

# **SOUTH & NORTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIPS**

## **THE FUTURE ARRANGEMENTS FOR PRIMARY & COMMUNITY SERVICES**

### **CAMBUSLANG/RUTHERGLEN & NORTHERN CORRIDOR**

#### **1. BACKGROUND**

In August 2007 the Boards of NHS Greater Glasgow and Clyde (NHS GG&C) and NHS Lanarkshire (NHSL) received a paper from the South Lanarkshire Community Health Partnership (SLCHP) which outlined proposals for the future management of the primary and community care services within the Cambuslang / Rutherglen (Camglen) Locality.

The aim of that paper had been 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 the Locality in the medium term. Of particular concern has been the complexity of the links to both NHS GG&C as well as the SLCHP 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 had taken place with those affected or potentially affected by the proposed changes.

This paper will;

- a. Restate the rationale for the original paper and include the process and discussions in relation to the Northern Corridor as well as Camglen.
- b. Outline the discussion and consultation that has taken place
- c. Outline in broad terms 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 in August 2007 was written specifically in regard to the Camglen Locality. However, mention was made of the Northern Corridor which includes the areas of Stepps, Chryston, Muirhead, Moodiesburn, Gartcosh and Auchinloch in the North East. The same issues apply to as in Rutherglen and Cambuslang, ie the area is included in the North Lanarkshire CHP although within the NHSGG&C boundary. Discussions similar to those in Camglen have been ongoing in that area and it is seen as reasonable to consider both areas within this paper.

As was noted in the August 2007 “Way Forward” paper, the current hybrid organisational arrangements for both localities means that they are not fully integrated as part of the CHPs and have to operate between both NHSL and NHS GG&C. In governance, accountability and planning terms, the reporting mechanisms for both the areas 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 both areas into the CHPs, 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 NHS 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 Camglen / 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 both Localities is virtually impossible
- b. Access to financial resources to deliver strategic change is substantially more difficult given that both of the localities sit outside these planning arrangements. The need for the CHPs to utilise resources across the patch in a flexible manner is of growing importance.
- c. Inability to follow policy agreed between SLC / NLC & NHSL has deprived the area of access to health improvement and other “third party” funding streams.

- 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 Camglen Locality from NHS GG&C to the SLCHP and 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 two areas (Camglen & 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 the two Lanarkshire CHPs, which would fully manage the services on NHS GG&C's behalf as an integrated part of the wider CHPs.

This would allow both the localities to work more efficiently, share best practice more easily and communicate with ease with the rest of SLCHP / NLCHP

It would also allow the development of 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 SLC / NLC and partners at a CHP wide level.

#### **4. DISCUSSION AND CONSULTATION**

##### **The Who**

At both Boards in August 2007 it was noted that there would be a period of further discussion and consultation with those affected or potential affected by the transfer of further responsibility as described. Outlined below in Table 1 are the stakeholders that have been part of the discussion in Camglen and Table 2 deals with the Northern Corridor. The issues raised are dealt with later in the document.

**TABLE 1 : Camglen Discussions / Involvement**

<p><b>Public / Patient Groups:</b> Camglen Public Partnership Forum</p> <p>South Lanarkshire Carer's Network</p> <p>Integrated Children's Services</p> <p>Burnside Neighbourhood</p>	<p>September- In attendance 9 members</p> <p>November – In attendance 5 members</p> <p>October – In attendance 6 members</p> <p>13 staff including 1 elected member</p> <p>3 elected members / 16 residents</p>
<p>South Lanarkshire Council – Elected Members</p>	<p>6<sup>th</sup> of November – In attendance 10 councillors</p>
<p>South Lanarkshire Council – Social Work</p>	<p>Meeting with the Director of Social Work</p>
<p>Camglen General Practitioners</p>	<p>26<sup>th</sup> October In attendance 11 GPs</p> <p>12<sup>th</sup> January – in attendance 11 GPs</p>
<p>Camglen Directly Employed Staff Camglen</p>	<p>Meetings set for September cancelled</p> <p>Meeting of 11<sup>th</sup> of October – Staff Side withdrew</p> <p>Meeting of 18<sup>th</sup> of December with AHPs – 14 staff in attendance and 3 staff reps</p> <p>Meeting of 17<sup>th</sup> December - 0 staff 1 staff rep</p> <p>Meeting of 8<sup>th</sup> of January - 36 staff incl 3 staff reps</p> <p>Meeting of 14<sup>th</sup> January – 30 staff incl 1 staff rep</p>

Community Pharmacists	One to One discussion and follow letter with Lead Pharmacist  Meeting with Community Pharmacy Leads 16 <sup>th</sup> of January
Camglen General Dental Practitioners	No Meetings held as legal position means contracts cannot transfer
Camglen Optometrists	No Meetings held as legal position means contracts cannot transfer

**TABLE 2 : Northern Corridor Discussions / Involvement**

### 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 7 and 8.

Planning Group established to agree principles and process	July 2006 – Representatives from NHSL, NHS GG&C and both staff side partnerships
Expansion of membership of group to include NHS GG&C Clinical Director and Locality Lead GP Draft Implementation Plan developed	September 2006
<b>Public / Patient Groups</b> 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
<b>Directly employed staff</b> Community Nursing Staff – District Nurses Health Visitors	January 2007 – 7 present February 2007 – 6 present

Question and answer session	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 meetings with staff were planned to be undertaken through the locality partnership group. However, it was made clear that the NHS GG&C procedures were required to be adopted and as such further meetings in line with the procedures were organised as can be seen above.

### **The Issues Raised – Camglen**

#### a. PPF / Carer’s Network/Residents Group

In general it was felt to be a reasonable way forward and they had little or no real concerns. Their main issues revolved around ensuring access to Glasgow Hospitals for the majority of their secondary care and reassurance was given on this issue. They raised the issue of wishing to be able to use Hairmyres as well and sometimes felt that GPs did not refer there even when it would be more straight forward for the patient. In addition there was discussion about how the OoH service deals with patients from Cambuslang who would prefer to be seen at the Primary Care Emergency Centre in Hairmyres rather than at the Victoria.

#### b. South Lanarkshire – Local Councillor

There was a concern that any such changes might impact upon patient flows to Glasgow Hospitals and again it was confirmed that referrals to acute care would continue as at present. There was also concern to ensure that the funding associated with the locality was managed effectively by the locality and that there was a clear audit trail in regard to monies transferring from NHS GG&C

#### c. Directly Employed Staff

There were mixed views expressed by staff. The Allied Health Practitioners in particular indicated a preference for the status quo and felt that nothing would be gained from a transfer to NHSL. This view was broadly shared by all the staff representatives involved in the discussions. Very clearly staff wanted assurance that, whatever the outcome of the discussions, the people of Cambuslang and Rutherglen would continue to enjoy high quality and effective services. Specifically the discussions with staff aimed to determine their preference should the decision be made to transfer services from NHSGG&C to NHSL. Discussions took into account the possible options of an NHS Transfer Order, Transfer under the TUPE Regulations and the scope for secondment of staff.

Staff representatives were very clear that if the transfer of staff to NHSL was to proceed, other options should be considered, including the option for staff to remain employees of NHSGG&C and to provide NHSL with services via a Service Level Agreement.

This option however would not address the issues of governance, accountability and planning which the Way Forward document attempts to address.

Reassurances have been given to staff and staff representatives that, in the event of the transfer being approved, appropriate processes would be put in place to allow staff to have a better appreciation of the changes for them both collectively and individually, reflecting the transfer option deemed appropriate. This would include the establishment of an implementation team to facilitate effective communication with all members of staff. A breakdown of staff who are employed within the Cambuslang/Rutherglen Locality is attached as Appendix 6.

It should be noted that a number of services are provided to the Cambuslang/Rutherglen Locality from health teams within other parts of NHSGG&C, including South-East CHCP. As indicated elsewhere in the paper it is not envisaged that these services will change however they would required to be delivered and monitored under the terms of Service Level Agreements.

### **Options Analysis**

The following table provides an overview of the transfer options discussed with staff. It is appreciated that if the decision to transfer is made by the two Boards, each Board would seek legal advice on implementation.

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Transfer Option	Implications for Staff	Recommendation
<p><b>Staff Transfer Order</b>, ie employment automatically transferred to NHSL on a given date. This is the most commonly used transfer arrangement within the NHS in Scotland and applied when Trusts were dissolved and more recently when NHS Argyll &amp; Clyde was integrated with both NHS GG&amp;C and NHS Highland.</p>	<ul style="list-style-type: none"> <li>• No change to terms and conditions and pension arrangements as these are common across Scotland</li> <li>• Transfer is achieved via a letter from the new employer</li> <li>• Continuity of employment protected</li> <li>• Staff retain rights to Policies and Procedures until such time as it is agreed within NHSL that all NHS L Policies and Procedures apply. In practice many of these will not vary significantly as based on PIN Guidelines, legislation and Codes of Practice.</li> </ul>	<p>This option would enable the transfer of services to NHSL to proceed with minimal disruption to existing staff. In practice the key changes experienced by operational staff would be that their payslips came from NHSL and that operational policies would be streamlined with those in NHSL.</p>
<p><b>TUPE Transfer</b> Designed to protect the rights of employees in a transfer situation. Latest legislation is TUPE 2006.</p>	<ul style="list-style-type: none"> <li>• Transfer of all staff automatic</li> <li>• New employer takes over all rights and obligations arising from contracts of employment and collective agreements</li> <li>• Provision of information about staff to the new employer including disciplinary proceedings</li> <li>• Staff retain existing terms and conditions including Policies and Procedures</li> </ul>	<p>Similar outcome to above but a more legalistic approach.</p>
<p><b>Secondment</b> Normally agreed on an individual basis to support an identified learning and education need or to undertake project work.</p>	<ul style="list-style-type: none"> <li>• Short-term provision including return date to employer</li> <li>• Individually agreed</li> <li>• Practical issues for pay, expenses, cross-charging and dealing with matters such as discipline and grievances</li> </ul>	<p>Not recommended as a viable option.</p>

d) General Practitioners

The Way Forward paper was been discussed at the locality Clinical Forum and also on a number of practice visits undertaken by the new General Manager and Lead GP.

These meetings were useful in teasing out the “showstopper” issues. An analysis of the issues raised and the responses provided is attached at Appendix 1. There were also been meetings with several of the local GPs and some Practice Managers in regard to IM&T as well as prescribing. They have proved to be very helpful in describing what the future would look like and the detailed implementation issues that would need to be addressed.

A collective group meeting was held with 11 of the Camglen GPs and the notes of this meeting are attached at Appendix 2. Subsequent to this meeting a response paper was produced by a number of the Independent Contractors in Camglen and this is reproduced at Appendix 4.

It can be seen that there was and remains concerns it was also noted that there were reassurances provided to many of the substantive points made. The issue of representation at both GP Sub Committees needs to be resolved as part of the detailed implementation.

A piece of detailed work which identifies the work, services and functions that would transfer over from the NHS GG&C Primary Care contractors department is attached at Appendix 5.

e) 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 CHPs will have a more facilitative role here. There has been a dialogue between the CHP and representatives of the Community Pharmacy Contractors over the period from August 2007 to January 2008. Close working links have been established. In regard to the managed pharmacy service and prescribing support there have been a range of meetings identifying the issues and whether or not there are any real stumbling blocks. None have been identified to date that cannot be resolved.

f) 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.

## **The Issues Raised – Northern Corridor**

### **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 NHSGG&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 NHSGG&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 NHSGG&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 both Cambuslang and Rutherglen and the Northern Corridor will remain with NHS Greater Glasgow and Clyde, but would effectively be sub-contracted to the North & South Lanarkshire CHPs.

In theory, NHS Greater Glasgow and Clyde could "take back" full responsibility for both areas if it was objectively assessed and measured that the two CHPs in NHSL were not fulfilling their agreed roles.

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 with 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 NHS GG&C in regard to the level of this resource and the anticipated requirements set against the backdrop 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 Rutherglen and Cambuslang and the Northern Corridor and their GPs choose to access. There is an absolute requirement to ensure that Cambuslang / Rutherglen and the Northern Corridor are involved and contribute to this agenda as clearly the patient flow and close working relationships are with the acute sector in NHS GG&C.

## **6. CONCLUSIONS**

The proposals that were initially put forward were aimed very clearly at 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 both localities do 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. It is acknowledged that the proposed transfer has caused concerns amongst the staff group and independent contractors and all efforts will need to be made to ensure that the proposals minimise disruption to staff and lead to improved services for patients. It is also clear 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 South Lanarkshire CHPs is legal and that the majority of concerns and issues raised by these groups can be addressed and accommodated.

## **7. NEXT STEPS**

The Boards of NHS GG&C and NHSL are asked to consider both the original proposal and the results of the discussion 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 and South Lanarkshire CHPs . 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 implementation team chaired by the CHP Directors and with input from GPs and staff side organisations, 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 ensure 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 the directly employed staff and also GMS contracts from an NHSGG& 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. An analysis of these areas is attached at Appendix 9a & 9b. There will be a requirement for this to form part of the overall agreement between the Boards.

## 8. **APPENDICIES**

1. Analysis of Issues Raised by Camglen GPs
2. Minutes of the meeting held with Camglen GPs on 26<sup>th</sup> of October 2007
3. Minutes of the meeting held with Northern Corridor GPs on 13th of February 2008
4. Response to “Way Forward” Document prepared by Camglen Independent Contractors
5. Analysis of functions and services that would transfer between primary care contractor departments
6. Analysis of staffing numbers - Camglen
7. Questions Raised by Staff in Northern Corridor
8. Notes of Meeting of Northern Corridor Community Forum 28/08/07
- 9a Camglen Analysis of Service Impacts -
- 9b Camglen Service impacts – Mental health

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