

NHS Greater Glasgow and Clyde

Engagement and Involvement Overview Report

2025 – 2026



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1. Introduction

Throughout 2025-2026, NHS Greater Glasgow and Clyde (NHSGGC) continued to listen to and learn from patients, service users, carers and communities. Building on the NHSGGC Stakeholder Communications and Engagement Strategy, teams across the Board area and the six Health and Social Care Partnerships (HSCPs) have used that learning to shape services, redesign care pathways and respond to the changing needs of our communities.

This report celebrates that work. It provides a high-level overview of engagement and involvement at strategic, organisation-wide and local service levels including **45** examples highlighting both large-scale programmes and focused, person-centred projects that help shape health and care across NHSGGC.

Key statistics



>21,000 People directly involved



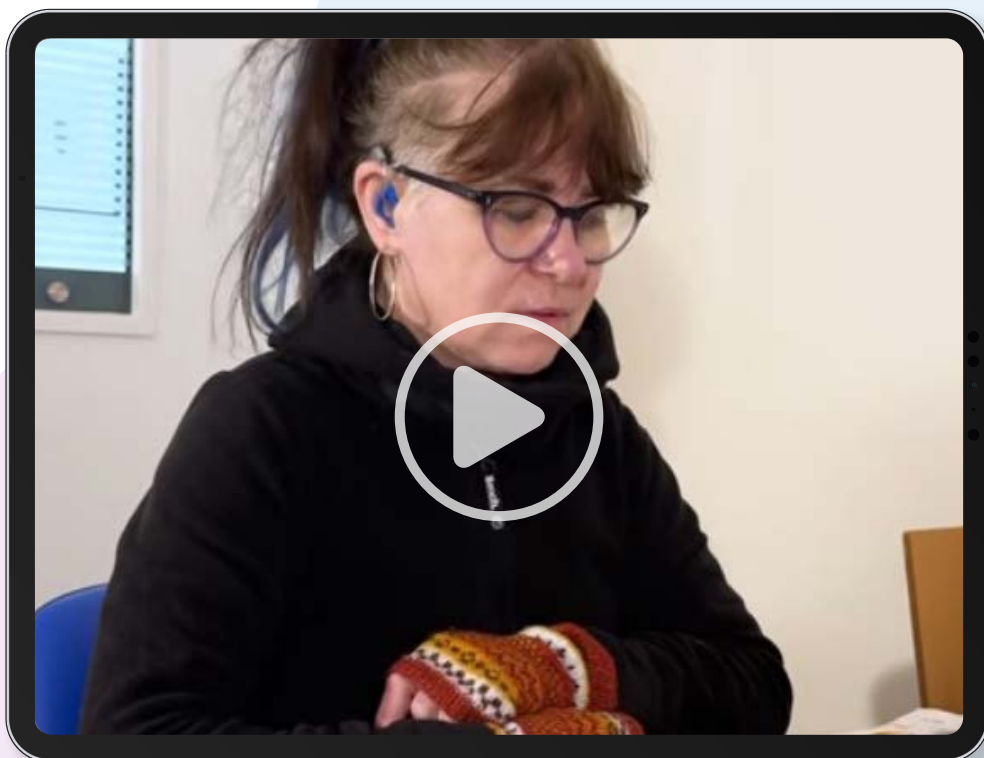
2. Patient Stories

Through 2025-2026 NHS Greater Glasgow and Clyde's Board meetings continue to share patient stories and insights to help bring lived experience to the forefront. By hearing directly from patients, staff are supported to reflect, learn and take action, helping to strengthen a culture of empathy and continuous improvement.

Examples of recent patient stories and our archive can be accessed [here](#).



**Virtual Hospital
OPAT Service**



**Psychological
Trauma Service
(GPTS) – Art
Psychotherapy**



3. Strategy and Policy Involvement

Engaging people in strategy development ensures services and policies reflect the needs of all communities. Across 2025/26, insights and experiences gathered from the public have been embedded into the strategies and plans that shape care across NHS GGC.



a. East Renfrewshire Dementia Strategy

Following Scotland's 10-year Dementia Strategy, **Everyone's Story**, East Renfrewshire HSCP delivered a structured three-phase consultation during 2025/26 to inform a local **Dementia Strategy Action Plan**. Two lived experience events and a partner engagement event were complemented by a digital survey, with the strongest themes covering carer stress, joined-up supports, support for younger people post-diagnosis, and a clearer pathway of support.

Influence and Impact

- Lived experience priorities now shaping the Action Plan
- **29** proposed action areas generated, including a dedicated lived experience plan and improved referral pathways.



b. Glasgow City HSCP Temporary Accommodation Strategy

Glasgow City HSCP is developing a 10-Year Temporary Accommodation Strategy for launch in 2026/27, co-produced with Registered Social Landlords, third sector organisations and people with lived experience of homelessness, supported by **Homeless Network Scotland**. A draft was presented to **All in for Glasgow** on 3 February 2026, with further focus groups and a wider online consultation planned.

Influence and Impact

- Interim accommodation model being reshaped into smaller, psychologically informed environments, informed by lived experience
- Public consultation survey being co-produced with people who have experienced homelessness.





c. NHSGGC Person-Centred Care Standard

Throughout 2025/26 NHSGGC developed a new **Person-Centred Care Standard and Measurement Framework**. A survey informing the underpinning principles gathered feedback from **562** people, with additional community outreach ensuring lived experience voices were embedded from the start.

Influence and Impact

- Care Experience Conversations across Accident and Emergency Departments in early 2026 used a semi-structured tool mapped against the new Standard (see [Unscheduled Care Insights](#))
- Ward-level testing across Queen Elizabeth University Hospital (QEUH) and Vale of Leven is refining the Standard ahead of wider rollout.



d. Quality Strategy Community Mini Accelerated Design Event

In November 2025, the Person-Centred Health and Care Team delivered a mini-Accelerated Design Event to advance the implementation of NHSGGC's Quality Strategy, [Quality Everyone Everywhere](#). Around **50** people from sectors, directorates, specialties and HSCPs came together at QEUH, working through the NOISE Analysis framework and Rapid Insight® approach to explore how quality is embedded across the organisation.

Influence and Impact

- Six-point action plan generated covering the Quality Strategy as an improvement framework, embedding quality in daily practice
- Greater involvement of service users in identifying quality priorities identified as a key next step.



e. Palliative Care and Care Around Dying Strategy

Building on the substantial public engagement that supported the **NHSGGC Palliative Care and Care Around Dying Accelerated Design Event** in 2024/25, work continued throughout 2025/26 to create a draft strategy with people whose voices matter most. Public partners with lived experience of palliative care and care around dying remained at the heart of the work, alongside a wide group of third sector and hospice partners brought into the short life working group.

Influence and Impact

- Key priority areas identified through combined working group engagement, now being carried forward into the draft strategy
- Further engagement planned for 2026/27 to test and clarify priorities with the public and lived experience audience ahead of final publication.



4. Interface Division

The Interface Division continued to test and deliver inclusive health and care services in collaboration with the people who use them, with public engagement shaping both the new building and emerging virtual care pathways.



a. Interface Public Engagement

Throughout 2025/26 the Interface Division engaged with patients, communities and the public through surveys, focus groups, outreach activities and online engagement sessions.

In October 2025 the Patient Experience and Public Involvement Team (PEPI) held **three** focus groups with members of the public across different age groups and varied experiences of virtual care, exploring the benefits and challenges of virtual care pathways and reviewing communications materials. A public survey, community organisation visits and a programme of online engagement sessions through early 2026 reinforced the focus group findings.

Influence and Impact

- Participants helped review communications materials, contributing to language, tone and design
- Engagement findings confirmed that virtual care is broadly viewed positively for convenience, improved access and a greater sense of patient empowerment.



b. Virtual Consultation Insights

Over the year, PEPI supported colleagues to gather insights from **629** people on their experience of virtual consultations, building on similar work in 2024. Patients valued the convenience of avoiding travel (particularly those with mobility challenges), the removal of parking concerns, reduced waiting times and the lower risk of exposure to illnesses.

Influence and Impact

- Reported familiarity with virtual care concepts rose from **58%** in 2024 to **70%** in 2025, a marked increase in familiarity and engagement
- Patient insights are informing clearer information about how virtual consultations work in practice.





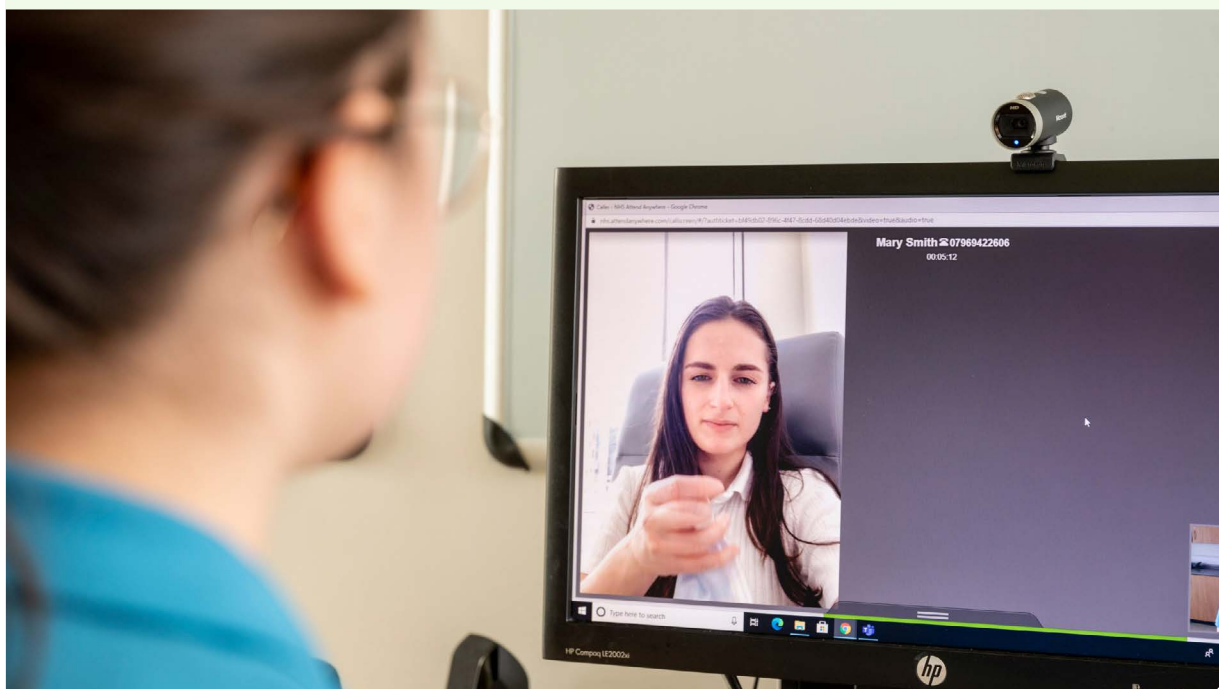
c. Capturing Experience as the Virtual Hospital Grows

As Interface has expanded the ways people can access care, the approach to capturing patient experience has matured alongside it. The **Virtual A&E** continued to be one of the most active routes for hearing from patients, with over **2,500** patients sharing their experience through end-of-call surveys.

Early testing through the **Discharge to Scan** pathway heard from a further **97** patients, with feedback indicating positive experiences and particular recognition of staff kindness and the role of the pathway in supporting earlier discharge.

Influence and Impact

- FNC+ patient feedback approaches are being used as foundational learning to shape how experience is captured across the wider Virtual Hospital
- A PREMs Sub-Group established through Interface is developing a consistent, scalable approach to Patient Reported Experience Measures across emerging pathways.



5. Unscheduled Care

NHSGGC gathered rich, triangulated insight across the unscheduled care system in 2025/26 supporting learning and insight use to better inform how we communicate access and waiting times with patients.



a. Understanding Access and Experiences Across Unscheduled Care

Running across four main Accident and Emergency (A&E) sites - QEUH, Glasgow Royal Infirmary (GRI), Royal Alexandra Hospital (RAH) and Inverclyde Royal Hospital (IRH) - between October 2025 and February 2026, the survey reached over **2,400** patients finding strong communication scores: **77%** said staff listened, **72%** said their condition was explained clearly and **83%** reported sufficient privacy. The most consistent area for improvement across every site was communication of waiting times.

Influence and Impact

- Findings are informing ongoing development of patient communications and waiting time information across all four A&E sites
- Data is providing deeper insights into care experience and choice behaviour of patients with work underway to use this data to support local action and longer-term improvement planning.



b. Care Experience Conversations: Real-Time Feedback in Accident and Emergency Departments

Between January and March 2026 the Person-Centred Care Team, PEPI and the Equalities and Human Rights Team worked in partnership to deliver Care Experience Conversations across NHSGGC Accident and Emergency Departments, reaching **602** patients and family members in real-time, face-to-face. Feedback was gathered using a semi-structured tool mapped against the draft NHSGGC Person-Centred Care Standard and Measurement Framework and the HIS Accident and Emergency Department Survey Tool.

Influence and Impact

- Strengths identified across all A&Es: Compassion, dignity and respect; high perceived safety; strong communication when staff are present; evidence of shared decision-making
- Improvement areas identified: Communication gaps during waits; flow and staffing pressures feeding into operational and improvement planning.





c. GP Out-of-Hours Service Evaluation

A stand-alone evaluation captured experiences of **848** people using the GP Out of Hours service, covering in-person, virtual and home visit contacts reflecting the breadth of the modernised service model.

Influence and Impact

- Targeted awareness-raising in Inverclyde, directly informed by previous engagement findings, supported wider understanding of when and how to access the service
- Insights are informing ongoing development of pathways and patient communications across the unscheduled care system.



6. Realistic Medicine and Shared Decision Making

Realistic Medicine continues as a key thread across NHSGGC, supporting people to be active participants in decisions about their care and helping services to focus on what matters most to patients.



a. Deprescribing and Medicines Waste

NHSGGC delivered a sustained programme of engagement to understand attitudes to deprescribing, the planned reduction or stopping of unnecessary medicines and to support more confident, shared decision-making between patients and clinicians.

The [Views on Deprescribing survey](#) heard from **1,072** people in May 2025, with the Medicines Waste Campaign Impact Survey reaching a further **1,777** people. Feedback highlighted strong public support for medication reviews, but uncertainty about when and how conversations about stopping medicines should take place.

Influence and Impact

- The Medicines Waste Campaign and wider public messaging are being shaped by outreach with community and faith organisations, lived-experience patient stories, and participation in events
- Co-design with the University of Strathclyde's Design HOPES Team is developing innovative approaches to medicines waste
- Work presented at the SP3A Annual Conference and featured in the Pharmaceutical Journal; learning shared with Queen Mary University of London to support wider patient empowerment and education on deprescribing.





b. Spinal Orthopaedic Waiting Well in West Dunbartonshire

Patients referred to NHSGGC spinal orthopaedic services can wait many months for a first specialist appointment, with only **18%** of referrals ultimately progressing to surgery.

The MSK Advanced Practice Physiotherapy Team, supported by PEPI, set out to understand the lived experience of waiting and co-design a resource shaped by what patients said would help. **253** patients shared their initial thoughts; **19** then worked with the team to co-design the resource aimed at shifting information on the waiting period to the earliest points in the journey.



The uncertainty is worse than the pain some days. Not knowing how long I'll wait is incredibly stressful.●●



It feels like you're forgotten once you're on the waiting list. There's no contact, no updates – nothing.●●



I worry I might be making things worse because I don't know what is safe to do.●●

Influence and Impact

- New [Waiting Well](#) resource produced, setting out what to expect from orthopaedic services, realistic expectations around surgery, self-management advice, red flag information and links to trusted support
- Resource content shaped entirely by patient feedback, ensuring it addresses real concerns rather than assumed ones.



7. Maternity, Young People and Families

NHSGGC continues to recognise the vital importance of ongoing engagement with women, families and the broader community accessing maternity services keeping care responsive, inclusive and continually improving.



a. Listening to Women Through the Maternity Voices Partnership

Throughout 2025/26 NHSGGC Maternity Services continued its established bi-annual text survey programme, hearing from over **2,500** women across the year (**1,508** in June 2025 and **1,054** in February 2026).

Conducted virtually, the surveys explore women's experiences from antenatal care through to postnatal support. Now in its second year, the Maternity Voices Partnership (MVP) has matured into an established route for ongoing involvement, reconvening a mix of service users, healthcare professionals and community representatives.

Influence and Impact

- MVP members shaped the development of the Maternity Early Warning Score (MEWS) in collaboration with Healthcare Improvement Scotland, informing how the tool is introduced and explained to women receiving care
- Topics taken forward in 2025/26 focused on communication and information sharing, particularly the Right Decision Service public information and Maternity Services' social media presence.





b. Child-Friendly Consent – Specialist Children’s Services

In line with United Nations Convention on the Rights of the Child (UNCRC) and Scottish Public Services Ombudsman legislation the Specialist Children’s Services committed to ensuring children and young people can exercise their right to complain and be heard.

Complexity in consent processes was identified as a key barrier, and a child-friendly consent form has been developed in partnership with young people and families in response.

Influence and Impact

- Draft consent form complete and ready for review
- Once approved, will enable children and young people to give informed consent confidently and independently.



c. Paediatric Botulinum Toxin Service Feedback

A paediatric Botulinum Toxin Service carried out a short Experience of Service Questionnaire with families to reflect on how the service is working in practice. The feedback provided useful reassurance that the service continues to deliver effective, goal-focused care for children and their families.

Influence and Impact

- Provided the team with confidence in their current approach and identified areas to continue to monitor as the service develops
- Demonstrates the value of even modest feedback activity in services where engagement can be more difficult due to complexity of care or smaller patient groups.





d. Care Opinion Bear – Royal Hospital for Children

In November 2025 the Royal Hospital for Children launched Care Opinion Bear, an adaptation of the Care Opinion platform specifically redesigned for children and young people. It provides age-appropriate visuals, simple prompts and interactive features such as picture tiles to make feedback easy and engaging for younger patients.

Influence and Impact

- Since launch in November 2025, NHSGGC received twice the number of paediatric stories compared to the month before, a notable early increase in feedback from children, young people and their families
- Provides a replicable model for making feedback genuinely accessible to younger patients.





e. Engaging Young Carers across Glasgow City HSCP

Glasgow City HSCP took forward focused work to improve young carer engagement. Three commissioned carer services: Glasgow Association for Mental Health (North-East), Dixon Community (South) and Quarriers (North-West) support **150+** young carers per annum and provide school-based outreach.

The work recognises that children can be resistant to being identified as young carers, meaning engagement must be paired with thoughtful identification. Through conversations with young people, evaluation of current approaches was undertaken.

Influence and Impact

- Provided the team with confidence in their current approach and identified areas to continue to monitor as the service develops
- New routes of engagement are being built into Pupil Forums, the Locality Joint Support Teams, Pastoral Care Teachers' resources, and the updated Support Needs Assessment launched in May 2025 to be inclusive of young carers.



f. Accompanied Visits – East Dunbartonshire Children's Health Team

During 2025/26 East Dunbartonshire developed and embedded a structured Accompanied Visits model to assure the quality of face-to-face care delivered to children, young people and families. Each practitioner takes part in two accompanied visits per year, with QR-code feedback from families embedded into routine documentation.

Influence and Impact

- Treats the voice of the family as a core part of practice assurance, with parents and young people invited to share what went well, what could be better, and suggestions to improve the service
- Parent and young person feedback already evidencing the impact:



Consistency in having the same person is important to me – the Health Visitor knows my baby and it really helps.





g. Carer Involvement in East Renfrewshire Intensive Health Visiting

An East Renfrewshire health visitor undertook focused feedback work with carers receiving intensive support beyond the Universal Health Visiting pathway. **Six** carers (parents, kinship carers and foster carers) were interviewed by a colleague working with the Promise Board.

Influence and Impact

- Feedback confirmed the value of intensive health visiting as a central part of work to keep families together where safe to do so
- Feedback evidenced that health visitors can be central to building trust where social workers may be viewed with more fear or hostility - informing how the service positions and explains its role to families.



8. Community-Led Involvement

Community-led and place-based engagement has continued to deepen across NHSGGC, with services working alongside lived experience panels, community groups and local communities to shape priorities and resources.



a. Glasgow City HSCP Parkhead Hub Community Network Approach

Opened in March 2025, the Parkhead Hub brings together community health and social care services from **nine** sites alongside a library, social enterprise café and community space. The Community Network Approach was shaped through public consultation in the run-up to opening and has proved invaluable since.

Influence and Impact

- **45** third sector and community groups using the community space regularly in the first six months, generating more than **4,500** engagements connecting local people with health, social care and third sector services
- First Community Network Day in May 2025 brought together **50+** stallholders, with a 'you said, we did' approach to user feedback driving practical improvements.



b. Trauma-Informed Health and Care Centre – East Dunbartonshire

In August 2025, a multidisciplinary group produced; '**Creating a Space for Change: Moving towards a more trauma-informed Kirkintilloch Health and Care Centre**'. The report pulled together feedback from Service User Focus Groups, and the HSCP Feedback Form, alongside feedback from mental health patients, with comments highlighting that clinic rooms looked too stark, white and clinical.

Influence and Impact

- Clinic rooms repainted in trauma-informed colours (calming shades of sage and marine blue) alongside decal stickers and softer lighting
- Patients and staff report feeling more comfortable in the rooms and more able to engage in therapeutic conversation.





c. Gypsy Traveller Community Health Worker Involvement:

NHSGGC continued partnership work with Minority Ethnic Carers of People Project (MECOPP), the national Gypsy Traveller charity, throughout 2025/26. Community health workers recruited from within the Gypsy Traveller community continued to lead on engagement and provide feedback to the Board on a range of topics, gathering intelligence at health fayres, through health needs assessments, community groups and one-to-one conversations.

Influence and Impact

- Culturally appropriate resources co-developed with the community, including on mental health and how to access support
- Learning is being used to inform resource development across other services.



d. West Dunbartonshire Healthy Hearing in the Community

West Dunbartonshire HSCP's Healthy Hearing programme brought hearing checks into community libraries across the partnership area as a result of service user feedback, in partnership with the Royal National Institute for Deaf People (RNID). The programme reached **296** people directly in spaces they already use and connects them to onward NHS support where needed.

Influence and Impact

- Participants identified as having hearing loss were referred onward to Audiology for full assessment
- Others attended community treatment rooms for ear wax removal, with hearing restored as a direct result.



9. Developing in Partnership

Throughout 2025/26 NHSGGC continued to work in formal partnership with partners to address specific needs and improve healthcare access for communities who can be missed by mainstream engagement routes.



a. British Sign Language (BSL) Action Plan: Improving Access

NHSGGC delivered the next year of the local BSL Action Plan, reflecting the Scottish Government's BSL National Plan 2023–2029. The BSL Mediator Service provides the route for Deaf people to contact NHSGGC by video call, FaceTime or BSL video message supporting **516** across the year.

Influence and Impact

- Development of new BSL complaints resources has seen **10** Deaf patients raised complaints through the adapted complaints process, which now enables submission and responses in BSL
- Partnership with Deafblind Scotland ensured all **220** health appointments for people with dual sensory impairment were fully supported.



b. Volunteering Strategic Oversight Forum

Across 2025/26 the NHSGGC Volunteering Service strengthened oversight, governance and working relationships with third-sector volunteering partners. **35** participants from **23** organisations took part in volunteering strategic oversight forum meetings, with members also using meeting recordings and direct contact with the Volunteering Service between meetings.

Influence and Impact

- Core volunteer induction materials and formal volunteering agreement templates co-produced with partner organisations
- Strengthened oversight and governance arrangements established with third-sector volunteering partners across the year.





c. A Newcomers Guide to Inverclyde

Inverclyde HSCP launched a new resource developed in partnership with the community to help patients new to the area navigate local healthcare services, gain emergency advice, access interpretation support and find key contact numbers.

Influence and Impact

- Guide available in the eight most common languages spoken locally, accessible on GP Practice and HSCP websites
- Inclusive of asylum seekers and people new to Scotland, directly addressing the needs of seldom heard communities.



d. Blood-Borne Viruses (BBV) Opt-Out Testing – Engagement Informing Rollout

Working with Waverley Care, a focus group with people with lived experience of BBVs and an Involving People Network survey (**533** responses) informed how opt-out blood-borne virus testing should be communicated in Accident and Emergency Departments.

Key finding: **85%** said the most important message was that people can say no. Focus group surfaced stigma, confidentiality and misunderstanding of ‘opt out’ language as critical risks.

Influence and Impact

- Findings directly shaped NHSGGC’s local communications materials including poster imagery, placement and result communication timing
- Learning fed back to Public Health Scotland to inform the national rollout
- BBV opt-out testing went live in NHSGGC in late March 2026, supported by engagement-informed communications.



e. Inverclyde Grow Our Own GP Programme

Inverclyde HSCP’s Grow Our Own GP Programme takes a whole-journey approach to building a more sustainable GP workforce, working with stakeholders across the pipeline from early learning through to fully qualified practice.

Surveys of secondary school pupils (S3–S6) revealed that very few had considered a career in healthcare, with telling quotes including:

“Too hard to get into, not smart enough” and “I feel that I don’t have what it takes”.

Influence and Impact

- Direct response to survey evidence that young people’s aspirations and self-belief are the primary barrier to considering healthcare careers. These findings led to partnership development of work to better introduce the role of the GP to young children through bookbug and interactive storytelling
- Work recognised at the NHS Education for Scotland (NES) Conference in April 2026 with a contributed poster.





f. Community Outreach

Alongside specific work to develop in partnership the PEPI Team conducts a range of community outreach sessions aimed at listening and learning from people in their communities, at spaces they frequently access.

PEPI carried out **37** community engagement and outreach activities as part of their active outreach programme. This engagement reached over **1,100** participants across all HSCP areas.

The outreach work focused predominantly on building and strengthening relationships with third sector organisations, alongside supporting corporate engagement projects and formal engagement activity. Through this engagement we were able to bring communities voices into decisions making processes alongside providing the channels for the necessary on going engagement.

This allowed us to gather insight, bring lived experiences into service development and organisational priorities from a range of sessions large to smaller and more focused.

Some of our outreach partners from the past year have been: Your Voice; AMMA Birth Companions; Mental Health Network; Recross; MCAS; Glasgow Life; Design Hopes; Glasgow Central Mosque; Involve; SOOPIR; Create Paisley; STAR Project Paisley; ROAR; The Hope Project; The Art Department to name a few.

We thank everyone for their collaboration and support in the engagement work over 2025/26.

Influence and Impact

- Relationships built and strengthened with third sector organisations across the Board, creating channels for ongoing engagement
- Community voices brought into decision-making processes and lived experience embedded in service development and organisational priorities.



10. Assurance and Service Improvement

Much of NHSGGC's engagement activity is directed at routinely capturing patient experience to provide assurance and drive continuous service improvement across all services.



a. Hearing from People in Custody

Engaging meaningfully with people in custody can be difficult to do at scale, yet their voice on healthcare is no less important. Prison Healthcare delivered a comparative review of patient engagement and experience across **four** key services (GP, Mental Health Nurse, Dental and Diabetic Nurse) across the four custodial units in the NHSGGC area.

This work heard from **229** people through one-to-one interviews with Health Improvement colleagues. The review was developed to ensure it addressed access and information, communication, experience of care and equity.

Influence and Impact

- Action plan being developed from feedback through Prison Healthcare governance arrangements, including monthly and quarterly reporting and the ongoing use of patient feedback to monitor improvement.



b. Inverclyde Advanced Nurse Practitioner Service

Inverclyde HSCP's Advanced Nurse Practitioner (ANP) service supports unscheduled and urgent care across **12** of 13 GP Practices in Inverclyde, reaching a population of over **66,000** people.

Learning from patient and practice experience of the existing service shaped a redesign that prioritised continuity of care and the patient experience of seeking unscheduled support at home. A Single Point of Access pilot launched on 4 November 2025 with **six** GP Practices participating.

Influence and Impact

- Ongoing service learning continues to shape how the pilot operates and how it might extend across the remaining practices in Inverclyde
- New model reduces interruptions during home visits and improves how patients move between practices and the ANP service.





c. Older People's Services, Gartnavel General Hospital

The PEPI Team supported the Older People's Service in the South Sector with a project to explore patient understanding and experience of rehabilitation, and the role it can play in reducing length of stay in hospital.

Over a three-week period, the team carried out **12** in-depth qualitative interviews on Wards 6A and 6C at Gartnavel General Hospital, with patients welcoming the dedicated rehabilitation ward and consistently acknowledging staff kindness and the quality of care.

Influence and Impact

- Strengthening communication, clarifying care plans, and making feedback processes more accessible identified as priority improvement areas
- Recommendations shared with the team and an action plan being developed.



d. Embedding the Mental Health Patient Voice in East Dunbartonshire

Two complementary approaches ran in parallel during 2025/26. Larkfield Community Mental Health Team (CMHT) created a multidisciplinary Patient and Carer Group bringing together Psychology, Peer Support, Nursing and Occupational Therapy, working with Mental Health Network Greater Glasgow to co-develop a single ongoing Patient and Carer Satisfaction Survey aligned to Core Mental Health Quality Standards.

The East Dunbartonshire Primary Care Mental Health Team took a complementary approach, building continuous feedback into the rhythm of how the service runs through a Discharge Survey at the end of every patient's treatment.

Influence and Impact

- Discharge Survey provides a continuous, inclusive view of patient experience across the full treatment journey, reviewed at team meetings to identify potential changes
- Quarterly reports, a patient and carer newsletter with 'you said, we did' updates, and a new patient information leaflet planned to close the feedback loop.



e. EquipU Equipment Access

The EquipU service undertook a public survey to better understand awareness and sentiment around the return and recycling of loaned equipment across NHSGGC, exploring the barriers that lead to non-return alongside opportunities to support an informed communications and engagement approach contributing to NHSGGC's sustainability ambitions. Over **700** people shared their views.

Influence and Impact

- Public support identified for labelling equipment as NHS-loaned and for improved messaging
- Further targeted engagement with specific communities and groups being planned.





f. Adult Community Nursing Feedback in East Dunbartonshire

Adult community nursing services across East Dunbartonshire continued to actively seek patient and carer feedback through 2025/26 using a mix of questionnaires and QR-code based routes — the District Nursing service focusing on carer feedback for palliative and end-of-life care, the Diabetes Nursing service gathering insight across the year, and the Advanced Nurse Practitioners seeking feedback through their day-to-day contacts.

Influence and Impact

- Three distinct community nursing teams now have routine patient and carer feedback embedded in business as usual
- Insight gathered across the year supports continuous service improvement across community nursing in East Dunbartonshire.



g. Ward-Level Person-Centred Care Experience Capture

During 2025 the Person-Centred Health and Care Team undertook a programme of ward-level care experience reviews across acute and community hospital settings, designed to test the NHSGGC Person-Centred Care Standard and Measurement Framework in practice.

Using a structured discovery conversation approach, the team spoke with patients and family members across **five** wards at the Queen Elizabeth University Hospital and Vale of Leven District Hospital covering older people's assessment and rehabilitation, mixed rehabilitation, and delayed discharge. Between **9** and **15** patients and family members were spoken to at each location, with feedback gathered across the twelve domains of the Person-Centred Care Standard.

Influence and Impact

- Individual reports provided to Senior Charge Nurses and Lead Nurses, identifying strengths to celebrate and priority areas for improvement with recommended actions
- Each ward team establishing a local improvement group to develop a structured action plan, connecting ward-level insight directly to improvement activity
- Programme has advanced testing and refinement of the Person-Centred Care Standard ahead of wider rollout.



11. Equality, Inclusion and Seldom Heard Voices

NHSGGC has continued to strengthen routes for hearing from people whose voices can be missed by mainstream engagement.



a. What Matters To Me – Autism Checklist

As part of **A Fairer NHSGGC 2025–2029**, work to better meet the needs of Autistic and Neurodivergent people in Acute services has progressed through the testing and implementation of a What Matters To Me Autism Checklist.

The Equalities and Human Rights Team (EHRT) worked with third sector service staff and service users to develop the content, drawing on autistic patients' experiences of using NHSGGC services.

Influence and Impact

- Feedback shaped wording and layout, limiting open-ended or multiple-choice questions and clearly laying out adjustments within the checklist in sections
- New accessible document available for use by patients and staff to support individualised patient care across acute settings.



b. MMR Awareness Campaign – Glasgow City

In Spring 2025 the Equality and Human Rights Team worked with immunisation colleagues to respond to confirmed measles cases in the G42 area of Glasgow City. Working with community partners including The Space, Daisy Chain Early Years Project and Glasgow Elim Church, the team engaged directly with **109** members of the public. Feedback highlighted the need for clearer awareness raising around what measles is and the protection MMR offers.

Influence and Impact

- Accessible information co-developed including talking-heads videos and printed resources in English and seven community languages widely spoken in the locality
- Weekly drop-in MMR clinics established alongside the engagement work, improving access in the affected community.





c. Accident and Emergency Department Multilingual Poster

NHSGGC has been developing a resource for patients who speak little or no English or are new to the NHS system, providing clear information on when and how to access Accident and Emergency Departments and NHS 24. The poster was tested with individuals for whom English is not a first language, with EHRT engagement officers supported by interpreters throughout to ensure participants' communication needs were met.

Influence and Impact

- Resource designed and refined in direct response to feedback from people who would actually use it
- Supports clearer signposting for newer NHS users and people with limited English, contributing to better navigation of unscheduled care.



d. Shopmobility – Royal Alexandra Hospital Access

Through the Town Centres and Villages Accessibility Forum (TVAF) in Renfrewshire, Shopmobility carried out an access survey of the Royal Alexandra Hospital, including the car park and main entrance. The survey identified accessibility issues which were shared with the RAH Estates Team, who acted quickly in response.

Influence and Impact

- Additional signage commissioned to clearly mark the route from the main entrance to the accessible toilet
- Survey of all on-site zebra crossings commissioned to improve visibility where markings had faded.



e. West Dunbartonshire Women's Justice Journeys

A **West Dunbartonshire Discovery Report** set out to understand how women's justice journeys are shaped by gender-based violence, trauma, and gender-neutral service responses. **Nine** women contributed in-person, sharing experiences of accessing service support and the stigma and unconscious or overt bias they encountered along the way.

Influence and Impact

- Recommendations will shape and enhance future service provision and responses to women impacted by domestic abuse across the partnership
- Implementation plan agreed jointly by the Community Justice Partnership and the Violence Against Women and Girls Partnership.



12. Co-designing with the Public

Increasingly, services across NHSGGC are working with people not just to gather feedback, but to co-design resources, environments and pathways together.



a. Local Children Bringing Patient Flow to Life – Interface

Alongside the wider engagement supporting Interface, a creative co-design project worked with local children to shape the look and feel of the new building. Children aged four to 11 took part in creative workshops led by Redpath Ltd and The Art Department, Paisley, exploring the ideas behind NHS care pathways in age-appropriate, playful ways. Together they created a ‘virtual river’ artwork showing how people, care and information move through NHSGGC’s connected systems celebrating flow and connectivity in patient care.

Influence and Impact

- Finished artwork permanently displayed in the entrance to Interface’s new building, greeting staff, patients and visitors
- Tests a model for involving younger people in shaping the design of healthcare spaces.



b. Health Information Hub and Long-Term Condition Service

Throughout 2025/26 NHSGGC engaged the public to shape the design of a new online Health Information Hub and complementary Long-Term Condition (LTC) Service. A detailed engagement survey, completed by **97** respondents, tested clarity of purpose, preferred service names, usability, content and access channels. Digital exclusion was the dominant cross-cutting theme with a particular focus on the impact on older people, those without devices and people needing carer support.

Influence and Impact

- Service names confirmed by the public: “My Health” for the Hub (40% first preference) and “My Health – Living Well with Long-Term Conditions” for the LTC Service (43% first preference)
- Findings are directly shaping design decisions including printable resources, alignment with NHS Inform, and plain English review of content.





c. Co-developing Nutrition Resources Glasgow City

Dietitians within the Glasgow City Alcohol and Drug Recovery Service developed a catalogue of nutrition resources specifically for people affected by addiction, recognising that generic NHS materials often fall short for this group. Around **50** service users were involved during routine consultations, alongside the Food Fluid and Nutrition and Dietetics Resource groups.

Influence and Impact

- Service-specific nutrition resource catalogue produced, shaped by service user feedback on design and content.



13. Building Staff Capacity

The Patient Experience Public Involvement (PEPI) Team supports staff across NHSGGC to engage with patients, families and communities to improve service delivery and health outcomes.

a. Developing Staff Confidence with Care Opinion

PEPI continued to build staff confidence in using Care Opinion as a practical route for hearing from patients and responding well to feedback. Training was delivered through scheduled corporate sessions alongside bespoke sessions for teams including Major Trauma, Theatres, Audiology, the Immunisation Service, Paediatric Senior Charge Nurse (SCN) and Newly Qualified Nurses in Regional Services. This support has helped staff understand how to respond constructively, use stories as a source of learning, and embed public feedback more routinely into day-to-day service improvement.

b. Lunchtime Learning Programme

A programme of Lunchtime Learning sessions was delivered, with over **500** staff attending. Designed as short, focused 40-minute capacity-building sessions, topics across 2025/26 covered setting up focus groups, designing survey questions, how-to guides for MS Forms, the do's and don'ts of engagement, involving public partners, and using social media for engagement. Sessions remained well attended throughout the year, with staff citing positive experiences of the approachable and relaxed training style.

c. Self-Directed Learning Resources

Building on the Lunchtime Learning work, the PEPI Team developed shorter 'bitesize' learning videos to support self-directed learning. Launched in March 2026, these make training more accessible for frontline staff who cannot attend live sessions and provide a point of reference to refresh skills without needing to attend a repeat session.

d. Support Request Service

Across the year, **125** staff teams accessed the PEPI Support Request Service for advice and support to undertake involvement activities with patients, families and communities using their services. An end-of-year evaluation highlighted a significant increase in staff knowledge and confidence to carry out engagement activities. The examples on the following page illustrate the range of requests received and the diversity of teams supported.



Support request service examples

The grid below provides a flavour of the diversity of staff teams supported by PEPI during 2025/26, and a brief description of their request. It is not an exhaustive list.

 Innovation Hub Involve people in the design and testing of the Adora Menopause App.	 Speech and Language Therapy Support Develop patient focus groups to support service improvement.
 NHSGGC Healthcare Charity Engage the public in the development of a new Healthcare Charity Strategy.	 Haematology Regional Services Develop peer support opportunities for people with sickle cell disease.
 Renfrewshire RED Team Gather feedback on patient experience of physiotherapy services for service improvement.	 Intensive Unscheduled Tier 4 CAMHS Develop appropriate methods to gather feedback from children and young people using the service.
 Paediatric Psychology Ensure appropriate governance is in place to support development of a podcast involving families of children receiving cancer treatment.	 Primary Care Explore methods to follow up with MSK Physiotherapy patients who agreed to be contacted to provide feedback.
 NW Glasgow HSCP Rehabilitation Service Evaluate the impact of a public event for older people on Falls Prevention.	 Beatson Physiotherapy Service Capture feedback to improve patient experience of teenage and young adults going through cancer treatment.
 Pain Management Service Capture feedback from patients living with chronic pain for service improvement.	 Medicine (Rheumatology) Design an accessible method of gathering feedback on patient experience.
 Facilities Department Recruit public partners to participate in quality assurance and governance of cleaning standards audits on hospital sites.	 Care Home Collaborative Create a video to raise awareness of the Red Bag, with a focus on its potential to reduce length of hospital stay.





Practice Development Physiotherapy

Collaboration with PEPI and Glasgow Caledonian University to capture patient experience of physiotherapy in the clinical environment.



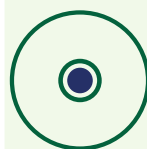
NHSGGC Andrology Service

Capture feedback from patients of this specialized service in line with their UKAS (United Kingdom Accreditation Service) accreditation.



Glasgow Dental Hospital

Gather feedback on use of digital passports for children transitioning from child to adult services.



Breast Clinic

Ensure accurate and appropriate data collection for a recently established Menopause Support Group.



14. Supporting Good Practice in 2026/27

This report is itself a product of engagement. The case studies above have come from teams working directly with their patients, service users and communities throughout 2025/26, supported by PEPI, the Equalities and Human Rights Team and partners across the HSCPs.

Across 2026/27 NHSGGC will continue to build on this foundation, with particular focus on:



Embedding the NHSGGC Citizen's Panel as a representative standing route for involving the public in decisions



Continuing to grow Care Opinion as the main public-facing route for sharing feedback, with the success of Care Opinion Bear pointing the way for further adaptations



Strengthening the consistent capture of equalities data in engagement reports



Continuing the partnership-led work with seldom heard communities through EHRT and HSCP partners



Supporting transformational change programmes, including Mental Health, Maternity, Palliative Care and Unscheduled Care, with co-design at the centre.

Get in Touch

For more information on any of the work described in this report, or to discuss how the PEPI Team can support engagement and involvement in your NHS service or point you to support you may be able to access within HSCP teams, please contact PEPI at: ggc.public.involvement@nhs.scot





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