

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 17th December 2013

Board Paper No. 2013/63

Director of Corporate Planning and Policy

CHANGES TO HEALTH BOARD BOUNDARY

Recommendation:

The Board is asked to:

- note this report and work in progress on the financial issues.

1. BACKGROUND AND PURPOSE

- 1.1 This paper updates the NHS Board on the progress being made to manage the changes to our boundary with Lanarkshire NHS Board. The changes come into effect on 1st April 2014.

2. SUMMARY OF PROGRESS

- 2.1 The transition process is being overseen by a joint Steering Group with Lanarkshire and a joint project with a number of key workstreams underway to plan and manage the change process. Progress and key issues from each workstream are as follows

2.2 Independent Contractors

A representative from each independent contractor group has been identified to join the workstream, ensuring effective communication throughout the transfer process. In addition, engagement sessions are underway to provide an update on progress to each practice and a Q&A document is being developed to provide a written response to all queries raised.

Glasgow LMC produced a GP Consensus Statement on behalf of the sixteen GP practices affected by the change and we have responded positively to this by confirming:

- patients will continue to be able to access Glasgow hospitals;
- patients will still be able to register with practices, even if their Board catchment area has changed;
- status quo for enhanced services in 2014/15 and future changes being agreed with a transition plan;
- existing access to laboratory services will be maintained.

The Practitioner Services Division has led a major piece of work to produce proposals on contractor location identification and changes to patient CHI numbers, which has been ratified by National Services Scotland Stakeholder Group, ISD and the Screening and National Information Systems Group. A number of recommendations have been made,

based on the IT systems utilised for each contractor group. In summary, GP and Pharmacy practices will gain new Lanarkshire codes, whilst Dental and Optometry practices will continue with the existing codes, which will be realigned to Lanarkshire. Patient CHI numbers will also require to be realigned to Lanarkshire.

2.3 eHealth

A comprehensive eHealth action plan has been developed, identifying a number of key issues and priorities from each workstream group. Following the paper from the Practitioner Services Division, eHealth representatives are joining the National Services Scotland Boundary Change meeting to support the coordination of the national changes required.

2.4 Property and Support Services

A Project Plan has been developed for all Property and Support Services identifying facilities and the underlying infrastructure required to enable the transfer of facilities and functions.

2.5 Directly Managed Services

Work to establish the detail of how services will be provided to patients who will become resident in Lanarkshire is nearing completion. Reshaped service delivery will be a combination of services being reprovided by staff recruited to Lanarkshire, services reprovided with NHSGGC staff transferring to Lanarkshire and service level agreements for NHSGGC to continue to provide services. The final planning around the delivery of services is aimed for completion in December 2013. At this point any staff for TUPE transfer will be identified and supported by Human Resources. Changes will be implemented on a service-by-service basis within an appropriate timescale to allow all planning, preparation and appropriate public engagement and communication to take place.

2.6 Public Health/Health Improvement

Work is now advanced on mapping services including the responsibility for screening programmes and immunisation programmes. A number of issues have been identified around the national screening systems including the call and recall of patients, forming a core component of the eHealth action plan and NHS National Services Scotland work.

2.7 Human Resources

The main focus for the HR work stream is to support the management of the staff changes which will be required as an output of each of the workstreams identified above. The steering group has produced principles which are being discussed with staff side. In summary, these see staff transferring where the majority of their work relates to the population moving to Lanarkshire NHS Board. Where staff do not wish to transfer we will try to accommodate that if vacancies are available to generate the resources for transfer or if an alternative member of staff chooses to transfer. Where smaller parts of posts are affected the managers need to look at the how the reduction in costs to reflect the reduced population covered can be delivered and this may require changes which would be managed under the Board's organisational change policy.

3. FINANCIAL CONSEQUENCES.

3.1 The Scottish Government has now confirmed that the NRAC share of resources will transfer with the shift in population, amounting to £117.8 million. We need to ensure that

the combination of a reduction in our costs because we no longer provide services to this population and additional cross boundary flow income match this total sum.

3.2 We have a headline agreement with Lanarkshire that funding to reflect the use of acute services in our hospitals will continue to flow on a stable basis, that additional income will cover the majority of the allocation deducted. However, there are two further issues which are currently work in progress and need to be finalised over the next few weeks:

- there are a number of services where cross boundary payments do not apply and we will need to agree with Lanarkshire and the Scottish Government how the change in allocation is managed. These include Accident and Emergency, walk in sexual health and payments to hospices;
- ensuring that we have a full assessment of the reduced costs and additional service level agreement income generated for the non acute services described in the workstreams outlined earlier in this section. The sum of that additional income and those reduced costs need to balance with the rest of the reduction in income.

4. CONSULTATION AND ENGAGEMENT.

4.1 A full communications plan has been developed for the project, to ensure all key stakeholders including Independent Contractors, patients, locally elected members and MSPs are kept fully up to date. To date, this has involved press releases, update reports to locally elected members and MSPs, publication of Frequently Asked Questions, staff briefings, involvement of the Scottish Health Council and updates at selected meetings.

5. CONCLUSION

5.1 The Board is asked note the contents of the paper. The key challenge over the next few weeks is to finalise the staffing and financial planning and ensure we have a plan to address any issues which arise.

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

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