

**NORTH LANARKSHIRE COUNCIL
REPORT**

TO: Social Work Committee	Subject:
FROM: Jim Dickie Director of Social Work	Lanarkshire Health Board and Greater Glasgow Health Board:
DATE OF COMMITTEE: 2 June 1998	The Establishment and Dissolution of NHS Trusts:
REPORT AUTHOR:	Consultation in Lanarkshire and Greater Glasgow Health Board Areas
REF: JD/GMcI/LMcA	

1 PURPOSE OF REPORT

1.1 Following the publication of the Government's White Paper "Designed to Care: Renewing the National Health Service in Scotland". Health Boards produced proposals for the reconfiguration of the NHS Trusts in their areas and both Lanarkshire Health Board and Greater Glasgow Health Board have invited comments on their plans from a range of organisations including North Lanarkshire Council. This report therefore, outlines the nature of the proposals and recommends an appropriate response.

2 BACKGROUND

2.1 A report from the Chief Executive on the White Paper "Designed to Care: Renewing the NHS in Scotland" was presented to the Policy and Resources Committee of the Council on 3 February 1998. Policy and Resources Committee approved the report and communicated the Council's views on the subject to the Scottish Office.

3 EXISTING STRUCTURES OF NHS TRUSTS

3.1 Currently there are four NHS Trusts in Lanarkshire and seven in Greater Glasgow.

4 THE DISSOLUTION OF EXISTING TRUSTS AND THE ESTABLISHMENT OF NEW NHS TRUSTS

4.1 In line with the White Paper, Lanarkshire Health Board has proposed the dissolution of the four existing NHS Trusts to be replaced by two new Trusts, and Greater Glasgow has proposed dissolution of the seven existing Trusts to be replaced by three Trusts.

2.

4.2 Proposed Changes:

Lanarkshire Health BoardExisting

Hairmyres and Stonehouse Trust
 Monklands and Bellshill Trust
 Law Trust
 Lanarkshire Health Care Trust

New

Lanarkshire Acute Trust
 Lanarkshire Primary Care Trust

Greater Glasgow Health BoardExisting

- Southern General Hospital Trust
- Victoria Trust
- Glasgow Dental Hospital and School Trust
- Glasgow Royal Infirmary University Trust
- Stobhill Trust
- West Glasgow Hospital University Trust
- Greater Glasgow Community and Mental Health Trust
- Yorkhill Trust

New

Southside Acute Hospitals Trust
 North of The River Acute Hospital Trust
 Greater Glasgow Primary Care Trust

5.0 PRIMARY CARE TRUSTS

- 5.1 Primary Care Trusts are the major innovation of the proposals. They would be responsible for developing a range of quality services delivered from Primary Care settings. As new organisations Primary Care Trusts would carry the responsibility for all Primary Care and Community Services, and for Mental Health, Learning Disability and Continuing Care for Elderly People. In addition the Primary Care Trust will be involved in the management of the Family Health Service Prescribing Budget, which forms part of the cash limited allocation given to the Health Board from the 1st of April 1999.

- 5.2 The Health Boards indicate in their consultation papers that the new Primary Care Trust will remove a number of artificial boundaries which exist within the current structures and offer the prospect of simplifying relationships both with the NHS and in areas of collaboration with other agencies and service providers, enhance the opportunities for shared resourcing of services with more integrated models of care and staff development.
- 5.3 The new role of the Primary Care Trusts would be:
- ◆ to provide support to general practice in delivering integrated Primary Care.
 - ◆ to formulate Primary Care Policy and to direct future services within an agreed framework of organisational and financial accountability.
 - ◆ to work in partnerships with the Health Board, the Acute Hospital Trusts and others to develop Health Improvement Programmes, to implement local health strategies, through local health care co-operatives and to deliver their Trust Implementation Plans.
 - to engage Primary and Secondary Care Clinicians in forming agreements on the design and delivery of clinical services reinforced through the allocation of the Joint Investment Funds;
 - ◆ to stimulate improvements in quality and standards of clinical care;
 - ◆ to address inequalities in health provisions and support the development of local initiatives which address local health needs; and
 - ◆ to develop the role of Community Pharmacists, Dentists and Ophthalmic Opticians in providing a high quality of care to patients as part of the Primary Care Team
- 5.4 It is anticipated that the Primary Care Trusts would assume responsibility for all local administration and development of Primary Care.
- 5.6 It is proposed within the new structure that Local Health Co-operatives will be established. These bodies will consist of voluntary groupings of GPs and other professions with related responsibilities. The Co-operatives will work with Public Health colleagues to support the development of population wide approaches to health improvement and disease prevention to improve the quality and standard of the clinical care within Practices. The Co-operatives will also be involved in professional development through education, training research and audit. It will be possible for the co-operatives to hold budgets for Primary and Community Health Services, but the GP fund holding management allowances will be redirected to support the work of the new co-operatives.

6.0 ACUTE TRUSTS

6.1 The White Paper lays down seven criteria which should be applied to proposals for the reconfiguration of Acute Hospital Trusts.

- ◆ the ability to respond positively to change in clinical practice and technological development;
- ◆ improved opportunity for patient choice and access to benefit of specialised services at a local level;
- ◆ adequate management competence and structure to ensure effective organisational development and high quality service delivery;
- ◆ increased ability to recruit and retain clinical and other staff, to offer enhanced education and training provision and to address the workforce challenges facing the NHS in Scotland;
- ◆ improved arrangements to ensure that patients receive the best possible co-ordinated care throughout any acute illness;
- ◆ improved ability to maximise the utilisation of scarce resources including capital assets and human resources; and
- ◆ reduced management overheads.

6.2 In Lanarkshire the second of the new trusts will be an Acute Hospital Trust which will assume responsibility for Acute and Maternity Services, replacing the existing trusts at Hairmyres and Stonehouse, Law Hospital, Monklands and Bellshill. It is anticipated that an increasing proportion of the core acute and secondary care services work will be carried out within Lanarkshire with less dependence than at present on the provision of secondary care within some Greater Glasgow Hospitals. Specialist Tertiary cases would continue to be referred to the appropriate regional centre in Greater Glasgow. Within Lanarkshire itself, the new Law Hospital at Netherton will provide a single in-patient Maternity Unit with Bellshill Maternity closing at that point. Arrangements have already taken place to vest responsibility for management of the maternity service in Law Hospital Trust with effect from 1 April 1998. Conclusion of the final contract is secured for Hairmyres and imminent for Law's replacement and they will become operational in Spring/Summer of the year 2001.

6.3 In Glasgow the reconfiguration of Acute Trusts will create 2 Trusts, one South of the River and the other North of the River as set out in 4.2.

7.0 HEALTH BOARDS JUSTIFICATIONS FOR PROPOSALS

- 7.1 In their consultation papers the Health Boards set out a number of arguments in support of their proposals for reducing the numbers of Acute Hospital Trusts.
- ◆ the ending of the internal market creates the climate for developing more consistent and specialised services
 - the creation of high quality care for patients and extending choice. the ability of a smaller number of Trusts to address staff and workforce pressures
 - upgrading the base of specialist services in Lanarkshire will improve staff recruitment and retention
 - with economies of scale there would be a reduction in bureaucracy and an economy in management costs, for re-investment in services for patients
- 7.2 The Boards acknowledge the contribution which GP fundholders have made in clinical developments, but suggest that little strategic headway was made in unlocking the debate about the potential for change in primary/secondary care interface. They suggest that the development of larger, local health care co-operatives offers more significant opportunities for progress in this area.

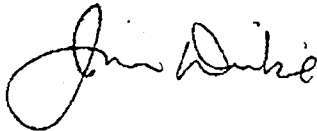
8.0 IMPLICATIONS FOR NORTH LANARKSHIRE COUNCIL

- 8.1 Most of the joint planning activity in relation to community care currently takes place with the Boards and the Health Care Trusts. The creation of new Primary Care Trusts with the involvement of GPs through the proposed co-operatives will bring a new dimension to this process which has the potential to create better conditions for community care planning in terms of bridging the transition from hospital to community which can be a difficult experience for many people.
- 8.2 However, existing ways of working suggest that GPs may find this difficult both in terms of current workloads, priorities and their distance from strategic planning. Addressing this issue will be a major challenge for the Boards, the new Trusts, and the local authority.

10.0 RECOMMENDATIONS

10.1 It is recommended that the Committee

- i) approve the content of this report
- ii) remit the matter to the Policy and Resources Committee for their interest
- ii) authorise the Director of Administration to communicate the Council's views to the Health Boards



Jim Dickle
Director of Social Work
(28th May 1998)

For further information on this report please contact, George McNally(Strategy) (TEL: 01698 332063)

BACKGROUND PAPERS:

- A) "Designed to Care: Renewing the National Health Service in Scotland"
- B) Policy and Resources Report of 3 February 1998
"Designed to Care: Renewing the National Health Service in Scotland"
- C) Lanarkshire Health Board: The Government's White Paper, Designed to Care: Renewing the NHS in Scotland The Establishment and Dissolution of NHS Trusts, Consultation Paper