

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>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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