

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:

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