

## APPENDIX 3

### NHS LANARKSHIRE HEALTH PARTNERSHIP NORTH LOCALITY

#### NORTHERN CORRIDOR INTEGRATION – DISCUSSION MEETING

Wednesday 13<sup>th</sup> 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 18<sup>th</sup> 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 NHSGGC

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 3<sup>rd</sup> 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.