conditions and is commissioned by NHSGGC to gather feedback and engage with patients, service users and carers. MHNGGC provides accessible, compassionate support that empowers people to take control of their mental well-being and lead fulfilling lives. They are based in Glasgow but provide services across the NHSGGC board area.

A staff survey (open September to December 2024) consisted of a mix of structured and unstructured questions. Section 4 contains an analysis of the feedback. The demographics of the respondents, question list and detailed answers to “where inpatient services should be in the future” can be found in the appendices.

One-hour in-person and virtual (Teams) staff engagement sessions were held through October and November 2024 at mixed times to ensure that shift staff could participate. The engagement sessions consisted of a presentation placing the purpose of the session in context and informal discussion based around two discovery questions:

- What is important when planning where inpatient services should be in the future *from your staff / professional perspective* as well as public or patient?
- What other factors do you think we should take into account when planning the future location of mental health services inpatient provision?

The supporting presentation and Frequently Asked Questions (FAQs) are accessible via the SharePoint and Website pages developed to support digital engagement.

- NHSGGC Mental Health Strategy – Staff Engagement - NHSGGC (All staff)
- GGC - Mental Health Strategy - Staff Engagement - Home (SharePoint Site - NHSGGC only)

4. Staff Survey

The online staff survey was launched and ran September / October 2024 to supplement / support an earlier public facing survey and ongoing public engagement.

4.1 Priorities

There is broad support for strategic direction towards a community-based model. The first-choice option for staff indicating 'which of these areas is most important to you when thinking about mental health services' (based on 329 responses) was:

Community Based Mental Health Services (such as Community Health Teams)	43%
Services that support self-management and care of mental health and wellbeing	22%
Inpatient Mental Health Services	21%
Community based mental wellbeing services (such as counselling, advocacy)	8%
Services support to carers	3%
Online information, advice and support about mental health services and mental health and wellbeing	3%

When prompted to highlight 'other areas that are important to you that are not listed above,' staff included:

- Crisis
- Addictions
- Psychology

4.2 Where inpatient psychiatric services should be located in future

Thematic Analysis of the key question: *What do you think is important when considering where inpatient psychiatric services should be located in future*? highlighted the following themes:

Access and transport – Sites should be accessible to visitors / have public transport links / have adequate parking / minimise travel time / be affordable to get to sites.

Connectivity – sites should be local / in or close to communities and community resources / with access to local amenities.

Environment – the overall environment should be therapeutic and there should be access to green space.

Facilities – should be fit for purpose / designed to be safe - specifically with regard to self-harm and violence / disability accessible.

Staff – sites should be adequately resourced with an appropriate mix of appropriately trained and skilled staff / Change should not be the detriment of staff.

4.3 Single biggest change

Themes coming from responses to the question *"What do you feel is the single biggest change we could make to improve how mental health services are provided in the future?"* were:

- More resources and skilled trained staff
- Earlier intervention - Primary Care to improve signposting / help the public differentiate between mental health and wellbeing, reducing inappropriate demand / Management of public expectation.
- A less diagnostic and more holistic / biopsychosocial formulation driven of view of mental health / De-medicalise mental health symptoms.
- Develop whole-system working and have clearer pathways / Improve information sharing and communication between services.
- Address rising ADHD demand which is impacting on services.
- Ensure the focus of specialist mental health services is on those with severe and enduring mental illness / staff and services should respond to contemporary demand instead of that they were designed to serve years ago.
- Develop Trauma informed care to ensure patients with trauma receive better support.
- Address disparity across the different localities / HSCPs.

4.4 Additional Feedback

Again, there were several common themes in response to the general question *"Is there anything else you would like to tell us about your views, or your experience of delivering mental health services in NHSGGC?"*

- Ensure adequate levels of qualified staff / consider changing skill mix to include more Allied Health Professionals / reduce delays in recruitment.
- Address increasing levels of physical health comorbidity.
- Staff should be willing to change how they deliver care / develop a compassionate culture.
- Additional funding and resources to help services respond to demand and reduce pressure on staff / recognise the pressures on staff and address staff morale and burnout.
- Organise services around conditions and not age.
- Address social care to reduce the number of people blocked in hospital.
- Develop truly patient focused care.
- Recognise the needs of neurodiverse staff and patients.
- Equalities sensitive services.

5. Staff Engagement Sessions

From end October to end November 2024, a mix of twenty-three one-hour in-person and virtual (Teams) staff engagement sessions were held at mixed times to ensure that shift staff could participate.

Following an initial presentation, like that used for public engagement sessions, staff participants were asked to consider two main questions. A summary of the feedback is outlined below.

5.1 What is important when planning where inpatient services should be in the future *from your staff / professional perspective* as well as public or patient?

Geography and Demographics

- Consider funding for patient / visitor travel. e.g. already not great links following the closure of Parkhead Hospital for those travelling from Easterhouse, now to Stobhill. Introducing travelling difficulties will not be the best way to engage users / carers.
- In connection with travel, recognise the role of visitors in recovery.
- Work with public transport to help people travel out with local areas if necessary.
- Local / locality – ensure local access to beds. Ensure that resourcing changes work for local demographics.
- Recognise the relationship with, and impact of deprivation, on the populations needing inpatient services.
- Consider supply and demand to determine where services are most required and across which services.

Use of estate / facilities

- Reduce the number of sites to reduce maintenance costs.
- Consider the quality of estate and new buildings versus those in need of larger repairs.
- Ensure effectiveness of ward performance and how they are run (and external influencing factors).
- Avoid locating multiple specialties / services within the same ward.
- Ensure an appropriate balance of inpatient services on sites and across sites to ensure reduction in 'boarding' (i.e. adult acute patients in rehabilitation or older people's wards).
- Configure wards to more easily support move-on from IPCU and areas of high LOS.

Workforce

- Consider job planning for all professional staff groups and impact on medical rotas.
- Ensure the retention of experience across the workforce.
- Rationalise the MDT approach feeding into wards and reduce duplication / complexity.
- Ensure equitable distribution of Allied Health Professionals (including Occupational Therapy, Speech Therapy, Dietetics and Physiotherapy).
- Support staff through change, including those where travel arrangements and distance may become significant.
- Ensure training for those redeploying or changing area.
- Consider impact of change on retention of staff.

Social Care

- Consider joint (HSCP) commissioning of social work purchased services across local authorities.
- Ensure effective interface with social care and commissioned services, even where bed is not located in the same HSCP as the patient's destination.
- Organise services to reduce bottlenecks or factors slowing discharge e.g. waiting on guardianship, SW assessment.

5.2 What other factors do you think we should take into account when planning the future location of mental health services inpatient provision?

- Make access more straightforward.
- Adopt positive risk approaches.
- Introduce more effective gatekeeping for admissions.
- Improve collaboration between inpatients and CMHTs to support patients while waiting for discharge or on ‘pass.’

There is concern about the scale of reduction given current inpatient occupancy rates in some specialties and having the capacity to manage this.

6. Summary

This staff engagement activity has provided a breadth of information and feedback on what is important to staff in how care should be accessed and delivered through our mental health services and parallels the wider public view in many areas across access & location, quality & utilisation of environment, workforce skills & training and integration between inpatients & community services.

As we move forward to develop options for delivering inpatient care and provide increased resource to support community provision, this information and feedback will be used to inform criteria to help identify a preferred way forward for delivering future services.

7. APPENDICES

7.1 Staff survey response demographics

Almost 75% of respondents were members of NHSGGC or HSCP mental health services staff (Yes 268 / No 90). The staff covered the following HSCPs (one person may wok in more than one area)

HSCP	Number of respondents
East Dunbartonshire	31
East Renfrewshire	24
Glasgow City	233
Inverclyde	38
Renfrewshire	77
West Dunbartonshire	33

7.2 Staff survey questions

1. Are you an NHSGGC or HSCP staff member?
2. Are you a member of NHSGGC or HSCP mental health services staff?
3. Which local authority / HSCP area do you work in?
4. Would you know where to go if you needed information, advice, or support to deliver mental health care to a person in your care?
    a. Yes
    b. No
    c. It would depend on what I'm looking for
5. Which of these areas is most important to you when thinking about mental health services (from least to most important)?
    a. Services that support self-management and care of mental health and wellbeing
    b. Services to support carers
    c. Inpatient mental health services
    d. Community based mental health services (such as community mental health teams)
    e. Community based mental wellbeing services (such as counselling, advocacy)
    f. Online information, advice and support about mental health services and mental health and wellbeing
6. Are there other areas that are important to you that are not listed above? (please use the space below).
7. What do you feel is the single biggest change we could make to improve how mental health services are provided in the future? (please use the space below).
8. Is there anything else you would like to tell us about your views, or your experience of delivering mental health services in NHSGGC?
9. What do you think is important when considering where inpatient psychiatric services should be located in future?
10. One of the aims of the mental health strategy aims is to better meet people's needs in the community as more people access care through expanded community services. What expanded or enhanced community mental health services would you prioritise / like to see?
11. Do you have any questions that you would like to see included in a list of "Staff Frequently Asked Questions" at this stage?

7.3 Staff survey responses – locating inpatient services in the future

Staff individual responses to the survey question: **What do you think is important when considering where inpatient psychiatric services should be located in future?**

I think we need smaller units that can be accessed locally. Our carers are often struggling financially so travel costs need to be minimised or folk just don't get visited which is not good for their recovery
Public transport links, as visits from loved ones are so important to inpatients. If inpatient services are to shift to fewer sites, it will be important to ensure that these sites are adequately resourced and staffed. Duty Docs are sometimes expected to absorb additional workload from e.g. decant wards and this may not be feasible.
There needs to be enough beds to manage those that need in-patient care. Staffing of in-patient services with staff of different experience levels and with the skills to manage the individual. Accessibility for family and carers to see their loved one when in hospital - we know public transport to some sites and areas is very challenging. It is important that the service user is in the right area with the right skills to manage them.
inpatient care should be for the most acutely unwell people for as short a period than currently appears possible. Inpatient care needs to be therapeutic and safe, including from ligature risks and risks violence. Psychiatric inpatient care should have daily contact with older people's community mental health teams and social work to move people as soon as possible to community services and support. Same for adults. Inpatient wards should be linked to community teams so that community teams are visiting wards daily to meet people to move them to community services and where they live in the community, the location of the ward is less important than the link to community supports. Having a more concentrated geographic focus for inpatient care is important for supporting staff education, training and quality improvement pragmatically to aid care delivery and communication and care transfer rather than a more dispersed geographic approach. The impact on moving staff from current ward locations to future locations on their skills, income and costs also needs understood, to aid staff moving and increase consistency of practice of communication and service scope and service access thresholds.
More beds in service, including acute and rehab and in addition beds for patients whom are chronic and challenging therefore take up rehab beds but have no engagement in rehab services however to unwell to live in community
local areas with more rehab beds
I believe patients should be able to access in-patient care close to their home so they are not further withdrawn and isolated from their support network and community. Inpatient support should be available and accessible to individuals with needs which require this kind of support.
within or accessible to local community resources, accessible by public transport
Access to public transport, modern buildings/facilities - recovery focused
Locally
Inpatient services should be placed in easily accessible sites, but remote from main general health sites.
near transport and local resources to encourage community living
Greater locality based services, smaller units which can offering integrated support approaches
Ability for family to visit and support those inpatients so locally based smaller units would help
I don't work in in patient so cannot comment.
ease of access for patients and ability to be close to home
They should be in the local community, some people can't travel to the 'main' hospitals, for example if I work/live in Milngavie and have an appointment at the Glasgow Royal Infirmary, I need to get a bus or train to Glasgow then another to the hospital, this takes up most of the day and I lose a day's work.
Too many beds have been lost without equivalent service being set in up in the community. Services should be centrally located but with transport options built in to any plan.
n/a
It would be helpful if they were located within easy reach of the community.
Smaller more local facilities as opposed to larger merged units.
It is understandable that services have been reduced and centralised. Inpatient MH in the northeast is at Stobhill. It should not be moved to further afield at any time as patients / carers who would have used the old Parkhead Hospital find it difficult to get to Stobhill using public transport
An audit of admissions which may show older locations do not cover modern locality's.
no central base, but more inpatient across wider areas and more beds.

for children needs to be somewhere where there is adequate outside green space yet links to the childrens hospital
Doesn't matter where they are located as there will always be someone to complain that the location isn't great and people may struggle to get to.
As close to the the person's community where staffing resources allow.
Close to ammenities and green space where possible. Very important for families to be able to visit via public transport but also so that patients can engage in rehabilitative work with ease. E.g. shopping, cafe, appointments, leisure activities.
Co-location of beds on each site to facilitate step down i.e. IPCU>Acute admission ward>Rehab> HBCC and similar for Older adult wards. Retention of sites with the best ward environments/facilities that are fit for purpose e.g. single room accommodation, social and recreational space, equipped to maintain retention/rehab of living skills, garden space, connection to local community. Co-location to a general hospital is also beneficial for ease of transfer from medical/surgical wards and to facilitate appointments.
There should be improved community to inpatient pathways, there are far too many obstacles and differing pathways
Local services
Accessible (for people travelling to visit), greenspace,
Ideally locally.
Don't know enough about what is currently delivered.
Reducing stigma - have these wards on acute hospital sites with all other specialist care - normalise this
Services should be local so that families and friends can visit easily. Buildings should have safe access to outside space.
i think more options for supported accommodation would ease the current bed crisis and create pleasant, safe environments for people with severe and enduring mental illness to live. these should be small community based units, whereas acute inpatient wards should stay where they are
Another couple of sites located in locality area, feels very spaced out and sometimes not accessible for visitors/staff who rely on public transport
Should be more local and in the communities they serve rather than being centralised.
easily accessible in community, outreach services/home visits for those who are struggling to leave their home
good transport links, pleasant environment, greenery, parking
In modern, up to date suitable buildings with good connections to CMHTs.
accessible by public transport
Where the best facilities are with good staffing and access via public transport for staff and visitors.
Easy for visitors to get to.
community hospitals and health centres
Location adjacent to medical requirements such as self poisonings requiring bloods, excluding organic causes, CT scan.
carer responsibilities (children or older family members)
close to patients home and support network
Accessible and sufficient number of beds
We have sufficient sites for inpatients - just not enough beds
Make it part of general care, just as all other disciplines are. Dont segregate it so that it has stigma attached to it
We may need to ask patients to be admitted further from their home, in order to deliver high quality inpatient care and adequate staffing resource.
Locations where family can access it easily on public transport.
There is no need to move, but there needs to be parity of quality of facilities and staffing. There are sector areas which are showing outlying practices and that needs addressed fully.
close proximity to good public transport provision
Locality based in patient beds remains patients preferred option
There should be inpatient services in both north and south side of Glasgow
Location should enable patients to have easy access to community resources (transport, shops, amenities) to enable patients to easily access community settings to regain confidence about resuming

life in the community after an admission. The therapeutic environment provided by the hospital buildings is also a factor
Transport options - for staff as well as patients. They can't only work for patients and families with cars.
That the locality service users and their families are able to access (travel) in an affordable way
Patients may attend areas out with their catchment areas which has financial constraints
Staff opinions should matter more. Proper staff and patient consultations with different options looked at and staff included in decision making process around this.
I work in Leverndale, and I think the peaceful and green setting is good for an inpatient service. I think it is also important to locate inpatient services close to community resources, to enable a smooth transition back to community living and ensure inpatients can access activities and support that is close to them.
accessibility for family to visit
close to communities so that people are still close to their support networks
Where there is bus / train routes for accessing leave and families to visit, this better supports discharge
I think some level of inpatient service is essential. I am concerned that the push to reduce inpatient service is more motivated by cutting funds than by the rationale for rehabilitation within the community. I absolutely agree with the idea of keeping people as much as possible in their environments. However, at times of absolute crisis and when many people's environments are the driver for their poor mental health, inpatient or similar type services such as supported accommodation can be life saving. The question shouldn't be an either/or inpatient vs community, but a who needs what, where and when. In terms of inpatient service locations specifically, it would be helpful to have more 'supported accommodation' type options as well closer to people's CMHTs/ distributed across Glasgow, so they can be more accessible for carers and for smoothening transition from inpatient back into the community nearer discharge. There is a lack of such options and we often see repeated short hospitalisations for people with chronic risks, for whom the pressure of being quickly discharged again increases risk and whose needs community services can't manage. A step in between inpatient and crisis/community with longer-term supported type accommodation may be helpful.
specifically designed equipped buildings are ideal, although, we still require a centralization of these sites, specifically within our local hospitals. These services have to be easily accessed both for the user and the carer, family, relatives etc
Relaxed environment rather than hospital setting
First thought is importance of outdoor space but equally for integrating with society so we need to consider this and research and feedback from service users (links to Trauma etc)
making sure each site has access to psychiatric input and its not spread really thinly on the ground
CENTRAL TO LOCALITIES WITH GOOD PUBLIC TRANSPORT LINKS & ACCESS TO LOCAL AMENETIES
In an area that is easily accessible for carers and provides opportunity to patients/service users to meaningfully engage in society.
Accessible to family
easily accessible by public transport from all areas of the Board
I think it is important to consider accessibility when considering inpatient psychiatric services. For example, level access, accessible toilets, no stairs. I think location-wise, there could be more services near the City Centre given that GRH and Leverndale are both quite far from town.
Number of beds. Transport links.
Should be accessible to patients and relatives taking into account public transport links
Accessibility for patient and relatives
parking for staff and visitors, green space with outdoor area, near public transport
I wouldn't want to compromise quality of inpatient care with distance from their home address / address of carers.
Accessibility for family, good design
Patients' ability to access what matters to them e.g. social constants; quality of environment (for patients and staff)
Green spaces. Gartnavel Royal Hospital is a beautiful space which feels as if it has been designed to enhance wellbeing.
accesible services
I fell the service should be more available within health centre
should be accessible for relatives.

must have parking for staff (public transport useless for shifts), public transport for visitors, green space
paeds service at or attached to RHC
Services located close to need, particularly where in patient support is provided in order for patients to have ongoing support from friend's and family simultaneously.
Close to nature
As above a lot of services aren't picked up
Are they accessible for family members (for example, in terms of using public transport to visit) and are they fit for purpose.
I don't know - it doesn't really matter where but they seem to be few and far between just now.
Inpatient psychiatric services would be best placed in areas that offer therapeutic environments including access to natural spaces to support healing. Also easily accessible in terms of supporting family contact/visits.
Just need more of them.. with referrals being accepted from GP
As close to the catchment areas as possible
Geography with regards to patients being treated in their local area
consider the location as useful for patients and carers eg handy transport links. make the environment more therapeutic and less clinical, so that people can relax and get better.
I think public transport should be considered as psychiatric units are often not accessible for lower income families who don't have access to a car.
These should be in main hospitals / health centres with all universal services to tackle and reduce stigma associated with mental health.
Non clinical enviroment
As someone who has had a relative in inpatient care I'm fed up with the lack of privacy and respect shown by the public in hospital grounds. We need peaceful. Safe environments for people to be unwell in. I.e. were they strange behaviours are not for public view. Areas should be peaceful and safe but well connected to other services. This would be even more relative to rehab wards which could be based in a community setting and not in hospital care. However we still need inpatient mental health units spread geographically so that carers can support there relatives and not end up like areas in England with a 50mile journey etc
Where they are.
good access to green spaces
not too centralised in view of need for visitors/ avoiding social isolation
Don't reduce bed numbers or staff complement.
Inpatient services should be located in rural areas, to allow for nice walks, calm and peace for recovery. Not besides a local park were people often escape to.
Services should be localised to communities where possible.
An environment that is safe and fit for purpose
Close to good transport routes to facilitate visits from family
Transport links.
services have to be based in specialist units that have facilities close by, in house facilities to provide care and activities on site, and are accessible to visitors
I think one centralised in-patient unit would prevent confusion and avoid boarding issues. It would also improve communication between in-pts and out-patients services.
have community transport links. access to community services.
Accessibility by public transport. Proximity to amenities (for day passes). Discussions with local communities so that they don't feel that such facilities are imposed upon them
In all areas and not just centralised
easily accessible,
Don't know. Not too far from people's local community
Being close to good public transport is important to allow easy access for patients, visitors and staff. Not being isolated from other services, general hospitals.
That they are in places that are accessible by public transport and are not hidden away- this helps reinforce stigma otherwise.
It would be helpful to be cognisant of the pressures on the overall system e.g. bed pressures and the impact that delayed transfers to psychiatry have on acute services e.g. no bed available, patients waiting longer in Acute Receiving/A&E/ambulances backed up, ambulance response times etc.

Inpatient psychiatric services should be local and easy to visit for families as this helps with recovery
Hard to know - more centralised? Not sure what the most cost effective models are. And not at the expense of well funded community services.
Keeping patients local to their communities and friends and families
I think they need to be accessible to patients and their families. The social connection is so important in recovery and I think it wold be detrimental to centralise them to on place such as a large mega hospital
travel
inpatient services could be located within general hospitals, within areas for designated psychiatric facilities and other third sector agencies, addictions should be all in one place and easily accessible for the patient.
dont think rehab provide good enough service . lots of chronic or people taking time to respond in acute beds
Being an inpatient, should be being in a safe place which a can be an opening into a new perspective and a chance to heal/get better or get better understanding of what led you there.
Transport links and accessibility
Separate mental health units, located away from general services I think are beneficial
location of services, proximity to public transport links and local amenities
No strong views about this but the stigma around services needs to be overcome.
Use the buildings you already have such as dykebar where there is current space but neglect has made them sitting there wasted before looking to move sites.
It be excellent if a mental health professional was available to respond to children who are inpatients.
accessibility for relatives
Availability of correct staff expertise. Quality of ward environment e.g. dementia-friendly design. Distance from home for accessing community in preparation for discharge and for visitors - this is particularly important for people with older carers who might struggle to visit otherwise.
IPS will always be required - I do not think location is a concern. However cutting bed numbers when community services are unable to provide a robust service.
These need to be at local and community level to enable ease of access, visitation and integration. Smaller facilities with tailored and personalised support rather than large institutions which are clinical and intimidating for patients and families.
central locations, good transport links for family to visit
adequate inpatient service provision to avoid out of sector or out of health board admission
in community spaces where the community have been consulted so that people accessing the service feel part of that community and can access social resources. inpatient services within huge hospital campuses with little social amenities medicalises and isolates.
in accessible areas with good transport links and decent surroundings (clean and professional looking)
I think there should be more in-patient stay units, however discharge planning should start as the patient is admitted, instead of several patients taking up a bed that are through the acute stage of an illness. They need to be discharged from inpatient and continue their recovery in the community.
Some services are not fit for practice e.g. Campsie Ward at Leverndale Hospital is not fit for purpose for forensic learning disability patients. The Mental Welfare Commission have repeatedly commented on this.
would be better if these could be separate from medical hospitals. That transport links were good.
inpatient beds have been drastically reduced over the years. they should be a mental health hospital in each sector of glasgow north, west, south, east with ample beds to care for our most unwell. we also need wards to care for patients with alcohol, we care alot for people with alcohol and drug use but we have no powers to intervene when someone is harming themselves with these substances.
where the best clinical network of services for inpatient service users can be provided, including re-integration into the community where appropriate and facilitating working with family members if useful, so that they have access to attend.
Ease of access via public transport, local amenities for patients
High quality care and ease of access, including ease of visiting access
Community based settings as opposed to hospital settings
Not near parks where patients are given passes to wander around local area and return to wards drunk or have taken drugs eg stobhill
I believe there needs to be way more inpatient services, that are accessible for major city routes.
Need to be local for people.

Number of sites required so that patients can be readily supported by family and friends. Dementia wards need to be designed suitably eg. Willow Ward in Inverclyde
Staffing, trauma informed care approaches,
Transport links for families. Local services for local areas. Patients with dementia benefit from smaller wards, not combining wards to make them bigger - this increases distress and so will lengthen stays and risk increases in significant incidents. Patients should be admitted to wards that appropriate for their needs (too many examples currently of AMH patients in OPMH beds or people with dementia being admitted to MH assessment wards due to a lack of beds). Regardless of ward location, wards require adequate nursing staff numbers and ready access to MDT colleagues, especially psychology
Transport links for families. Local services for local areas. Patients with dementia benefit from smaller wards, not combining wards to make them bigger - this increases distress and so will lengthen stays and risk increases in significant incidents. Patients should be admitted to wards that appropriate for their needs (too many examples currently of AMH patients in OPMH beds or people with dementia being admitted to MH assessment wards due to a lack of beds). Regardless of ward location, wards require adequate nursing staff numbers and ready access to MDT colleagues, especially psychology
Accessibility, parking, transport links, access to nearby community amenities for patients & staff
Transport links for families. Local services for local areas. Patients with dementia benefit from smaller wards, not combining wards to make them bigger - this increases distress and so will lengthen stays and risk increases in significant incidents. Patients should be admitted to wards that appropriate for their needs (too many examples currently of AMH patients in OPMH beds or people with dementia being admitted to MH assessment wards due to a lack of beds). Regardless of ward location, wards require adequate nursing staff numbers and ready access to MDT colleagues, especially psychology
Good transport links
It is important that inpatient beds are available to people within their local communities. This increases accessibility, makes it more likely that families and friends and others in support networks will be able to visit and be involved in a person's inpatient care. I think local services, as opposed to centralised services, are likely to help reduce stigma too.
a good geographical spread across Glasgow and good cheap public transport links
explore more on what on offer to support Deaf patients with inclusion of Deaf peer support worker
It would be best for patients if they are located within easy reach of the psychiatric wards to allow good communication between nursing staff and mental health staff.rsing
Inpatient facilities need to be accessible for carers and visitors
In patient psychiatric services should be provided where they are accessible and relatively local. Whilst I understand the economic rationale for centralisation, carers and family are absolutely crucial to the process of recovery and thus inpatient facilities must be accessible for visiting etc, whether that be through localisation or through effective and affordable transport links - the latter is sadly lacking
Not sure
In each partnership area. people should not be forced out of there home area to receive inpatient care. This cause difficulty for families and cares which in turn prolongs the person stay in hospital when family involvement is reduced due to distance travelled
Inpatient services are becoming so precious that, if Community services are fit for purpose, then inpatient services' location seems to me to be significantly less important than the care and treatment that the inpatient services provides.
Most crucially located to allow maintained connection with family and local community.
close to local amenities where people can walk to, while engaging in the community. Central to the geographical area for admission
it is important that delivery of inpatient services are within the patients locality. This will ensure they remain supported by their family and wider social support , along side being able to engage them in local service during their planned discharge without additional times being required due to not being based in their local area.
mixture of enough inpatient bed community cpn staff
I believe that we should aways have inpatient beds though there should be better pathways to move people on from hospital
There should be ldirect public transport links from catchment areas to where services are based
small local units - short admissions with quick community follow up
Quiet locations with access to green spaces
Within the local community

Enough garden space to allow for safe outdoor access for everyone.
They should be easy to get to for the people who need these services
for Renfrewshire beds are already out with the sector and must not move any further away
Lots of areas for walking, accessible via public transport for themselves and visitors, easy parking, nice views with nature and near by facilities that aren't just a pub or corner shop.
there should be accessable services all over scotland social support and contact should be considered paramount when assisting inpatients to recover
They should be accessible for friends and family members of those who require services, maybe more central or more transport
inpatient psychiatric services should be local to the patient and their family
Not sure why Inverclyde still have inpt beds, difficulty staffing rota's across multiple sites. Would make sense to have two acute admission sites then some rehab provision
The wards we work in are currently all separated from our parent hospital. This means less access to support from our sister wards. All wards should be placed in an area together, to allow support.
The environment is welcoming
In the community to faciliate more community integration and e.g. graded exposure
The more local the inpatient service is the better, for family/carers who are the most important people in the recovery of individuals other than the patient themselves. We should build upon a community approach to inpatient services rather than potentially depriving people of the important relationships they have in their lives. Family are the ones who will witness decline in mental health first and they are so importnat for safety of patients.
Located in each locality
location and latest treatments
I think that there should be specialist psychiatric services connected with A&E departments, in order to better understand the needs of people who attempt to take their own lives, and for those people in obvious mental health crisis.
Accessibility for transport purpose/visitations.
accessible- located near bus & train routes for people travelling from wide areas. Green enviroment to promote wellbeing
I will use Leverndale as an example, as its structure allows for a more patients friendly approach (large garden areas, gym, recreation areas, cafes, etc). A space that would allow patients to continue to enjoy living within the settlements without feeling cut out from what they used to enjoy before they become inpatients. A cinema, indoors pool, or other structures to fill their days with pleasurable activities would also be helpful.
Provided locally, well staffed and well trained staff e.g. CCC training, stress and distress training, leadership in compassionate care, SPSP. A welcoming environment with access to green, outdoor spaces
areas should be actually reachable by local transport. but i think its more important that the areas are actually purpose built.
Close to communities where the patients live to ensure family and friends can contribute to the pathway back to good mental health.
In one hub away from other departments and make it trauma informed for people accessing the service to feel more confident to come to their appointments and also not have to worry about who they may see in the waiting areas.
Location , as there may not be beds in the patients area and they maybe made to go to a different locality for inpatient care
they should be accessible and as close to a person's community as possible to promote re-intergration.
Inpatient services should be accessible in local areas to allow rehabilitation to local community services. Services should be fit for purpose with access to appropriate rehab facilities and out door areas to help recovery.
Local services would be preferable/easily accessible transport links for families & visitors
accessibility by public transport, safety of local area
Locations should be easily accessed by public transport, and not isolated
Accessible locality
allowing for phased discharges so within manageable travel distance from catchment area.
accessible, local and in buildings that are not falling apart! have plenty clinic space
Local area's due to family support.

I think inpatient psychiatry services should be on location together with inpatient acute medical services to improve access to physical investigations and physical healthcare for psychiatry inpatients and to reduce stigma.
Accessible for people to reach & get to e.g. public transport with good links
not sure
Inpatient facilities should be accessible for visiting and not in the countryside.
Unsure
Local/accessible for family to visit. Linked into the community to challenge unhelpful stereotypes etc.
Located within a reasonable travel time from the patient's home/ family and easily accessible by public transport. Within the site of acute hospital.
Accessibility for local community i.e. minimal disruption to carers needing to visit in support of their loved ones recovery, minimise stress of admission that being accommodated many miles away from home is likely to contribute to.
they should be located in people's communities so when individuals are unwell they can get ongoing support from their family and friends.
Within local areas where patients live.
Good transport links for visiting, green spaces
Locality. I do not feel it appropriate to centralise inpatient services. Inverclyde residents are already at a disadvantage due to centralisation of urgent same day assessment through MHAU at Leverndale and Stobhill.
Placed in GP surgeries full time
Bed numbers have been cut over the years for inpatient, unfortunately the need hasn't and if anything is greater. This has led to people not getting inpatient support when its required and also in the correct area or ward as there are lots of boarders.
I don't understand this question? I think we should be asking the the clients who use them what's important to them about where they are located.
local knowledge of patients; travelling difficulties for patients and relatives; surrounding to put patients at ease; continuity of familiar staff
We work in out patients so cannot comment on inpatients.
In patient services should be provided locally as transport is difficult if you do not drive .
Easy access via public transport, free parking and enough parking space for staff and visitors
Location should be closer to where patients live, non centralised as it isolates patients from family / friend support if admitted in other locations which does not help with their recovery
That they are easily accessible within the local area for family/carers to be involved. This will also help people access services in a timely manner.
Easily accessible - bed availability when required, good transport links, equal access across all HSCPs, appropriate facilities.
inpatient services should be within the community area they serve
careful screening of the area being selectedMore
Access for carers
In the communities. Mental illnesses start in the communities , so I think inpatient facilities should not be far away from the communities.
Local provision is needed to allow local services to work together and to retina local knowledge. Any centralisation of services would unduely disadvantage patients in surrounding areas and their relatives/ families. While this may not be avoidable, it does need recognised.
Community style environments, with access to nature.
Never enough available beds.
Transport and surrounding environment.
co-location with other relevant services where there is often an interface or shared resources; and a location which is accessible for families/carers visiting their loved ones in hospital. This should consider the needs of people with protected characteristics including age and disability.
Inverclyde
if in-patient beds aren't near catchment then there should be daily direct buses to facilitate visits and passes home
It is not necessarily the location, but the suitability of the buildings the inpatient services are in. Some are in a state of deterioration, which cannot be improved upon without investment.

There needs to be consideration to both parking and good public transport links.
These need to be kept in several locations to allow fair accessibility. Reducing/ centralising sites will be detrimental to patient's recovery and family/cares (e.g. more challenges for visiting, time out/passes could lead to longer admissions)
Patient access to local community and availability of resources including staffing.
Commute for patients/relatives. Therapeutic environment.
Easy to reach locations . On main bus routes etc . Quantity of beds more crucial than location of beds.
Within the patients locality. To enable family/carers to visit without the stress of having to travel.
public transport access, local to catchment area, within grounds which are therapeutic
There is always a role for inpatient care and this cannot be undervalued. More rehab wards and also consideration of a specialist resource for EUPD step down as this is missing in NHSGGC&C
access to social and family support, as well as appropriately trained staff.
A central hub with inpatient and outpatient resources within one building.
they should be provided locally and across the board, people who use services should not have to receive inpatient care that is miles away from their home. There is copious amounts of research that people should be supported in their local communities (inpatient or otherwise) - same argument for how families are supposed to provide support of the services are not provided locally.
No concerns with where they are located just now
There has to be access to inpatient beds from every area as this benefits the patient and their carers/families rather than transferring them from area to area
They should be within the patient's health board, as close to their home as possible. Having them in an unfamiliar area, miles away from friends and family, is not conducive to recovery, and places an extra stress on unpaid carers who are forced to travel.
Patient and public consultation and participation from the outset of designing services so they are truly responsive and patient centred.
Inpatient services should remain inpatient (specialised), there should be teams who work in patient transition specifically- bridging the gap between inpatient and community services and working with both.
embedded in the community to reduce isolation and stigma. Close to areas of nature so while inpatients clients can access soothing spaces if they have leave. Also close to transport links so family etc can visit easier
Community
Expanding available bed in inpatient sites to reduce the need for boarding patients.
Accessible and within a reasonable distance from a person's locality with public transport links.
ensuring it is accessible , helpful to have staff parking and close to CMHT base.
so much emphasis and money on inpatient yet some of the reasons people are in are beyond staff control- e.g difficult to get social care packages agreed or repatriation of foreign students