

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 22nd January 2008

Board Paper No. 2008/07

Director of Corporate Planning and Policy
Director - South Lanarkshire CHP
Director - North Lanarkshire CHP

THE FUTURE ARRANGEMENTS FOR PRIMARY AND COMMUNITY SERVICES IN CAMBUSLANG/RUTHERGLEN AND THE NORTHERN CORRIDOR

Recommendation:

The Board:

- accept the conclusions and next steps outlined in this report and formally agrees to the further transfer of responsibility from NHS Greater Glasgow and Clyde to NHS Lanarkshire of the directly employed staff and GMS contracts within the Cambuslang/Rutherglen Locality;
- receives a formal report in regard to the Northern Corridor at its February 2008 meeting.

1. BACKGROUND

In August 2007 the Boards of NHS Greater Glasgow and Clyde (NHSGGC) and NHS Lanarkshire (NHSL) received a paper from the South Lanarkshire Community Health Partnership (SLCHP) which outlined proposals for the future management of the primary and community care services within the Cambuslang/Rutherglen (Camglen) Locality.

The aim of that paper had been to consider the manner in which Camglen was currently managed/operated within the CHP and to consider whether these were the most effective arrangements for the Locality in the medium term. Of particular concern has been the complexity of the links to both NHSGGC as well as the SLCHP which is part of NHS Lanarkshire (NHSL).

The paper addressed the questions of:

- the rationale for the current organisational configuration;
- the reasons for any change and the types of changes which could be made;
- the potential impact of these changes for patients, staff, and contractors;

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- the options which existed to allow such changes to occur;
- the potential timetable and next steps.

The Boards in both NHSGGC and NHSL accepted the paper as the basis for further discussion and asked that a further report be brought back to the Boards once such discussion had taken place with those affected or potentially affected by the proposed changes. The paper presented in August 2007 is attached at Appendix 7 for reference.

This paper will:

- restate the rationale for the original paper and note the process in relation to the Northern Corridor;
- outline the discussion and consultation that has taken place;
- outline in broad terms the concerns that have been raised together with any mitigation/amelioration of these concerns;
- outline the arrangements that would need to be setup between NHSGGC and NHSL to enable changes in arrangements to operate effectively;
- state the services that can transfer and those that cannot including the rationale for such;
- outline the next steps in terms of proposed implementation.

2. THE RATIONALE - WHY CONSIDER CHANGE?

The original paper was written specifically in regard to the Camglen Locality. However, mention was made of the Northern Corridor which includes the areas of Stepps, Chryston, Muirhead, Moodiesburn, Gartcosh and Auchinloch in the North East. The same issues apply to as in Rutherglen and Cambuslang, ie, the area is include in the North Lanarkshire CHP although within the NHSGGC boundary. Discussions similar to those in Camglen have been ongoing in that area and it is seen as reasonable to consider both areas within this paper, although a final paper on the Northern Corridor will not be presented to the Board until February 2008 as there is a need to create a formal engagement process within the Northern Corridor, to build on the informal engagement outline on this paper. A discussion paper will be issued to directly employed staff and GPs and further meetings arranged for January 2008. Following this process a paper regarding the Northern Corridor will be submitted to both Boards in February 2008.

As was noted in the August 2007 "Way Forward" paper, the current hybrid organisational arrangements for both localities means that they are not fully integrated as part of the CHPs and have to operate between both NHSL and NHSGGC. In governance, accountability and planning terms, the reporting mechanisms for both the areas are to the CHP Director, who in turn is accountable to the Chief Executive of NHSGGC.

Work has been and continues to be undertaken to more closely align both areas into the CHPs, however, this position is questionable in terms of sustainability in the medium/long term and it is already clear that there are:

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- divergent operational policies for front line staff and potential lack of coherence. This importantly covers areas of legislative and regulatory compliance such as Child Protection, Health and Safety and Risk Management;
- divergent strategic direction in regard to deployment of the community nursing resource with different models of care being pursued by the two NHS Boards;
- potential divergence in strategic direction across the joint futures agenda given the arrangements within the rest of NHSGGC with their Local Authority partners, in particular around Mental Health and Older Peoples Services;
- differing approaches to a range of policy directions including the public involvement agenda, long term conditions strategies and the health improvement agenda.

Both Boards have a duty to ensure that the CHPs are working optimally so that they are best able to look after the health of the people of Camglen/Northern Corridor now and in the future.

The initial discussions looked at the pros and cons of the existing arrangements and a number of real disadvantages in the current arrangements were identified, including:

- strategic planning for both Localities is virtually impossible;
- access to financial resources to deliver strategic change is substantially more difficult given that the localities sit outside these planning arrangements. The need for the CHPs to utilise resources across the patch in a flexible manner is of growing importance;
- inability to follow policy agreed between SLC and NHSL has deprived the area of access to health improvement and other “third party” funding streams;
- the development of wider primary care services through the new contracts is outside of an agreed or refreshed primary care strategy; t
- the governance and accountability of the locality is very complex with the potential for greater rates of error or omission due to having to deal with two different sets of systems and support for:
 - clinical governance;
 - emergency planning;
 - child protection;
 - information management and technology;
 - communication;
 - finance and financial planning;
 - prescribing;
 - data sharing and eCare.

For the above reasons, which will grow over time, it was considered that a way forward which would alleviate a number of the issues would be to formally transfer responsibility for the Camglen Locality from NHSGGC to the SLCHP, operating within NHSL.

3. THE RATIONALE - WHAT WOULD THE CHANGES MEAN?

The physical areas of Cambuslang and Rutherglen would still remain within the NHSGGC boundary. However, the full financial and operational responsibility for staff and independent contractors (where this was legally possible) would pass to the SLCHP, which would fully manage the services on NHSGGC's behalf as an integrated part of the wider CHP.

This would allow both the Camglen Locality to work more efficiently, share best practice more easily and communicate with ease with the rest of SLCHP

It would also allow the development of a consistent approach with the rest of the CHP with regard to:

- primary care modernisation and improvement both within General Medical Practice and the wider team;
- a single system for child protection arrangements;
- operation of, and within, consistent policies and procedures;
- access to training and development resources locally and at a CHP wide level;
- integral Financial planning advice and financial management control;
- further delivery of enhanced primary care services in coming years;
- influencing the strategic development of local services;
- arrangements with SLC/NLC and partners at a CHP wide level.

4. DISCUSSION AND CONSULTATION

The Who

At both Boards in August 2007 it was noted that there would be a period of further discussion and consultation with those affected or potential affected by the transfer of further responsibility as described. Outlined below in Table 1 are the stakeholders that have been part of the discussion in Camglen and Table 2 deals with the Northern Corridor. The issues raised are dealt with later in the document.

Table 1: Camglen Discussions/Involvement

Public/Patient Groups: - Camglen Public Partnership Forum - South Lanarkshire Carer's Network - Integrated Children's Services - Burnside Neighbourhood	- September- In attendance 9 members - November - In attendance 5 members - October - In attendance 6 members - 13 staff including 1 elected member - 3 elected members /16 residents
South Lanarkshire Council - Elected Members	- 6 th November - in attendance 10 councillors
South Lanarkshire Council - Social Work	- Meeting with the Director of Social Work
Camglen General Practitioners	- 26 th October - in attendance 11 GPs - 12 th January - in attendance 11 GPs

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Camglen Directly Employed Staff	<ul style="list-style-type: none"> - Meetings set for September cancelled - Meeting of 11th October - Staff Side withdrew - Meeting of 18th December with AHPs - 14 staff in attendance and 3 staff representatives - Meeting of 17th December - 0 staff and 1 staff representative - Meeting of 8th of January - 36 staff including 3 staff representatives - Meeting of 14th January - 30 staff including 1 staff representatives
Community Pharmacists	<ul style="list-style-type: none"> - One to one discussion and follow letter with Lead Pharmacist - Meeting with Community Pharmacy Leads 16th January
Camglen General Dental Practitioners	<ul style="list-style-type: none"> - No meetings held as legal position means contracts cannot transfer
Camglen Optometrists	<ul style="list-style-type: none"> - No meetings held as legal position means contracts cannot transfer

Table 2: Northern Corridor Discussions / Involvement

Planning Group established to agree principles and process	<ul style="list-style-type: none"> - July 2007 - Representatives from NHSL, NHSGGC and both staff side partnerships
Expansion of membership of group to include NHSGGC Clinical Director and Locality Lead GP	<ul style="list-style-type: none"> - September 2007
Public / Patient Groups: <ul style="list-style-type: none"> - Initial discussion at Northern Corridor Health Partnership - Northern Corridor Community Forum - Cumbernauld Community Forum - Local Area Partnership 	<ul style="list-style-type: none"> - September 2006 - - November 2006 - 10 present - November 2006 - 15 present - November 2006 - elected members and public
Northern Corridor General Practitioners and directly employed staff	<ul style="list-style-type: none"> - November 2006 - 28 present - Further meetings planned for January 2008
Directly employed staff - early discussion: <ul style="list-style-type: none"> - Community Nursing Staff - District Nurses - Health Visitors - Question and answer session 	<ul style="list-style-type: none"> - January 2007 - 7 present - February 2007 - approx 30 present

For Rutherglen and Cambuslang the breadth of meetings that have been held is felt to fulfil the requirements set out by the Boards in August 2007. The meetings with staff were planned to be undertaken through the locality partnership group. However, it was made clear that the NHSGGC procedures were required to be adopted and as such further meetings in line with the procedures were organised as can be seen above. For the Northern Corridor, as outlined above, the meetings to date provide a platform for the circulation of a formal discussion paper, and a report to the February

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Board for decision. The rest of this paper refers to Rutherglan and Cambuslang and the South Lanarkshire CHP.

The Issues Raised

PPF/Carer's Network/Residents Group

In general it was felt to be a reasonable way forward and they had little or no real concerns. Their main issues revolved around ensuring access to Glasgow Hospitals for the majority of their secondary care and reassurance was given on this issue. They raised the issue of wishing to be able to use Hairmyres as well and sometimes felt that GPs did not refer there even when it would be more straight forward for the patient. In addition there was discussion about how the OoH service deals with patients from Cambuslang who would prefer to be seen at the Primary Care Emergency Centre in Hairmyres rather than at the Victoria.

South Lanarkshire - Local Councillors

There was a concern that any such changes might impact upon patient flows to Glasgow Hospitals and again it was confirmed that referrals to acute care would continue as at present. There was also concern to ensure that the funding associated with the locality was managed effectively by the locality and that there was a clear audit trail in regard to monies transferring from NHSGGC.

Directly Employed Staff

There were mixed views expressed by staff. The Allied Health Practitioners in particular indicated a preference for the status quo and felt that nothing would be gained from a transfer to NHSL. This view was broadly shared by all the staff representatives involved in the discussions. Very clearly staff wanted assurance that, whatever the outcome of the discussions, the people of Cambuslang and Rutherglen would continue to enjoy high quality and effective services. Specifically the discussions with staff aimed to determine their preference should the decision be made to transfer services from NHSGGC to NHSL. Discussions took into account the possible options of an NHS Transfer Order, transfer under the TUPE Regulations and the scope for secondment of staff.

Staff representatives were very clear that if the transfer of staff to NHSL was to proceed, other options should be considered, including the option for staff to remain employees of NHSGGC and to provide NHSL with services via a Service Level Agreement. This option however would not address the issues of governance, accountability and planning which the Way Forward document attempts to address.

Reassurances have been given to staff and staff representatives that, in the event of the transfer being approved, appropriate processes would be put in place to allow staff to have a better appreciation of the changes for them both collectively and individually, reflecting the transfer option deemed appropriate. This would include the establishment of an implementation team to facilitate effective communication with all members of staff. A breakdown of staff who are employed within the Cambuslang/Rutherglen Locality is attached as Appendix 5.

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It should be noted that a number of services are provided to the Cambuslang/Rutherglen Locality from health teams within other parts of NHSGGC, including South East Glasgow CHCP. As indicated elsewhere in the paper it is not envisaged that these services will change however they would be required to be delivered and monitored under the terms of Service Level Agreements.

Options Analysis

The following table provides an overview of the transfer options discussed with staff. It is appreciated that if the decision to transfer is made by the two Boards, each Board would seek legal advice on implementation.

Transfer Option	Implications for Staff	Recommendation
<p>Staff Transfer Order, ie employment automatically transferred to NHSL on a given date. This is the most commonly used transfer arrangement within the NHS in Scotland and applied when Trusts were dissolved and more recently when NHS Argyll and Clyde was integrated with both NHSGGC and NHS Highland.</p>	<ul style="list-style-type: none"> • No change to terms and conditions and pension arrangements as these are common across Scotland • Transfer is achieved via a letter from the new employer • Continuity of employment protected • Staff retain rights to Policies and Procedures until such time as it is agreed within NHSL that all NHS L Policies and Procedures apply. In practice many of these will not vary significantly as based on PIN Guidelines, legislation and Codes of Practice. 	<p>This option would enable the transfer of services to NHSL to proceed with minimal disruption to existing staff. In practice the key changes experienced by operational staff would be that their payslips came from NHSL and that operational policies would be streamlined with those in NHSL.</p>
<p>TUPE Transfer Designed to protect the rights of employees in a transfer situation. Latest legislation is TUPE 2006.</p>	<ul style="list-style-type: none"> • Transfer of all staff automatic • New employer takes over all rights and obligations arising from contracts of employment and collective agreements • Provision of information about staff to the new employer including disciplinary proceedings • Staff retain existing terms and conditions including Policies and Procedures 	<p>Similar outcome to above but a more legalistic approach.</p>

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Secondment Normally agreed on an individual basis to support an identified learning and education need or to undertake project work.	<ul style="list-style-type: none">• Short-term provision including return date to employer• Individually agreed• Practical issues for pay, expenses, cross-charging and dealing with matters such as discipline and grievances	Not recommended as a viable option.
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General Practitioners

The Way Forward paper was been discussed at the locality Clinical Forum and also on a number of practice visits undertaken by the new General Manager and Lead GP.

These meetings were useful in teasing out the “showstopper” issues. An analysis of the issues raised and the responses provided is attached at Appendix 1. There were also been meetings with several of the local GPs and some Practice Managers in regard to IM&T as well as prescribing. They have proved to be very helpful in describing what the future would look like and the detailed implementation issues that would need to be addressed.

A collective group meeting was held with 11 of the Camglen GPs and the notes of this meeting are attached at Appendix 2. Subsequent to this meeting a response paper was produced by a number of the Independent Contractors in Camglen and this is reproduced at Appendix 3.

It can be seen that there was and remains concerns it was also noted that there were reassurances provided to many of the substantive points made. The issue of representation at both GP Sub Committees needs to be resolved as part of the detailed implementation.

A piece of detailed work which identifies the work, services and functions that would transfer over from the NHSGGC Primary Care contractors department is attached at Appendix 4.

Community Pharmacists/Managed Pharmacy Service

There has been individual dialogue between colleagues in NHSL and counterparts in NHSGGC. In many ways Community Pharmacy is simple in that we cannot legally transfer their contract from NHSGGC to NHSL so the CHPs will have a more facilitative role here. There has been a dialogue between the CHP and representatives of the Community Pharmacy Contractors over the period from August 2007 to January 2008. Close working links have been established. In regard to the managed pharmacy service and prescribing support there have been a range of meetings identifying the issues and whether or not there are any real stumbling blocks. None have been identified to date that cannot be resolved.

General Dental Practitioners/Optometrists

It was unclear for sometime as to whether these independent contractors could have contracts transferred between NHS Board areas without a boundary change. Advice was received in mid December that it was not possible in either case. The need for a formal consultation was therefore obviated. Clearly the CHP would wish to be engaging with these contractors effectively and will look to setup more robust means of doing so through the Locality Clinical Fora and the professional advisory structures.

5. ARRANGEMENTS BETWEEN NHSGGC AND NHSL

Responsibility for the health of the people of Cambuslang and Rutherglen will remain with NHS Greater Glasgow and Clyde, but would effectively be sub-contracted to the South CHP.

These proposals are not therefore about changes to boundaries but are aimed at achieving more effective working within the current boundaries. Given NHSGGC's continuing responsibility for the population, the proposal to further transfer responsibility will indeed require revision to the current arrangements with NHSGGC.

These arrangements will be enshrined within a Service Level Agreement between the two NHS Boards which clearly sets out the requirements in regard to Quality, Access and Governance Standards. The targets, trajectories and requirements as set out in the annual HEAT/LDP process with Scottish Government would also be applied to the two areas. Discussion would be required annually to agree the absolute performance measures to be used.

The CHP will be required to be able to demonstrate clear adherence to such standards and provide such assurance to the Boards.

Such arrangements will need to be achieved within a given level of resource. There will be an annual negotiation between the CHP and NHSGGC in regard to the level of this resource and the anticipated requirements set against the backcloth of both national and local priorities with a clear focus upon delivery.

It is also important to state that NHSGGC would continue to directly allocate funding to the hospital services which the population of Rutherglen and Cambuslang and their GPs choose to access. There is an absolute requirement to ensure that Cambuslang/Rutherglen and the is involved and contributes to this agenda as clearly the patient flow and close working relationships are with the acute sector in NHSGGC.

6. CONCLUSIONS

The proposals that were initially put forward were aimed very clearly at improving upon the governance, planning and accountability framework under which the Localities in question operate. It is recognised by all that it is important that the

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Camglen Locality does not become an island between the two Boards starved of the ability to further develop primary care services for the benefit of the population.

The Boards of NHSGGC and NHSL asked that discussion and consultation be undertaken on the proposals that were put forward in August 2007 with key stakeholders. This has been carried out although it is accepted that it has taken a little longer than would have been desired.

The views and thoughts of the key stakeholders affected by the transfer of further responsibility have been captured and to the most part it is clear that such concerns have been and can be addressed. It is acknowledged that the proposed transfer has caused concerns amongst the staff group and independent contractors and all efforts will need to be made to ensure that the proposals minimise disruption to staff and lead to improved services for patients. It is also clear that there is still a significant level of work required in terms of detailed implementation.

In addition clear legal advice has been taken in regard to the actions that can and cannot be taken by the Boards in terms of further transfer of responsibility. The outcome of this is that both directly employed staff and GMS contracts can be transferred but that Community Pharmacy, General Dental Practitioners and Optometrists cannot.

As such it is considered that the transfer of both staff contracts and GMS contracts to the South Lanarkshire CHP is legal and that the majority of concerns and issues raised by these groups can be addressed and accommodated.

7. NEXT STEPS

The Boards of NHSGGC and NHSL are asked to consider both the original proposal and the results of the discussion period. Taking the points noted above and within the supporting appendices the Board are asked therefore to agree the further transfer of responsibility for both directly employed staff and General Medical Practitioners to the South CHP. This transfer to be undertaken at an appropriate juncture in the financial year 2008/09 and by no later than March 2009.

This approval will lead to the establishment of a detailed implementation team chaired by the CHP Director and with input from GPs and staff side organisations, HR, Finance, IM&T and Performance Management. This will ensure that the transfer is undertaken within the legal boundaries set, at a pace consistent with organisational change policies and within a framework which ensure that appropriate reassurances are delivered upon.

This implementation team will be tasked with establishing the process for legal transfer, establishing the detailed arrangements to both support the directly employed staff and also GMS contracts from an NHSGGC to an NHSL environment. In addition this team will establish the SLA between the two boards. A final report prior to transfer will be provided to the Board and its associated committees to ensure that appropriate governance and process has been followed and that clear accountability is in place.

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There are a range of services that will continue to be provided to the localities on an SLA basis from GGC both in primary care and the acute setting. An analysis of these areas is attached at Appendix 6a and 6b. There will be a requirement for this to form part of the overall agreement between the Boards.

APPENDICES

1. Analysis of Issues Raised by GPs
2. Minutes of the meeting held with GPs on 26th October 2007
3. Response to "Way Forward" Document prepared by Camglen Independent Contractors
4. Analysis of functions and services that would transfer between primary care contractor departments
5. Analysis of staffing numbers
6. Analysis of service impacts
7. Original "Way Forward" Discussion Document

Publication: The content of this Paper may be published following the meeting

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**Notes of Meeting with General Practitioners
Friday 26th October 2007
Rutherglen Primary Care Centre**

Apologies: - Dr A Gajree

Present: - Mr Alan Lawrie, Director South Lanarkshire CHP
Dr Shiona Mackie, Medical Director Primary Care NHS Lanarkshire
Mrs Lena Collins, Locality General Manager
Dr Ian Notman, Lead G P
Dr A Birkmyre
Dr N Johnston
Dr J Abernethy
Dr C Barrett
Dr D Colville
Dr D Campbell
Dr K McIntyre
Dr R Watson
Dr A Forrest
Dr C McAulay

1. Alan Lawrie welcomed everyone to the meeting and gave a brief background to the purpose for the meeting including the current position in regard to the "Way Forward" Discussion Document.

A significant number of issues were raised during the meeting in connection with both the "Way Forward" paper which had been presented to the NHS GG&C Board in August as well as a paper that had been circulated that week to GPs entitled Frequently Raised Issues.

The issues and the basic outcome of discussion on these issues is highlighted below, commencing with those associated with the "Way Forward2 Paper.

2. Consultation – The Timeframe.

It was generally felt there was insufficient time available to allow independent contractors to prepare a response. It was pointed out that both the local Optometrists and Dentists had not been involved in discussion as yet, although efforts had been and were being made to establish such meetings. In addition, it was noted that there had been a slower than anticipated start in terms of dialogue with the Staff Side Organisations. Whilst this was now fixed it was likely to prove challenging to have concluded this process in a satisfactory manner by the end of November

Alan Lawrie agreed that this was a challenge and was keen to ensure that

the final document was as full as possible with all aspects having been properly accounted for. He noted that he planned to discuss timing of the Board papers with Catriona Renfrew. Alan Lawrie will keep G.P.'s updated on the outcome of discussion with Catriona Renfrew. Douglas Colville advised that G.P.'s locally have drafted a response which they propose to share with the Locality Management team and CHP at the same time as it is sent to the NHS GG&C Board, MSP's and local councillors. Douglas Colville acknowledged this paper would require some amendment as some of the areas had already been picked up in the frequently raised issues paper. Alan Lawrie asked if there were other issues identified which could be addressed at this stage before the response document was finalised

3. Section 4.1 - Divergent policies for frontline staff.

The GPs felt that there were no divergent policies. Alan Lawrie pointed to the community nursing review and the joint services agenda which were examples of two such matters which do and will continue to have major impact on primary care staff and are divergent between the SLCHP and NHS GG&C

4. Section 4.5 – funding streams deprived.

GPs felt that the GMS contract was linked with Glasgow Enhanced Services which were ahead of what is in Lanarkshire and this was acknowledged. Alan Lawrie however, gave a real example of where the locality had lost out on breast feeding initiative funding from South Lanarkshire Council due to its NHSGG&C position.

5. Public Consultation -

Douglas Colville acknowledged there was no obligation to move into a public consultation process, however he strongly felt that the local people should be made aware of proposals. Lena Collins advised there had been a piece in the Rutherglen Reformer and no public enquires as a result of this. The proposal was also discussed at the local Public Partnership Forum with no concerns raised. Lena Collins plans to discuss with Local Carers Network in the near future

6. Arrangements with NHS GG&C

GPs felt reassured that if NHS GG&C felt services were not being delivered by the SLCHP through the Locality, that they could returned the management arrangements to the parent board.

*There were a number of discussions had in regard to the paper entitled
Frequent Raised Issues and these are outlined below*

7. Local Enhanced Services

The SLCHP would ensure continuation of those current LESs. However, it was also noted that this arrangement would continue as long as these enhanced services continue to be provided across the rest of the GG&C area. It was noted that should there be changes in the way GG&C funded Enhanced Services for the CH(C)Ps in future years that this could impact upon those offered in Camglen. There was also the real potential for Camglen to look at the Enhanced Service package in NHSL and move to a more closely aligned arrangement.

Alan Lawrie pointed to changes in proposed funding under the new NRAC formula where NHS GG&C is seen to be some £36m over target whereas NHSL is seen to be some £20m under target.

8. IT Support to Deliver LES

Initial discussions have taken place which have been positive, in particular the move to electronic lab results. Transfer arrangements would be achieved through dedicated project management. The position that NHSL took in regard to GPASS replacement was discussed. Alan Lawrie advised that there had been a number of discussions within NHSL. The Lanarkshire LMC in the main appeared to favour GPs across going for one system and it had been agreed that they would be involved in decision making on this matter. It was noted that the LES packages are currently configured around GPASS it was felt that NHSL would be able to support this. It was agreed it made sense for GPs in Camglen to be part of discussion taking place in Lanarkshire.

9. OoH – Self referrals to Lanarkshire Hospitals

It was generally felt this would be no different to what happens currently. It may be appropriate to review protocols and where patient turns up at NHS Lanarkshire acute hospital they are directed to the hospital in NHS GG&C they would attend for elective referral. Alan Lawrie advised he has asked NHS Hub at Hairmyres to review how often patients are referred into a Glasgow PCEC when the NHS Lanarkshire PCEC at Hairmyres is closer.

10. Prescribing Budget

Alan Lawrie clarified accountability sits locally and connects to NHS GG&C system. Alison Birkmyre felt that NHS Lanarkshire may not be able to provide the same level of service in terms of data analysis that is currently provided in Glasgow. Alan Lawrie advised that the percentage of resource to support this would transfer to NHS Lanarkshire. The current Prescribing incentive scheme would come across. There are currently such schemes in parts of NHS Lanarkshire.

11. LD Service

This service would continue to be provided from GG&C unless clinicians felt it would be worthwhile reviewing that position.

12. Exemptions

Diabetic RetinopathySpirometry. There would require to be some further work done around these areas. Alan Lawrie stated that QoF arrangements would come under NHS Lanarkshire. Keith McIntyre advised that exemptions were reviewed annually in any case so position may change.

13. New LES

It appears following discussion there is very little difference between the two areas. There was recognition of a need for the locality to be represented on both sub groups. Douglas Colville will make informal enquires at next G P sub group meeting.

14. Next Steps

DC to share response paper from Local Health Professionals with the CHP

Alan Lawrie will advise on consultation period following discussion with Catriona Renfrew.

Lena Collins to arrange further meeting on a Friday early December (lunchtime)

APPENDIX 1

ANALYSIS OF ISSUES RAISED BY GPs

ISSUE	CURRENT PRACTICE	POTENTIAL FUTURE ARRANGEMENTS
Cervical Smears	<ul style="list-style-type: none"> • Informed dissent count in numbers 	<p style="text-align: center;">This is a National Agreement</p>
Ophthalmics	<ul style="list-style-type: none"> • Retinal screening for diabetes Locally provided from GG&C • Glasgow integrated eye care scheme 	<p style="text-align: center;">Retinal screening would continue to be provided by the Glasgow service There would continue to be access to this service.</p> <p style="text-align: center;">Work would be undertaken with the local Optometrists to consider a greater use of direct referral to Ophthalmology in particular around Cataracts</p>
Smoking Cessation	<ul style="list-style-type: none"> • Local Pharmacy starting fresh scheme • Flexible approach 	<p style="text-align: center;">Current service provision would continue. In addition given the heavy emphasis on smoking targets work would be undertaken across South Lanarkshire reviewing other potential methods which have a proven efficacy as an addition to the current services</p>
Methadone Programme	<ul style="list-style-type: none"> • Provided by a number of local GP's will there be a requirement to move to NHSL model 	<p style="text-align: center;">NHSL had a service similar to the Camglen service previously. Changes were introduced only after GPs terminated their contracts for the service. The current service in Camglen would be retained.</p>
COPD	<ul style="list-style-type: none"> • Local outreach spirometry available for new cases • Some practices do not have a spirometer • Spirometry for known cases not a 	<p style="text-align: center;">The scenario described for Camglen is replicated with NHSL with a mixed economy of provision and exception reporting. The SLCHP would be prepared to invest in the provision of local spirometry equipment and</p>

	Glasgow priority so GP's exempted from that part	training in Camglen on a practice by practice basis.
Learning disability service	<ul style="list-style-type: none"> • Provision from Glasgow • Enhanced service 	This is currently an outreach service and would continue. The SESP includes an enhanced service for LD and this will be offered again in NHSL in a more advanced form. It is believed that this will also continue in GG&C.
Haematology	<ul style="list-style-type: none"> • Anti-coagulant clinics 	This is currently provided in the main by secondary care and would continue.
Continence service	<ul style="list-style-type: none"> • Part of Glasgow wide service 	Further discussion required as to the hosting of this service in the locality for GG&C. A review of how best to provide in the future would be undertaken.
Chronic disease management	<ul style="list-style-type: none"> • LES receives support from Tom Clackson's team 	The current package of LESs that were negotiated with NHS GG would be continued by NHSL. Discussion is required now with GG&C in regard to the SESP and funding of this for Camglen. A range of new Enhanced Services under this package is currently being negotiated in NHSL including a COPD Pulmonary Rehab service that may be of interest as well as a Telehealth project and a raft of self supported care / management programmes that could be rolled out in Camglen.
Dexa Scans	<ul style="list-style-type: none"> • Open access 	Current Secondary care service that will continue
Back pain	<ul style="list-style-type: none"> • Service provided at Victoria 	Current Secondary care service that will continue
Chest Pain	<ul style="list-style-type: none"> • Rapid access 	Current Secondary care service that will continue

<p>IM&T</p>	<ul style="list-style-type: none"> • Excellent support systems 	<p>Initial local meetings have taken place which identified a range of advantages and potential issues that would require resolution. Service standards were seen to be very similar in terms of GPASS support. Discussion between the respective Heads of IM&T has confirmed this. There is a real potential to provide electronic lab links which is an addition to the existing package.</p>
<p>Prescribing Budgets / Support</p>	<ul style="list-style-type: none"> • Dedicated Pharmacists • Lead GP Input • Incentive Scheme 	<p>There have been a number of meetings between professionals in the two Boards regarding both the prescribing support as well as the Pharmacy service. It is clear that there are differences of approach with pharmacists at different grades and with a different set of roles and responsibilities. There are also differences in the manner in which GP input and the highest level of prescribing analysis is operated.</p> <p>The current level of pharmacy support would continue to be provided to Camglen and the model of dedicated GP input would also continue. A similar setup is being considered in several of the NHSL localities at present.</p> <p>Prescribing norms between Camglen and NHSL localities show that it has lower levels of prescribing than some and higher than others, reflecting no doubt issues</p>

		<p>such as deprivation and so forth. In NHSL prescribing savings are targeted and have been generated this year without an impact on the quality of care provided these savings are being ploughed back into primary care. It is anticipated that a similar regime would exist within Camglen. NHSL has previously operated incentives schemes and still does so in one locality. There would be no proposal to change the incentive scheme in Camglen unless a similar / favourable alternative was to be provided across the CHP.</p>
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Camglen Discussion Document
Response from Local Health Professionals:
Family Doctors, Optometrists, Pharmacists, Dentists

The paper tabled to the NHSGGC Board meeting on Tuesday 21 August 2007 has now been read widely in the Camglen locality. It has provoked a great deal of discussion and raised many concerns.

This Response is written by local health professionals, family doctors, optometrists, community pharmacists, and dentists who work in Camglen, and it reflects a constellation of perspectives within the locality.

Although the majority of this Response refers to GP concerns about Camglen's future, it is important to emphasise at this stage in this document that additional debate must take place about the future of Camglen involving pharmacists, optometrists and dentists, and that they wish to be part of this document.

The Response reflects the opinions, both general and particular, which the Discussion Document (DD) has generated. It is emphasised that not all the proposals are seen in a negative light. The views expressed are seen from the grass roots perspective and make candid, honest reading.

The DD states in 2.1 that there has been *significant discussion with a range of bodies* including stakeholders in Camglen. However, till late October 2007, there had been only two combined meetings with GPs and the Director of SLCHP and the Director of Corporate Planning & Policy of NHSGGC, one on 21 November 2006 and the second on 23 January 2007. Both of these meetings were said by the above to be intended to be exploratory, and were indeed very broad-brush. No minutes were taken at either meeting, despite the GPs asking for minutes to be taken. Minutes put together after the January meeting were e-mailed several weeks after the event.

There was a meeting held in Rutherglen Primary Care Centre during lunchtime on 17 April 2007 between Camglen GPs and the Director of Acute Services, Strategy and Planning to discuss Camglen patient flows. The outcome of this meeting merely confirmed what all GPs in Camglen already know: that 85-90%

of patient flow from Camglen is to services within NHSGGC area. Indeed, in Rutherglen, this percentage is even higher.

Six months elapsed before any further engagement was made by any personnel to communicate with Camglen GPs. During this time, the DD was delivered and it has now been in the public domain for over nine weeks. Finally, a meeting took place on 26 October 2007 in the Seminar Room of Rutherglen Primary Care Centre at lunchtime between Camglen GPs and the Director of SLCHP, the Camglen General Manager, and Dr Shiona Mackie, Clinical Director of Lanarkshire Primary Care. There took place a useful discussion, which was wide-ranging, encompassing matters of clinical concern, IM&T concerns and managerial concerns.

GPs were astounded to learn at this meeting that, although there has been some discussion with community pharmacists about the implications to them of the DD proposals, there has been *no discussion at all*, with dentists nor with optometrists to date.

We are reassured that Camglen Locality is assured of remaining within the NHSGGC boundary. However, 5.4 raises further concerns:

(i): *Primary Care* involves GPs, and their independent contractor colleagues, namely, dentists, community pharmacists, and optometrists. The *Primary Health Care Team* as we know it in Camglen, with practice-attached district nurses, health visitors and community midwives, practice-employed practice nurses, and attached treatment room nurses, collaborates with GPs. Patients know and value this team. There is a wealth of evidence-base to support this model.

If the DD proposes to make community nursing staff adopt LHB policies, whilst the independent contractors in the locality continue to be overwhelmingly GGC-centric, then this makes a mockery of any DD proposal about “*joined-up thinking*”: in fact, it divides the team up. We would suggest this is a dangerous retrograde step, which will inevitably damage patient care.

At the meeting of the 26 October, the SLCHP Director reassured GPs that Enhanced Services will continue to be integrated fully in the ongoing GGCHB model for the foreseeable future. Till this meeting, there had been serious and

genuine concerns that the highly evolved GGCHB Enhanced Services programme would not continue to progress with any fresh developments available to other GGCHB registered patients after April 2008. Camglen GPs will continue to keep a close eye on this undertaking via Glasgow LMC.

GPs are very concerned that the GGC Nursing Home Scheme will remain in place in the Camglen locality. There is certainly no appetite whatsoever on GPs' part to go back to looking after small numbers of patients in many different nursing homes in the locality. GPs need to be reassured that the GGC Nursing Homes Scheme will stay in place in Camglen for the foreseeable future.

IM&T matters are of great interest and concern to Camglen GPs. They do not envisage a situation where the GGC specified Local Enhanced Services can be continued without the support that GGC IT Department offers, viz CDSS remote interrogation and the decision-making process around GPASS. Practice Managers are also most alarmed about the potential loss of the GGC IT Mentoring Team.

It was reassuring to hear from the SLCHP Director that the small numbers of Out-of-Hours self-referring patients to Hairmyres Hospital A&E would be cared for in the Lanarkshire service if required, and that known existing patient flows to GGC hospital services would be taken into account if these patients were requiring further scheduled care.

We are encouraged to read that the DD in 7.2, bullet point 4 states that NHSGGC would take back Camglen if it were felt that SLCHP was not fulfilling its role. We would welcome more detail about the mechanisms by which this would be undertaken, and clarity about the procedure.

Despite these recent reassurances, Camglen health practitioners are still extremely concerned that the DD states that there does not need to be any public consultation. We very much beg to differ. This subject was raised at the Oct 26 meeting, where the Camglen Locality Manager stated that there had been an article in the local newspaper about the DD some weeks previously. We would contend that this does not reach an adequate proportion of the Camglen population, and that the article may not be in possession of all the facts, nor the spectrum of opinions that the DD provokes. This does not in our opinion

amount to democratic discussion: a public meeting would be much more appropriate.

The interests of the Camglen population are at the crux of this debate. We are alarmed that two out of the four independent contractor groups have had *no engagement whatsoever* in this process. We ask therefore that the closing date for discussion about Camglen's future should be postponed at the very least till the date of the first NHSGGC Board meeting of 2008, to allow full and frank discussion to continue to our mutual satisfaction through due democratic process.

Signed:

DOUGLAS COLVILLE

KEITH MCINTYRE

ALISON BIRKMYRE

DECLAN CAMPBELL

IAIN ROBERTSON

DAVID CASSIDY

ANDREW WISHART

ALASDAIR MCINTYRE

APPENDIX 4

NORTH & SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIPS

PRIMARY MEDICAL SERVICES (GP) WITHIN CAMGLEN AND NORTHERN CORRIDOR

MANAGEMENT AND ADMINISTRATION OF PRIMARY CARE MEDICAL CONTRACTS

Primary Care Medical Contracts within the two localities are currently managed by the East CH(C)P (Northern Corridor) and Primary Care Support (Camglen). Primary Care Support (PCS) also supports East CH(C)P in the day to day administration and management of these contracts as the role of Primary Care Support is to actively support all aspects of contract administration, regulation and payments.

PCS comprises 5 main support areas; contract management; GMS contract support; Practice Nurse Support; Community Screening Services (call/recall); and FHS regulation/administration. Key areas and tasks within PCS which need to be considered in the transfer process are detailed in the attached table.

PCS will work closely with Lanarkshire Health Board colleagues over the coming months to implement the changes required to manage and support primary medical services contracts within the two localities.

PCS FUNCTION – CONTRACT MANAGEMENT

Key functional task/responsibility	Proposed Status	Comment
Transfer primary medical services contracts to NHS Lanarkshire.	To be implemented in tandem with NHS Lanarkshire	Scheduled for 2008/09 implementation
Annual contract review visit – organisation including visit scheduling, review documentation, follow up report.	Responsibility to transfer to NHS Lanarkshire	
Contract management and administration including negotiations with GP body on local variations within national framework.	Transfer responsibility to NHS Lanarkshire	
Clinical support structure.	Transfer responsibility to NHS Lanarkshire	Potential to be jointly administered between both Boards

PCS FUNCTION – GMS CONTRACT SUPPORT

Key functional task/responsibility	Proposed Status	Comment
Annual QOF visit – management and organisation including visit and scheduling, QOF documentation and follow up.	Responsibility to transfer to NHS Lanarkshire Health Board	
Enhanced Services – administration and organisation of documentation including specifications, opt-in, opt-out forms and payment administration.	To be further discussed	
Development of QOF framework.	To be managed and monitored jointly by both Boards	
Development of Enhanced Services	LES development to transfer to NHS Lanarkshire	

PCS FUNCTION – PRACTICE NURSE SUPPORT

Key functional task/responsibility	Proposed Status	Comment
Practice Nurse support and input to practices within CDM/Enhanced Services programme	To be further discussed	
Professional advice and support to practice nurses	To be further discussed	
Organisation and provision of training programmes	To be further discussed	

PCS FUNCTION – COMMUNITY SCREENING SERVICES

Key functional task/responsibility	Status	Comment
<p>Organisation and management of call/recall systems for SCCRS, SIRS and other community screening programmes including vision screening, new born hearing and child health surveillance</p>	<p>Responsibility to remain with NHS GGC</p>	<p>Some systems are nationally based (SCCRS, SIRS) while other systems are predominantly Pan Glasgow & Clyde</p>

DRAFT

PCS SUPPORT FUNCTION – FHS REGULATION/ADMINISTRATION

Key functional task/responsibility	Potential Status	Comment
Statutory administration in respect of GP performers/providers	Responsibility to remain with NHS GGC	GP performers can apply to be on lists of both Health Boards
Payments verification of primary medical contractor services	Responsibility to transfer to NHS Lanarkshire	Responsibility shared with PSD
Co-ordination and administration of FHS Discipline	Responsibility to remain with NHS GGC	Involves all 4 contractor groups

APPENDIX 5

Staffing Breakdown

The following chart provides a snapshot of staff in post in the Cambuslang//Rutherglen Locality in December 2007.

Staff Group	Headcount	WTE
Nursing Staff		
Nursing	57	45.64
Mental Health Nursing	43	37.93
Allied health Professionals		
Physiotherapists	8	4.92
Podiatrists	5	2.24
Other Staff		
Medical	2	0.3
Managers & Administrative	25	22.58
Planning & Health Improvement	8	3.44
TOTAL STAFF	148	117.05

APPENDIX 6a

Cambuslang & Rutherglen Proposal to Transfer Services from NHS GG&C to NHSL

Service Area	Outcome	Process	Lead	Progress
Staff – locality based				
Community Nurses/Public Health Practitioners AHP staff Oral Health Action Team A&C staff Locality management team	Staff will have a clear understanding of:- <ul style="list-style-type: none"> • how primary care and acute services will be accessed and delivered under new arrangements • what changes will mean in terms of their contract of employment • what the options are regarding change of employer 	<ul style="list-style-type: none"> • Initial meeting with staff side representatives to agree process • Develop information sheet/ frequently asked questions sheet around changes to employer and what this would mean 	Anne Fraser, Lena Collins Lena Collins/ Catriona Reid	<ul style="list-style-type: none"> • <i>AHP reps have agreed way forward in terms of consultation.</i> • <i>LC to arrange meeting with Assoc Dir from NHSL –complete</i> • <i>local meetings with staff groups following on from there- arranged for 18th Dec, 8th.&14th Jan</i> • <i>Presentations made to staff around transfer options.</i> • <i>Staff updated via locality management meeting on monthly basis</i>
Community Mental Health & Addictions staff	Staff will have a clear understanding of:- <ul style="list-style-type: none"> • How community MH 	<ul style="list-style-type: none"> • Paper outlining governance arrangements to be developed by 23rd 	Calum MacLeod, Lena Collins, Paula McDaid	<ul style="list-style-type: none"> • <i>Paper developed and submitted to CMcC; PMcD etc</i>

	<p>services will link with the secondary care services and Glasgow wide initiatives</p> <ul style="list-style-type: none"> • what changes will mean in terms of their contract of employment • what the options are regarding change of employer 	<p>Nov and shared with wider MH Network in GG&C by 31st Dec</p> <ul style="list-style-type: none"> • Initial meeting with staff side representatives • Develop information sheet/ frequently asked questions sheet around changes to employer and what this would mean 	<p>Anne Fraser, Lena Collins</p> <p>Lena Collins/ Catriona Reid</p>	<p><i>See above</i></p>
<p>Staff based elsewhere with input to locality</p>	<p>These staff will have a clear understanding of</p> <ul style="list-style-type: none"> • What the changes will mean in terms of their contract • How they will deliver the service provided in the future 	<ul style="list-style-type: none"> • Mapping exercise to be carried out to identify who the staff are, level of service provided, where budget sits. • SLAs to be developed with these services 	<p>Lena Collins</p>	
<p>Independent Contractors</p>				
<p>General Practitioners</p>	<ul style="list-style-type: none"> • GP's will have a clear understanding of the impact the proposal will have in terms <ul style="list-style-type: none"> - of business continuity - how both acute and primary care services will be accessed delivered under the proposal 	<ul style="list-style-type: none"> • Formal and informal discussions with GP's to progress understanding and stimulate discussion 	<p>Alan Lawrie Lena Collins Dr Ian Notman</p>	<p><i>DrN&LC have met with all local GP's and developed FAQ sheet. Meeting held on 26th Oct fairly positive. Further meeting agreed. Dr N and some others have met with IT people. Further meeting being</i></p>

	<ul style="list-style-type: none"> GP's will have an opportunity to contribute to the discussions around the proposal 			<i>held on 12th of January</i>
Pharmacists	<ul style="list-style-type: none"> Local pharmacists will have a clear understanding of the impact the proposal will have in terms <ul style="list-style-type: none"> - of business continuity - how community health services would be delivered Local Pharmacists will have the opportunity to contribute to discussion around proposal 	<ul style="list-style-type: none"> Meeting with representatives to be progressed 	George Lindsay/ Lena Collins	<i>GL has provided response to formal letter received. Meeting set up on 16th Jan to progress issues identified.</i>
Dentistry	<ul style="list-style-type: none"> Dentistry directorate and local dental representatives will have a clear understanding of how services will be accessed and delivered under the proposal and have the opportunity to contribute to discussion 	<ul style="list-style-type: none"> Meeting with representatives to be progressed 	Alan Lawrie/ Lena Collins	<i>LC has had informal meeting with Ray McAndrew & OHAT manager- Oct no insurmountable difficulties identified to Salaried Staff Service. No change to existing GDP arrangements so no need at this time to progress meeting</i>
Optometrists	<ul style="list-style-type: none"> Optometrists will have a clear understanding of how services will be accessed 			<i>No change to existing arrangements so no need at this time to progress</i>

	and delivered under the proposal and have the opportunity to contribute to discussion			<i>meeting at this time.</i>
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Cambuslang & Rutherglen Locality

Service Area	Current Position	Proposed future provision	Lead	Progress
MH Services				See attached paper Appendix 6B. Further clarity around a couple of area such as Forensic and elderly OOH will be resolved in due course
Podiatry				
Nail Surgery Rota	Provided on South Glasgow basis	No change		
Care Homes	Routine work of local staff	No change		
Bio-mechanics	Provided at Govanhill	No change		Review impact on pts journey if provided in NHSL
Clinical Support	6/52 Clinical Lead East Renfrew	For Further Discussion		
Management post	50/50 split with East Renfrew	For Further Discussion		
Diabetes post	50/50 split with East Renfrew	For Further Discussion		
Physio therapy				
Back pain clinic	Provided from Victoria Infirmary	No Change		
Clinical support	Clinical support from GG&C	Subject to Further Discussion		
Speech & Language	From Yorkhill	No Change		
Dietician	Centrally provided from NHS GG&C	No Change		
COPT				
Dietician	1 session / week from South East			
AHP – clinical support	From CHP AHP leads in other CHP's	Subject to Further Discussion		
AHP- sustainability	Some cross cover provided from South	Subject to Further Discussion		
District Nursing				
Weekend cover	South East Glasgow	No Change		
OOH	South Glasgow basis	No Change		
Clinical Equipment	GGILES	No Change		

Clinical Supplies	From Leverdale	NHSL		Initial discussions with pharmacy leads indicate it would be feasible to transfer this function
Cleaning staff	Sessional cleaning staff from Parkhead	Initial provision from NHS GG&C		
Porter/ Caretaker	Cover during absence provided from Gartnavel	To Be Discussed		
Support Functions i.e. HR, Finance, Occ Health , IM&T; Primary care, grounds maintenance		Broadly Transferred to NHSL		
Bloods	Monklands –primary care; Victoria -MH	No Change		
Continance Service	Hosted within the locality on behalf of NHSGG&C (CLINICAL STAFF MANAGED LOCALLY)			NHSL does not have a clinical component to service, delivery service only.
Maintenance	Gartnavel	NHS GG&C Initially		
Asset Inventory		NHSL		
All Secondary Care Services	NHSGG&C	NHSGG&C		
Endowments		To Be Discussed		

APPENDIX 6b

Cambuslang & Rutherglen Community Mental Health Services- Proposal for Future Management/ Operational Arrangements

The Camglen Locality within the South Lanarkshire CHP was established in April 2006. Both Cambuslang and Rutherglen sit within the South Lanarkshire Council . Current arrangements mean the locality has to operate between both NHSL and NHSGG&C. These arrangements mean the locality is not fully integrated as part of the South Lanarkshire CHP. A paper was tabled with both Health Boards in August outlining these difficulties and proposed the further transfer of the full financial and operational responsibility for the locality health services to NHSL. The locality management team and MH partnership have met and below is a summary of the current service provision within the locality, where the current responsibility and accountability lies and proposed future arrangement.

Service / Function	Current Responsibility Accountability	Proposed Responsibility/ Accountability
CMHT – ADULT	Locality →SLCHP→NHSGG&C	Locality →SLCHP→NHSL
CMHT – Older people	Locality →SLCHP→NHSGG&C	Locality →SLCHP→NHSL
Primary Care MH Team	Locality →SLCHP→NHSGG&C	Locality →SLCHP→NHSL
Community Addiction Team	Locality →SLCHP→NHSGG&C	Locality →SLCHP→NHSL
Consultant Medical Services	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
Psychology Services	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
All inpatient services	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
Eating Disorder Services	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
Crisis Service	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
Early Intervention Service	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
Psychotherapy	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
A&E Liaison	Locality ←MH Partnership→NHSGG&C	Locality ←MH Partnership→NHSGG&C
CAMHS		
Community Forensic		
OOH service		
Governance Arrangements for locally managed services	Locality →SLCHP/MH Partnership→NHSGG&C	Locality →SLCHP→NHSL Local linkage to MH Partnership Network
Governance Arrangements for NHSGG&C managed services	MH Partnership→NHSGG&C Local linkage to arrangements	MH Partnership→NHSGG&C Local linkage to MH Partnership Network
Performance Management – locally managed services	Locality →SLCHP→NHSGG&C	Locality →SLCHP→NHSL Local linkage to MH Partnership Network

Service / Function	Current Responsibility Accountability	Proposed Responsibility/ Accountability
Performance Management – for NHSGG&C managed services	MH Partnership→NHSGG&C	MH Partnership→NHSGG&C Local linkage to MH Partnership Network
Joint Future Arrangements	Locality→SLC/SLCHP→NHSGG&C	Locality→SLC/SLCHP→NHSL Local linkage to MH Partnership Network
Service Delivery/ Redesign- locally managed services	Locality/ MH Partnership→SLCHP→NHSGG&C	Locality→SLC/SLCHP→NHSL Local linkage to MH Partnership Network
Service Delivery / Redesign for NHSGG&C managed services	Locality/ MH Partnership→SLCHP→NHSGG&C	MH Partnership→NHSGG&C Local linkage to MH Partnership Network

APPENDIX 7

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 21st August 2007

Board Paper No. 2007/34

Director of Corporate Planning and Policy
Director - South Lanarkshire CHP

**SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP
A PROPOSAL FOR THE FUTURE ARRANGEMENTS
OF THE CAMBUSLANG/RUTHERGLEN LOCALITY**

Recommendation:

The Board is asked to:

- receive this report on the discussions which have taken place during the past nine months on this issue;
- approve this paper on the basis of further discussion during the next three months within both Board areas;
- agree to receive a final report in December 2007 on the conclusions from this period of discussion.

A. BACKGROUND AND PURPOSE

- 1.1 Over the course of the past nine months there has been an ongoing dialogue between the management of the South Lanarkshire Community Health Partnership (SLCHP), NHS Greater Glasgow and Clyde (NHSGGC) and a range of stakeholders within and external to the SLCHP including directly employed staff, General Practitioners and local politicians.
- 1.2 The aim of this dialogue has been to discuss in some detail the manner in which the locality is currently managed within the CHP and to consider whether these are the most effective arrangements for the Locality in the medium term. Of particular concern has been the complexity of the links to NHSGGC as well as the SLCHP which is part of NHS Lanarkshire (NHSL).
- 1.3 On the basis of the discussions that have been held to date, the purpose of this paper is to outline a proposed way forward for the future in respect of the Cambuslang/Rutherglen (Camglen) Locality.
- 1.4 The paper looks to address the following questions:
 1. Where are we now and why?
 2. What are the reasons for considering any change?
 3. What sorts of changes could be made?
 4. What would these changes mean for patients, staff, and contractors?

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5. What options exist to allow such changes to occur?
 6. What might be the associated timetable for change?
- 1.5 In addition, attached to this paper at Appendix 1 is a list of the frequently asked questions raised by stakeholders and the responses provided to date on these issues. There have also been questions raised in regard to the impact of any change on secondary care and other NHS GGC services currently used by the Locality. For clarity a further table is attached at Appendix 2 indicating what, if any, changes would occur to established patterns of service.

B. WHERE ARE WE NOW?

- 2.1 The Camglen Locality was established in April 2006. This followed significant discussion with a range of bodies including Health Boards, South Lanarkshire Council and a variety of other stakeholders within the Locality. It is therefore part of the South Lanarkshire Community Health Partnership (SLCHP).
- 2.2 The new Locality replaced the Camglen Local Health Care Cooperative, which was fully part of NHS Greater Glasgow.
- 2.3 Three of the Localities in the SLCHP (Hamilton, East Kilbride and Clydesdale) are the responsibility of NHS Lanarkshire. However, the health of the population of Cambuslang and Rutherglen remains the responsibility of NHSGGC. These responsibilities are discharged through the SLCHP under the terms of the Scheme of Establishment approved by the Scottish Executive Health Department in September 2005.
- 2.4 Although part of SLCHP, the contracts for staff and independent contractors (GPs, general dental practitioners, pharmacists and optometrists), working within the Camglen Locality are held by NHSGGC.
- 2.5 The current hybrid arrangements mean that the Locality is not fully integrated as part of the SLCHP and has to operate between both NHSL and NHSGGC. It is the only functioning Locality where this happens within Scotland.
- 2.6 In governance and accountability terms, the reporting mechanisms for the Locality are to the SLCHP Director, who in turn is accountable to the Chief Executive of NHSGGC. Given the current setup within the Locality, as detailed above, there is a clear requirement for close working partnerships with NHSGGC colleagues.

C. WHY ARE WE HERE?

- 3.1 Community Health Partnerships (CHPs) were introduced to manage community health services and develop closer working between health, social care and hospital-based services.
- 3.2 Their main aim is to improve long-term health and well-being and to improve health and social care services for the population.
- 3.3 It was felt this would be best achieved if they had the same boundaries as Local Authorities. This principle was set out in "Partnership for Care" Scotland's Health White Paper.

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- 3.4 Rutherglen and Cambuslang are both within South Lanarkshire Council's area. They were therefore included, after some considerable debate, in the SLCHP. This was approved by the SEHD and has been in operation now for just under 18 months.

D. WHAT ARE THE REASONS FOR CONSIDERING CHANGE?

- 4.1 During the establishment phase of the CHP, work has been undertaken to more closely align the Camglen locality into the SLCHP. In particular, the General Manager is fully involved with both a range of groups within NHSL and also with the joint planning structures with SLC.

- 4.2 However, this position is already seen to be questionable in terms of sustainability in the medium/long term as, at a number of levels, it is clear that there are:

1. Divergent operational policies for front line staff and potential lack of coherence.
2. Divergent strategic direction in regard to deployment of the community nursing resource with different models of care being pursued by the two NHS Boards.
3. Potential divergence in strategic direction across the "Joint Future" agenda given the arrangements within the rest of Greater Glasgow and Clyde with their local authority partners. This applies in particular around Mental Health and Older People's Services.
4. Differing approaches to a range of policy directions including the public involvement agenda, health improvement key targets and so forth.

- 4.3 As a result of these prima facie concerns, NHSGGC and NHSL have had a number of open discussions with a range of stakeholders. Their aim has been to review how the Locality has operated so far and to ensure it has the best opportunity to continue to provide high-quality healthcare to patients in the future.

- 4.4 Both Boards have a duty to ensure that the SLCHP is working optimally so that it is best able to look after the health of the people of Rutherglen and Cambuslang now and in the future.

- 4.5 The initial discussions have looked at the pros and cons of the existing arrangements. From the discussions so far, a number of disadvantages in the current arrangements have been identified. For example;

1. Strategic planning and long term planning for the Locality is virtually impossible as it is not linked into either Boards' arrangements.
2. Access to financial resources to deliver strategic change is substantially more difficult given that the locality sits outside these planning arrangements. The need for the CHP to utilise resources across the patch in a flexible manner is of growing importance.
3. Whilst the Locality has good links with South Lanarkshire Council, inability to follow policy agreed between SLC and NHSL has deprived the Locality of access to health improvement and other "third party" funding streams.
4. The development of wider primary care services through the new contracts is outside an agreed or refreshed primary care strategy.
5. The governance and accountability of the locality is complicated with the potential for greater rates of error or omission due to having to deal with two different sets of systems and support for:
 - clinical governance;
 - child protection;
 - information management and technology;
 - communication;

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- finance and financial planning;
- prescribing;
- data sharing and eCare.

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6. The current arrangements make it more difficult for the Locality to:
 - further develop GP services in line with the emerging SLCHP Primary Care Strategy;
 - introduce and fully develop the new pharmacy and optometry contracts;
 - develop and integrate services with South Lanarkshire Council.

E. WHAT CHANGES COULD BE MADE?

- 5.1 A way forward that would alleviate a number of the issues identified above would be to transfer responsibility for the Camglen Locality from NHS GGC to the SLCHP.
- 5.2 The physical areas of Cambuslang and Rutherglen would still remain within the NHSGGC boundary. However, the full financial and operational responsibility for staff and independent contractors would pass to the SLCHP, which would fully manage the services on NHSGGC's behalf as an integrated part of the wider CHP.
- 5.3 This would allow the Camglen Locality to work more efficiently, share best practice more easily and communicate with ease with the rest of SLCHP.
- 5.4 It would also allow Camglen to operate and develop a consistent approach with the rest of the CHP with regard to:
 - primary care strategy development both within General Medical Practice and the wider team;
 - a single system for child protection arrangements;
 - operation of, and within, consistent policies and procedures;
 - access to training and development resources locally and at a CHP wide level;
 - financial planning advice and financial management control;
 - further delivery of enhanced primary care services in coming years;
 - influencing the strategic development of local services;
 - arrangements with SLC and partners at a CHP wide level.

F. WHAT COULD THESE CHANGES MEAN?

- 6.1 These changes should improve the way that both the Locality and the CHP functions, which would ultimately benefit patients. However, they would not mean any fundamental changes in health services for patients, health staff and independent contractors in Rutherglen and Cambuslang.
- 6.2 For patients, the following would stay the same:
 - their GP;
 - the local services they receive;
 - the acute hospitals they would be referred to.
- 6.3 For staff, the following would stay the same:
 - pay and conditions covered under Agenda for Change;
 - place of employment;
 - nature of job.

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- 6.4 For Independent Contracts, the following would stay the same:
- their current nationally negotiated contracts and in addition there would be no detriment to the package of Locally Enhanced Services currently in place;
 - the deployment of national contracts in Pharmacy and Optometry would have the same nationally negotiated financial packages;
 - their appropriate referral rights to the hospitals
- 6.5 The transfer of further responsibility as described in section E and the impacts as outlined above can be achieved in a variety of ways. For directly employed staff, this could be actioned by means of a staff transfer order to NHSL or via a long term secondment from NHSGGC. Both routes have similar outcomes and ensure that the benefits described can be achieved.
- 6.6 For Independent Contracts there are a range of different NHS and commercial contracts for the individual contractor groups. The proposals that are put forward above would ensure that there was no detriment to the independent contracts as they stand now. The further transfer of accountability and control to the SLCHP for the operation of the contracts will be marginally different depending upon the exact statutory framework that covers their profession. Issues in regard to membership of professional committees and access to the Board are similar across all NHS organisations. These rights of access and membership issues would continue, although predominantly to NHSL rather than NHSGGC.

G. AREAS TO BE ADDRESSED

- 7.1 During the dialogue with stakeholders, a raft of questions were raised which considered service implications. It was made clear that in any proposal to change the status quo, these issues would be fully addressed to determine the implications and any changes that might occur. Outlined below are some of the main service related issues and enclosed at Appendix 1 is an amalgam of the frequently asked questions which arose primarily from staff and GPs.
- 7.2 There were some key issues and the position on these is outlined below.

- **Primary and Secondary Mental Health Services**

It is probable that there would be little, if any, change to existing mental health services:

- Cambuslang/Rutherglen Locality has just launched Gateway (Primary Care Mental Health Team) and this service would remain;
- Cambuslang/Rutherglen Locality has access to the Greater Glasgow Crisis Intervention Team. This does not exist in Lanarkshire and therefore arrangements would be put in place to allow continued access to the Glasgow team;
- there is currently a different model of substance misuse services in Cambuslang and Rutherglen. However, it is intended that this would be introduced across NHS Lanarkshire.

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- **Locally Enhanced Primary Care Services**

There are 33 GPs in Cambuslang/Rutherglen working across 13 practices. The NHS Greater Glasgow and Clyde General Medical Services (GMS) contract with GPs includes more locally enhanced services than the Lanarkshire GMS contract. These services would be retained.

- **Other Independent Contractors: Dentists, Pharmacists and Optometrists**

There are only minor differences in working practices and services between the Cambuslang/Rutherglen Locality and the rest of South Lanarkshire CHP as these are mainly based on national contracts. The development of the new contracts for Pharmacy and Optometry would be consistent with emerging Primary Care strategies for the SLCHP and national policy.

- **Boundary Issues**

Responsibility for the health of the people of Cambuslang and Rutherglen would remain with NHS Greater Glasgow and Clyde, but would effectively be sub-contracted to the South Lanarkshire CHP. In theory, NHS Greater Glasgow and Clyde could “take back” Cambuslang and Rutherglen if it felt the CHP was not fulfilling its role.

- **Primary/Secondary Interface**

Currently there is a requirement to ensure that Cambuslang/Rutherglen is involved and contributes to this agenda as the bulk of patient flow and close working relationships are with the acute sector in GGC. This element fits closely also with the whole acute reconfiguration agenda that will be implemented by both Boards over the next five years.

H. THE RELATIONSHIP WITH NHSGGC

8.1 It is important to emphasise that these proposals are not about changes to boundaries but are aimed at achieving more effective working within the current boundaries. Given NHSGGC’s continuing responsibility for the population, the proposals to further transfer responsibility to the SLCHP, as outlined in Section 5, will require revision to the current arrangements to NHSGGC.

8.2 These arrangements will need to be enshrined within a Service Level Agreement between the two NHS Boards which clearly sets out the requirements in regard to:

- Quality Standards;
- Access Standards;
- Governance Standards.

8.3 The SLCHP will need to be able to demonstrate clear adherence to such standards and provide such assurance to the Boards.

8.4 Such arrangements will need to be achieved within a given level of resource. There will be an annual discussion between the CHP and NHSGGC in regard to the level of this resource and the anticipated requirements set against the backcloth of both national and local priorities with a clear focus upon delivery.

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- 8.5 It is also important to state that NHSGGC would continue to directly allocate funding to the hospital services which the population of Rutherglen and Cambuslang and their GP's choose to access.

I. THE NEXT STEPS

- 9.1 The proposals that are put forward are very clearly about improving upon the governance, planning and accountability framework under which the Locality operates. It is important that the Camglen Locality does not become an island between the two Boards starved of the ability to further develop primary care services for the benefit of the population.
- 9.2 This proposal sets out a series of arrangements following stakeholder engagement and takes on board, in significant measure, the issues and concerns raised. The proposal now requires further discussion within both Board areas with the formal clinical and partnership fora. This is planned to occur between September 2007 and November 2007.
- 9.3 The outcome and conclusions of these further formal discussions will be considered by both Boards and a final recommendation made in December 2007.
- 9.4 Dependent upon the final conclusions of the Boards, any required contractual changes would come into effect from 1st of April 2008.

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FREQUENTLY ASKED QUESTIONS

1. The current arrangements for community nursing services have worked well for years. Why change now?

There is no plan to change the model of delivery of any of the services at this point. However, as time passes they will need to be refreshed and possibly redesigned in line with new models of care. Consistency of approach across the CHP would add great value in that regard.

2. The Child Protection procedures in operation have worked well for 10 years. There is no need to change.

There is often a need to work with two Local Authorities depending on where the families live. However, the issues of governance and accountability as well as clarity around procedures are currently more complex than need be, for example in regard to the CP Committee structures.

3. I and many of my colleagues would be happy to use computers for SSA and CPM. This doesn't mean that we need to be employed by NHSL.

Not essential, it is about making the systems compatible and work is already under way on this one. However, the way in which systems linked to the Council are developed will go at very different paces and directions over the next few years

4. We run a specialist service in Camglen that does not exist in NHSL. Would this cease if the SLCHP takes more control and if not how would we work with colleagues in Glasgow?

All specialist services would continue to be delivered and networks with colleagues in services in Glasgow would continue to be in place. Refer to Appendix 2.

5. I have no confidence in NHSL's commitment to primary care – what can you say to reassure me?

NHS Lanarkshire are at the beginning of the journey of pulling together their Primary Care Strategy and is embarking on the Picture of Health Strategy to improve health services and, in particular, primary care services in Lanarkshire. The current GG&C strategy is over 6 years old and will need to be refreshed. It is the view of GG&C that the Camglen Locality should look towards the NHSL Primary Care Strategy to guide the future development of service and, in fact, to have a significant influence over its final design.

6. The Health Improvement agenda is suffering as a result of this position.

It is fully acknowledged that this is an important issue and is one of the reasons for looking at how the Locality operates in reality. This demonstrates a real need to change.

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7. I feel that we are being missed out by our colleagues in NHSGGC and we need to have a strong voice in any new arrangement. How can you reassure me about this?

The Locality has been, and will continue to be, represented around the management table and various other fora and this will continue, which is largely why this discussion is happening.

8. Question a. Mental Health services are well developed in Camglen and are not so in NHSL with a different philosophy. What would any change mean for me?

The development and delivery service model will continue and the linkages with Glasgow will also continue.

Question b. PCMHT in Camglen is 1 of 9 across GGC and we have strong strategic, professional and organisational links with our colleagues and the new world of PCMHT in Glasgow. We are a strong team providing a valuable service to people locally experiencing mild to moderate mental health problems. Given that NHSL does not have these teams and does not intend to develop them, how will this affect us with regard to maintaining our service, development of service and professional and strategic links with the world of PCMH?

We are aware that PCMHTs do not exist in Lanarkshire. Far greater community mental health services will be in place in the next three years. The concerns expressed in regard to professional links would be explored.

9. I am aware that the Back Pain service we have in the Locality does not exist in that form in NHSL, what will happen to that service and others?

The service will continue to be delivered and supported. If the service was to expand then the CHP and the Locality would have to take a view about the priorities that they have and how such a development fitted with those competing priorities. The day when the Health Board handed out ring fenced sums for services is now long gone. The decision making must be made by the CHPs based upon assessed need and resource availability.

10. Question a. Please can you tell me how I would continue to get professional support in any new arrangement?

There will be a need for the continuance of professional support mechanisms. It would be wrong to second guess at this stage what these might look like and we would look to address this within proposals to be brought forward following this range of stakeholder events.

Question b. Peer support for current management structure i.e. currently no Head of Profession for Physiotherapy, will my line of accountability change and will my job role change?

Professional support could have input from NHS Lanarkshire and accountability will be to the Locality General Manager. There are no plans to change job roles.

Question c. Peer support for staff and training what is the plan?

Links would be made with colleagues in NHS Lanarkshire to provide this. New Professional support structures are being put in place to reflect the two CHPs at present.

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11. What is the intention in regard to access to training programmes?

A Learning Plan is currently being developed for the Cambuslang/Rutherglen Locality as they are elsewhere. This is based / will be based upon a range of factors including the KSF as well as the service development agenda.

12. Can you please explain the linkage to acute services.

The direction of most patient flows is to the Glasgow hospitals at present but there are some patient flows to Hairmyres. These issues are being discussed with Acute Planning personnel from both Board areas.

13. Contractual changes, how can our employment change from NHS GG&C to NHS Lanarkshire? You are telling me that we might have to transfer to NHS Lanarkshire. What if I don't want to go – do I have a choice?

A set of proposals has not been developed at this stage, but if there is a transfer then there will be no detriment and all terms and conditions would transfer.

14. It appears as though we have management by NHS Lanarkshire, protocols, policies and procedures from Glasgow, no change to Health Board boundaries so why change?

This was the main reason for now looking at this issue one year down the road and having a close look at the management arrangements and how effectively they have proved to be working.

15. Since joining the CHP Cambuslang/Rutherglen has suffered considerable reductions in staff resources, both from planning level and health promotion level and topic teams no longer work in our area. Our structures do not reflect NHSL and as a consequence there is a weakened voice with local authorities which is detrimental e.g. Best Fed Babies where a NHSL model does not fit with Glasgow strategy resulting in pull back of £117k allocated to this area to reduce LBW and breastfeeding rates.

There was an acknowledgement of frustrations, and it was stated that this cannot be allowed to continue to happen.

16. It is increasingly the case that Greater Glasgow and Clyde departments are not including Cambuslang/Rutherglen in their work, eg, Greater Glasgow Public Health, a recent report by the Department of Public Health on Youth Health Needs, why is this occurring ?

Cambuslang/Rutherglen are not part of Greater Glasgow and Clyde Community Health (and Care) Partnerships so would not be included in work relating to Greater Glasgow and Clyde Community Health (and Care) Partnerships.

17. Will the public be consulted about these changes?

This issue is, primarily, about organisational and management arrangements and should not directly affect patient services. There is, therefore, no need for public consultation. However there would be full discussion through the appropriate routes both within Greater Glasgow and Clyde and Lanarkshire.

POTENTIAL IMPACT TO OTHER CLINICAL AND SUPPORT SERVICES

Service Description	Current Provision	Future Provision
General Acute Secondary Care Services	GGC Hospitals some in NHSL	No change
Primary Care Out of Hours	GEMS	No change
Therapies not directly provided by Locality	GGC NHS providing	No change
Community Equipment	GGILES	No Change (SL may sign up to GGILES)
Mental Health In Patient Services	Leverndale	No Change – with enhanced access to Hairmyres in due course
Mental Health Network	Across South Sector	No change – would require this link re-acute MH care
Stroke Services	Support from acute	No Change
Rehabilitation Services	Links with acutes	No Change
INR Monitoring		
LES for GP Practices	GGC NHS GMS contract	Would be retained
Open Access Services; Spirometry, Echo, CT	GGC Hospitals some in NHSL	No Change
Patient Transport Service	GGC/SAS	No Change