EMBARGOED UNTIL MEETING

NHS Greater Glasgow

Greater Glasgow NHS Board

Board Meeting

Tuesday 20th April 2004 **Board Paper No. 2004/24**

Director of Planning and Community Care

Community Health Partnerships - Outcome of Consultation on Initial Boundary and Service Proposals

Recommendation:

The Board note the outcome to consultation, and:

- **approves the proposed boundaries subject to the final review outlined in this paper;**
- **remits to the CHP Steering Group the important wider issues which the consultation has raised, for consideration in developing the detailed schemes of establishment, which will be submitted for Board approval;**
- **confirm its commitment to the full engagement of all primary care practitioners in the migration from Local Health Care Cooperatives to CHPs.**

A. BACKGROUND

1.1 The Board approved proposals on the boundaries and principles for Community Health Partnerships to go to consultation in January 2003. The paper which formed the basis for consultation restated that one of the most fundamental proposals within the White Paper is the evolution from Local Health Care Co-operatives (LHCCs) to Community Health Partnerships (CHPs).

1.2 The White Paper proposed that CHPs will:

- ensure patients and a broad range of health care professionals are fully involved in service delivery, design and decisions;
- establish a substantive partnership with Local Authority services;
- have a greater responsibility and influence in NHS resource deployment;
- play a central role in service redesign;
- act as a focus for integrating primary care, Local Authority and specialist health services;
- play a pivotal role in delivering health improvement.

NHS Boards were required to review the organisation and operation of their existing LHCCs by early 2004 and make proposals for heir migration to CHPs.

1.3 Greater Glasgow has 16 LHCCs - covering populations ranging from 23,000 to 115,000. Our LHCCs have made good progress in delivering the key objectives set for them. In moving to CHPs we want to accelerate progress in a number of areas:

- service integration with Local Authorities, including for children's services;
- networking services with secondary and specialist care, reflecting the ongoing investment in new hospitals and the redesign of services;
- developing comprehensive approaches to health improvement;
- achieving real community engagement and influence on planning and strategy;
- developing clinical networks and engagement between primary and secondary care.

1.4 Three other opportunities emerge from the development of CHPs.

- Access - we would also like to explore the benefit that can result from combining the establishment of CHPs with service redesign to improve access to services. The development of services at a local level should both impact the demand for hospital services and enable patients to more readily return to their home or care in a community setting.

- Inclusion - a further opportunity will be to explore the potential for wider responsibilities for regeneration and social inclusion as we develop the CHPs. The migration to Community Health Partnerships must build on the strengths of LHCCs, but also recognise that CHPs will be significantly different entities, with much greater resources, autonomy and responsibilities, and stronger accountability, than current LHCC arrangements.

- Patients and public - amongst the key roles of CHPs will be ensuring that they maintain an effective dialogue with their local communities through the development of the local Public Partnership Forum (PPF). The Health Department's guidance stresses that these forums should be as representative as possible.

1.5 The White Paper was not detailed or prescriptive in its propositions about Community Health Partnerships. Further guidance issued for consultation in March 2004 sets out more details of national thinking, and includes a number of points similar with our own initial thinking and discussions, including:

- confirming the focus of CHPs as health improvement, better services and community involvement, and their role as a key influence on strategic planning and resource allocation;
- confirming the emphasis on the implementation of the Joint Future agenda on service integration alongside the development of CHPs and re-emphasising CHPs as the substantive partnership with Local Authorities.

1.6 It is against this background that we developed our proposals for consultation through a programme of work with each Local Authority and the Greater Glasgow NHS CHP Steering Group. We had also discussed the proposals with Argyll and Clyde and Lanarkshire NHS Boards.

B. CONSULTATION PROCESS

2.1 In approving the proposals at its January meeting the Board agreed that we should develop clear public information for the consultation. The consultation process was managed through a wide range of mechanisms including:

- a press release issued on the day of the January Board meeting to all local newspapers;
- circulation of the consultation document to individuals and groups on our standard consultation mailing list;
- production of an summary consultation leaflet jointly with Local Authority partners;
- wide dissemination of the consultation document and summary consultation leaflet through existing joint community care and community planning arrangements with Local Authorities;
- the summary consultation leaflet was distributed to all members of the Involving People Network, Lay Advisor's Group, Patient Focus Organisations, Multi-Cultural Database and the general mailing list of individuals and organisations who have contacted us for regular information. Copies were also distributed to the voluntary sector by Glasgow Council for Voluntary Services;
- a number of workshops and seminars were organised to discuss the proposals with Local Authority, SIP, voluntary organisations and other stakeholders.
- a wide range of local events and meetings were organised by LHCC managers and public involvement officers to update staff and local community groups across Greater Glasgow;
- information was also made available through a number of different communication vehicles including the NHS Greater Glasgow web site, NHS Greater Glasgow Staff News, NHS Greater Glasgow Health News and Local Authority publications.

C. BOUNDARY PROPOSALS

3.1 This Section restates the boundary proposals we put to consultation, sets out responses to those proposals and suggests how we should now proceed. Section E covers the wider themes from the consultation exercise.

3.2 It is important to restate the context in which our boundary proposals had been developed and to emphasise these are organisational boundaries - not intended to disrupt natural patterns of care - we acknowledge that cross boundary flows and their impact on services and budgets require further detailed work.

Our primary aim in developing boundary proposals was to:

- cover significant populations reflecting our vision of CHPs as major and significant organisations;
- recognise natural communities;
- minimise disruption to existing structures, particularly LHCCs, Social work areas and SIPs;
- take account of Local Authority boundaries.

We also noted our expectation that CHPs will have substructures within their primary boundaries to reflect different communities and neighbourhoods and the different population clusters for their varied functions.

All of the proposals we put to consultation had the support of the relevant Local Authority.

3.3 Our proposals were that there should be single CHPs covering each of the following Local Authority areas with boundaries coterminous with the Local Authority:

East Dunbartonshire	Population 109,400
West Dunbartonshire	Population 93,300
East Renfrewshire	Population 90,000

For East Renfrewshire and West Dunbartonshire the proposed CHP would cross two NHS Boards.

3.4 For Glasgow City Council we proposed 5 CHPs.

- Western

  Bounded by the River Clyde to the South and the East and West Renfrewshire Council boundaries to the North and West. The eastern boundary would follow the M8 from the Kingston Bridge then the line of the River Kelvin and Forth and Clyde Canal.

  The population is 138,284.

  This proposal covers the Riverside, West One and Drumchapel LHCCs and the Anniesland practices, currently in a LHCC with Bearsden and Milngavie. It also covers the whole of the West Area Social Work Team and part of the North West Area Team, the whole of the Drumchapel SIP and the Dumbarton Road corridor of the small area SIP.

- Northern

  The western boundary would match the line of the Forth and Clyde Canal and River Kelvin, the southern boundary would be the M8, the northern boundary the boundary with East Dunbartonshire Council and the eastern boundary is Sauchiehall Street, Port Dundas Road, the M8 and Cumbernauld Road until reaching the North Lanarkshire boundary.

The population is 115,769.

The proposal covers the North, Maryhill/Woodside LHCCs and part of the Dennistoun LHCC. It also covers the whole of the North Social Work Area Team, the whole of the North Glasgow and Milton and Springburn SIPs.

- Eastern

The southern boundary would be the River Clyde, the western boundary the M8 Kingston Bridge, the eastern boundaries would be the Council boundaries of South and North Lanarkshire. This CHP would cover the whole of the City Centre.

The population is 146,155.

This proposal covers the whole of the Eastern and Bridgeton LHCCs and part of the Dennistoun LHCC. It also covers almost all of the East and North East Area Social Work Teams with some adjustments to include the City Centre, the East End and Greater Easterhouse SIPs. Although Dennistoun is split the LHCC recognise this boundary proposal does reflect natural communities

- South West

Bounded to the North by the River Clyde with western and southern boundaries matching the Renfrewshire and East Renfrewshire Council boundaries and the eastern boundary following Commerce Street, the railway line, M77, Dumbreck Road and the G41/42 postcode boundary.

The population is 114,337.

This proposal covers the whole of the South West Glasgow LHCC and a small part of the Greater Shawlands LHCC. It also covers the South West and Greater Pollok Area Social Work Teams and the Greater Pollok and Greater Govan SIPs with the Penilee part of the small area SIP.

- South East

Bounded to the North by the River Clyde, by Commence Street, the M77 and Dumbreck Road to the West and Glasgow City boundary with East Renfrewshire Council sets the southern and eastern boundaries.

The population is 120,910.

The proposal covers the whole of the South East Glasgow LHCC and the majority of the Greater Shawlands LHCC. It also covers the South and South East Area Social Work Teams and the Greater Gorbals and Castlemilk SIPs, as well as the Toryglen part of the small area SIP.

3.5 We did not make proposals for the Rutherglen/Cambuslang and the North Lanarkshire part of Greater Glasgow, reflecting the earlier stages of discussion with Lanarkshire Health Board and Lanarkshire Local Authorities. However, we did question whether the Rutherglen/Cambuslang LHCC population of around 55,000, was large enough to represent a viable CHP.

3.6 We recognised the implications of the proposed boundaries for existing structures, particularly for LHCCs. Before considering the detail of issues raised in responses it is important to recognise that, changes to the established structures of LHCCs, and the networks of NHS and wider relationships they have developed, were inevitably going to raise concerns. People in the NHS are often wary of organisational and structural change which is sometimes perceived to add no value to their own work. Having said that, it is important to recognise the wider purposes we aim to achieve through CHPs. We are aiming to achieve a step change in three key areas, health improvement, delivery of services particularly to vulnerable people, often with multiple problems, and to raise our game in tackling health inequalities. All of these require substantive partnerships with Local Authorities. It is fair to say that there would be no possibility of achieving the commitment and engagement of Local Authorities unless we are prepared to recognise and respond to their legitimate aspirations on the boundaries of CHPs at the same time as achieving boundaries which make sense for NHS services. It is a challenge to keep our staff on board and engaged during this process of change and we need to reflect further on how that can be delivered.

3.7 It is also important that we recognise that key to the further development of CHPs and addressing the issues outlined in the rest of this paper, is reaching agreement on final boundaries. Although the recommendations below do propose elements of further work they are also intended to offer enough certainty to enable us to make progress. Set out below are the issues which have been raised with our boundary proposals and a suggested response to them.

3.8 Greater Shawlands LHCC: our proposals see the practices presently in this LHCC divided between three CHPs. The particular issue of Thornliebank Health Centre is covered below. Given the LHCC's present geography and the logic to have two CHPs for South Glasgow it is difficult to see how the legitimate concerns of the LHCC can be addressed. The primary care and community staff, in what has been a highly effective co-op, clearly feel that four years of collective effort in working together and developing services is to be dismantled, although there is also recognition of the potential benefits of CHPs. The LHCC makes two proposals to address the issue, firstly, a single Southside CHP and secondly, alternative boundaries. Further discussion with Glasgow City Council has confirmed that a single south CHP, twice the size of any other, would not be acceptable, although there is potential to consider the sub CHP structures and how practices might network across CHP boundaries. It is therefore recommended that we approve the proposed boundaries in principle and that there is a further loop of discussion with the LHCC and GCC to establish what cross boundary arrangements might be possible, the precise SE/SW CHP boundary and any other measures which can be taken to mitigate the LHCC's concerns.

3.9 Thornliebank Health Centre: this Health Centre lies just outside the Glasgow City boundary and almost all of its patients live in Glasgow City. It is recommended that we discuss with East Renfrewshire and Glasgow City Councils how these practices can be incorporated into a Glasgow CHP.

3.10 Anniesland, Bearsden and Milngavie: This LHCC has practices within GCC and EDC, and the LHCC raise similar concerns as those of Greater Shawlands, outlined above, about the disruption to strong relationships, the positive benefits they have achieved and potential disruption to services. However, both Local Authorities wish to see coterminous CHPs and the recent national guidance, although still in draft, makes coterminosity with Local Authorities a requirement. It is therefore recommended that the boundary is as proposed with Anniesland in the West Glasgow CHP and Bearsden and Milngavie with the East Dumbarton CHP. However, there should be further detailed discussion with the practices involved to agree how the LHCC migrates into the two CHPs and how the service issues which have been raised can be addressed.

3.11 Dennistoun LHCC: this LHCC also raises concerns about the split of its practices into 2 CHPs. We knew this was a difficult area in which to arrive at a definitive east/west boundary. GCC have also raised further points about this boundary. It is recommended that there is a further, final review with GCC about the precise line of the boundary between the proposed northern, western and eastern CHPs.

3.12 Clydebank LHCC: The LHCC have expressed their preference to have a Clydebank CHP rather than the West Dumbarton wide, cross health board boundary, which we proposed and WDC supported. We understand the LHCC concerns about the potential levelling down of services as we have invested substantially more resources in primary care and community services. We also understand the desire to see a continued Clydebank focus given the reality of that distinct community. However we believe there is significant gain to a single coterminous CHP which will attract strong support from WDC and that those concerns can be addressed. It is recommended that the proposed West Dumbarton CHP is approved and the issues about differential services are addressed in further detailed work to provide the required reassurance to the LHCC.

3.13 Lanarkshire: We did not make a CHP proposal for the Rutherglen/Cambuslang area because of the need to link to processes within NHS Lanarkshire. However, the LHCC have a clear preference to form a CHP which matches the present LHCC boundary, although we have raised the question of whether that size of population is an adequate basis for a stand alone CHP. We need to test that assumption and make decisions in partnership with South Lanarkshire Council. There have also been responses from the Greater Glasgow part of North Lanarkshire seeking a continuing connection with Glasgow. We need to work through these concerns with the GP practices and the community staff involved but recognise that this population is too small (10,000) to enable a stand alone CHP and that cross Local Authority boundary CHPs are likely to be precluded. It is recommended that discussions continue with Lanarkshire NHS Board, the two Lanarkshire Local Authorities and the LHCCs to arrive at final CHP proposals for these areas to be brought to the Board for approval. However, we should proceed on the basis that, given the guidance on coterminosity, the North Lanarkshire population of Greater Glasgow cannot be included in a Glasgow CHP.

3.14 For all of the other proposed boundaries it is recommended that these are now approved as the basis for CHPs.

D. CONSULTATION ON WIDER ISSUES

4.1 We took the opportunity of consulting on boundaries to include for consultation and debate two other sets of issues about CHPs. This section restates those proposals and section E sets out the themes which have emerged in responses to the consultation.

4.2 The first set of issues related to our thinking about the roles of a CHP in managing services, resources, staff and functions. We saw four potential roles:

- directly managed, ie, staff and budgets;
- a service provided within the CHPs area, managed as part of another structure but with strong and direct accountability to the CHP;.
- services provided outside the CHP area, with staff managed in another structure but the budget held by the CHP;
- services provided outside the CHP area with management and budgets held elsewhere in the structure but influenced by CHPs.

4.3 Our proposal was the CHPs should directly manage all NHS staff and budgets provided in their area unless there are good reasons to favour alternative arrangements. Such reasons might include issues about critical mass, the relationship between community based and specialist services and the way patients flow through services.

4.4 This would mean that CHPs should directly manage:

- community nurses;
- relationships with primary care contractors;
- local older people's services;
- mainstream school nursing;
- local chronic disease management programmes and staff;
- oral health action teams;
- allied health professionals;
- palliative care;
- locally provided addictions, physical disability and learning disability services (all joint with Local Authorities).

4.5 We also proposed that given the importance of the CHPs health improvement role that public health practitioners, geographically based Health Promotion staff and related budgets will be directly managed.

4.6 In addition to these direct management responsibilities we also proposed that CHPs will hold budgets for:

- prescribing in primary care;
- diagnostic and laboratory services to primary care;

- enhanced services under the new GMS contract.

4.7 Finally we noted that management arrangements for community based staff, presently managed within specialist services, including community child health, mental health and older people's mental health, are under review to establish proposals for further consultation, which ensure we create strong local accountability as well as cross system patient flows. While we see acute, specialist children, special educational needs and community midwifery services managed in other structures within the new NHS operating divisions we are committed to ensuring there is strong accountability and influence for CHPs.

4.8 Our second set of additional proposals focussed on the potential organisation and resourcing of CHPs. When we issued our consultation proposals we were not yet in a position to consult on final proposals on organisation and resources for CHPs but we took the opportunity of the consultation exercise to outline the programme of work in progress to develop detailed proposals to bring to the Board on how CHPs will deliver their seven key roles notably:

- managing local health services;
- partnership with Local Authorities;
- delivering health improvement;
- contributing to service and strategic planning;
- influencing the provision of specialist services;
- playing a major role in community planning and acting as a local focus for regeneration;
- engaging and involving the local community.

4.9 We also restated our key proposition that CHPs have massive potential to deliver better services and decisions for their populations, anchored in local accountability and responsibilities which connect wider health improvement with service delivery. We do not simply see CHPs as a way of better managing and integrating NHS services but also as offering an organisation which can be a partnership with Local Authorities, giving the opportunity to integrate services and drive a joint health improvement agenda.

E. THEMES EMERGING FROM CONSULTATION

5.1 This has been a very successful consultation process attracting a wide range of thoughtful and constructive responses which we need to consider carefully. Appendix 1 provides more detailed information about responses. Section C of this paper covered the consultation about boundaries. This section briefly draws out the main themes which emerged from the consultation exercise. A short summary of each response is provided at Appendix 1. It is important to restate that it is inevitable there is a degree of adverse reaction to change, particularly where people feel positively about current structures and working relationships. This was highlighted in responses from within the NHS particularly from LHCCs and staff working in primary care and community services. Having said that, there are a number of very positive responses recognising the huge potential of CHPs to improve health and deliver better services.

5.2 The themes which have emerged are set out below

1) There is a consistent theme from health responses that the shift from LHCCs to CHPs may cause clinicians to disengage and undermine the progress LHCCs have made.
2) For cross boundary CHPs there was concern that at the potential levelling down of services, linked to this is a more general concern about the potential growth of postcode prescribing.
3) There is support for locality structures below whole CHPs, particularly where there are different patterns of patient flow from different localities.
4) A number of detailed issues were raised about funding, including concerns about prescribing, diagnostics and enhanced services.
5) A number of responses saw CHPs as offering positive opportunities to work with Local Authorities, link services and engage communities as well as giving a much stronger local focus to impact on poor health.
6) A number of responses highlight the challenge for larger CHP organisations to retain local sensitivity and links.
7) There is enthusiasm to develop the concept of the Public Partnership Forums.
8) Relationships to secondary care are critical and need more detailed thinking.
9) Change on this scale is a real challenge and this dimension needs to be recognised particularly for LHCC staff.
10) The scale of CHPs create the potential for distance and bureaucracy.
11) There is a real opportunity to give patients and communities a stronger voice.
12) Greater clarity is needed on governance and accountability.
13) Planning strength within CHPs will be critical.

It is inevitably not possible to do justice to all of these issues and consultation responses in this short paper. Many of them cannot be fully addressed until we have undertaken further detailed development work. The next section sets out how we should approach this.

F. CONCLUSIONS AND NEXT STEPS

6.1 It is critical to achieve two objectives in our next phase of work. Firstly we need to ensure that there is particular effort to retain the support and engagement of health staff and those who have contributed so much to the success of LHCCs. Reorganisation always risks disengagement and disruption and the input of NHS staff is fundamental to the success of CHPs. The section on boundaries also highlighted a programme of further work on related issues to address LHCC concerns.

Secondly, we need to ensure the many and detailed issues raised in this consultation are comprehensively worked through in the development of detailed schemes of establishment.

6.2 The CHP steering group and the processes we have established with each Local Authority will need to achieve these two objectives and the Board will want to test progress at regular intervals.

NHS GREATER GLASGOW

CONSULTATION ON BOUNDARY PROPOSALS AND PRINCIPLES FOR DEVELOPING COMMUNITY HEALTH PARTNERSHIPS SUMMARY OF COMMENTS RECEIVED

PROFESSIONAL AND ADVISORY COMMITTES (INCLUDING LHCs)

- Area Medical Committee
- Area Dental Committee
- Area Allied Health Professions Committee
- Greater Glasgow Health Council
- Maternity Services Liaison Committee
- Royal college of Midwives

NHS ORGANISATIONS, LHCCs AND GPs

- South Glasgow University Hospitals NHS Trust
- City-Wide Services – Primary Care
- Mental Health Division – Primary Care
- Nutrition and Dietetic Service – Primary Care
- Trust Psychiatric Committee – Primary Care
- Yorkhill NHS Trust
- Clinical Psychology Services for Children and Adolescents, Yorkhill
- School Nursing: Public Health Nurses – Team Leaders, Yorkhill
- Dumbarton Road Corridor SIP – Health and Well-Being Theme Group
- Sandyford Initiative
- NHS Ayrshire & Arran
- NHS Lanarkshire
- LHCC Professional Advisory Committee
- Anniesland/Bearsden/Milngavie LHCC
- Camglen LHCC
- Camglen LHCC – General Manager
- Clydebank LHCC – Community Meeting
- Clydebank LHCC – Staff Meeting
- Clydebank LHCC – Lead GP
- Dennistoun LHCC
- Drumchapel LHCC
- Drumchapel LHCC Executive
- West Leads and Managers
- Eastern Glasgow LHCC – Patients' Forum
- Eastern Glasgow LHCC – Muirhead Clinic Staff
- East Kilbride LHCC
- Greater Shawlands LHCC
- Greater Shawlands LHCC – Nursing Staff
- LHCC Managers and GP Leads Meeting
- South East Glasgow LHCC
- South East Glasgow LHCC – Physiotherapists
- South East Glasgow LHCC – Locality Panels

- South East Glasgow LHCC – Public Health Team
- South East Glasgow LHCC – Health Visitors
- South East Glasgow LHCC – GP Lead
- South West Glasgow LHCC
- South Glasgow Association of Co-ops (LHCCs)
- North Locality Planning Implementation Group (LHCCs, Acute and Social Work)
- LHCC – Youth Health Workers Forum
- Dr R Bhatti, Thornliebank
- Dr A Birkmyre, Rutherglen
- Dr AEM Forrest, Rutherglen
- Dr D Jamieson, Muirhead/Moodiesburn
- Dr J Lynch, Rutherglen
- Dr S McMenamin, Nithsdale Road
- Dr A Mitchell, Homeless Health Service, Glasgow
- Woodside Dental Practice
- Mr C Colahan, Ophthalmic Optician

NHS STAFF

- Mr D Thomson, Director of Pharmacy, Primary Care
- Mr A Boyter, Director of Human Resources, North Glasgow
- Mr DAW Ritchie, Consultant in A&E, Victoria Infirmary
- Ms A Holmes, Consultant Midwife
- Ms CM Kerr, School Nurse, Yorkhill

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

- Glasgow City Council
- Glasgow City – Community Action Team
- Glasgow City – Land Services
- Glasgow City – Young Carers' Strategy Group
- South Lanarkshire – Social Work Resources
- Govan Community Counciil

COMMUNITY/VOLUNTARY ORGANISATIONS

- Antonine Court, Learning Disability Resource Centre, Drumchapel
- Cathcart ME Support Group
- Drumchapel Opportunities
- Glasgow Homelessness Network
- La Leche League
- Momentum Students, Drumchapel
- Nan McKay Hall (Manager)
- Northern Service Office of Alcoholics Anonymous
- P3 … Patients Partnership in Practice
- Right Track (Young People), Drumchapel
- St Ninian's Learning Disability Resource Centre, Drumchapel
- Scottish Association for Mental Health
- Sense Scotland

- South Childcare Partnership Forum
- Temple Elderly Community Care Service
- Visibility
- West Community Addiction Team, Drumchapel

MSPs

- Janis Hughes MSP
- Mike Watson MSP

OTHER ORGANISATIONS

- University of Strathclyde – Head of Community Education
- Glasgow Caledonian University – Division of Community Health
- Complementary Medicine Centre

GENERAL PUBLIC

- Ms MA Curtis, G12
- Mr J Henderson, G66
- WB Knight, G20
- Ms R McCoach, G73
- AJ MacKichan, G15
- ED Taylor, G76

ANONYMOUS RESPONSES X 16

NHS GREATER GLASGOW

CONSULTATION ON BOUNDARY PROPOSALS AND PRINCIPLES FOR DEVELOPING COMMUNITY HEALTH PARTNERSHIPS SUMMARY OF COMMENTS RECEIVED

PROFESSIONAL AND ADVISORY COMMITTEES (INCLUDING LHC)	
Area Medical Committee	• Links have been forged between practices and locally responsive services and quality standards have developed. The fear is that CHPs will negate the good work done by LHCCs and cause clinicians to become disengaged. Considers there is still a place for natural LHCC based communities within the CHP structure to retain these benefits • Construction of CHP seems to be driven by Local Authority boundaries, not NHS Board boundaries. Seems strange when the Local Authority element of a CHP is less engaged than the NHS element, ie where CHP may incorporate parts of 2 NHS Boards but not parts of 2 Local Authorities • Propose Camglen retains its identify as a CHP with 55,000 patients with perhaps movement over time to expand this structure as proposed. Currently proposal seems destabilising • Due to the lack of readiness of North Lanarkshire, see no advantage in this area disengaging from LHCC arrangements at this time • Concerns that funding for clinical work will be unevenly distributed within the CHP with Argyll & Clyde NHS Board • Similar concerns in Eastwood regarding clinical services but not in Barrhead and concern at possible levelling down of services • Issues in East Dunbartonshire relate to different patterns of secondary care referral and the existence of 2 distinct locality groups in East Dunbartonshire which need to retain some form of individual identify

	• Proposal to divide the 3 South Glasgow LHCCs into 2 would put at risk existing good joint working between the South Side LHCCs generally. Recommend any configuration takes account of established method of working • View is that splitting Dennistoun LHCC would end collaborative working with primary care locally and with secondary care • LHCC Leads reject the devolving to CHPs of prescribing budgets which require great deal of expertise and effort to control. Proposal to devolve this would potentially be destabilising and major service cuts might have to be made if budget goes into deficit • If CHPs were to control diagnostic services budget, links with secondary care need to be well developed. Welcomes possibility of this partnership; primary care clinicians should have access to diagnostic tests and using same criteria as their secondary care colleagues • Do not believe any meaningful control can be exerted by CHPs on the budget for enhanced services unless this becomes larger than at present. Believe that if enhanced service funding somehow replaces LHCC funds, this would be unacceptable • Clarification needed as to the continuing funding of current LHCC projects with. Devolution at prescribing, drug services and enhanced service budget even more difficult and complex. • Description of services to be directly managed by CHPs is ambiguous and causes anxiety • Concerns regarding proposal that CHPs hold budgets for diagnostic and laboratory services to primary care. Not clear how will be calculated and monitored. Possibility of CHPs being able to 'shop around'

	• CHPs potentially offer good method of integrated working and there are potential advantages. Needs to be increased degree of commitment and openness from potential Local Authority partners first
Area Dental Committee	• Concerns expressed regarding configuration of dental services within Rutherglen and Cambuslang LHCC. Remains anxiety as to the future arrangements for a CHP in this area and its relationship to Lanarkshire NHS Board and South Lanarkshire Council • Noted the lack of engagement between LHCCs and General Dental Practitioners in the past on matters relating to dental health promotion and hope that this will improve with CHPs • Note the proposal that CHPs should manage Oral Health Action Teams. It should be borne in mind when planning and implementing future dental services locally that Oral Health Action Teams do not represent all of dentistry in Greater Glasgow
Area Allied Health Professions Committee	• Proposals broadly welcomed • Boundaries appear reasonable and an improvement on current LHCC arrangements in respect of co-terminosity with South West areas • Error, page 7 at point 2.5 – "East and West Dunbartonshire" Councils not "Renfrewshire" • Important to have professional leadership at the earliest stages for advice • Although proposal indicates CHPs should directly manage AHPs, there is a presumption that this does not refer to those AHPs working in Operational Divisions • Seems logical to manage community-based services locally but requires careful consideration to ensure that relatively small services retain the flexibility to respond where required

	• Welcomes the proposals for improved integration and partnership, although concerns that AHPs should have a voice at the highest level in relation to resources to ensure continuing appropriate patient care • Clear focus on health improvement activity welcomed • Managed Clinical Networks which will cross both acute and community services eg stroke highlight the need for clearer relationships between CHPs and acute services
Greater Glasgow Health Council	• Feedback obtained from public meetings in Clydebank, Castlemilk and Greater Shawlands • Welcomed the opportunities and recognises the potential benefits to service users and organisations with the establishment of CHPs • Support the objectives for CHPs which should be positive step in developing stronger partnerships between health and Local Authority services and co-ordinating community planning; more joint local health and social care services teams • Less clear how CHPs will improve links between community health and hospital-based services, gives communities a greater say and improves the health of local people. Agree these are key areas around which significant work requires still to be done • There is need for greater consideration to be given to engaging and involving the local community and greater clarity needed around how this debate will be carried out • Wish to be involved in the debate about how a PPF would be developed and further detail on the role of such a forum. Seems appropriate that a member of the Local Advisory Council (LAC) of the Scottish Health Council (SHC) should serve on the PPF and attend the CHP Executive

	• Suggest there is an obvious role for the SHC in supporting the PPF and, through its local office, in monitoring services evaluating and carrying out research • Would support CHPs managing all health services currently managed by LHCCs plus school nursery and geographical health promotion services • Supports proposal that health promotion staff and monthly budgets be managed by CHPs • Boards must ensure a degree of consistency in terms of service delivery to avoid postcode prescribing and in terms of the standard of service to patients • Accepts CHPs should be significantly greater, in terms of size of population served, than LHCCs • Have major concern that rigid application of CHP boundaries will lead to loss of choice of access. Want assurances that patients will not be excluded from GP lists by simply being on wrong side of boundary • Thornliebank Health Centre is situated in East Renfrewshire but some 70% of patients registered there live in Glasgow. Need assurances that no barriers would be put on patients accessing services from a neighbouring CHP if their GP is registered within that other CHP • Members of the public in Clydebank are keen for assurances that Clydebank will remain part of GGNHSB area and that there will be no levelling down of services as a result of the establishment of a CHP which covers the Clydebank part of Greater Glasgow and the West Dunbartonshire part of Argyll & Clyde NHS Board area. Traditional links between Clydebank and secondary services in West Glasgow must be retained

	• Endorse the primary aims which have influenced the proposed boundaries but take the view that Local Authority boundaries do no always recognise natural communities
	• Hope that CHP structures will allow a degree of flexibility to ensure management areas reflect different communities and neighbourhoods. One sub-division which would seem appropriate would be in East Dunbartonshire where the Bearsden/ Milngavie area is quite a separate community from the former Strathkelvin District Council area of Kirkintilloch, Torrance and Bishopbriggs
	• Clear guarantees needed that there will be:
	  • no service cuts as a result of establishment of CHPs; all existing local health services maintained
	  • no reduction in choice for patients with ability to access services in CHP
	  • minimal disruption to patients
	  • no changes to existing referral patterns
	  • NHSGG will continue to be responsible for Greater Glasgow residents

Maternity Services Liaison Committee	• Recognise rationale behind boundaries and endorse acknowledgement that there will be flows of activity across boundaries • Support management of services proposed but would not support CHPs managing maternity services • Suggest that a senior clinician/manager represents maternity services on relevant structures within CHPs
Royal College of Midwives	• Support the principle of service delivery as close to home as possible and welcomes the opportunities this will present for midwives to become true partners in local community healthcare planning

	• Support CHPs taking responsibility for staff governance and developing strong relationships with Local Authority functions such as education and housing • No recognition of a regional approach to services such as maternity care • Expect midwifery representation on each Partnership to advise on midwifery matters, particularly in relation to public health

NHS ORGANISATIONS, LHCCs AND GPs	
South Glasgow University Hospitals NHS Trust	• Acknowledge the broad principles of CHPs and desire to build on existing good work in the LHCCs. Would urge extension of integration to include voluntary and other non-statutory agencies, particularly in relation to chronic disease management and continuing care • Agree that co-ordinated local focus has potential to impact on poor health record in Glasgow and that CHPs should not be seen as solely NHS bodies, as integrated management across services has potential for real health gain • Acute services need to ensure needs of secondary and tertiary care services can be reflected in work of local communities to avoid focus solely on primary care issues within the CHP • Agree that CHPs should take responsibility for managing demand on acute services in their area. Keen to work with local communities and GPs to develop lasting approaches to managing demand for secondary services • Closer working between agencies will impact on hospital services in terms of smoother discharges • Agree there should be "effective locality planning linked to coherent strategic planning" • Divisional clinical and managerial staff should be involved in CHP planning process. Would welcome further development of a network-based core strategic planning framework with strong links to Divisions and CHPs • Important that co-ordinated approach to development and funding of tertiary services on a regional basis is not set back by refraction of decision-making from a regional level

	• Disagree that Camglen is not large enough to have a separate CHP. Other factors outwith the pure population-based criteria. Recognising the flexibility accorded to CHPs, there is a case for some non core functions for Camglen CHP to be hosted by neighbouring CHPs • Believe that local population better served within CHP which relates to its own host Health Board rather than to 2 Health Boards. Particular concern would be drift of clinical care away from a non-Glasgow CHP, which may impact on capacity planning for Glasgow's Hospital Modernising Programme • Concern about more direct impact on Medicine for the Elderly where Local Authority and primary care interaction is important. If different models are developed in that area from other CHPs, will be extremely difficult for Medicine for the Elderly and local services interface • Para 3.2 – "CHPs should directly manage all NHS staff and budgets in their area" – should be re-worded as it could currently be read to include acute services • Reference to AHPs at para 3.3 – presume this means community-based AHPs and not hospital-based AHPs • A city-wide approach and a central function, particularly on key campaign messages, would still be required in relation to geographical based Health Promotion staff and budgets being managed locally • Would welcome further discussion on the implications of moving the diagnostic and laboratory services budgets for services to primary care from acute services to CHPs
City-wide Services – Primary Care	• CHPs would further develop the positive aspects of LHCCs, allowing a more comprehensive approach to heath care delivery and improvement • Reduction in number of operational units would increase opportunity for city-wide services to work collaboratively, develop local services and increase opportunity to

	involve minority groups • Co-terminosity of boundaries achieved by CHPs would facilitate working practices for city-wide services • Proposed structures increase the potential for city –wide services to consider decentralisation or develop satellite style services locally • Number of issues currently faced by city-wide services which, if addressed in the planning stages of CHPs, would result in improved working and increased effectiveness. These include how to balance the competing demands of local and national strategies and local and central structures, how to influence the joint future agenda and joint planning and implementation groups, how existing work across the primary/secondary interface will be supported and how to ensure core consistency across all CHPs
Mental Health Division – Primary Care	• Consultation paper was generally well received • Logistics of proposed boundary changes are possible however a number of specific actions are necessary to achieve these changes for mental health services with minimal service disruption • North East – change in alignment of inpatient services required should be undertaken after Parkhead Hospital services transfer to Stobhill in 3–5 years • West Sector – proposed boundary changes around the Arndale Resource Centre would mean splitting and moving a community team a short distance to accommodate the geographical boundary whilst disrupting the natural patient flow between inpatient and community services. Similarly for the Yorkhill area it would require a transfer of and increase in resource, staff and accommodation in order to provide an appropriate mental health service in the West CHP

	• South Sector – main impact will be on the Pollokshaws teams however it is expected that a refocusing of service delivery in this area will benefit the service delivered • Feedback from the consultation on the organisational options for the integration of adult mental health services can also be fed into the planning of CHPs
Nutrition and Dietetic Service – Primary Care	• Broadly welcome proposals and agree that principles and opportunities will enable AHPs to play an appropriate role for the benefit of patient care • Boundary proposals improve on current LHCC arrangements in respect of co-terminosity with social work • Agree with proposals that NHS staff should be directly managed within CHPs and opportunity for ensure that community dietetic services are managed as locally as possible • Careful thought and consideration require to ensure that relatively small services retain the flexibility to respond appropriately • Strong professional leadership is essential • Proposals for improved integration and partnership with Local Authorities is welcomed • Welcome clear focus on health improvement activity within CHPs and dieticians have a clear role to play in this area • Important to consider needs of local communities in relation to localities
Trust Psychiatric Advisory Committee – Primary Care	• Full support for proposal to maintain a city-wide perspective on the management, organisation and running of mental health services • Concerns about boundary changes; recognised that changes were inevitable to improve co-terminosity arrangements however hoped that these would be minimised and involve as much discussion with clinical staff as possible

	• Concern that development of CHPs should not be associated with dilution of funding and resources available to secondary care mental health services; concern particularly applied to specialised branches of both the Addiction and Learning Disability Services, and also services provided by AHPs on behalf of secondary care mental health services
Yorkhill NHS Trust	• Welcomes the proposal to establish CHPs and recognises the opportunities for better service integration, with Local Authorities, networking services with secondary and specialist care, developing comprehensive approaches to health improvement, achieving real community engagement, influencing on planning and strategy and developing clinical networks between primary and secondary care • General acceptance that proposed boundaries are acceptable, however, CHP boundaries should maintain equity of access. Easier to communicate and liaise with 8 or 9 CHPs than existing 16 LHCCs • Cross-boundary working with Local Authorities will promote more effective integrated services • Broad agreement on roles and range of services described for CHPs • Concerns by school health staff on proposal that school nursing service will be directly managed by CHPs as this service has been developing well under Yorkhill's management • Strong links should exist between mainstream school nurses, health visitors, public health nurses and public health practitioners in primary care • Important not to dilute expertise in certain city-wide school nursing services to an extent where they are unable to function • Hoped that links between school nursing service and New Learning Communities can be further developed in the CHP structure

	• View is that community based staff, in Community Child Health and Mental Health Services which are at secondary care, should continue to be managed by Yorkhill but they should have direct accountability to the CHP • Issue in terms of when and how some children services should be managed by CHP or aligned to them, dependant on discussions with Local Authority partners
Clinical Psychology Services for Children and Adolescents, Yorkhill	• All clinical psychologists are working in multi-agency and multi-disciplinary contexts and some across and between service boundaries to deliver services. There are currently 3 services where Clinical psychologists have a lead role in teams working flexibly across both Yorkhill NHS Trust and Primary Care Trust with Local Authority partners - the looked after and accommodated mental health services to children and young people, the learning disability service for children and young people and the forensic mental health service to children and young people. There is scope for developing more examples of this way of working • Number of systems currently in place to address clinical governance issues and the recent invitation to further develop and consolidate these initiatives with PCT colleagues is welcomed • Number of factors important for the future planning and delivery of clinical psychology services to children and young people including maintaining critical mass, maintaining focus on service planning and delivery at national, regional, health board and local levels and maximising opportunities offered by new learning community schools clusters • Proposed relationship with CHP should be one of accountability for local service delivery via service level agreements (possible for each CHP to have a named child clinical psychologist responsible for this). The service would be managed and the budget held by a child focused operating division incorporating mental and physical health

	• An additional Consultant Clinical Psychologist has been appointed with a specific remit to help plan the delivery of service to CHPs
School Nursing: Public Health Nurses – Team Leaders, Yorkhill	• Feel that the decision to transfer management of school nursing service has already been made • Important to avoid repetition of previous negative experiences and capitalise on the positive experiences of a change of management • If school nursing budget is devolved to CHPs what mechanisms will be in place to ensure that school nursing is given appropriate funding in future? • Service does not exist in isolation and staff work closely with other health professionals and are supported by a team of admin and clerical staff • Concern that the recommendation to serve links between special mainstream and special schools does not recognise the strong working links and that special school nurses will not only become isolated from mainstream school nursing but also within the Yorkhill structure • Mainstream school nursing already works closely with partners in LHCCs so why is there such strong emphasis on management by CHPs? • What arrangements will be put in place to ensure there is a coherent direction and development and an identified senior nurse with overall professional leadership responsibility as indicated within the Framework for Nursing in Schools? • Further consideration needs to give to the range of city-wide services provided by school nursing • Clarification required on definition of school management teams and community nurses • Will education departments negotiate with individual CHPs regarding service level agreements? • School nursing services had developed considerably in last decade and now has

	a stronger national framework and profile – concern that a return to the service being managed by individual nursing officers in primary care will result in feelings of isolation and stifle service development • Service remains grossly understaffed and it is felt that a move into large CHPs will exacerbate this problem
Dumbarton Road Corridor SIP – Health and Well-Being Theme Group	• Provides the opportunity to develop new alliances through concerns expressed about co-terminosity with other boundaries such as community learning and how primary care staff will be located within new CHP. Is Garnethill within North or West CHP? • New structure will allow better planning and streamlined management structure but concern about whether GPs or others will dominate CHP. Will CHP consider community health projects for future funding? • More clarity required on role of CHPs • Health and social work need to have joint plans. At strategic level who will manage the joined-up services? Will the voluntary sector organisations be "incorporated" in CHPs? • Adequate targeted resources needed for health improvement. Need to develop capacity of health staff to deliver on priorities. In working with local communities, need to recognise differing priorities, and the resources to empower communities to work on issues of concern • GPs need to be involved in the health improvement agenda and the "medical" model should not dominate • Prescription budgets should be capped and resources diverted to health improvement • It is important that community is an equal partner in the process. What community representatives will represent the community and how will the PPFs be set up?

Sandyford Initiative	• Agrees that strong partnership and integration should coincide with NHS and Local Authorities in order to deliver CHP aims successfully • On cross-boundary issues - nee strong channels of communication. Prominent issue of finance in cross board working particularly in West Dunbartonshire and East Renfrewshire CHPs • Need further information around Lanarkshire – issue over Lanarkshire premises within Primary Care Trust LHCC needs resolution • Support in principle directly managed budgets, staff and services but scope of management of services not wholly within the CHP is debatable. Would favour Sandyford's services to be managed centrally • Supports opportunity to have active and influencing role in CHPs to allow appropriate service delivery • Accountability would need to be properly set – mixed management teams (NHS and LA) to provide level of support required • Local needs analysis to ensure needs of local population are met. CHPs should have significant role in planning their services to meet needs. Close working at PH practitioners and Health Promotion should identify strategies to improve health outcomes • Sandyford keen to support and be involved in CHP development
NHS Ayrshire & Arran	• Model seems to reflect well the draft statutory guidance and regulations as circulated by SEHD • As CHP boundaries do not affect NHS Ayrshire and Arran, no further comments made

NHS Lanarkshire	• Consultation document was circulated in advance of formal Scottish Executive guidance; this will influence NHS Greater Glasgow on role and responsibilities of CHPs and how they will operate • Would be helpful to have discussions on issues outstanding and in particular the need to work with South and North Lanarkshire Councils and NHS Lanarkshire on the development of CHPs • Particular focus on the benefits for patients, care pathways and implications for staff of any proposed CHP would be welcomed • Anxious to ensure CHPs protect aspects of service which people currently value but also is seen to add further value and benefit
LHCC Professional Advisory Committee	• No support for devolution of prescribing budget • LHCCs feel that they have made full representation as part of the consultation process but feel they are not being listened to • Decisions are being made, particularly within the smaller Local Authorities, at committees where LHCCs are not represented • Complexities and difficulties of cross NHS Board arrangements have been underestimated • Clarify if required in a number of areas including where CHPs will sit within the NHS Structure, the position of Glasgow City Council, how cross boundary services will work and the governance framework • Change to CHPs from LHCCs could lead to disengagement • Vision is required for PPFs
Anniesland/Bearsden/Milngavie LHCC	• CHPs must bring benefits for patients • Rigid co-terminosity may be an option but need to consider if benefits outweigh disadvantages

	• Significant cross boundary flows between Glasgow City and East Dunbartonshire Council for health and education services means Local Authorities will have to forge closer relationships and East Dunbartonshire will need to work across boundaries • Fully endorse principle of partnership working and recognise this is wider than just managerial structures • A wide range of services for the people living in the LHCC area are delivered from the West of Glasgow and this is a concern as staff feel they will need to work across 2 CHPs to maximise effective patient care • Few, if any, established transport links between the East and West areas of East Dunbartonshire and little if any referral by GPs to hospitals in North Glasgow • Needs to be recognition of the wider services, support, training and education for professionals which are presently delivered on a West Glasgow basis
Camglen LHCC	• Welcomes stated aims and principles • Proposal to establish a cross boundary CHP in partnership with South Lanarkshire Council is flawed • Stated population of Camglen is incorrect • Understand it is not possible for CHPs to cross Local Authority boundaries • Number of reservations about the wisdom of joining across present NHS boundary due to differences in patient flow, primary care service provision and Local Authority teams. Concerns over potential impact on morale of existing health professionals and ability to address local needs • Any potential benefits in economy of scale will be negated by increased complexity and management of the CHP • Difficulties of efficient CHP working across health board boundaries have been seriously under-estimated • Proposal for Camglen LHCC to evolve as a CHP should be reconsidered

Camglen LHCC – General Manager	• Before and after separate submission from lead GP, views were taken from Camglen's Health Visitors, District Nurses, Treatment Room Nurses, Physiotherapists, Podiatrists, A&C staff and GP practices. Without exception, all consider a merger with East Kilbride a serious mistake • Staff and GPs within Camglen consider a stand-alone CHP is the only viable option. The view, from both the lead GP and the General Manager from the East Kilbride LHCC, is that a link between Camglen and East Kilbride is inappropriate. Different secondary care providers are used and we have different contracting arrangements (around implementation) of the new contract • Social work services, based around a dedicated area of Cambuslang and Rutherglen, have no particular links to East Kilbride. Cambuslang is in a SIP area and East Kilbride is not • Camglen meets the minimum requirement in terms of size ie 55,000 – not the figure quoted in the consultation paper. Significant new housing developments are in progress in the Camglen area
Clydebank LHCC – Community Meeting	• Concerns expressed over NHS Greater Glasgow's track record on consulting and listening to the general public – there should be openness and honesty, people will understand problems if they are told upfront • Realise there must be change and accept it as long as it is a good change. • Need to work with the voluntary sector. • Good joint working already exists across the Local Authority so further integration is not necessarily a bad thing • Welcome guarantees that no jobs will be lost, Clydebank will remain part of NHS Greater Glasgow and money for Clydebank services will be ring-fenced • Concern over possible loss of local identity if Clydebank becomes part of a West Dunbartonshire CHP

	• Would prefer a Clydebank CHP is they had the choice
Clydebank LHCC – Staff Meeting	• Uncertainty over how boundary changes will affect them • Will they be asked to work across CHP boundaries as some staff cover Clydebank and Drumchapel? • Would staff have to work across 2 Health Boards if they don't have a counterpart in another area? • Majority of staff would like to see a Clydebank LHCC but recognise that a Local Authority wide CHP has advantages
Clydebank LHCC – Lead GP	• NHS Greater Glasgow and NHS Argyll & Clyde have different views of where CHPs sit within their systems and how they should function – unclear as to how one body could be a sub-committee of 2 Health Boards • Public representatives, staff and independent practitioners have considerable anxieties that Clydebank would ultimately become part of NHS Argyll & Clyde • Anxieties that the current level of healthcare provided in Clydebank LHCC might be levelled down to attain an equal level of healthcare across the West Dunbartonshire area or funding from NHS Greater Glasgow might be use to upgrade health services in Arygyll & Clyde area • Wish to maintain a Clydebank identity • New GP contract could lead to further differences in care across the West Dunbartonshire area • Unanimous support for a Clydebank LHCC although, if the end result of consultation is a single CHP with 2 localities then it is essential that there is strong input to the leadership of the CHP from the eastern end of the area to ensure that there was no drift of services towards the NHS Argyll & Clyde area in the short or long term

Dennistoun LHCC	• Agree with the proposed role and underlying principles of CHPs • Concerns about the ability of a large organisation to maintain effective links with local communities • Aim is to minimise disruption to SIPs and social work but Dennistoun LHCC will be split up • Single Local Authority CHPs make sense but cross Board CHPs will have immense practical difficulties • Dennistoun practice has little practical relationship with the rest of the practices in North CHP and many patients from Townhead health centre will be in North CHP while their practices will be in the East • Dispute claim that proposed Eastern CHP recognises natural communities. • Transfer of Stepps corridor to a Lanarkshire CHP would cause difficulty as there are no formal links with Lanarkshire health services – proposal is also causing uncertainty amongst staff • Concerns that health staff of LHCCs will feel disenfranchised and disengage with process especially if their LHCCs disappear • Accept that CHPs should manage as many services as possible • Clarity is required around budget management for health improvement to ensure there is a definitive health promotion budget • Concerns that the formation of an explicit health promotion team may mean that other staff do not see health promotion as everyone's role – health improvement remains the biggest challenge for CHPs • Prescribing and enhanced services should be managed at board level and diagnostic and laboratory services delegated to CHPs would have to be adequately funded

	• Remains to be seen how much Local Authorities will devolve down to CHPs and how successful joint working will be in practice • Proposed CHPs do not relate to the acute sector and some CHPs relate to more than one acute hospital • Public involvement will remain a major challenge and many complex issues have not yet been addressed

Drumchapel LHCC	• Reason for lack of involvement:
	  • no real influence
	  • consultation period too short
	  • top down approach
	  • lack of involvement
	  • attitude of professionals to local people
	  • lip service to locality panel
	• Good practice:
	  • community input
	  • Community Health Action Team – piloting alternative therapies project
	  • Locality Panel listened to
	• Future involvement with CHPs:
	  • regular communication
	  • wide representation – no one group dominating
	  • encourage group and individual influence
	  • participation and partnership working
	  • health, housing and education links
	  • local groups well supported and resourced

Drumchapel LHCC Executive	• Patient involvement – representation from Drumchapel • Develop sub-structures but avoid duplication • Moving closer to NHS Board – where will there be joint commissioning? • Role of politicians/Councillors

	• Move beyond health sector • Social work, Local Authority sacrosanct • How can specialist services (Yorkhill) be spread between CHPs? • Secondary care – engage, learn from integration of midwifery. Integrated management? • Human resources issues for staff • Incremental changes sensible • Community planning – central consideration in delivering health improvement • Good model developed in LHCCs – protect • Meaningful engagement, empowerment of staff, listen to patients and be realistic in timescales and targets
West Leads and Managers	• West CHPs supported – natural identifiable boundaries which incorporate existing organisations and structures which have effective joint working in the West • Clarify West boundary and North CHP and Anniesland/Bearsden/Milngavie (ABM) LHCC • Break up of ABM LHCC – detrimental to continuity of health care in that area. Incorporate into a new CHP for the West would be advantageous • Proposed boundary proposals – impact on mental health services and population flows, but opportunity to build on effective collaboration between existing LHCCs • Additional resources and capacity will be required to deliver proposed benefits • Alignment of key staff groups from other services needs to be carefully considered • Devoted functions with overarching Primary Care Division role • Achievement of equality of service provision – difficult. Potential to plan beyond SIP boundaries is a distinct advantage for CHPs • Welcome joint working with Local Authorities, and going beyond social

	work. Enhance and build upon new relationships and understand different cultures and dynamics. Fostering effective professional collaboration is essential • Structures should relate to other planning mechanisms and structures; representation from secondary and primary clinical staff; Local Authority devolution of what and how will accountability be monitored • Public health/health promotion – core to the management team
Eastern Glasgow LHCC – Patients' Forum	• Complete support for the underlying principles of CHPs, felt the proposed East Glasgow CHP meets these principles although some concern over implications for Stepps/Moodiesburn area • Total agreement that all present LHCC services should be included and support for as many health services as possible, especially mental health services to be included • Desire to involve Local Authority services beyond social work eg education • Need to involve other bodies, particularly Housing Associations • Essential that a shadow PPF is formed in advance of a shadow CHP Board so that the public can be involved from day one • Recognise that a PPF requires a different organisation and membership from a Patients' Forum however the current Patients' Forum could provide a starting point • PPF could be vehicle for involving both the public and the voluntary sector • Strong desire to see a positive relationship develop between CHPs and local community planning areas – concern that different set of boundaries for community planning would not be helpful to joint working • Wish to endorse proposals for an East Glasgow CHP and intend to proceed with the development of a shadow PPF for East Glasgow as soon as possible

Eastern Glasgow LHCC – Muirhead Clinic Staff	• Concern about potential loss of nursing disciplinary links for a wide range of services that community nurses are currently part of if staff transfer across to North Lanarkshire

East Kilbride LHCC	• Opposed to proposal for Camglen to join up with East Kilbride LHCC for the following reasons
	  • Rutherglen, Cambuslang and East Kilbride are not a natural community
	  • no shared clinical services
	  • patient flows to secondary services are significantly different
	  • development of primary healthcare services within Greater Glasgow and Lanarkshire have been significantly different
	• Proposed Rutherglen/Cambuslang/East Kilbride CHP would not benefit from economies of scale; system would become more complex with discussions at 2 Health Boards rather than one and having to maintain 2 separate systems of working
	• Improved outcomes can only be delivered through joint efforts of all partners, requiring consistent and co-ordinated action by primary care teams; this proposition seems unlikely given the diversity of systems

Greater Shawlands LHCC	• Feeling is not positive in relation to boundaries. The LHCC will be dissolved into 3 parts and Greater Shawlands will not exist as a sub-locality of a larger CHP. Primary care and community staff are deeply unhappy at the proposed break-up of the LHCC and the disruption of excellent working practices, developed over the last 4 years • Lack of recognition of the tremendous effort put in to make LHCCs functioning and viable bodies for the delivery of a range of innovative services • CHP is largely non-clinical around health improvement and integration with social care which, whilst laudable, the impact of the latter is rather elusive

	• Although critical of proposals, recognise that CHPs offer development opportunities including close relationship with social care bodies and local focus for health improvement
	• Devolution of health promotion is welcomed as is ambition for greater partnership working with secondary care
	• Real concern that patient care could be compromised by the proposals. Focus does not appear sufficiently grounded in clinical activity
	• Deletion of Greater Shawlands as an entity will undermine links made between the LHCC and secondary care partners
	• Fostering of closer relationships with local communities will be undermined
	• A positive and empowering culture will be one of the CHP's aspirations; fear this will mean an end to the existing positive and empowering culture in the LHCC
	• Change to CHPs may mean diminution of primary care voice ie the clinical voice will be lost amid the drive to a single management of health and social care
	• Unclear as to what extent the Local Authority wishes to engage with CHPs
	• Concern that the agenda of new CHPs will not reflect current service development priorities eg leg ulcer or innovative phlebotomy service
	• The LHCC proposes 2 options
	  • single CHP for South Glasgow with 3 sub-localities based on current LHCCs
	  • alternative boundaries for 2 CHPs in South Glasgow by way of a link between Greater Shawlands practices and one of the neighbouring LHCCs to form a CHP – preference for link to South East LHCC/CHP as consultation paper already has majority of practices in Greater Shawlands linking with South East and the M77 forms natural boundary in the South of the City, lending itself to a South West CHP and South East CHP

	• Recommended that the 2 practices in Thornliebank Health Centre be part of Glasgow CHP – with practices preferring the model of a CHP boundary using the M77
Greater Shawlands LHCC – Nursing Staff	• Welcome much of the ethos of CHPs • Concern over the potential splitting of existing district nursing team and impact on patient care and existing professional relationships • Feel there are ways which would allow the team to work across different CHPs but remain intact as a team
LHCC Managers and GP Leads Meeting	• Need to maintain current clinical/professional relationships that have been created within LHCCs • Need to maintain and enhance clinical/professional involvement and engagement in decision making and redesign initiatives • Need to achieve a step change in primary/secondary relationships and redesign efforts. This will measure the value of CHPs • Sub-structures below CHP level should be designed to reflect communities and existing partnerships • Evolution should be from existing situation rather than complete change that puts at risk current gains • Accountability arrangements should be devised and governance arrangements should be clarified including membership of Executive Committees
South East Glasgow LHCC	• Concerns raised about potential to lose support on input to CHPs from general practice • Staff view is significant disruption will result from move to CHPs particularly if concurrently with addressing integration with social work. Danger of losing local links, working relationships and identities • Support broad principles but need more detailed information as the management, leadership and support structures at CHP before LHCC could support the proposal

	• Boundaries proposal makes sense in relation to planning agenda. The link with 2 Social Work Area Teams would be opportunistic time to amalgamate South and South East Area Teams to improve the local planning agenda and reduce duplication. Need to give cognisance to partnerships and links, particularly between GP practices • Further detail needed to clarify some service issues particularly regarding relationships with primary care contractors, local older people's service, chronic disease management, palliative care, link between mental health and CHP • Agree geographic public health staff and budget be devolved and suggest each CHP having a dedicated or link PH consultant would strengthen links • No support for devolving the prescribing budget. Further information needed to inform discussion on diagnostic and laboratory services • Welcomes the '7 key roles' concept but must be adequately resourced and supported to enable delivery although further information is needed on what exactly a CHP is expected to deliver • Clarification is needed regarding partnership with Local Authorities particularly Glasgow City Council • LHCC welcomes the devolution of delivering Health Improvement. CHPs should be the vehicle for engagement and planning at a local level for all partners working on this agenda to reduce duplication and increase local capacity • Clinical staff involvement at all levels of decision making, planning and governance should be maintained and improved upon with a CHP structure • Important to maintain meaningful engagement with general practice which could be around the primary/secondary care interface and planning

	• CHP must be recognised as an influencing organisation for example in the deployment of resources affecting secondary care setting patients • Most significant areas of concern are the degree of change expected whilst trying to maintain services and the change from a voluntary and supported way of working as supported by LHCCs; concerns around reduced involvement with GPs and risks associated with devolved prescribing budget
South East Glasgow LHCC - Physiotherapists	• A number of views ranging from the proposals being a great opportunity for physiotherapists to extend their scope of practice into community roles, health promotion/education, leisure centres, schools and multidisciplinary research to view that the current system is barely coping without additional responsibilities • Caution about any arrangement that does not have clinical lead responsible for the delivery of health/care
South East Glasgow LHCC – Locality Panels	• CHP should aim to provide better communication links between community and hospitals. Consultation between CHPs and users/communities will be meaningful and existing community forums should be included in consultation arrangements. South CHPs need to ensure links between panel development worker and public involvement worker • Aims of CHPs should be expressed in terms of meaningful outcomes. Issues around improvements service users can expect to see, the level of partnership, whether joint line management and accountability will work • Communication and sharing information will be important in supporting inclusion • Voluntary sector needs to be involved in using existing processes to engage with local people and service users

South East Glasgow LHCC – Public Health Team	• Would welcome being part of a health improvement team although recognising may be issues re management of such a team • Questions around how dental directorate fits in and whether OHP would be part of the team or wider CHP structure
South East Glasgow LHCC – Health Visitors	• Anxiety over size and breadth of boundaries, diversity of needs • Implications of Victoria Infirmary being lost as acute site, accident and emergency • Community Midwifery Services – why separate from CHP?
South East Glasgow LHCC – GP Lead	• Only committed partner appears to be Primary Care – social work appears to be a potential partner but without any requirement for commitment and there is no apparent input from secondary care • No clear vision as to why LHCCs are evolving into CHPs • Paper is vague and ambiguous in areas eg issues in relation to direct management and accountability of services, staff and primary care contractors requires further clarification • Transparency, trust and sharing built up in the last few years has led to great improvements in the quality of patient care and boosted staff morale • Primary care clinicians have contributed to the planning of a wide range of services and initiatives and it is hoped that that this involvement will not be lost once CHPs arrive as this is likely to adversely affect the success and effectiveness of future developments • CHP will be larger and potentially more remote from patients. All practices within new CHPs must be involved in the development of the new organisation • Danger of splitting up engaged motivated teams of staff who work well together. Time, care and sensitivity is required to effectively build on existing work and relationships

	• Localities within CHPs would need to have a managerial resource and allowance if they are to be useful • Do not think it will be possible for CHPs to effectively manage prescribing budgets • CHPs will require substantive back up and resources to improve health and deliver better services • Hope that a substantial part of the work of CHPs will be to develop primary/ secondary care interface • More devolved decision making to social work area teams should make partnership working easier • Support proposals to relocate health promotion staff within CHPs • Agree that involvement in local regeneration projects is essential to ensure opportunities are not missed • GPs wish to be involved in the planning of CHPs but have many concerns and require more clarify of what is proposed
South West Glasgow LHCC	• Broadly supports the proposals • Important that proposed boundaries do not disrupt natural patterns of care and that patients living outwith the geographical boundary but registered with the local practices are included in our population figures • Southside CHPs will with to engage with South hospitals at a local and supra CHP level • Welcome that fact that the South West CHP will be better matched to local social work teams and SIP areas • Happy with proposals for managing services locally and jointly • Keen to see devolution of public health practitioners and health promotion staff and budgets to support health improvement • Propose that contractor finance and policing remains a retained central function within the Primary Care Service

	• CHP management of prescribing budgets raises a number of concerns however there is an appetite to exert more influence to create mutual accountability for prescribing behaviour with specialist service and the acute sector • Any introduction of primary care prescribing should be on a phased basis to those CHPs which have the capacity and desire to taken on the responsibility - additional support would also be required • Support the proposals that CHPs manage the budget for laboratory investigations • Keen to ensure that CHPs continue to retain the multidisciplinary involvement of frontline staff and not become a disconnected management structure • Important that CHPs are adequately resourced and resources are weighted to reflect population, deprivation and additional responsibilities
South Glasgow Association of Co-ops (LHCCs)	• Boundary issues remain contentious for those LHCCs which will be dissolved or aligned with primary care organisations or Local Authorities outwith NHS Greater Glasgow and Glasgow City Council boundaries • Whatever the overarching CHP boundaries may be there needs to be continued focus on localities • Critical that GP practices and other frontline staff remain engaged in the development and operation of CHPs • Opportunities for service redesign, greater local engagement with other partners, patients and the public are welcomed • Number of concerns and risks associated with CHPs managing prescribing budgets but there is an appetite to exert more influence and to create mutual accountability with specialist services and community based preventative services

	• Some interest in the development of a budgetary framework for diagnostic and laboratory services which supports improvements in patient care • Contractor reimbursement and finance issues should remain a central function • Where there is scope CHPs should agree enhanced services that meet population needs • Services, budgets and staff should be devolved but CHP budgets must reflect population and deprivation • Clinical agenda must retain a high focus with full partnership with local acute sector providers and mutual responsibility for outcomes • Health improvement should be part of the functions of CHPs and advances in this area should be incentivised – ability to deliver will depend on the resources, people and budgets devolved to CHPs • Performance assessment frameworks should seek to measure outcome and not process, which should be devolved to CHPs and their partners
North Locality Planning Implementation Group (LHCCs, Acute and Social Work)	• Agree with North Glasgow CHP boundary • Services which have a small pan-Glasgow client group would be best managed centrally rather than from within each CHP • Not convinced that CHPs would have sufficient influence to control expenditure on prescribing, budgets and have concerns that this could lead to postcode prescribing • Would support discussion on gradual devolution of budgets if support systems required to exercise necessary influence and control were in place prior to holding total responsibility

LHCC – Youth Health Workers Forum	• There should be a named strategic lead for youth health in every CHP who would sit on the core health improvement team for that CHP area and have direct input into the CHP committee or sub committee • Each CHP should have a health improvement lead to co-ordinate the health improvement work • Current services should consolidate the work they are carrying out and the limitations of what these services can delivers should be considered, particularly if no additional resources are identified • Each CHP should have youth health service provision however this should be set against a framework that considers the resources required, current good practice and standardisation of services • PPF should explore a range of consultation methods to ensure needs of the hardest to reach groups are heard including those of young people • Must to clear mechanisms to ensure localised issues of natural communities can feed into CHPs • CHPs should have clear mechanisms to come together to discuss the needs of specific population groups that cut across boundary areas
Dr R Bhatti, Thornliebank	• Proposal to split the Greater Shawlands LHCC seems absurd as it is already addressing many of the issues highlighted and ensuring that a broad range of health professionals are fully involved in service delivery, design and decisions • Plan to link Thornliebank Health Centre with East Renfrewshire CHP is inappropriate as 70% of patients of the patients live in Glasgow • Proposal fails to recognise natural community and would split established links

Dr A Birkmyre, Rutherglen	• Proposal to amalgamate Camglen LHCC with East Kilbride LHCC came as a surprise as there has been little contact between LHCCs and they have little in common • Illogical to join with East Kilbride as it part of a different NHS Board, uses different services which are not shared in any way and operates as a separate division of South Lanarkshire Council • Understand that South Lanarkshire Council is not planning to bring many services or supporting money into CHP – little point of being partnered with East Kilbride is the CHP is going to be predominantly funded by health • Rutherglen/Cambuslang has a specific identify and people do not feel part of an East Kilbride conurbation • Although population of a Camglen CHP would be small do not feel it is unworkable and population is set to grow due to new housing developments • Do not want to see good links and relationships which exist in Camglen to be undermined by becoming part of an East Kilbride based CHP • Do not feel that a prescribing budget should be held at CHP level – it should be administered at a Glasgow-wide level within NHS Board
Dr AEM Forrest, Rutherglen	• Wholeheartedly endorse response from the lead GP of Camglen LHCC on behalf of Camglen LHCC Executive Committee • Dismayed by the proposal for cross-boundary CHP (Camglen and an area of South Lanarkshire). There are virtually no common health issues, no patients registered with Lanarkshire NHS Board and no GPs from Stonelaw Practice on Lanarkshire NHS Board's medical list • Recognise the anomalous situation at Camglen, has little in common with rest of South Lanarkshire; social work functions as a discrete entity with little or no overlap with other South Lanarkshire social work departments

	• Primary care development has been different across the 2 areas – practices have evolved and managed staff differently. Seems that a large cross-boundary CHP would need to be subdivided to cater for different needs, detracting surely from any possible financial benefit • Grave misgivings about a CHP across Health Board boundaries where policies are so dissimilar. Unanimously urge rejection of Camglen proposal, in favour of a stand-alone CHP for the area
Dr D Jamieson, Muirhead/Moodiesburn	• A CHP which involved them in Lanarkshire Health Board's catchment area would have a worsening effect. Current proposal from Greater Glasgow to fund new surgery so continuity required • Grateful for recent NHSGG initiatives; definition of boundaries a difficult one and main concern is that if there is to be change, there needs to be a substantial improvement
Dr J Lynch, Rutherglen	• Unable to see benefits to patients or practices in joining with neighbouring Lanarkshire LHCC as areas have distinct needs and structures • Concern that extra resources would be directed towards Lanarkshire at the expense of local development • Strongly oppose any proposal which could lead to Camglen moving out of NHS Greater Glasgow control and into NHS Lanarkshire
Dr S McMenamin, Nithsdale Road	• Dismayed that the Shawlands LHCC, which has been working well is going to be taken over into a large CHP • Main aim appears to be to equalise social work and primary care services but many people do not have equal requirements for these services so why change the boundaries?
Dr A Mitchell, Homeless Health Service, Glasgow	• Welcome the development of CHPs as it will strengthen the ability of Primary Care to plan services designed to meet patient's needs

	• Disappointed that the consultation paper made no mention of how pan-Glasgow services such as homeless health services, will fit into the new CHP structure and requests that the these services are not forgotten in future plans
Woodside Dental Practice	• Note that CHPs will work closely with independent practitioners such as dentists • Want to know why GDPs, apart from lead GDP, were not involved in the run up meetings for the OHAT and why there is no funding for GDPs to attend the meetings • If this is an example of how relationships with GDPs will be managed it is not encouraging
Mr C Colahan, Ophthalmic Optician	• CHPs appear to be well thought out and have a good balance of population • Community Engagement – how will this will be audited and recorded and will decisions be left to the professionals • Clinical networks – will this involve the sharing of clinical information using NHSNet • Inclusion – will regeneration include housing services and could CHPs be taking on too broad a remit • CHP boundaries – well thought out and good balance of population

NHS STAFF	
Mr D Thomson, Director of Pharmacy, Primary Care	• Welcome the position of pharmacists on CHP Boards but concerns expressed as to recruitment process and that adequate resources would be available to facilitate full involvement • Pharmacists indicated that all aspects of the pharmacy contract application process should be managed at a higher level, not locally. Similar comments made in respect of locally negotiated pharmaceutical services. No benefit seen currently in devolving this debate to CHP level • View is that CHPs should be aligned within Health Board and Local Authority divisions, particularly in relation to Stepps/Moodiesburn and Rutherglen/ Cambuslang position. View is that these should remain within Greater Glasgow and Local Authority boundaries changed to accommodate this preference • A similar approach should be adopted in the Clydebank area with the formation of a Dunbartonshire Local Authority area encompassing East Dunbartonshire and Clydebank • Health status of patients in these areas better understood by practitioners in Greater Glasgow • Acknowledgement that CHP development was the appropriate way forward in harnessing the skills and expertise available within these areas • Look forward to playing an active role in the future development of new CHPs
Mr A Boyter, Director of Human Resources, North Glasgow	• Proposal to accelerate service integration with Local Authorities is welcomed though strengthening the primary/secondary/ tertiary care interface is equally important • Strengthening links between primary and secondary care should go further than merely developing clinical networks

	• Proposals to make the CHP boundaries co-terminus with Local Authority boundaries makes considerable sense • Specifying that partnership working and staff governance will remain the board principles that CHPs will be expected to comply with to fulfil their responsibilities as employers should be considered • Consideration should be given to how CHPs and acute divisions will be provided with appropriate professional HR and finance management
Mr DAW Ritchie, Consultant in A&E, Victoria Infirmary	• Western CHP is bounded by East and West Dunbartonshire Council boundaries not East and West Renfrewshire Councils (as stated in the leaflet)
Ms A Holmes, Consultant Midwife	• Crucial that community maternity services are represented at a strategic level on CHPs to ensure seamless and efficient care provision in each community locality where the majority of maternity care is delivered
Ms CM Kerr, School Nurse, Yorkhill	• Concern over closures and centralisation of hospital services and what this will mean for individual CHPs • Important to remember that the general public are an excellent resource to help identify the priorities for local areas – need to ensure they are included in CHPs • Support the need to recognise natural communities and the different populations within them • Support the principle of cross health authority working • Support the need for local health improvement and health promotion services • CHPs should also address environmental factors such as availability of alcohol, diet etc • Important to remember the needs of the large number of children with Special Educational Needs

LOCAL AUTHORITIES AND COMMUNITY COUNCILS	
Glasgow City Council	• Proposal to establish CHPs is welcomed. Will greatly improve local service delivery with focus moving from LHCC-based service provision towards services designed for and delivered in natural communities. Will help synchronise and bring greater coherence to service planning and will create an unparalleled opportunity for significant joint working designed to meet local needs • Supports the principle of minimum disruption to existing service delivery through change process. Should be extended to bodies other than those listed • Has no difficulty with proposal to establish 5 CHPs in Glasgow • Proposed boundary between West and North CHPs diagonally bisects the North West Social Work Area Team to such an extent that any alignment between the CHP and local social work services would be difficult to achieve. Wish to see more consideration of implications of this proposal and options for resolution • Wish to see proposed CHP boundaries aligned with appropriate political boundaries. This would enable closer fit between CHPs, the role of elected members and Area Committees • Paper pays little attention to community planning other than in one reference in para 4.7 • Importance for CHPs to be developed in the context of existing local structures and partnerships operated by Council services and other partners. Failure to recognise these in the development CHPs and agreement of boundaries will add to lack of coherence at local level. Better links between all agencies will greatly enhance community planning, partnership working and local regeneration activity

	• Council and NHS Board working jointly on e-Care Programme to align working practices and processes, and share information; development and operation of CHPs needs to recognise, and build upon, these processes • Links between CHPs and community planning should create opportunity to establish single process of community engagement to satisfy requirements to establish PPFs, and the requirement of the Council to engage with communities through community planning processes • Glasgow Community Planning Partnership not yet created city-wide local structures or community engagement mechanisms to support them; would seem appropriate to have a single public participation forum serving the needs of a range of agencies and partnerships rather than several • Development of CHPs will derive benefits to health promotion in localities; should not be to the detriment of support for a central health promotion unit • Main function of health improvement is to find ways of preventing ill health, protecting good health and promoting better health; key plank in achieving this in Glasgow has been through the Health Promotion Unit, which has been instrumental in developing a multi-agency approach at both strategic and operational levels in delivering health improvements • Maintaining strategic city-wide approach is equally important in driving forward the health improvement agenda as developing a local approach; support offered at strategic level will help avoid duplication of effort across the city, assist in better use of resources, and will facilitate sharing of best practice, initiation of new health-based programmes and initiatives across Glasgow

	• Each CHP area must take account of different health needs of communities served. This will be reflected in the allocation of health improvement resources. Critically important that preventative agenda is not marginalised to service areas that are determined to be higher priorities
	• Number of challenges posed by proposal to establish CHPs in the city. Alongside this are a range of opportunities which will lead to better services and improved outcomes for population of Glasgow:
	  • creation of CHPs will invigorate drive towards integrated service planning and delivery envisaged by Joint Future policy by providing vehicle to accelerate process
	  • CHPs create opportunities for better links between Council services and partnerships at local level
	  • New Learning Communities (NLCs) provide local planning platform for children's services; scope for NLCs and CHPs to work together to improve children's services locally
	  • CHPs can ensure services make real difference to the most isolated and marginalised citizens
	  • CHPs can contribute to the delivery of city-wide health promotion and improvement strategies by investing adequate resources and keeping these themes amongst their top priorities
	  • range of Council services can make a contribution to success of CHPs

Glasgow City – Community Action Team	• See this as positive step forward in joint working • Concerned at the relative size of the CHPs as CATs work to 8 geographical areas within Glasgow. Particular issue is the CATs input to The Healthy Living Initiative • Welcome opportunity for joint working with colleagues in Health Promotion and hope that joint working with CLS and CHPs could be explored

	• Interested in relationship between CHPs and the Community Planning structure which is likely to have impact on CATs
Glasgow City – Land Services	• No objections to the proposals • Currently working on a number of health projects and would be happy to assist with any future initiatives which involve the service
Glasgow City – Young Carers Strategy Group	• Welcome opportunity that CHPs represent for building closer working arrangements across agencies and professions • Hope to see young carers recognised as a key groups within the new structure and service delivery process • Look forward to receiving more detail on the new structure as it emerges

South Lanarkshire – Social Work Resources	• In the context of the options being considered for Rutherglen/Cambuslang, we await publication of the NHS Lanarkshire consultation document
	• Given that Scottish Executive guidance confirms CHPs must match Local Authority boundaries, the options are therefore:
	  • Rutherglen/Cambuslang as single CHP
	  • Rutherglen/Cambuslang and East Kilbride linked to form single CHP
	• Whilst Rutherglen/Cambuslang meet the population criteria, reservations about whether this provides a viable scale for a CHP in the context of significantly larger CHPs proposed for Glasgow and some of the options being suggested for the NHS Lanarkshire area
	• The consultation paper to be issued by NHS Lanarkshire will include as an option a linked Rutherglen/Cambuslang and East Kilbride CHP
	• Cross-boundary issues may require to be resolved. Where CHP boundaries straddle 2 NHS Board areas, Schemes of Establishment for both Board areas should include details of the arrangements agreed

	• Confident we will be able to work closely with and play into whichever of the 2 options it is agreed to adopt • No difficulty with the proposed list of health services to be managed by CHPs. Our approach is one of incremental progression and at this early stage we would not envisage any of the services that are currently the responsibility of the Council being directly managed by the CHP • Support the role of the CHPs as a key vehicle for integration and are committed to working with them to achieve better integration and outcomes in terms of community care services (through Joint Futures) and children's services (through For Scotland's Children) • Agree that Public Health practitioners, geographically-based Health Promotion staff and related budgets are managed by the CHP but it would be important for NHS Boards to retain some strategic capacity for developing a consistent approach to health improvement strategy/policy, Greater Glasgow-wide priority setting and ensuring an oversight of policy/strategy implementation • Agree small working groups with Local Authority and other interests to discuss arrangements for ensuring CHPs can effectively fulfil their health improvement role • Look forward to participating in considering issues of organisation and resources
Govan Community Council	• Content with proposed boundaries as long as there is no reduction in services or access

COMMUNITY/VOLUNTARY ORGANISATIONS	
Antonine Court, Learning Disability Resource Centre, Drumchapel	• Complaints procedure is poor for disabled people • GPs don't have time to listen to all the issues and problems • Increase in size from Drumchapel LHCC to CHP would be a bad idea as they would be less able to deal with smaller local needs • Mobile services are very effective in capturing hard to reach groups or target groups • Agreement that creating same boundaries for social work and health staff made sense and would improve service delivery • Clear information is required to make sure people know who to contact to access relevant services • Social work may see CHPs as a way of addressing staff shortages by devolving their workload • No enforcement of disabled parking bays and these spaces are frequently abused.
Cathcart ME Support Group	• Broadly in favour of the principal proposals listed • Appreciate the opportunity for further consultation to ensure the needs of the ME community are being properly considered within the new management scheme • Welcome early sight of paper on Public Partnership Forums if this could be arranged
Drumchapel Opportunities	• Need to include economic development organisations in CHPs at Board level • Need to find out more about how community planning boundaries will work • Need to get more people back to work through GP referrals

Glasgow Homelessness Network	• Welcome the establishment of CHPs and increased opportunities for closer working with hospitals and Local Authorities • Look forward to the development of PPFs however note the current lack of engagement of homeless people within NHS Greater Glasgow's structures • Believe CHPs will be key partners in the hostel closure and reprovisioning programme and looks forward to developing good working relationships • Support principles underpinning the establishment of CHP boundaries but smaller operating division will be required to aid ownership by local communities • Happy to see the management of geographically-based health promotion teams managed by CHPs • There is a need to maintain a city-wide health promotion resources to service the needs of homeless people • Note the need to develop management arrangements for specialist homeless services and would welcome being involved in this process and in any further discussions regarding the development of CHPs, particularly in relation to the needs of those affected by homelessness • The important role of the voluntary sector is not reflected within the consultation document and it is hoped that this omission does not represent NHS Greater Glasgow's intention over future engagement on the development of CHPs
La Leche League	• Adequate home support should be provided so new mothers don't need to travel when problems occur • Provision should be made for local breastfeeding clinics and pump rental • Local facilities for nursing mothers should be improved

	• Midwives and health visitors should work closer together to provide greater continuity of care
Momentum Students, Drumchapel	• Appointments should be better co-ordinated and more follow-up for people who default • Patient information and signage should be improved • More services should be directly accessible • Hospital waiting times are too long • Patients fear being victimised if they complain • People of all ages need to involved, their should be a more consistent approach to involvement, staff need to feedback and maintain involvement • Concerns raised about calls to NHS24 in relation to ill children • Will CHPs cost more money? • How do ambulance services link in with CHPs?
Nan McKay Hall (Manager)	• Since LHCCs were introduced, approximately 4 years ago, we have not been included as the third partner as was suggested by social work and health service at the outset. For the last 3 years there has been an argument about what area we were in and a total lack of communication on this • Greater Shawlands LHCC has now recognised our organisation. As a voluntary organisation, which has spent 21 years supporting our community, we hope that CHPs will give us a voice
Northern Service Office of Alcoholics Anonymous	• Unable to comment on the proposals due to the organisation's policy of not commenting on outside issues but have distributed copies of the consultation document to local Public Information Officers
P3 … Patients Partnership in Practice	• Total support of the aims and objectives of CHPs • In favour of an overall holistic approach to patient care

	• Joined up approach between health and social care will improve communication and result in better services for general public • Boundaries seem logical and manageable – cross border co-operation will be paramount for effective, seamless care • CHPs should manage the services proposed
Right Track (Young People), Drumchapel	• People on the Board should include normal, down to earth people who will listen and those who represent the views of women and young people • Key issues include the need for more local activities and things to do, banning smoking, providing youth health services and projects • Groups like CHAT and the Young People's Network can help to get voice heard
St Ninian's Learning Disability Resource Centre, Drumchapel	• Little mention of how occupational therapy service will be delivered and managed in new structure and question whether things have already been decided • Lack of information/consultation from social work side on their development – some social work events but they have not been inclusive and there has been a lack of opportunity for staff to comment • Is there a plan for future communication?
Scottish Association for Mental Health	• Would welcome further detail on how patients can be fully involved in service delivery, design and decision-making. In recognising the commitment expressed, feel that the process to make it happen is absent • Acknowledge the commitment to community engagement and PPFs. Believe there needs to be a balance between views/wishes of the communities and the needs of vulnerable people

	• Further detail of how CHPs influence on resource allocation will dovetail with (potential) development of Managed Clinical Networks within the mental health system • Will responsibility for implementing central planning guidance and strategy rest with the NHS Board and the PAF or be delegated to CHPs, CPPs or the Mental Health Directorates? • What level of input are CHPs expected to take and will they occupy a lead or participatory role in the Joint Future agenda? Will this develop separately from the CHPs in relation to mental health? • In East Renfrewshire and West Dunbartonshire the CHP is expected to straddle 2 NHS Board areas. Would it not make operational sense to restructure NHS boundaries to be co-terminous with CHP and Local Authority boundaries? • Concern about replacing one very large PCT with 5 smaller but similar organisations, adding to bureaucracy and creating more artificial boundaries • No particular geographical issues (other than reshaping NHS Boards) although it might appear boundaries are unrelated to community or local needs and set for organisational needs • Huge potential to deliver better services and decision-making but may also fragment service provision and planning
Sense Scotland	• Agree development of CHPs could be a positive move for the development of an integrated approach to health care delivery • Concerns about sheer number of initiatives on improved co-ordination without enough consideration on impact on front-line staff • Would like more information on health promotion and public health plans including links with specialised information resources

	• Local area co-ordinator boundaries should also be taken into account to help meet the needs of people with communication support needs • Welcome further information on arrangements for cross boundary working and links with specialist services • Welcome inclusion of the voluntary sector and local community organisations as equal partners in driving a joint health improvement agenda • Hope that detailed proposals for relationships with acute services will recognise the often complex support needs of people with profound communication difficulties
South Childcare Partnership Forum	• Increasing size of unit may make it difficult to provide services or improve existing services • May make it more difficult to meet individual needs and could make access to services more difficult and confusing • Map a bit vague but boundaries already fit in with SIP and social work areas • Do not agree with CHPs becoming too big with too many services – may lose personal feeling of current service • Concern that there might be too many services without enough skilled staff
Temple Elderly Community Care Service	• Support the principles of CHPs • Support the proposed boundaries • Agree that CHPs should manage the services proposed • Have reservations about the size of the new organisations and how local the team will be to their local communities
Visibility	• All proposals are to be commended, particularly those promoting the wider involvement of staff and patients • Patient pathway for visually impaired people is anything but smooth, therefore any action to further integrate primary care, secondary care and Local Authority services is welcomed

	• CHPs are seen as a mechanism for local issues to be addressed and it is hoped that the importance of addressing visual impairment will be recognised • PPFs will need a clear definition of their role in relation to CHPs, clear mechanisms to feed into the decision making process and resourced in terms of support and training • Integrating the management of specialist Local Authority services for visually impaired people into the CHP could be very beneficial • No mention of how the voluntary sector fits into the organisation of CHPs although clear potential for involvement • Opportunity to integrate visual impairment into planning and delivering health improvement programmes would be an important step forward • Potentially exciting development; may lead to improved design and delivery of services for the visually impaired
West Community Addiction Team, Drumchapel	• If the team is to cover all of the proposed West CHP are their premises in the most appropriate location? • If number of teams is reduced from 9 to 5 to tie in with new boundaries then service will become less accessible with fewer self-referrals. • Capacity issues around staffing – would existing team have to absorb needs of increased population?

MSPs	
Janis Hughes MSP	• Welcomes this in principle but has concerns about localised issues • Does not accept argument that CHPs would not be viable if they covered a population of less than 100,000 • Re proposals to amalgamate Camglen with East Kilbride CHP, any potential financial benefits likely to be outweighed by additional bureaucracy • While welcoming view that CHPs should be co-terminous with Local Authority boundaries, where possible, should be co-terminous with Health Board boundaries • Health professionals involved in Camglen LHCC feel strongly that the amalgamation proposal will compromise the local service whereas remaining co-terminous with NHS Greater Glasgow with a Rutherglen and Cambuslang CHP, would allow them to build on and expand the work of the LHCC in line with the aims and objectives of CHPs
Mike Watson MSP	• General support for the plans amongst community groups in his constituency • Community engagement panels could be a drain on the energies of already over-committed members of the community. Should be attached to existing organisations to ensure the panels do not become filled by token community members who do not have time to contribute in a meaningful way • Pleased that good practice established by current LHCCs will be taken on board by the CHPs, as well as all the current staff • Encouraged that CHPs will accelerate real community engagement and influence on planning and strategy as well as further developing comprehensive approaches and health improvement

OTHER ORGANISATIONS	
University of Strathclyde – Head of Community Education	• Positive about involving community representatives and members in the decision-making process associated with the setting up of CHPs • Concerns about population sizes and links/overlaps appear to be well argued and logical • Future success is not to "level down the services" but to be more positive and seek to upgrade/improve services • Suggest that partnerships with Local Authorities should include Community Learning & Development (CL&D) workers • Opportunities for participation give CHPs the chance to actively engage with local communities
Glasgow Caledonian University – Division of Community Health	• Clarification required on a number of points including plans to integrate children's services, membership of PPF, proposed substructures, models of management structure being considered, definition of community nurses. • Partnership, population and staff might be disadvantage if Rutherglen/Cambuslang is not considered a viable size for a CHP • Need to be more explicit about the implications for CHP management if nurses are the largest staff group • CHPs should also hold budgets for education, continued professional development and inter-professional learning • Unclear where GPs fit into CHPs and their role appears diminished • Further information about proposals that link to specialist services would be beneficial • Higher Educational Institutions should be added to the 7key roles outlined

	• Need to explore how partnership with Local Authorities can be taken forward while sustaining good practice and collaboration that exists within LHCC • Agree CHPs should be a local focus for health improvement and support process for taking this work forward
Complementary Medicine Centre	• CHPs sound like an excellent proposals and could deliver the kind of health care system people want • Would like to see holistic therapies such as acupuncture and homeopathy available within the NHS and CHPs may be a vehicle for delivering this in the future • Materials for consultation brochure could have been plainer to make it less expensive to produce

GENERAL PUBLIC	
Ms MA Curtis, G12	• Very positive development although there may be challenges in implementation • CHPs within the NHS Greater Glasgow area appear coherent but further consultation with Local Authorities services and users may not make them possible. Factor for Rutherglen/ Cambuslang and Stepps/Moodiesburn areas may be which acute hospital is mainly used and/or most accessible • Commend the aim of developing relationships between hospital care and community care to achieve high standard already being reached in some areas • Hope that might lead to some hospital out-patient services being provided more locally especially for children and older people • Need to recognise that tensions exist when individuals within group are still carrying accountability to their own service need • A pilot period is needed to provide experience to best meet aims set out for CHPs
Mr J Henderson, G66	• No problem regarding boundaries • No doubt that problems sometimes exist under present arrangements however alternatives may give rise to wasteful and unproductive information sharing
WB Knight, G20	• Why are Western Infirmary, Queen Mother's and RHSC not shown on the leaflet map? • Is the CHP system just going to build-on the existing NHS – Glasgow style ie DIY patient care?
Ms R McCoach, G73	• CHPs are a good idea but increase in size may have detrimental effects • Concern about boundaries as decisions on Rutherglen and Cambuslang area have still be made

	• High level of diplomacy will be required to effectively bring together and manage services which previously were used to making their own decisions
AJ MacKichan, G15	• Drumchapel health centre is already stretched – will this be addressed? • If the Queen Mother's Hospital closes will the immediate aim be to provide ante-natal and postnatal services which are accessible to Drumchapel residents by founding a centre on the Rutherglen model? • Waiting lists are long – will an emphasis be placed on increasing the number of operating health professionals? • High moral among an adequate team of health professionals is important. • We need to be better served – if CHPs cannot deliver this then don't create them
ED Taylor, G76	• Proposed development of CHPs is sound • Communities will gain by reducing number of areas responsible for care

16 ANONYMOUS RESPONSES	
Paediatric Community Dietician	• Support the aims of CHPs in principle as better working relationships and communications need to be established between hospitals, community health care and social services • How will individuals be managed if they cover various geographical areas? Covering a geographical area of all South and West Glasgow would mean covering 6 different CHPs rather than one division – how will this be organised?
Reply paid card (no personal details supplied)	• Our LHCC (Anniesland/Bearsden/ Milngavie) looks like it will be dismantled. I feel frustrated that the change has been pushed on us and demotivated by this change • Neither have the time or enthusiasm to commit to CHPs, especially with the new contract coming and the general business of practice life
Reply paid card (no personal details supplied)	• Adopting a truly multi-disciplinary team in each CHP will be in the best interests of patient care • Each profession should have input and help decide priorities and direction • Professions will work closer and support each other over a wider area of the city
Reply paid card (no personal details supplied)	• Support the idea of CHPs • It would help if boundaries were co-terminus with Local Authority services where links have to be made ie social work services, community schools • Agree that CHPs should manage the services proposed and do not think there are any additional services which CHPs should manage
Reply paid card (no personal details supplied)	• Proposals seem fine with the exception of Barrhead in East Renfrewshire. The hospital for Barrhead is Royal Alexandria Hospital in Paisley – does this not negate the benefits of CHPs? • East Renfrewshire is a political entity not a social area

Reply paid card (no personal details supplied)	• Support the aims for CHPs • Would be helpful if priority needs team (NHS Greater Glasgow) was more integrated to CHPs. Need community based initiatives to have common aims and be supported by mainstream services eventually • Some confusion from community on boundary split M77 – they see Shawlands and Pollokshaws going to South East CHP. Proposals are G43 going to South West CHP
Reply paid card (no personal details supplied)	• Fully support development of CHPs. Boundaries seem sensibly thought out • Proposal for CHPs to take over existing services provided by CHPs seems sensible but not to take over adult and older people's mental health and learning disability services as this would fragment these services which are much more decentralised due to development of community mental health teams
Reply paid card (no personal details supplied)	• It would be helpful if the CHPs, social services team boundaries and education services sectors within Glasgow City Council matched. This would allow more effective, co-operation and joined up work to be undertaken
Reply paid card (no personal details supplied)	• CHPs are a positive development and should lead to better co-ordinated health and social care services
Reply paid card (no personal details supplied)	• Mental health services should be managed separately but provide services to CHP areas
Reply paid card (no personal details supplied)	• Will CHPs be in a position to influence the plans to close Stobhill Hospital?
Reply paid card (no personal details supplied)	• Do not believe more resources should be spend on constant changes, new managements posts and logos
Reply paid card (no personal details supplied)	• Waste of money which could be spent on something else
Reply paid card (no personal details supplied)	• Money should be spent on something more worthwhile

Reply paid card (no personal details supplied)	• Why change the system? Waste of money and time which could be better used to treat patients
Reply paid card (no personal details supplied)	• Money used to produce consultation material could have been used for more beneficial cause
Reply paid card (no personal details supplied)	• Do not agree with proposals – appears to be an exercise to increase jobs without improving services