

NHS Board Meeting
Tuesday, 22 February 2008

Director North Lanarkshire CHP
Director of Corporate Planning and Policy, NHSGGC

Board Paper No. 08/12

North Lanarkshire Community Health Partnership
The Future Arrangements for Primary & Community Services
Northern Corridor

Recommendations:

- 1. That the Board accept the conclusions and next steps outlined in this report and formally agrees to the further transfer of responsibility from NHS GG&C to NHS Lanarkshire of the directly employed staff and GMS contracts within the Northern Corridor.**
- 2. That the Board agrees that this transfer will be undertaken at an appropriate juncture in the financial year 2008/09 and by no later than March 2009.**
- 3. That the Board require that an Implementation Team is established to formally manage the process of transfer within the agreed parameters set above.**

Purpose of Report

This report has been prepared to inform Board Members of the current position in respect of the formal transfer of responsibility from NHSGG&C to NHSL of the directly employed staff and GMS Contracts within the Northern Corridor.

1. BACKGROUND

The Boards of NHSGG&C and NHSL received an initial paper in August 2007 which outlined proposals for the future management of the primary and community services within the Cambuslang and Rutherglen Locality.

The aim of that paper was 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 this area in the medium term. Of particular concern has been the complexity of the links to both NHS GG&C as well as the NLCHP which is part of NHS Lanarkshire (NHSL)

The paper addressed the questions of:

- a. The rationale for the current organisational configuration
- b. The reasons for any change and the types of changes which could be made
- c. The potential impact of these changes for patients, staff, and contractors?
- d. The options which existed to allow such changes to occur
- e. The potential timetable and next steps.

The Boards in both NHS GG&C 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 and consultation had taken place with those affected or potentially affected by the proposed changes.

A subsequent paper was received by both Boards in January 2008 which also included the process being taken forward in the Northern Corridor to enable Board approval to proceed to the establishment of an Implementation Team.

There was recognition of the need to refresh and familiarise the consultation process within the Northern Corridor. Therefore a discussion paper was issued to directly employed staff, GP's and community forums within the Northern Corridor and meetings were then held to discuss issues raised. The outcome of these meetings are discussed later.

This paper will:

- a. Restate the rationale for the original paper.
- b. Outline the discussion and consultation that has taken place
- c. Outline the concerns that have been raised together with any mitigation / amelioration of these concerns.
- d. Outline the arrangements that would need to be setup between NHS GG&C and NHSL to enable changes in arrangements to operate effectively.
- e. State the services that can transfer and those that cannot including the rationale for such
- f. 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. Discussions similar to those in Camglen have been ongoing in this area and it is seen as reasonable to consider both areas within the paper submitted from SCHP to both Boards. The rest of this paper refers only to the Northern Corridor.

As was noted in the August 2007 “Way Forward” paper, the current hybrid organisational arrangements means that the area is fully integrated as part of the CHP and has to operate between both NHSL and NHS GG&C. In governance, accountability and planning terms, the reporting mechanisms for the Northern Corridor are to the CHP Director, who in turn is accountable to the Chief Executive of NHS GG&C

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

- a. 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.
- b. Divergent strategic direction in regard to deployment of the community nursing resource with different models of care being pursued by the two NHS boards
- c. Potential divergence in strategic direction across the joint futures agenda given the arrangements within the rest of GG&C with their local authority partners. In particular around Mental Health and Older Peoples Services.
- d. 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 the 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;

- a. Strategic planning for the area is virtually impossible
- b. Access to financial resources to deliver strategic change is substantially more difficult given that the Northern Corridor sits outside these planning arrangements. The need for the CHP to utilise resources across the patch in a flexible manner is of growing importance.
- c. Inability to follow policy agreed between NLC & NHSL has impacted development of services.
- d. The development of wider primary care services through the new contracts is outside of an agreed or refreshed primary care strategy
- e. 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 Northern Corridor from NHS GG&C to the NLCHP operating within NHSL.

3. THE RATIONALE - WHAT WOULD THE CHANGES MEAN?

The physical areas of the Northern Corridor would still remain within the NHS GG&C boundary. However, the full financial and operational responsibility for staff and independent contractors (where this was legally possible) would pass to both the NLCHP, which would fully manage the services on NHS GG&C's behalf as an integrated part of the wider CHP.

This would allow the Northern Corridor to work more efficiently, share best practice more easily and communicate with ease with the rest of NLCHP.

It would also allow the area to operate and develop 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 NLC and partners at a CHP wide level.

4. DISCUSSION AND CONSULTATION

The Who

The process within the Northern Corridor and timetable of meetings is set out below and the issues raised are also detailed. Notes of the meeting with the Community Forum and a question and answer session with staff are included in appendices 1 and 2.

Planning Group established to agree principles and process	July 2006 – Representatives from NHSL, NHSGG&C and both staff side partnerships
Expansion of membership of group to include NHSGG&C Clinical Director and Locality Lead GP Draft Implementation Plan developed	September 2006
Public / Patient Groups Initial discussion at Northern Corridor Health Partnership	September 2006
Northern Corridor Community Forum	November 2006 – 10 present Discussion paper sent to Forum – January 2008
Cumbernauld Community Forum	November 2006 – 15 present
Local Area Partnership	November 2006 - elected members and public. Discussion paper tabled for February 2008 meeting
Northern Corridor General Practitioners and directly employed staff	November 2006 – 28 present
Discussion paper distributed to all GP's Meeting with GP's and LMC representative	January 2008 February 2008 – 3 present
Directly employed staff Community Nursing Staff – District Nurses Health Visitors Question and answer session	January 2007 – 7 present February 2007 – 6 present February 2007 – approx 30 present
Discussion paper distributed to all staff Further consultation meeting	January 2008 February 2008 – 13 present
Discussion at North CHP Divisional Partnership meeting	December 2007

The breadth of meetings that have been held is felt to fulfil the requirements set out by the Boards in August 2007.

The Issues Raised

a. Community Forum and Local Area Partnership

The main issues revolved around ensuring access to Glasgow Hospitals for their secondary care needs as well as consideration in the commissioning of beds at the new Larbert Hospital. Concerns were raised about the perceived lack of investment in both services and buildings within the area, which have created a perceived sense of neglect amongst the local population. Questions were asked about the planning arrangements for building a health Centre in this area. They also expressed concern about access to joint services.

b. General Practitioners

The main concerns were about any potential change to patient flow and access to secondary care services within Glasgow. Re-assurance was given that there should be no change and patients should continue to access Glasgow Hospitals.

Clarification has been sought regarding GMS contract and financial arrangements across the NHS boundaries. Further discussion is required around this.

There were specific concerns regarding support for current NHS GG&C enhanced services such as dietician and podiatry support for diabetes.

Concern was raised about the potential impact of any service re-design within Secondary Care and how GP would be supported by NHSL to deliver services within primary care.

There has also been recognition of boundary issues and different models of practice across both NHSL and NHS GG&C which need further consideration.

In addition, one Practice have been in negotiation with GG&C regarding the development of a new build premises. No progress has been made and the Practice now feel 'in limbo' regarding this. Re-assurance was given of the opportunity for inclusion in NHSL Minor capital Development programme. Further discussion is required about any major capital requirements identified following a survey of premises.

c. Directly employed staff

Several issues were raised concerning working patterns and models of practice including Child protection, documentation and record keeping, GP attachment and geographical boundaries. Staff were advised that current practice should continue meantime and there should be no change to how services are delivered. In addition concerns were raised about staff terms and conditions and any potential impact. It was advised that they should be very similar across all NHS Boards.

Some staff were concerned about any potential impact on A4C as they had not yet assimilated. Clarity was also sought about any differences in car leasing schemes

One staff member asked for clarity about the option of re-deployment if she did not wish to transfer.

Advice was given that they would be eligible to apply for any vacancy within NHS GG&C but would not be placed on the re-deployment register as their jobs were not at risk.

There was positive support from staff for the Team Leader model used within NHSL and requests for proper induction programme and training on transfer.

Staff also asked about the need to re-locate to Cumbernauld and were advised that they would remain within their current base at Muirhead.

North Locality Management Team provided direct contact details and offered an 'open door policy' to staff for further discussion of any concerns.

d. Community Pharmacists / Managed Pharmacy Service

There has been individual dialogue between colleagues in NHSL and counterparts in NHS GG&C. In many ways Community Pharmacy is simple in that we cannot legally transfer their contract from NHS GG&C to NHSL so the CHP will have a more facilitative role here. In regard to the managed pharmacy service and prescribing support, there has been links to the discussions within Cam/Glen and a meeting has been scheduled for the Northern Corridor to identify the issues and whether or not there are any real stumbling blocks.

e. 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 NHS GG&C & NHSL

Responsibility for the health of the people of the Northern Corridor remain with NHS Greater Glasgow and Clyde, but would effectively be sub-contracted to the North Lanarkshire CHP. In theory, NHS Greater Glasgow and Clyde could “take back” full responsibility for both areas if it was objectively assessed and measured that the CHP in NHSL was not fulfilling it’s agreed role.

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

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 NHSGG&C 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 NHS GG&C would continue to directly allocate funding to the hospital services which the population of the Northern Corridor and their GP’s choose to access. There is an absolute requirement to ensure that the Northern Corridor is involved and contributes to this agenda as clearly the patient flow and close working relationships are with the acute sector in NHS GG&C. Should the total alignment of the Northern Corridor to NHSL be realised, a recognition of patient flows would need to be established and the relevant resource transfers being identified and actioned. This element fits closely with the whole acute reconfiguration agenda that will be implemented by both Boards over the next 5 years.

6. CONCLUSIONS

The proposals that were initially put forward were aimed very clearly about 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 Northern Corridor 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 NHS GG&C 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, although it is noted 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 North Lanarkshire CHP is legal and that the majority of concerns and issues raised by these groups can be addressed and accommodated.

7. RECOMMENDATIONS AND NEXT STEPS

The Boards of NHS GG&C and NHSL are asked to consider both the original proposal and the results of the discussion / consultation 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 North Lanarkshire 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 joint implementation team, chaired by the CHP Directors and with input from GPs and staff side organisations from the Northern Corridor and Cam/Glen Localities, 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 ensures 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 staff and also GMS contracts from an NHS GG& C 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.

There are a range of services that will continue to be provided to the localities on an SLA basis from GG&C both in primary care and the acute setting. There will be a requirement for this to form part of the overall agreement between the Boards.

COLIN SLOEY
DIRECTOR NORTH LANARKSHIRE CHP

CATRIONA RENFREW
CORPORATE DIRECTOR OF PLANNING AND POLICY NHS GG&C.

APPENDICES

- 1 Analysis of concerns raised by staff
- 2 Notes of meeting with the Community Forum
3. Notes of further meeting with GP's.

Appendix 1

Questions raised at staff engagements in Northern Corridor

Question Raised	Current Position	Position after transfer	Actions Required
1. How will travel expense get paid	NHSGGC form and send to authorised signatory Senior Nurses by 7 th of Month	NHSL requires TL's to authorise staff expenses. Similar approach will be considered	Systems will be set up to transfer resource and authority to NHSL
2. Who will authorise my annual leave?	G Grade staff. G/H grade – as above	G Grade staff. G/H Grade – as above	As above
3. Who do I report to if off sick?	Line Manager	Line Manager	Management Team will
4. Will I be able to follow my clients back into Glasgow	Some patients on case load live outwith the Northern corridor boundaries	No change to current practice and discussion required regarding future practice.	A sensible approach will be discussed to ensure no detriment to patient care and relationships
5. What about any differences in lease car schemes?	Staff do not pat any excess for damage to car	Check NHSL position	Confirmed as same as NHSGG&C
6. Mobile Phones	Supplied by NHSGG&C. Need to follow the guidance on usage	NHSL will supply mobile phones	For action
7. IT System	PIMS not used in	Review IT systems and requirements	Include in NHSL IT strategy and induction programme
8. Training	Study Leave forms to Senior Nurse/Manager for approval	Induction and Traing programme will be developed	Staff can access both NHSL and GG&C in-house training
9. Students	Allocated from Caledonian University	Allocated from Caledonian University	No change to current process
10. OOH	GEMS	Further discussion required	Further discussion required
11 Equipment	GGiles Equipment store	Further discussion required	Further discussion required
12. Liability Insurance	NHSGGC	Further discussion required	
13. Orders	NHSGGC	NHSL requires TL's to authorise	Systems will be set up to transfer

		staff expenses. Similar approach will be considered	resource and authority to NHSL Considered as part of resource transfer
14. Hours of work	8.30am – 4.30pm	NHSL 9.00am - 5.00pm	Further discussion required
15. Domestic/Security Issues at Muirhead Clinic	Provided through NHSGGC	Further discussion required	
17. KSF/PDP Process	Good work in progress	Similar pace with NHSL	Maintain progress
Podiatry Service Issues			
18. Clinic Sessions	Muirhead Clinic	Muirhead Clinic	No change to current process
19. Tech Support to Care Home	4 visits per year from East	4 Visits per year from East	No change to current process
20. Patient's Contact	Through Shettleston	Further discussion required	
21. Complaints	Through East CHCP	Forwarded to named manager in Nth Lanarkshire	Systems will be set up to transfer authority to NHSL
General Issues			
22. Recruitment to Vacancies	NHSGG&C	Transfer to NHSL	
23. Child Protection	Link with CPU at Yorkhill	Will progress links with NHSL service	Detailed induction and training plan will be established
24. Staff involvement in NHSL developments	Informal at present	Staff will be fully included in discussions circulation of appropriate information	Staff representative to attend Locality meetings

Appendix 2

NOTES FROM MEETING WITH NORTHERN CORRIDOR COMMUNITY FORUM ON 28/8/07

Mark Feineman and Geraldine Queen attended on behalf of NHSGG&C and NHSL.

Mark Feineman set out the plans to integrate the population of the Northern Corridor into the North CHP of NHSL, required under the schemes of establishment and approved by the previous Scottish Executive.

Reassurance was given that there would be no change to patient flow or access to services.

GQ outlined that the integration process should support improved joint working across NHS and NLC services. Examples given included Child Protection, Health Improvement and Health Promotion developments.

GQ also added that staff would have access to training and development from both NHSL and GG & C.

Issues raised by the Group:

1. Budgets – concern about the previous level of investment in the area by NHSGG&C. MF indicated there would be a budget transfer and also that NHSL level of investment may be lower.
2. Regional Planning – members asked if the NHSGG&C would invest in the new Larbert Hospital for the Northern Corridor population. MF indicated there would be no change to financial planning as a consequence of the integration plans.
3. Questions were asked about the planning arrangements for building a Health Centre in this area. MF responded that this would be NHSL responsibility.
4. What are the plans for other builds in the area? Are NHSGG & C investing the new build GP surgery in Muirhead?

**NHS LANARKSHIRE HEALTH PARTNERSHIP
NORTH LOCALITY**

NORTHERN CORRIDOR INTEGRATION – DISCUSSION MEETING

Wednesday 13th February 2008, 1.00 pm – 2.30 pm

**MEETING ROOM, RED DEER INN, AUCHENKILNS INTERCHANGE,
CUMBERNAULD G68 9AT**

NOTES OF MEETING

In attendance

Colin Sloey, Executive Director, North CHP, NHS Lanarkshire
Dr Philip McMenemy, Associate Medical Director, NHS Lanarkshire
Dr P Mahal, Lead GP, North Locality, NHS Lanarkshire
Ann Hawkins, Director of Mental Health Partnership, NHS GGC
Geraldine Queen, General Manager, North Locality, NHS Lanarkshire
Dr Kennedy, GP, Northern Corridor
Dr Laher, GP, Northern Corridor
Dr Douglas Colville, LMC Representative
Dr Fergus, GP, Northern Corridor
Dr Richard Groden, Clinical Director, East Glasgow CHP
Alistair MacKintosh, Primary Care Manager

Apologies

No apologies were noted, although it was referenced that Dr McNeill was on holiday.

Background and Purpose of the Meeting

Colin Sloey welcomed everyone to the meeting and gave a brief background to the purpose for the meeting, highlighting the current position and the similar process within the South CHP and Camglen Locality. He referenced the Implementation Plan that had been agreed for the Northern Corridor in July 2006 which set out the guiding principles, membership and actions to be taken to support a smooth transition in to NHS Lanarkshire and also highlighted a number of engagement meetings that had taken place. It had been agreed that an incremental approach to transition would be taken but that there were now concerns that progress had been slow and that communications could have been improved.

It was hoped that today's meeting would provide the opportunity for further discussion and alleviate any concerns that GPs may have.

The purpose of today's meeting would establish:

- Where are we now and why?
- What are the reasons for considering any change?
- What sorts of changes could be made?
- What would these changes mean for patients, staff and contractors?
- What options exist to allow such changes to occur?
- What might be the associated timetable?

From there we would explore the contents of the discussion paper sent out by Geraldine Queen in January 2008.

Communication

Dr Kennedy highlighted his concerns about the lack of consultation and communication since the commencement of the Implementation/Planning Group set up in July 2006.

He had also not received the initial discussion paper sent via email on 18th January 2008 and felt that the notification of the meeting was too short. Geraldine Queen explained that the paper and communication about the meeting had in fact gone out in time but she was aware of difficulties with email communications. Therefore, clarification had been sought from NHCGG&C and follow-up emails had in fact been sent. It was noted that the difficulties should be addressed and the need for future robust communication.

Geraldine proceeded to give an overview of consultations that have taken place since the first meeting of the Northern Corridor Integration and Implementation Group in July 2006. An initial meeting was held with GPs and staff in November 2006 and a number of meetings with staff have followed on.

Issues Raised

Locally Enhanced Services

Dr Kennedy was concerned that the paper appears to list the disadvantages of the current situation but does not detail advantages. This led to open discussion about the issues raised. Firstly, concerns about support for current Enhanced Services such as Diabetes. In particular, what level of dietetic support would be available and how would NHS Lanarkshire staff follow the Glasgow model.

The paper shows the way forward for Northern Corridor GPs to integrate with Primary Care in North Lanarkshire. However, the Locally Enhanced services serve the purpose of pushing local priorities which may differ across the two areas of Glasgow and Lanarkshire. He was concerned that the only assurance given was that Locally Enhanced Services would not be altered at time of change – not that they would be retained for the future. Dr McMenemy responded that NHSL could not say there would be no change to these services but that there may be opportunities to improve on what we deliver. Request could be made that the same Locally Enhanced Services choices are available to GPs via a Service Level Agreement between NHSL and NHS GGC

Impact on GPs within the Northern Corridor should be minimal. They would integrate with Primary Care in North Lanarkshire with no detriment to services available to them currently.

Colin then focussed the meeting on the potential benefits to be gained by integration into the North CHP. Northern Corridor GPs would have access to NHSL resources in the Northern Corridor such as

- Smoking Cessation services whereby there are dedicated nurses who carry out clinical sessions and have the ability to prescribe nicotine replacement therapy.
- A Locality Pharmacist – a locality based service available to all GPs who can monitor, provide advice and concentrate on local initiatives. Prescription Management sits within each Locality in NHSL. Dr Laher queried which formulary they would be expected to draw from but it is thought that there would be no change to GPs – the Glasgow Drugs Formulary appears to include subsets of the Lanarkshire Formulary.
- Involvement in the NHSL Protected Learning Scheme
- Premises to be reviewed as part of the Capital Programme within NHSL although discussions with GG&C regarding the financial allocations to support such work would need to take place.
- Increased opportunity to actively participate in and influence strategic planning and attendant resource allocation. This would include developments in community nursing.
- Staff operating to a single set of policies and procedures
- Clear line management and professional support arrangements

Relationship with NHSGGC

Anne Hawkins added that, as with the situation in Camglen, a Services Level Agreement requires to be set up which clearly sets out requirements in regard to

Quality Standards

Access Standards

Governance Standards

There are ongoing problems with North Locality GPs referring to Secondary Care within Glasgow as a result of referrals being returned but this should not be the case for Northern Corridor GPs and patients who are part of NHSGGC. Catriona Renfrew had already intervened to advise Clinical Colleagues in Glasgow that no North Locality referrals to secondary care in Glasgow should be returned in accordance with the national waiting times database guidance.

Potential Benefits to Integration

Communication

With the integration of the Northern Corridor into the North Locality there would be better communication around Joint Futures. NHS and SW colleagues would be closer aligned and could integrate better to the benefit of patients.

There would be scope to improve the communication around Child Protection and to ensure common policies and documentation is in place as Glasgow currently have different practices from those in Lanarkshire.

Community Nursing Review

Colin Sloey explained how NHSL's CNR was in its 3rd year of investment - the Northern Corridor could see an increase in resources available to reflect the demographics.

Dr Fergus voiced concerns around continuity of care with District Nursing Staff being practice aligned and not GP attached.

Dr Mahal explained that there were reservations when the new aligned system was introduced but the benefits outweigh any concerns. There is no longer the chance that patients are left without care in small teams whilst staff members are absent.

It was established that the Northern Corridor District Nursing Staff and Public Health Staff are not entirely GP attached but a geographically aligned model with a named nurse for each practice – this is similar to the North Locality model.

Geraldine Queen outlined some of the benefits to smaller practices from the alignment into larger teams such as Clinical Supervision and peer support.

Boundary Issues

There was discussion about potential impact on current boundaries. For example, caring for those patients who are registered with GPs in the Northern Corridor but who reside outwith – in areas such as Robroyston and Glenboig. It was agreed that a sensible approach would be taken to ensure benefit to patient care.

PLS

The PLS system in Lanarkshire is in its second year and has so far proved successful. GPs in the Northern Corridor would have access to this.

Capital Programme

Dr McNeill was unable to attend today's meeting but had previously raised concerns that he had been in negotiation with NHSGGC to update his premises and felt somewhat in limbo as Glasgow were no longer in a position to take this forward.

Colin Sloey explained that, under NHSL's programmes, there would be a review of all premises, workforce issues and existing plans. These reviews would be properly assessed in line with current development issues.

Student Placements

Lanarkshire has strong links with West of Scotland University, whilst Glasgow is aligned to Glasgow Caledonian University – there would be close discussion to ensure that Northern Corridor Community Nursing Staff received only their fair allocation of students.

The allocation of Registrars to teaching practices is through NES and this process would continue.

Further Issues

Dr Colville requested an assurance that if the new arrangements did not work out they would have the option of reverting back to NHSGCC. This is stated in the discussion paper. Colin Sloey acknowledged this concern and the fact that it could be a two way street as it would be the responsibility of North CHP to

ensure that the quality specifications within the SLA's were fully delivered. A robust performance monitoring process will be implemented between NHS GG&C and NHSL as part of the implementation process.

The Way Forward

On the basis of today's discussion, Colin Sloey sought agreement that a paper would go to both Boards during February 2008 recommending the transfer of GP Contracts to NHS Lanarkshire.

Following the outcome of the Board's decision, a single Steering Group will be set up with functional specialists from Finance, Property and Support etc. The Steering Group will set out an implementation plan, ensuring representation from Northern Corridor GPs and strong communication between all parties. There will be a need to establish sub groups to take forward this process especially where service level agreements will be required.

A meeting is scheduled for March 2008 with George Lyndsay, Chief Pharmacist for NHS Lanarkshire and NHSGGC colleagues to discuss any issues with local community pharmacists.