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**Glasgow Children and Young People's Diabetes Service:
Proposed relocation to former Woodside Health Centre, Barr Street**

Parent/carer survey analysis

April 2026

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Executive Summary

Purpose of the report

Families supporting children and young people attending the Glasgow Children and Young People's Diabetes Service, the largest paediatric diabetes service in the UK, contacted Diabetes Scotland to raise concerns regarding NHSGGC's decision to relocate the service to the former Woodside Health Centre in Barr Street Glasgow. Families raised apprehensions about the accessibility and environment of the proposed location, as well as anxiety about the impact a move to this site would have on the quality of service available to patients. Further concerns were raised regarding the lack of information made available to families about the planned relocation.

At the request of the Glasgow Type 1 Diabetic Family Group, Diabetes Scotland agreed to advocate on behalf of those affected and surveyed the 930 families who currently use the service to understand more about their concerns. A total of **231 families** responded to the survey to share their views, representing 1 in 4 families, and this report outlines their feedback.

Key Findings

- 1 in 5 respondents (20%) reported that they were unaware of the plan to relocate the Children and Young People's Diabetes Service to the site at Barr Street.
- 60% of respondents reported that they did not understand the plan to relocate the service to Barr Street well.
- Throughout their responses across the survey, respondents consistently highlighted the lack of information made available to them to enable them to develop a view, particularly regarding their perception of the change to the environment and quality of service in the proposed location.
- 70% of respondents indicated that they would find it more difficult to travel to the proposed location, including more than half (52%) who indicated that it would be much harder.
- Half of all respondents believe that the environment for children and young people would become less suitable with a move to Barr Street.
- More than a third of respondents (36%) were concerned that the quality of service would reduce with a move to Barr Street while only 4% expected that the quality of service would improve.
- Respondents prioritised safeguarding, practical considerations, staff support and the environment for children and young people, highlighting their concern that these issues will worsen with a relocation to Barr Street.

Conclusions

The survey highlights the lack of information that has been shared with patients and families to support them to understand the rationale, practicalities, and potential impacts of the proposed move. Families affected by this change have not been invited to engage in a process of consultation or to participate in informing and influencing decisions which impact them significantly. The lack of transparency has led to increased anxiety and frustration among respondents. The results of the survey point to a substantial communication gap that must be addressed and the need to follow due process in an open, accessible way.

Families are concerned about the impact that a move to the site at Barr Street will have on patient experiences and outcomes. Concerns about accessibility, infrastructure and the ability of the site to deliver the same high standard of care that is currently available are noted across the vast majority of responses. Many respondents do not believe that the rights and needs of children and young people have been recognised and understood when making the decision to relocate to Barr Street and have no confidence that the proposed site is the right one.

Moving forward, families want to ensure that their children receive the best possible care throughout any relocation. They want assurances that their children will continue to have access to the right care, at the right time, in the right place.

Recommendations

1. **Develop and implement a clear, targeted communication strategy for families**, ensuring that every family receives timely, clear and consistent information about the rationale for the relocation, the actions being taken, and the expected implications for patients and families.
2. **Engage patients and patient representatives through an open and transparent process**, providing all stakeholders with a meaningful opportunity to inform and influence key decision-making.
3. **Undertake a comprehensive assessment of the suitability of the proposed site at Barr Street** to understand the appropriateness of this site as a location to accommodate the Children and Young People's Diabetes Service and use due process as an opportunity to reverse the current decision, if it is assessed as being unsuitable, and determine a suitable, permanent solution.
4. **Provide clear governance, accountability and decision-making transparency** through established arrangements that demand open, honest communication and that inspire trust in executive decisions.
5. **Develop and implement a comprehensive service continuity plan** to ensure that the relocation of the Children and Young People's Diabetes Service does not disrupt access to care, compromise quality, or negatively affect patient experience throughout any transition period.

Background

The Children and Young People's Diabetes Service

The Glasgow Children and Young People's Diabetes Service is currently located on the 6th floor of the West Glasgow Ambulatory Care Hospital (WGACH). The service provides care and support for young people with diabetes from the Glasgow and Clyde regions, as well as those from further afield in the Oban area and the Western Isles. The Glasgow team delivers the largest children's diabetes service in the United Kingdom. Over 100 young people are diagnosed with diabetes in the Greater Glasgow & Clyde area every year and the team currently supports 930 families.

The Children and Young People's Diabetes Service provides diagnosis, treatment, and ongoing management of Type 1 diabetes for children and young people from birth to 18 years. The service provides a range of services including emergency and routine clinic appointments supported by consultants and specialist diabetes nurses, multi-disciplinary care and support provided by healthcare professionals such as dietitians and psychologists and associated professions such as social work, and onboarding for diabetes technology including insulin pumps and hybrid closed loop (HCL) systems. In addition, the service provides support through the delivery of transition care to adult services.

Current location

The service has been located at the WGACH since 2015. At this time, paediatric services across NHS GGC were relocated to the recently opened Royal Hospital for Children (RCH). Unfortunately, the new facility did not have sufficient space to accommodate the Children and Young People's Diabetes Service, so a decision was made to temporarily house the service at WGACH, with the intention of relocating it to a permanent site that was "fit for purpose". It has remained in this temporary home since this time.

Proposals to relocate

In January 2025, NHS GGC informed the Children and Young People's Diabetes Service of its intention to relocate the service to Gartnavel Hospital. This was designed to be a temporary move as part of NHS GGC's long-term strategy to move services from WGACH to other sites across their estate.

However, in January 2026, NHS GGC informed the Children and Young People's Diabetes Service that the plan to move the service to Gartnavel Hospital had been shelved and that a decision had been taken to move the service to the site of the former Woodside Health Centre in Barr Street, Glasgow. This was initially proposed as a permanent move although subsequent

correspondence with Diabetes Scotland has indicated that this will be a temporary move. No clarity has been offered in relation to future plans for a permanent relocation.

Patient and family concern

As families who attend clinics and receive support from the Children and Young People's Diabetes Service were made aware of the planned move through a communication from the clinical team and subsequent updates on the DigiBete platform, concern about the planned move was raised by those affected. This was directed towards staff at the service and through communications on social media channels. Concerns were raised in relation to a range of issues including the suitability of the proposed location, accessibility to the new site and the lack of information available to families, including timelines for approved moves.

The Glasgow Type 1 Diabetic Family Group, a volunteer-led Diabetes UK Family Group that supports families with children who live with Type 1 diabetes and attend clinics provided by the Children and Young People's Diabetes Service, contacted Diabetes Scotland to highlight their concerns about the decision to relocate the service to the site at Barr Street. A representative from the group engaged with Diabetes Scotland on behalf of the wider community (the group has almost 500 members) to raise particular concerns about the lack of patient and family engagement that has been taken in advance of this decision. The community is concerned that the decision to relocate to Barr Street has been taken without due process and without understanding the needs of the patients and families who are served by the service. Given the concerns of the wider community, the Glasgow Type 1 Diabetic Family Group has sought support from Diabetes Scotland to advocate on behalf of the patients and families affected.

Diabetes Scotland's engagement

Diabetes Scotland agreed to support the Glasgow Type 1 Diabetic Family Group's request to advocate on behalf of the patients and families who access the Children and Young People's Diabetes Service. It was agreed with the family group that a survey to better understand the views and perceptions of families who use the service would be a useful tool to support meaningful engagement with NHSGGC.

Survey Methodology

Objectives

The survey was developed to collect information from parents and carers of patients who use the Children and Young People's Diabetes Service about their understanding and views of the proposed relocation of the service to the site of the former Woodside Health Centre, Barr Street. The aim of the survey was to collect structured feedback from those affected by the proposed move with the intention of using their feedback to guide future engagement with NHSGGC regarding the future location of the service.

Approach

A single survey was developed using Microsoft Forms, an accessible, user-friendly surveying tool. A copy of the survey questions is provided in Appendix A. The survey included a mix of closed, ranking and open-ended question formats to capture a range of insights. Using this combination of question types allowed the survey to identify measurable trends and provide deeper insights into respondent views and priorities.

Closed questions were used to gather clear, structured responses to measure levels of satisfaction, agreement, or frequency. Respondents were provided with predefined answer options (e.g. rating scales) to make the responses easy to compare across the sample.

Ranking questions were included to understand respondents' priorities. These required participants to order a set of options to highlight relative preferences.

Open-ended questions were used to give respondents the opportunity to provide feedback in their own words. These responses provided additional context, explanations and insights that may otherwise not be captured, helping to enrich the quantitative findings.

Participants

At the request of the Glasgow Type 1 Diabetic Family Group, the survey was distributed by e-mail to every Children and Young People's Diabetes Service patient's registered contact by the clinical team. The survey was shared with a total of 930 parents/guardians/carers. The survey was also shared on the DigiBete platform.

While families were encouraged to share their views, participation was voluntary. Participation was also anonymous.

Data collection

The survey ran from 6 – 24 April (inclusive).

Information from the surveys was collated using the Microsoft Forms application. The data has been analysed by Diabetes Scotland's Policy and Public Affairs Manager.

Survey results and analysis

Total responses

A total of 231 survey responses were received. This represents a survey response rate of 25%. This equates to a response from approximately 1 in 4 families who access the Children and Young People's Diabetes Service. This reflects a strong level of response from the target audience and indicates that families place a strong sense of importance on the service.

Demographics

The majority of respondents identified themselves as the parent or guardian of a patient who receives care from the Children and Young People's Diabetes Service. Of 231 respondents, 229 (99%) identified themselves as a parent or guardian, while 2 (1%) identified themselves as a carer or support person.

No one identified themselves in another way using the 'Other' response option (write-in option).

Frequency of service access

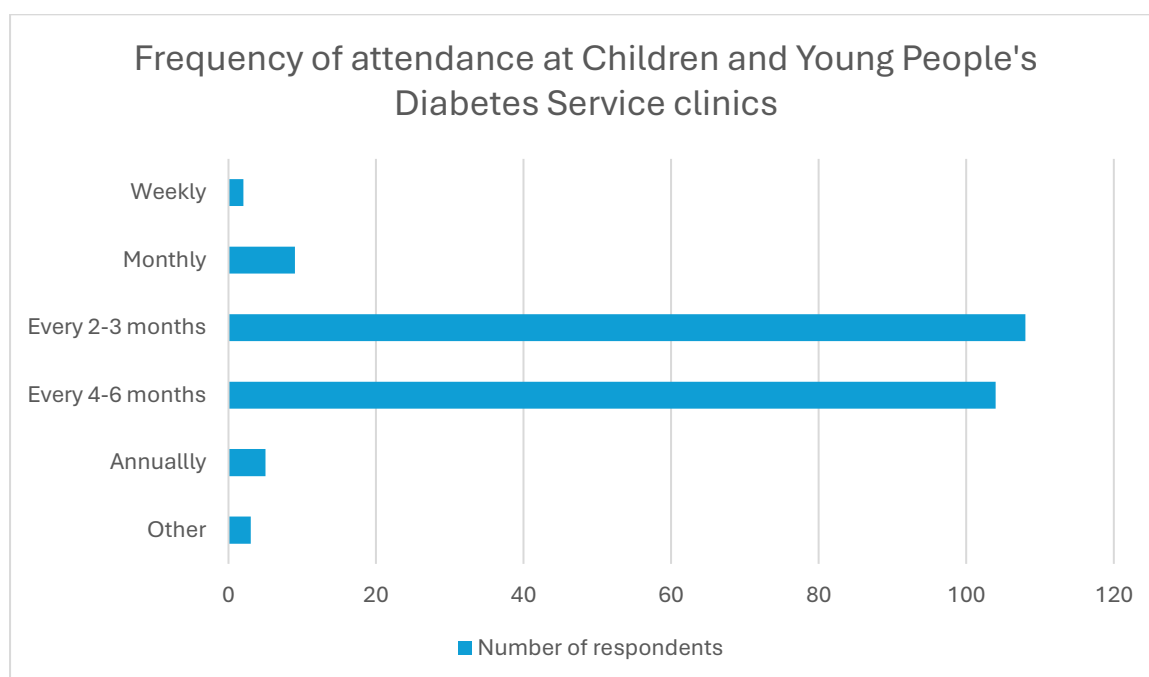


Figure 1: Frequency of attendance at Children and Young People's Diabetes Service clinics, by number of respondents

In terms of service usage, respondents indicated a range of frequency of use. The majority of respondents (212) indicated that they access clinic services between two and six times a year.

This represents 92% of the total number of respondents who responded that they access the clinic either every 2-3 months or every 4-6 months.

By comparison, a small number of individuals indicated that they access services more or less frequently. Two people (1%) indicated that they attend clinic weekly and 9 (4%) indicated that they attend monthly, while 5 people (2%) indicated that they attend once a year.

Of the three respondents who responded 'Other' (1%), 2 indicated that they have only attended the clinic on one occasion so are unaware of the intended frequency of their appointments, while one respondent indicated that they attended the clinic less frequently to coincide with onboarding for new technology.

Overall, the data indicates that the Children and Young People's Diabetes Service is primarily accessed on a planned, regular basis. The findings point to a predictable pattern of high-frequency service use which indicates the need for access to a high-quality, well-functioning base for the delivery of vital services for children and young people with diabetes.

Awareness and understanding of the proposed relocation to Barr Street

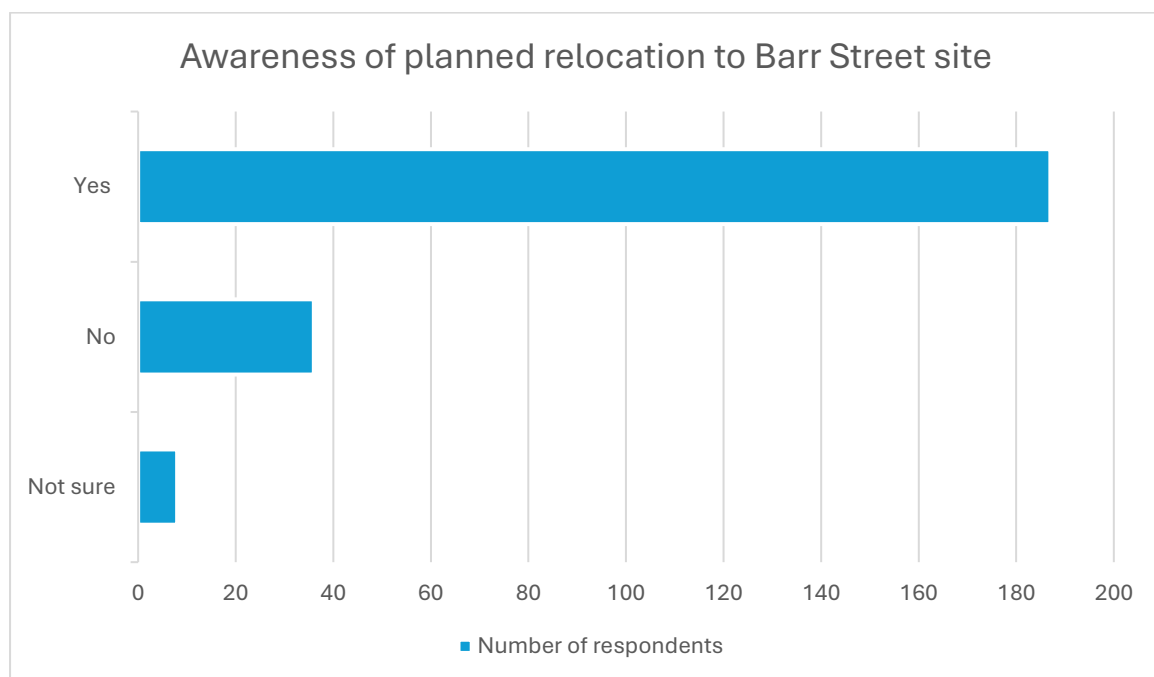


Figure 2: Awareness of planned relocation to Barr Street site, by number of respondents

Of the 231 respondents, 187 (81%) indicated that they were aware of the plan to relocate clinic services to the site at Barr Street. However, 36 people (16%) indicated that they were not aware of the intended relocation to this site, and a further 8 people (3%) indicated that they were 'not sure'. This means that almost **1 in 5** families were unaware of NHSGGC's plan to relocate services to the Barr Street.

The data clearly identifies that awareness of the planned relocation among patient families is not universal. While a majority of respondents were aware of the plan to relocate clinic services to the Barr Street site, a significant minority were either unaware or unsure. The finding that around one in five families were not aware of the proposed relocation highlights a clear gap in communication and engagement.

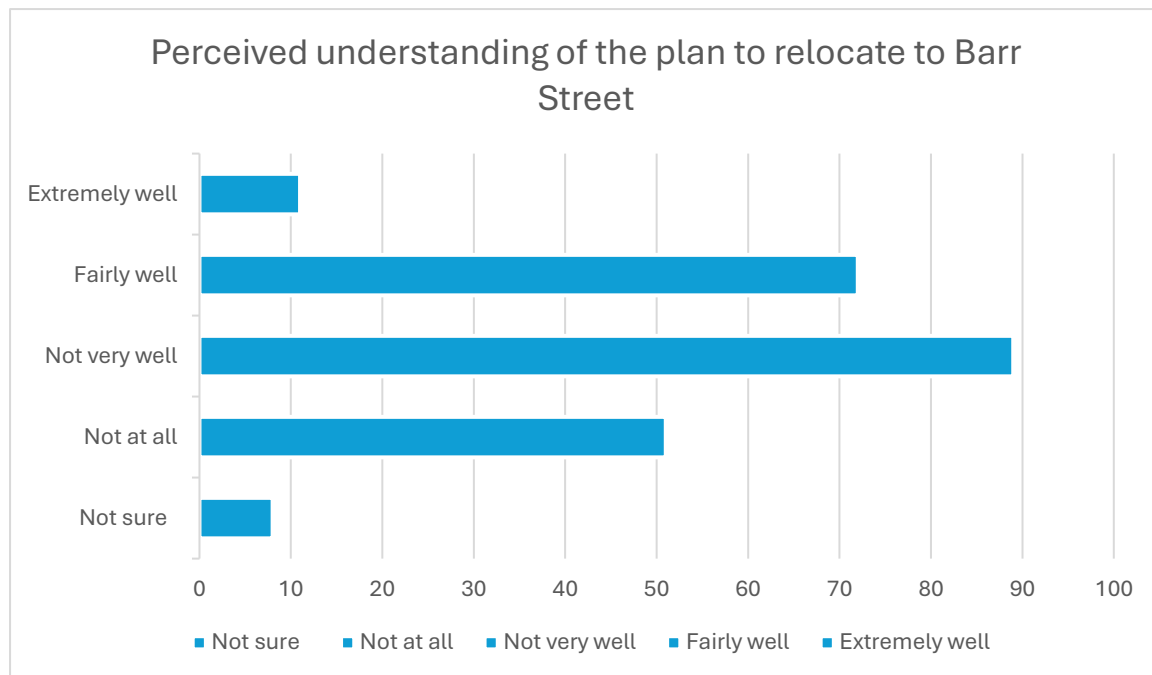


Figure 3: Perceived understanding of the plan to relocate to Barr Street, by number of respondents

More than a third of respondents indicated that they believe they understand the plan to relocate the clinic to the Barr Street site well. Eleven respondents (3%) indicated that they feel they understand the plan extremely well and 72 (31%) feel they understand the plan fairly well.

By comparison, almost two-thirds of respondents do not feel that they understand the plan well. This includes 89 respondents (39%) who indicated that they feel they do not understand the plan very well and a further 51 (22%) who responded that they did not understand the plan at all. The remaining 8 respondents (5%) indicated that they were not sure about their level of understanding of the plan.

The data indicates that perceived understanding is lower than awareness. Although some respondents were aware of the relocation, this has not translated into confidence or clarity about the plans. Fewer than half of respondents feel they understand the relocation well, with only a small proportion reporting an extremely strong understanding.

It is clear that most respondents do not feel adequately informed. Nearly two-thirds of respondents reported that they do not understand the relocation plans well, or at all. This suggests that communications to date have not provided sufficient detail, clarity or reassurance for the majority of families affected. Given that uncertainty remains for a substantial proportion

of families, the feedback points to the need for clearer, more targeted and ongoing communication to ensure families are fully informed, able to ask questions, and supported through any decision-making process to relocate a service on which they rely so significantly.

Accessibility and travel

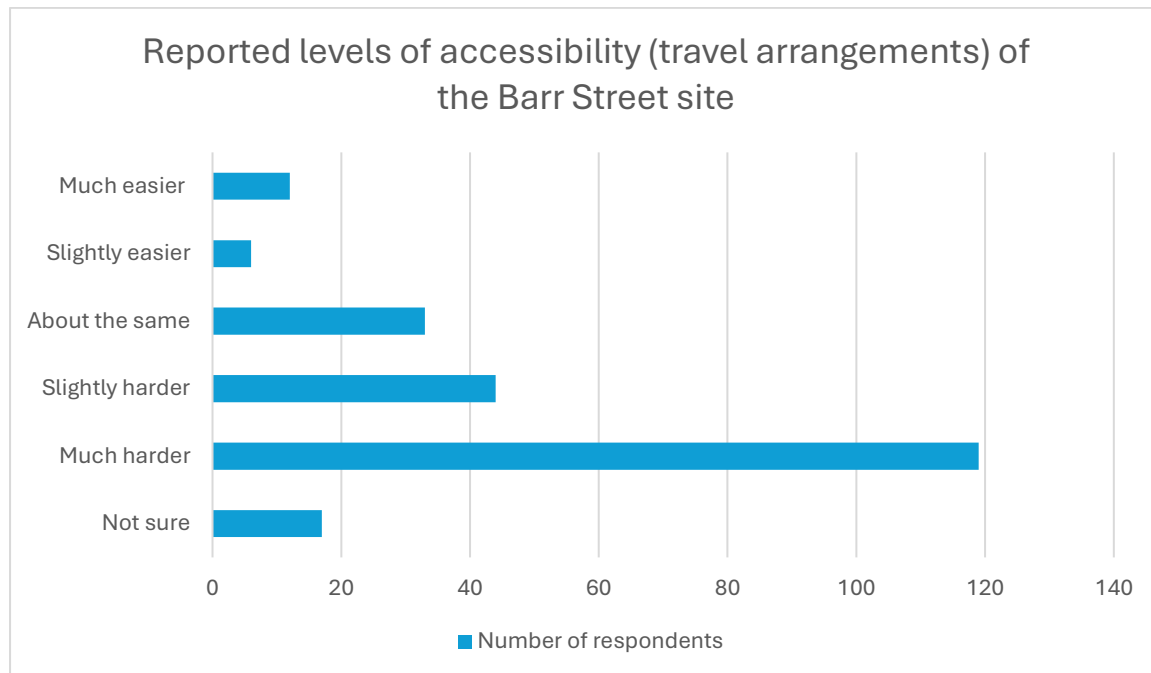


Figure 4: Reported levels of accessibility (travel arrangements) of the site at Barr Street, by number of respondents

When asked to indicate how accessible the location at Barr Street would be in comparison to the current clinic location at the WGACH, a small number of respondents indicated that travel arrangements to attend the proposed site would be slightly easier (6, 3%) or much easier (12, 5%). By contrast, 44 respondents (19%) indicated that attending the proposed site would be slightly harder, while 119 (52%) indicated that it would be much harder. Thirty-three (14%) responded that the accessibility would be about the same and a further 17 (7%) indicated that they were unsure.

Overall, accessibility at the proposed site at Barr Street is reported to worsen for many families. While a small proportion of respondents felt that travel to the Barr Street site would be easier, a substantially larger number reported that it would be harder to attend than the current WGACH site. With more than half of respondents reporting that it would be much harder to attend the site at Barr Street, this indicates that, for many families, the proposed location presents considerable, additional travel challenges. While any relocation will inevitably impact those who need to travel to attend appointments, the level of responses indicating such significant challenges raises concerns about the suitability of the proposed site at Barr Street for the clinic population as a whole.

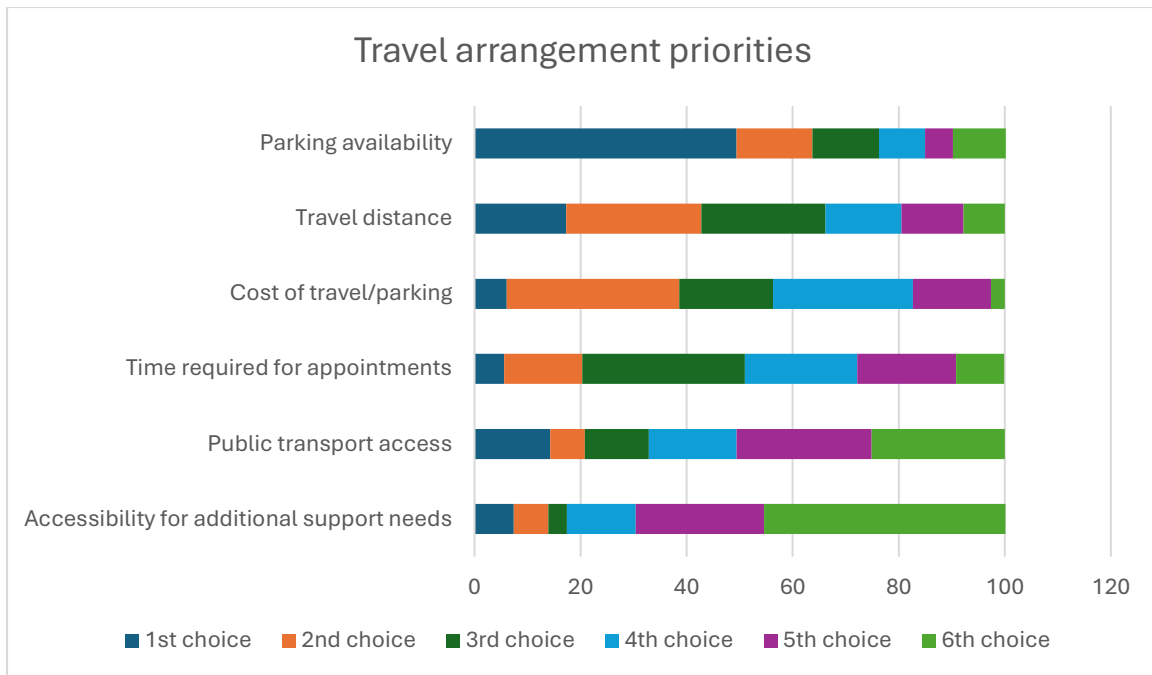


Figure 5: Travel arrangement priorities, as a percentage (ranked order)

The data suggests that practical considerations are a key driver when considering accessibility. Respondents prioritised parking availability and travel distance when asked to identify the factors most important to them when considering travel arrangements for attendance at Children and Young People’s Diabetes Service clinics. The cost of travel/parking was also indicated as of high importance and was notably recorded as the sixth choice least frequently.

While access to public transport and accessibility for those with additional support needs were ranked as the having the least importance among the options available, it is important to note that for those for whom these issues are relevant, they score highly. For example, those who rely on public transport to access clinic appointments feel very strongly about the need to access public transport:

- *“It is VERY difficult to access this site by public transport and would significantly increase our travel time around visits.”*

Accessibility for additional support needs also scores highly and elicits strong responses for those who have direct experience of these particular issues:

- *“My son is also visually [impaired] so close disability parking and enough of them (disabled parking bays) is imperative as appointments are stressful enough.”*

This data highlights that accessibility issues disproportionately affect certain groups and demonstrates that the proposed site may particularly disadvantage already vulnerable groups. This is further demonstrated by the data which shows that the cost of travel and parking is very infrequently rated as the lowest priority among respondents. The financial burden of attending clinic appointments may also affect families’ ability to attend.

The priorities outlined above align with the reported concerns about the Barr Street site, indicating that travel logistics may pose a barrier to attendance at clinic appointments. These findings underline the importance of considering equity, inclusivity and practical travel constraints when planning service relocation to avoid creating new barriers to care.

Environment and location

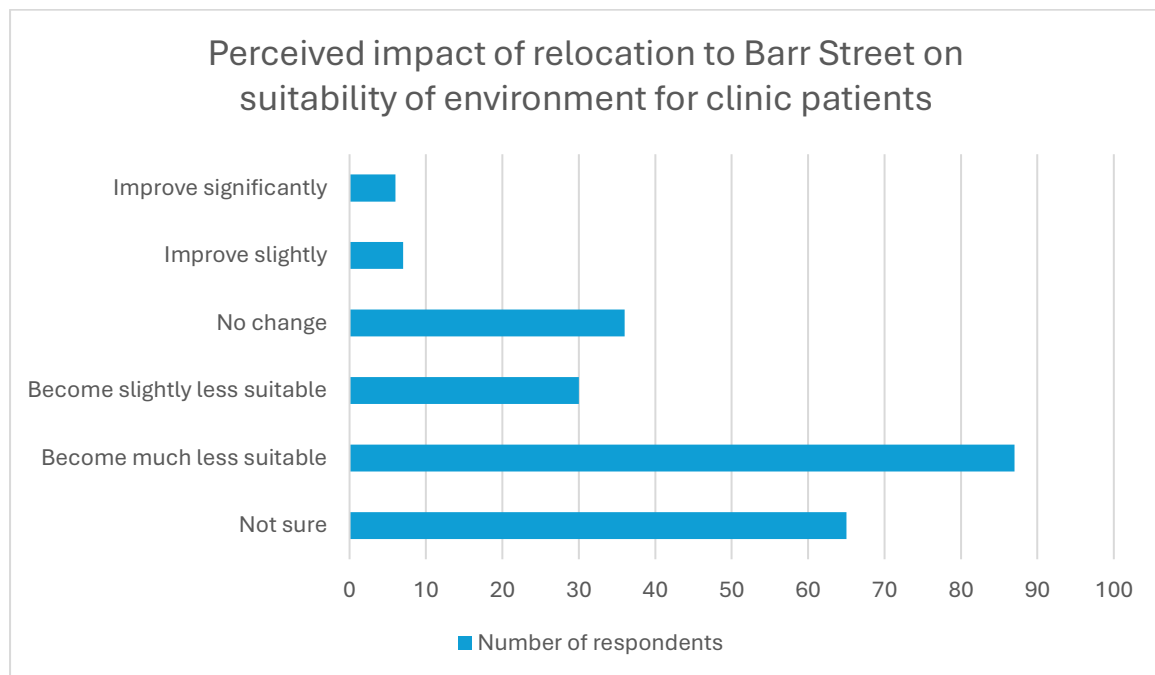


Figure 6: Perceived impact of relocation to Barr Street on suitability of environment for clinic patients (children and young people), by number of respondents

Thirteen respondents (6%) indicated a belief that the relocation of the Children and Young People's Diabetes Service to the proposed site at Barr Street would lead to an improvement in the suitability of the environment for children and young people attending clinics. This included 7 respondents who thought this would result in a slight improvement and 6 people who thought this would result in a significant improvement.

By comparison, 30 respondents (13%) indicated their view that the environment would become slightly less suitable for patients attending clinics, while 87 people (38%) responded that a move to Barr Street would mean that the environment would become much less suitable.

A further 36 people (16%) responded that the relocation would result in no change to the suitability of the environment for patients. Significantly, 65 people (28%), more than 1 in 4 respondents, responded that they were not sure about what impact a relocation to Barr Street would have on the suitability of the environment for patients.

The data indicates that there is very little confidence that the proposed site would better meet the needs of children and young people. Meanwhile, uncertainty remains notable. This points to

a lack of clear, accessible information about the proposed site and what improvements, if any, are planned.

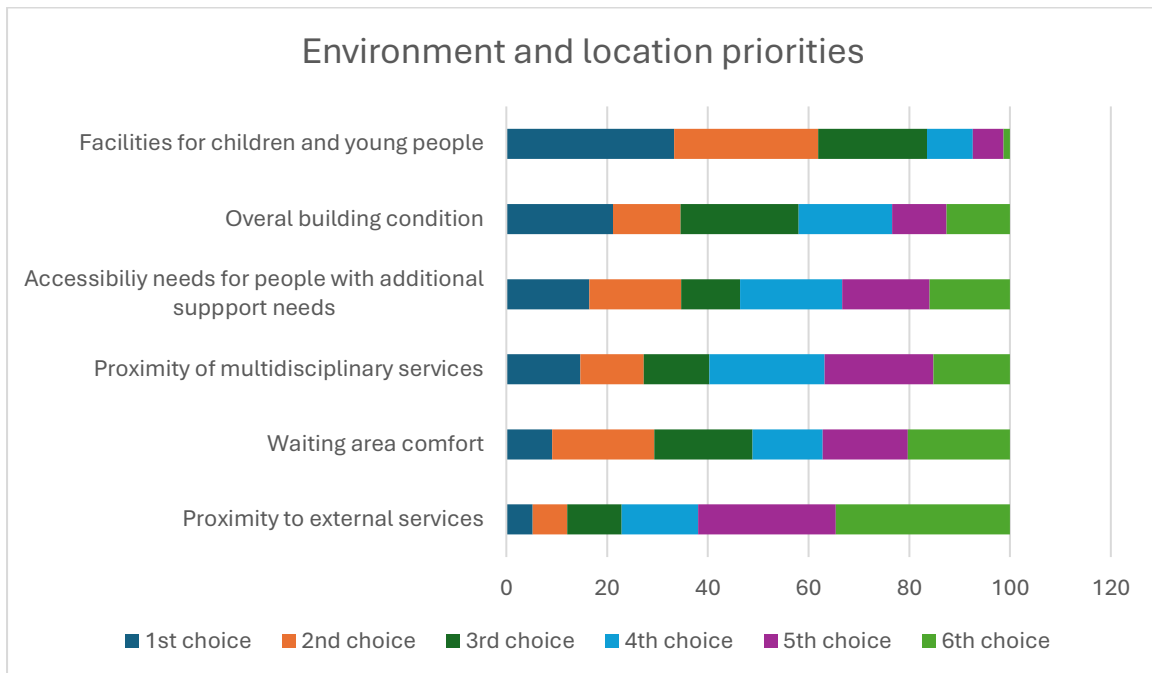


Figure 7: Environment and location priorities, as a percentage (ranked order)

Respondents prioritised facilities for children and young people and the overall building condition when asked to identify the factors most important to them when considering the environment for clinics. This was also highlighted in additional comments shared by respondents:

- *“Children with diabetes attend clinic regularly, so the environment should be welcoming, well-maintained, and designed with young people in mind. This does not feel like an appropriate setting.”*
- *“...having a positive, child-appropriate environment helps clinic visits to have less of a negative impact on the child.”*

It is important to acknowledge that, while the proximity of external services not linked to the provision of care at the diabetes clinic was ranked lowest on the scale, there are strongly held views among those who indicate that they have an awareness about the decision to relocate the Children and Young People’s Diabetes Service alongside the Douglas Inch Centre:

- *“I am very concerned about locating a service for children in close proximity to the Douglas Inch Centre.”*

This issue is further addressed later in the report (pages 22-23). It is unclear how widespread this information is among respondents and is likely to raise concerns when details are readily disseminated among those affected by this relocation.

In general, the data highlights the importance families place on child-appropriate, supportive and well-maintained environments, and suggests that without clear assurances and demonstrable improvements, the proposed relocation risks undermining patient experience and confidence in the service.

Quality of service

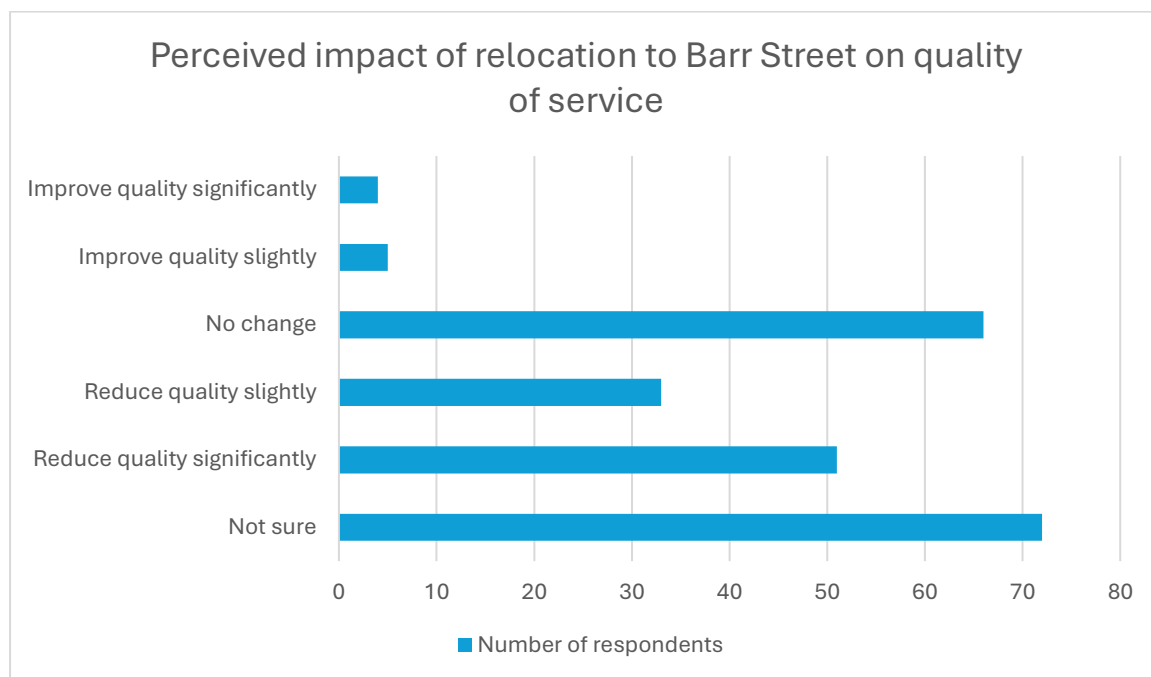


Figure 8: Perceived impact of relocation to Barr Street on quality of service, by number of respondents

Only a small number of respondents indicated their belief that relocating the service to Barr Street would result in an improvement to the quality of service on offer. Five people (2%) responded that the quality of service would improve slightly, and a further 4 people (2%) indicated that that the quality of service would improve significantly.

By comparison, 33 respondents (14%) indicated their view that the quality of service would reduce slightly. A further 51 people (22%) responded that a move to Barr Street would mean that the quality of service on offer would reduce significantly.

Almost 30% of respondents (66) indicated that the relocation would result in no change to the quality of service on offer to patients. However, 72 people (31%) responded that they were not sure about what impact a relocation to Barr Street would have on the quality of the service on offer.

This data suggests that there is limited confidence that the proposed move to Barr would enhance service delivery and that concerns about a reduction in service quality far outweighs expectations of improvement. Given that more than 30% of respondents were unsure of the

likely impact of a relocation to Barr Street, this may reflect a lack of clear information about how the relocation would affect staffing, service organisation and continuity of care.

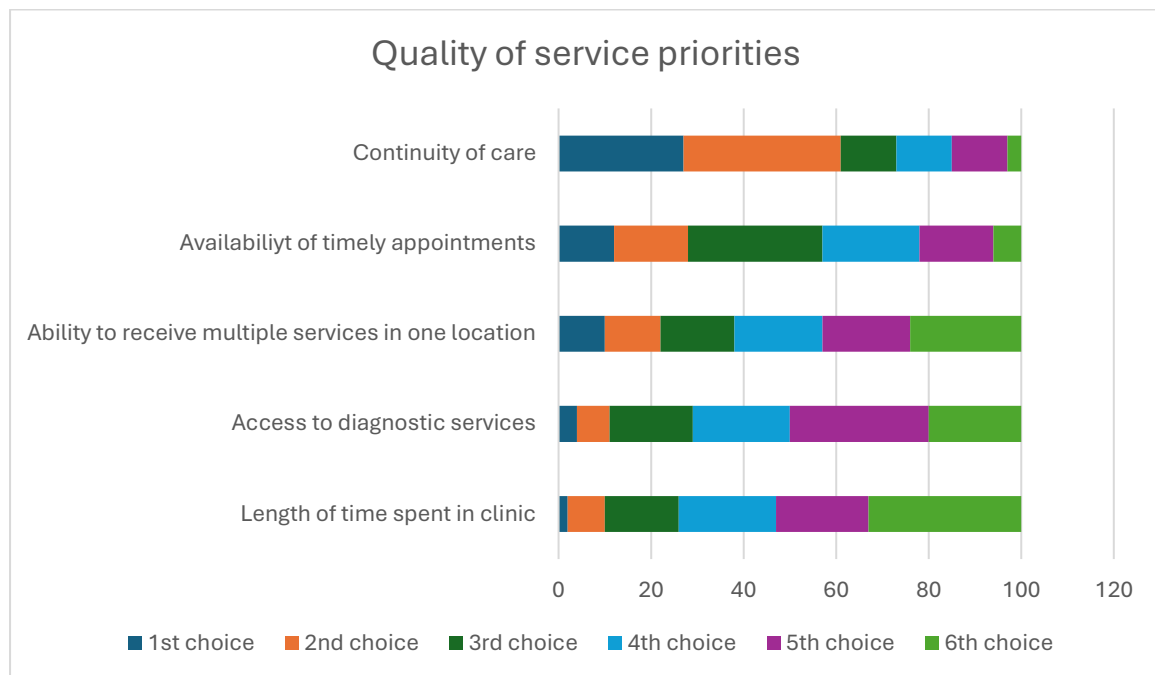


Figure 9: Quality of service priorities, as a percentage (ranked order)

Respondents prioritised staff expertise and continuity of care when asked to consider the factors most important to them in relation the quality of service on offer. This was further highlighted by feedback shared by respondents:

- *“The team are absolutely fantastic as they are. I will never be able to express my gratitude for how caring, knowledgeable and helpful they are. Please don’t destroy this.”*
- *“[Too] much back and forth, not knowing where appointment will be until appointment letter [comes] through and has hospital details on it.”*

Given the central importance placed on staff expertise and continuity of care, any relocation plans will need to clearly demonstrate how these core elements of quality will be protected or strengthened to reassure patients and families.

Request for information

The survey provided an opportunity for respondents to indicate their desire for information to help them to understand the plan to relocate the Children and Young People’s Diabetes Service to the site at Barr Street. Six thematic responses were predefined, and respondents were provided an opportunity to identify other issues using the ‘Other’ option, using the free response box. Respondents were able to select as many options as they wished.

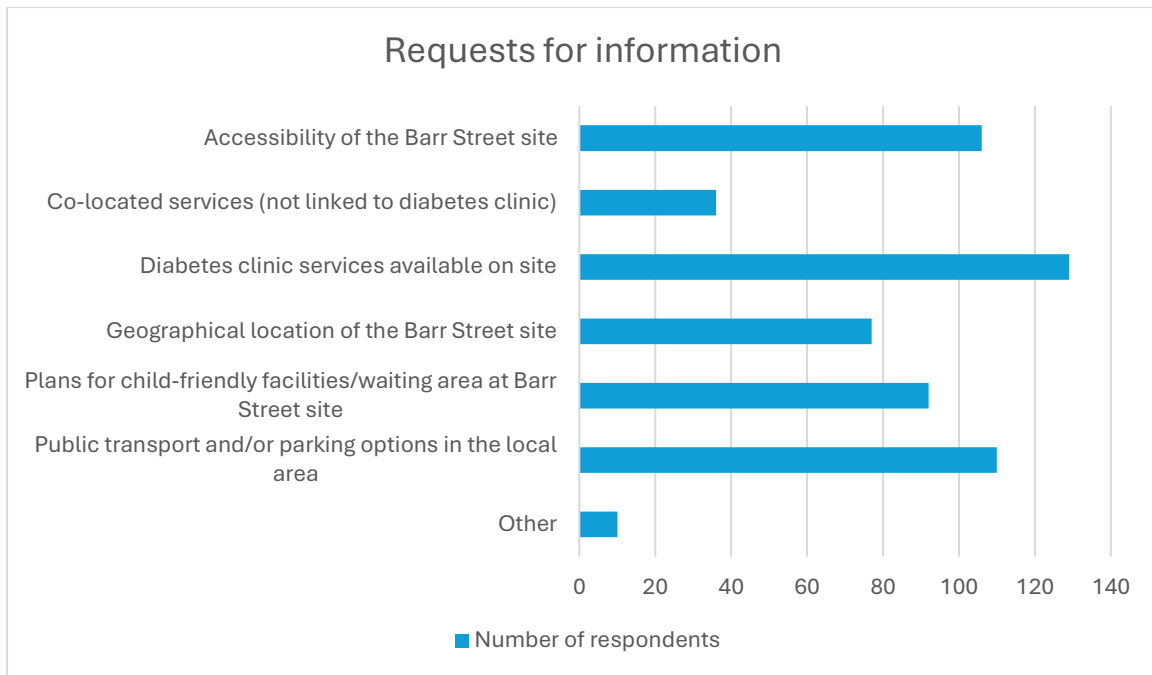


Figure 10: Requests for information, by number of respondents

Almost 80% of respondents (183 people) indicated a preference to access more information about at least one option listed. All of the options were identified as areas requiring further information. This clearly sets out the desire for respondents to have access to clear information about the planned relocation of the service and about its potential impact.

In addition to the predefined responses, 10 respondents (2%) requested additional information regarding:

- Safety precautions planned and risk assessments undertaken in relation to the co-location of the Children and Young People’s Diabetes Service and the Douglas Inch Centre. (2 respondents)
- Safeguarding plans for patients in respect of safety concerns about the Barr Street site. (3 respondents)
- Alternative sites that have been considered as a location for the Children and Young People’s Diabetes Service.
- The nature of the planned move with regard to whether it is to be considered a temporary or permanent move. (2 respondents)
- Access to alternative clinic locations for those who are unwilling to attend the Barr Street site.

It is worth noting that one of the responses in relation to safety concerns clearly indicates that the concern is related to the location and general area of the Barr Street site. However, the second response is not clearly defined (*“How you plan to keep patients safe who can’t go to that area?”*) and may relate to the location of the proposed site but may equally refer to patient safety if a patient is unable to access the care they need to manage their diabetes. It would therefore be helpful to ensure that patient families are able to access information which responds to both concerns.

One respondent recorded a response of “none”, and one respondent recorded a response stating, “No, I’m really not happy about the move.”

The data clearly points to a process which has left patient families feeling uninformed about the decision to relocate the Children and Young People’s Diabetes Service.

Additional feedback

Respondents were provided with an opportunity to make further comments through an unguided, open-ended question. A total of 57 respondents (25%) used this opportunity to share additional feedback. The responses are themed below, in no particular order. Some comments address several themes but have been listed only under one topic.

Lack of equity for children and young people with diabetes

There is a clear perception among respondents that children and young people living with diabetes in Greater Glasgow and Clyde are treated unfairly in comparison with patients who access other paediatric services provided by NHSGGC. Respondents believe that the difference in the quality of environment being made available to children and young people with diabetes evidences this inequitable access to vital healthcare services. They advocate the position that children and young people with diabetes deserve access to the same high-quality care and environment as other children and young people who receive health care services from other departments.

- *“The Barr Street location feels like another example of the children’s diabetes service not being prioritised or included as part of the wider children’s hospital services. Other departments all have allocated space in the purpose built facility, but diabetes services have somehow not been included and it sends a message, intended or not, that kids with type 1 don’t matter, feel like an after thought and are not valued in the same way other children with conditions are. The facilities at Barr St are horrible- the location is in a very run down area with drug users visible and having lived nearby I hate the idea of that becoming the main clinic space for our children. They should be given the same accessible, purpose built facilities as the children’s hospital provides. Life is hard enough managing type 1 diabetes and especially for kids with additional needs like my son, this transition does not feel well thought out with the patients as the priority. We have been told multiple times the site is relocating and every time so far it has not happened- my son has autism and ADHD and the inconsistency, delays and adjustment to new environments and locations is significant and creates emotional challenges each time we have our ‘last’ visit to Yorkhill, where he has been attending for over ten years. There are wider psychological implications for the kids in this that are not being considered.”*

- *"I think putting this group of children in a dilapidated building send out completely the wrong message. Why are they not part of the Queen Elizabeth hospital?"*
- *"Yorkhill was evidently never a long term option but I have never known why services were not at the RHC. Gartnavel would be easier/better facilities e.g. cafe but not a major issue. Do not drive so parking irrelevant."*

Lack of information about planned relocation

A significant amount of feedback gathered from the survey highlights the lack of information that has been made available to patient families. Several respondents indicated a desire to be better informed about the planned changes to the clinic so that they can better understand how a move will impact them and their children. Some respondents requested access to specific information (also highlighted on pages 18 and 19). For some people, the lack of information has resulted in significant concern and anxiety.

- *"It is very difficult to understand how this move may affect the service (other than physical location) without being familiar with the building, it's condition, other planned services, etc."*
- *"I would like to know more information on other services that will be based within the site."*
- *"Will there be suitable facilities for children on site, can they access all clinical staff for support, if required?"*
- *"From the (social media) group it appears there's a lot of fear of the unknown about the new site, people don't seem to be aware of it's proximity to the subway for example. I think sharing as much information as possible re transport will help to address some of the fears."*

Failure to provide a clear timeline for relocation

Respondents also highlighted their concerns about the lack of information about the timeline for the proposed changes. Some respondents indicated their desire for a clear plan, including a timeline for changes.

- *"Regardless of the eventual decision regarding the location, the prolonged delay in reaching a conclusion is having an unfair impact on staff, children, and families."*
- *"Feel this has been going on for what feels like forever. Too much back and forth, not knowing where appointment will be until appointment letter come through and has hospital details on it. No issues with the clinic being moved to another location but would just be nice to have a definite answer."*

- *“When does the change happen?”*

Unsuitability of Barr Street site

Many respondents noted their view that the proposed site at Barr Street is an unsuitable location for the Children and Young People’s Diabetes Service. Respondents highlight the unsuitability of the location and building, and reference instances where other NHS GGC services have identified it as an unsuitable location for their work. This is highlighted alongside feelings that the children and young people who access the service are perceived as unworthy of a high-quality environment and location to attend their appointments.

- *“My wife is [employed] at QEUH. Her department was proposed to relocate some services to this site and it was roundly considered a complete dump of a site and totally unsuitable for that service. It is VERY difficult to access this site by public transport and would significantly increase our travel time around visits.”*
- *“This facility was closed previously as was classed as unfit for purpose for addiction services why would it be suitable for children with a chronic disease to attend, why can't our children attend QEUH which has facilities / decor to put children at ease. Are our children not important enough?”*

Increased anxiety for patients and families associated with relocation to Barr Street

Stress and distress associated with living with diabetes is a recognised condition. Concerns about the proposed move and its impact on children and young people have been raised among those who believe that this move would cause an increase in anxiety for those who are affected.

- *“This proposed new site is not suitable in any way for a children’s diabetes clinic, parking is non-existent max is it a very poorly taken care of building, and not suitable in any way for children to attend regular clinics, I believe this would add to my child anxiety surrounding her diabetes, I am not supportive of this move whatsoever.”*

Concerns for patients with additional support needs

Diabetes is a condition that does not exist in isolation. A number of respondents highlighted the added challenges of caring for and supporting a child or young person living with diabetes alongside additional support needs. For families managing these additional challenges, the impact of any change is challenging but this is further increased by the lack of infrastructure at the proposed site at Barr Street.

- *“My son is also visually [impaired] so close disability parking and enough of them (disability parking bays) is imperative as appointments are stressful enough.”*

- *“My child has additional needs. I also do not drive, my child struggles travelling due to sensory needs.”*
- *“My son is severely autistic and changes are not great to manage [especially] when [I] don't know the area or lay out.”*

Importance of environment

The environment of any future Children and Young People's Diabetes Service is a clear priority for many respondents. Some respondents highlighted the importance of ensuring children and young people with diabetes have access to a safe, welcoming environment while others highlighted the need for good accessibility. Some respondents also highlighted the sense of loss associated with moving on from the current service location.

- *“I feel that the environment for this service is crucial as if it is an old building with very limited parking this will be very detrimental.”*
- *“This service should be somewhere everyone can get to easily. It should be a safe welcoming place for children with diabetes.”*
- *“Something as important as child diabetes services should be located in a central location accessible to all.”*
- *“Being able to minimise the impact of clinic appointments by being efficient is important, which is why parking or good public transport is needed. Also having a positive, child-appropriate environment helps clinic visits to have less of a negative impact on the child. I don't know what other services will be at Barr Street and how the facilities and waiting area will be for the children attending this clinic.”*
- *“My daughter loves the play area outside the hospital and would miss that.”*
- *“The move would be disruptive to us as we have settled in this environment.”*

Proximity to Douglas Inch Centre

The decision to co-locate the Children and Young People's Diabetes Service in the same building complex as the Douglas Inch Centre has raised significant concerns among those who have an awareness of this intention. There is concern that service users of the centre may pose a risk to the children, young people and families attending the Children and Young People's Diabetes Service, and that this risk is too great to be an acceptable way forward. This has also raised questions around what safeguarding and safety planning has been done to inform the decision to relocate the service to the site at Barr Street.

- *“I am very concerned about locating a service for children in close proximity to the Douglas Inch centre. The service treats adults (and sometimes juveniles) who have a*

mental disorder or illness and have offended, or whose behaviour puts them at risk of offending. The conditions and issues managed include behavioural risks related to mental disorder that may put the patient or others at risk of harm. This raises the question of what safety precautions have been considered, and what risk assessments have been completed in regard to ensuring the safety of children and other patients attending the same building. Barr St is a much smaller building than the current hospital and as such, I would assume it is far more likely for patients from Douglas Inch to come in to contact/share spaces with children from the clinic. While I have every sympathy for people with mental disorders and fully support treatment that will enable patients to function in society, I am very concerned that sharing a clinic area with a children's service is too much of a risk."

- *"I understand the need to move services from Yorkhill as the site is no longer in use. However, I have serious concerns about relocating the children's diabetes clinic to Woodside Health Centre. The building is widely perceived as very old and does not reflect the standard expected for modern paediatric care. Children with diabetes attend clinic regularly, so the environment should be welcoming, well-maintained, and designed with young people in mind. This does not feel like an appropriate setting. I am also concerned that the site houses other services, including the Douglas Inch Centre, a forensic psychiatric service. While this service is important, it does not seem appropriate for it to share a setting with a children's clinic, and this raises concerns about the overall environment for young patients and their families. If services are being moved from Yorkhill, this should be an opportunity to improve facilities, not move them into a building that feels outdated and unsuitable. Children and families deserve a safe, modern, and child-focused environment for their care. I would urge reconsideration of this location and exploration of more appropriate alternatives."*

- *How have the other co-located services at Barr Street been assessed for their suitability for co-location with a paediatric diabetes service? We are concerned about the co-location of unconnected adult services with a children's diabetes service and shared spaces such as car park and building entrances. Are these spaces in close proximity to the children's service and what risk assessment and safeguarding measures have been given consideration and put in place with regard to service users using the Forensic Team Service who have possibly/ have offended, plus Maternity, Lymphodema, Occupational Health and Brain Injury?*

Travel infrastructure concerns

Access to the location of the Children and Young People's Diabetes Service is critical to support patients to access the care they need. Many respondents highlighted concerns about the lack of appropriate infrastructure to support them to travel to the proposed location at Barr Street, either by public transport or by private vehicle. Respondents identify limited parking as a source of concern that will impact on the ability of patients and families to attend their appointments.

- *“Barr Street is not a practical location for families. The main issue is parking and ease of access — there isn't reliable, nearby parking or a simple drop-off, which makes attending appointments much harder. For parents managing work, school, and a child's diabetes care, this added difficulty is unnecessary and could lead to missed or delayed appointments. The location needs to be easy to reach with suitable parking, otherwise it is not appropriate for this service.”*
- *“We travel 2 hrs on ferry and 4 hrs by bus to current appointments – we don't need any further travel. Current location is in familiar assessable location where we feel safe traveling which is important when using public transport. Additional stress to change would probably result in missed appointments.”*
- *“We travel to the clinic from Islay so location is not an issue. Ease of parking would make the journey less stressful.”*
- *“I think ample parking is the key priority and a location that is safe for staff travelling to and from in the dark. Kids are often taken out of school to attend appointments so it is important access is as quick and easy as possible and easy parking allows people to ensure kids miss as little school as possible and for many parents they are absent from work for as little time as possible.”*
- *“With the ongoing traffic issues and proposed closure of the M8 slip road to St George's cross as well as parking availability and prohibitive costs the proposed move affects the safety of my child and the amount of time out of school. If we are experiencing this then staff will too and might have a knock on effect on full impact of service.”*
- *“I work at [local business] and the parking at Barr St is awful.”*
- *“Site not suitable due to parking.”*
- *“Most people require accessibility either for parking or easy access via public transport. Has this been considered and prioritised?”*

Financial burden

Some respondents are concerned about the costs that might be associated with attending clinic appointments at the proposed site at Barr Street, as highlighted in previous priorities (see page 13).

- *I am aware there is no street parking as I work in that area. Appointments are going to be costly which I don't agree with.*

Time for appointments

The demand on families' time to attend appointments is challenging. The proposed move has highlighted concern that this burden will increase further with a move to the proposed location at Barr Street.

- *"As someone who lives on the south side of Glasgow, going to Yorkhill for weekly appointments is a struggle enough. Moving even further away doesn't help."*

Time off school or work

Most children and young people living with type 1 diabetes need to attend regular clinic appointments to manage their condition, as evidenced by the responses to our question on frequency of clinic attendance (information on pages 9-10). Frequent appointments often raise concerns about the amount of time that children and young people are absent from education. Clinic appointments are available during the school day which means that children and young people have to be taken out of class and miss time in school. By extension, this means that parents and carers are also impacted by the need to take time off work to support their child or young person to attend appointments.

Concerns have been raised by a number of survey respondents that the proposed change to this new location will result in increased time out of school for children and young people who have to travel longer and further. Further concerns about the accessibility of the clinic at the Barr Street site, including local infrastructure for transport and parking, have also been raised in relation to the impact on increased levels of time off school and work for children and young people and their families.

- *"My main concern is how accessible the clinic will be and time this will take away from school, etc."*
- *"Minimising the amount of time my daughter misses school for appointments is crucial. Having good parking is essential for this so we are not having [to] leave extra time."*
- *"This will affect our son who is starting high school later this year. Longer travel time will mean he misses more of school."*
- *"Relocating to further outwith the city will have a major impact, longer to travel, in my case 2 buses just to get to [an appointment], means longer time off work required to attend appointments."*
- *"As [an NHS] worker as well as a parent, who was offered a clinic at the Barr street site - I know how unsuitable this site is for patients and staff. Also - both my husband and I work full time and taking our daughter to appointments takes time out of our working day - the Barr street site would considerably more time as it's [...] difficult to access. Plus it means more time out of school for our daughter."*

- *“I’m from the east of Glasgow. I feel this will ensure my child will lose a full day of school and will impact her educational needs.”*

Missed appointments/non-engagement with clinic

Regular attendance at routine clinic appointments is essential to ensure that children and young people are supported to manage their diabetes and to minimise the risk of complications or a worsening of their condition. A number of respondents highlighted concerns about the impact of a move to Barr Street resulting in patients missing appointments, either through the challenge of accessing the site or because of a decision to not engage at the site of Barr Street due to concerns around the safety or suitability of the site.

- *“My child cannot attend [Barr Street] for clinic appointments due to safety concerns.”*
- *“Hate the thought of having to travel through here makes you not want to attend appointments prefer where we are.”*
- *“The move would significantly impact our ability to attend appointments due to the location.”*
- *“Gartnavel would be more accessible as the public transport is better to get to this hospital and less traffic during busy times. The new location would mean I would need to rearrange most of the time as travelling here during busier times would be more stressful for my autistic/ADHD child. I drive but many don’t. I would not be able to attend during busier times for traffic which means the next appointment would be months away. Right now rearranged appointments booked months away from the original appointment. Also the new location being further away and less accessible would mean a lot of children being out of school longer for appointments if they land on a school day.”*

Importance of staff team

While the importance of staff expertise in general was highlighted as a priority for parents and carers in previous questions, the value placed on the current team at the Children and Young People’s Diabetes Service was highlighted in the wider feedback shared by respondents. Across the feedback, there is concern about how the proposed move to Barr Street will impact the staff team and how this will in turn affect the service available to patients.

- *“The team are absolutely fantastic as they are. I will never be able to express my gratitude for how caring, knowledgeable and helpful they are. Please don’t destroy this.”*
- *“Services are stretched and we need to focus on what really matters - having supportive staff and having access to diabetes tech for our kid is the biggest priority.”*

The NHS is strapped and in that sort of culture there are things that matter and things that are inconvenient AND tolerable.”

Access to multi-disciplinary services in one location

High-quality care provision for people living with diabetes is facilitated by the co-ordination of a strong multi-disciplinary team, such as the one that is currently available through the Children and Young People’s Diabetes Service. The current set-up means that the whole team is located within a single space which means that patients have access to all of their care and support in one setting, including transition care, providing a direct link to all relevant care provision and removing the need for multiple appointments. This has been highlighted as an important requirement for ongoing and future planning arrangements.

- *“One location is great for parent[s] that need to travel, it used to be multi-site.”*
- *“Bloods in same place and consultants’ presence.”*
- *“We are about to leave children services and move to adult (diabetes services).”*

Alternative provision

Concerns about the proposed move of the clinic has prompted some people to consider alternative approaches to deliver services for children and young people. This indicates that respondents would prefer an alternative option for their care rather than attend a clinic based at the Barr Street site.

- *“If moving site is essential it may be good to invest in the buses or satellite clinics around the country rather than just having one central clinic.”*
- *“Could we get community diabetic clinics, mobile units?”*
- *“Can appointments be conducted online?”*

Positive perception of space available at Barr Street

By contrast, one respondent believes that the proposed move to Barr Street appears to offer an opportunity to access a space that meets the physical requirements for delivering the service. This respondent views the proposed location as a positive arrangement.

- *“Barr St seems more appropriate in terms of space required for staff and patients.”*

General concern about plan to relocate to Barr Street site

Some respondents provided feedback in relation to their broad views on the proposed relocation. One respondent noted their difficult feelings around the move, while another reflected on the loss of the current home of the service.

- *“Yes, I’m really disappointed with this move, it’s actually quite upsetting.”*
- *“Just sad to see the original York Hill close it's doors. Sad time.”*

Recommendations

Based on the information gathered from the survey, Diabetes Scotland recommends the following actions:

1. Develop and implement a clear, targeted communication strategy for families

NHSGGC should develop and implement a targeted, proactive communication strategy to support all families affected by any proposed relocation of the Children and Young People's Diabetes Service. This strategy should ensure that every family receives timely, clear and consistent information about the rationale for the relocation, the actions being taken, and the expected implications for patients and families.

In particular, communication should:

- Clearly set out *what is changing, why the change is being proposed, and what this will mean in practice* for clinic attendance, care pathways and patient experience.
- Be delivered through **multiple channels** to ensure accessibility and reach to meet the needs of everyone who accesses the service.
- Provide opportunities for patients and families to ask questions, seek clarification and raise concerns, with **clear routes for feedback and dialogue**.
- Be **ongoing**, rather than one-off, with regular updates as plans develop or decisions are made.

A transparent and inclusive communication approach is essential to build understanding, reduce uncertainty and anxiety, and ensure families feel informed, supported and involved throughout any relocation process.

2. Engage patients and patient representatives through an open and transparent process

NHSGGC should commit to a meaningful, open and transparent process of engagement with patients and patient representatives in relation to any proposed changes to the Children and Young People's Diabetes Service. This engagement should include children and young people using the service (where appropriate), as well as parents, carers and recognised patient advocacy organisations, including Diabetes Scotland.

Engagement should provide genuine opportunities for patients and families to inform and influence decision-making. In particular, this process should:

- Involve patients, families and representative organisations **at the earliest opportunity**, in line with best practice regarding patient experience and public involvement.
- Create structured opportunities for **dialogue, feedback and co-design**, ensuring that lived experience informs both planning and implementation.
- Demonstrate how feedback has been considered and **clearly communicate how patient views have influenced outcomes**.

- Be **inclusive and accessible**, recognising the diverse needs, circumstances and communication preferences of families.

3. Undertake a comprehensive assessment of the suitability of the proposed site at Barr Street

NHSGGC should undertake a comprehensive and transparent assessment of the suitability of the proposed relocation of the Children and Young People's Diabetes Service to the Barr Street site, even on a temporary basis. This assessment should be completed prior to any final decision being made about relocation and should clearly evidence how the needs of children, young people and their families have been considered.

The assessment should include, but not be limited to:

- A full **Equality Impact Assessment**, examining the potential implications for different groups, including children and young people living with diabetes, those with additional support needs, or those from areas of higher deprivation, and ensuring that the relocation does not exacerbate existing inequalities.
- An evaluation of **safeguarding considerations**, including whether the proposed environment is appropriate, safe and conducive to the delivery of a specialist children and young people's service, even on a temporary basis.
- Identification and mitigation of **potential clinical or operational risks**, including risks that might harm patient experience, engagement with services, continuity of care and clinic attendance.
- Consideration of the **physical environment and facilities**, assessing whether the site provides a welcoming, child-appropriate and well-maintained setting consistent with best practice and standards that exist across other NHSGGC sites delivering paediatric care.
- Assessment of **accessibility and travel arrangements**, including parking, transport links and ease of access for families attending frequent appointments.

The findings of this assessment should be clearly documented, shared with stakeholders, and used to inform decision-making. Where risks or concerns are identified, NHSGGC should set out clear actions to address them or reconsider the suitability of the proposed site and seek an alternative location within its estate. Any plan to consider another site, either on a temporary or permanent basis, should also be subject to a similar process that ensures open, transparent and well-considered decision-making. Any decision to implement a temporary relocation should be accompanied by a clearly defined plan for a timely, permanent relocation to a site that meets the needs of the service and the children and young people it serves.

4. Provide clear governance, accountability and decision-making transparency

NHSGGC should clearly set out governance arrangements for the relocation decision, including who is responsible for decision-making, oversight and risk management. Clear accountability will help ensure patient safety, equity considerations and service quality remain central

throughout any period of change. In addition, this will ensure that all stakeholders are confident that they feel informed and included and trust the processes that lead to vital decisions about their future.

A well-designed approach to governance and accountability should include:

- **Clearly defined roles and responsibilities** for decision-making, as well as established accountability structures and reporting lines.
- Transparent processes for **planning, monitoring and evaluation**, supported by open access to appropriate, relevant information.
- Consistent and honest **communication** with all stakeholders, even when issues arise.
- **Compliance with legal, regulatory and ethical standards**, ensuring that best practice is adopted consistently to deliver effective and outcomes.

5. Develop and implement a comprehensive service continuity plan

NHSGGC should develop and implement a comprehensive service continuity plan to ensure that the relocation of the Children and Young People's Diabetes Service does not disrupt access to care, compromise quality, or negatively affect patient experience. The plan should provide clear assurance to families, staff and stakeholders that safe, consistent and timely care will be maintained throughout any transition period and beyond, regardless of which site is selected to be the service's new home, either on a temporary or permanent basis.

The service continuity plan should:

- Set out how **clinical services, appointments and care pathways** will be maintained without interruption during any relocation process.
- Clearly identify arrangements to protect **staffing levels, staff expertise and continuity of care**, recognising the importance families place on established clinical relationships with the existing team.
- Address potential **risks to appointment capacity, waiting times and patient engagement**, with clear actions set out to mitigate any risks.
- Include contingency measures to manage **unforeseen delays or challenges**, ensuring that children and young people continue to receive safe and effective care, even where operational or logistical challenges exist.
- Be communicated clearly to families and staff, with transparent timelines and points of contact for queries or concerns.

A robust service continuity plan is essential to minimise anxiety among families, safeguard clinical standards, and maintain confidence in the Children and Young People's Diabetes Service throughout any period of change.

Appendix A: Survey

1. Which of the following best describes you?
 - Parent/Guardian of a patient
 - Carer/Support person
 - Other

2. How often on average do you use services at the clinic?
 - Weekly
 - Monthly
 - Every 2-3 months
 - Every 4-6 months
 - Annually
 - Other

3. Before this survey, were you aware of the plan to relocate the clinic to the site at Barr Street?
 - Yes
 - No
 - Not sure

4. How well do you feel you understand the plan to relocate the clinic to the site at Barr Street?
 - Extremely well
 - Fairly well
 - Not very well
 - Not at all
 - Not sure

5. In comparison with the current clinic location how accessible would it be for you to attend Barr Street (travel, parking, etc.)?
 - Much easier
 - Slightly easier
 - About the same
 - Slightly harder
 - Much harder
 - Not sure

6. What factors are most important to you when considering travel arrangements? (Please rank in order)
 1. Accessibility for additional support needs
 2. Cost of travel/parking
 3. Parking availability

4. Public transport access
 5. Time required for appointments
 6. Travel distance
7. How do you think relocating the clinic to Barr Street will affect the suitability of the environment for children and young people attending?
- Improve significantly
 - Improve slightly
 - No change
 - Become slightly less suitable
 - Become much less suitable
 - Not sure
8. What factors are most important to you when considering the environment of the clinic?
(Please rank in order)
1. Accessibility for people with additional support needs
 2. Facilities for children and young people (e.g. breakout space)
 3. Overall building condition
 4. Proximity to external services not linked to diabetes clinic
 5. Proximity to multidisciplinary services related to diabetes clinic
 6. Waiting area comfort
9. How do you think relocating the clinic to Barr Street would affect the quality of the service?
- Improve quality significantly
 - Improve quality slightly
 - No change
 - Reduce quality slightly
 - Reduce quality significantly
 - Not sure
10. What factors are most important to you when considering the quality of service on offer? (Please rank in order)
1. Ability to receive multiple services in one location
 2. Access to diagnostic services
 3. Availability of timely appointments
 4. Continuity of care
 5. Length of time spent in clinic
 6. Staff expertise
11. Would you like more information about any of the following? (Select all that apply)
- Accessibility of the Barr Street site
 - Co-located services (not linked to diabetes clinic)
 - Diabetes clinic services available on site
 - Geographical location for the Barr Street site
 - Plans for child-friendly facilities/waiting area at the Barr Street site

- Public transport and/or parking options in the local area
- Other

12. Is there anything else you want to tell us?