

<b>NHS NORTH CENTRAL LONDON</b>	<b>BOROUGHS</b> BARNET, ENFIELD, HARINGEY <b>WARDS: ALL</b>
<b>REPORT TITLE:</b> Barnet, Enfield and Haringey service developments and investment that support the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy.	
<b>REPORT OF:</b> Siobhan Harrington , BEH Clinical Strategy Programme Director	
<b>FOR SUBMISSION TO:</b> North Central London Joint Health Overview & Scrutiny Committee	<b>MEETING DATE:</b> 10 September 2012
<b>EXECUTIVE SUMMARY OF REPORT:</b> <ul style="list-style-type: none"> <li>• The purpose of this report is to inform the JHOSC of the primary, community care and care closer to home service developments and investments that support the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy.</li> <li>• Key achievements to date are:           <ul style="list-style-type: none"> <li>○ Increasing physical capacity in Primary Care for example Finchley Memorial Hospital</li> <li>○ Extending opening hours of GP practices and pharmacies across all three boroughs</li> <li>○ Moving care traditionally delivered in hospital to community settings</li> <li>○ A developed Primary Care Strategy with a planned investment of £46.7million across the five boroughs in North Central London over the next three years</li> </ul> </li> <li>• Improvements to date and improvements planned are aimed at :           <ul style="list-style-type: none"> <li>○ Improving access for local people</li> <li>○ Improving the delivery and quality of care</li> <li>○ Integrating care through providers working together around the needs of the patient</li> </ul> </li> <li>• £46.7million will be invested in North Central London primary care services in the five boroughs over the next three years detailed in the Primary Care Strategy document “Transforming the primary care landscape in North Central London”.</li> <li>• The Primary Care Strategy is intended to underpin the borough implementation plans and is one of the enablers to the delivery of the BEH Clinical Strategy.</li> <li>• Contact: Varuna Balmogim, BEH Programme Manager            Varuna.Balmogim@nclondon.nhs.uk</li> </ul>	
<b>RECOMMENDATIONS:</b> The Committee is asked to note the content of this paper	
<b>DATE:</b> 31 August 2012	

## **BEH Clinical Strategy links to Primary and Community Services**

### **Introduction**

The purpose of this report is to inform the JHOSC of the primary and community care developments and investments that support the implementation of the Barnet, Enfield and Haringey (BEH) Clinical Strategy.

The report summarises the primary care strategy investment in Barnet, Enfield and Haringey as requested by the Joint Health Overview Scrutiny Committee meeting on the 9 July 2012, however it is important to note that investments and developments supporting the BEH Clinical Strategy include community service developments, the development of care closer to home and changes in ways of working.

Members are reminded that implementation of the BEH Clinical Strategy includes changes to emergency services, maternity, planned care and paediatrics across Barnet, Chase Farm and the North Middlesex University Hospitals. These acute service changes are due to be implemented by November 2013. This report will cover the following areas:

1. Background
2. Explanation of the planned primary care investment for 2012 to 2015
  - a. How does the primary care investment listed in this report relate to local primary care strategies
  - b. How the ratios were arrived at? (Assumptions used)
3. Report on the investment over a 5 year period: looking at the last 2 years, this year and the next two years
4. Conclusion

### **1. Background**

- 1.1. The JHOSC received a presentation on the implementation of the BEH Clinical Strategy on the 28 May 2012 by Caroline Taylor, NHS North Central London Chief Executive Officer.
- 1.2. Henrietta Hughes, the acting Medical Director for NHS North Central London, attended the JHOSC in July and presented an update to the "Transforming the primary care landscape in North Central London".
- 1.3. A whole system transformation is underway for Barnet, Enfield and Haringey to improve access and quality of care for local people.
- 1.4. This includes the implementing the BEH Clinical Strategy, Primary Care Strategy, Integrated Care Strategy, moving care closer to home agenda and improving urgent care services.
- 1.5. The BEH Clinical Strategy consultation took place in 2007, since then there have been a number of developments and projects to improve primary and community services across Barnet, Enfield and Haringey to support the delivery of the strategy.
- 1.6. The Primary Care Strategy supports the BEH Clinical Strategy. Both strategies complement each other and are key drivers to ensure that the local people get the

right care at the right time first time. The local Clinical Commissioning Groups (CCGs) and NHS North Central London are committed to ensuring that local people can see that changes mean real improvement in the services they receive.

- 1.7. The delivery of the Primary Care Strategy in Barnet, Enfield and Haringey is one of the many enablers for key plans for the transformation of health care locally
- 1.8. There has been investment in buildings to increase capacity in community settings in all three boroughs. In Barnet there has been the ongoing development of Edgware Community Hospital, Finchley Memorial Hospital, Vale Drive Primary Care Centre, Oak Lane and Edgwarebury Lane. In Enfield there has been the development of Forest Road and the Evergreen centre. In Haringey new capacity was developed in the Lordship Lane development and Hornsey Central.
- 1.9. Services that have historically been delivered in hospital settings are now being delivered in community settings such as dermatology, gynaecology, ophthalmology, diabetes and ear, nose and throat (ENT) services.
- 1.10. All three boroughs now have strategies to implement integrated care, where primary care providers, community care providers, social care and voluntary sector providers, as well as hospital providers, are working together to deliver joined up services in the community.
- 1.11. Whittington Health, the North Middlesex Hospital and Chase Farm Hospital have all developed urgent care centres, with plans in progress for a centre in Barnet Hospital. There are also a number of Walk in Centres.
- 1.12. There has been investment in end of life services in all three boroughs. This has supported care of people in the community and enabled advance care planning that supports people to plan and choose where they may die. This has resulted in additional investment in community palliative care services.
- 1.13. This paper focuses on examples of service developments and investments to primary and general community services. There have been further investments in both mental health and public health in the three boroughs which are not referenced in this paper.

## **2. Explanation of the primary care investment for 2012 to 2015**

- 2.1. The successful implementation of the BEH Clinical Strategy requires investment across the whole healthcare economy in North Central London. This includes financial investment but also investment in changing ways of working in primary care, as well as at Barnet and Chase Farm Hospitals NHS Trust and North Middlesex University Hospital NHS Trust.
- 2.2. Table 1 below shows the Primary Care spend as at 18 January 2012. The overall strategy is to make the best of existing resources as well as increasing investment in Primary care and Community Health services where appropriate.

Table 1.

HOW MUCH MONEY WILL North Central London/PCTS SPEND IN 2011/12?	£000's					
	Barnet	Camden	Enfield	Haringey	Islington	NC London
<b>Total spending by PCT 2011/12 as at Month 6 projected to full year</b>	<b>£579,500</b>	<b>£518,499</b>	<b>£482,704</b>	<b>£469,554</b>	<b>£481,540</b>	<b>£2,531,797</b>
<b>HOW MUCH IS THAT PER HEAD "CRUDE POPULATION"?</b>						
"Crude Population" numbers @ 1st July 2011	351,286	247,303	277,429	244,489	191,810	1,312,317
£s per head "Crude Population"	<b>£1,650</b>	<b>£2,097</b>	<b>£1,740</b>	<b>£1,921</b>	<b>£2,511</b>	<b>£1,929</b>
<b>HOW MUCH IS THAT PER HEAD "REGISTERED PATIENTS"?</b>						
"Registered patient" numbers @ 1st July 2011	373,715	251,016	299,119	272,236	217,000	1,413,086
£s per head "Registered Patients"	<b>£1,551</b>	<b>£2,066</b>	<b>£1,614</b>	<b>£1,725</b>	<b>£2,219</b>	<b>£1,792</b>
<b>HOW MUCH IS THAT PER "UNIFIED WEIGHTED POPULATION"?</b>						
"Unified Weighted Population" numbers 2011/12	327,404	256,243	289,265	275,792	236,084	1,384,787
£s per head "Unified Weighted Population"	<b>£1,770</b>	<b>£2,023</b>	<b>£1,669</b>	<b>£1,703</b>	<b>£2,040</b>	<b>£1,828</b>
<i>% difference between "Registered patients" and "Unified Weighted Population"</i>	<b>-12.4%</b>	<b>2.1%</b>	<b>-3.3%</b>	<b>1.3%</b>	<b>8.8%</b>	<b>-2.0%</b>

- a) DH funding can be viewed on a per capita basis in various ways. The weighted capitation formula produces a PCT 'Unified Weighted Population'. This is a hypothetical population that DH uses as a target to guide most of the PCT's allocation. It is based on a weighted combination of 19 socio-economic factors that are seen as convenient proxies for health needs.
- b) The apparent massive funding differential using "Crude" or "Registered" populations is significantly reduced to the range of £1,669 per capita in Enfield to £2,040 in Islington. Using UWP means that the Barnet population theoretically reduces whilst Camden, Enfield, Haringey and Islington theoretically increase.
- c) The difference between Registered Patients and UWP also highlights a funding challenge in Barnet.

- 2.3. NHS North Central London agreed the next steps in delivering better primary care services across Barnet, Camden, Enfield, Haringey and Islington at its March Joint Board meeting.
- 2.4. £46.7million will be invested in North Central London primary care services in the five boroughs over the next three years as detailed in the "Transforming the primary care landscape in North Central London". This Primary Care Strategy document is intended to underpin the borough implementation plans which specify the practical details. The combined strategy and implementation plans will determine how the NHS in North Central London will invest in primary care in each of the boroughs over the coming years. The result of this investment will be in the improvement in clinical, service quality and people being able to access services closer to home. This in turn will support a reduction in hospital usage and costs.
- 2.5. The £46.7 million comes from the return of "top sliced" 2% of our general allocation from NHS London. It is part of our preparation to reduce our historical over-reliance on hospital care, and provide more out of hospital care resulting in financial recovery and on-going financial balance. Table 2 details the investment across the five boroughs for the next three years.

Table 2. Primary Care investments for the current year and the next 2 years detailed in the Primary Care strategy for the 5 boroughs

	<b>Barnet</b>	<b>Enfield</b>	<b>Haringey</b>	<b>Camden</b>	<b>Islington</b>	<b>NCL year total £000s</b>
2012/13	£2,910	£2,797	£2,697	£1,798	£1,798	£12,000
2013/14	£4,835	£3,953	£3,665	£2,751	£2,751	£17,505
2014/15	£4,419	£3,945	£3,629	£2,630	£2,630	£17,253
<b>Total</b>	<b>£11,714</b>	<b>£10,695</b>	<b>£9,991</b>	<b>£7,179</b>	<b>£7,179</b>	<b>£46,757</b>

- 2.6. Our aim is to offer a high quality primary care team service, linked, when necessary, to more specialist services; all of which will enable people to live the best possible lifestyle in respect of their personal health and wellbeing.
- 2.7. The strategy recognises that transformational changes are needed to support the development and capacity of primary care and underpins the development of our five borough-based implementation plans by defining the medium/long term goals, priorities, principles, investment criteria and performance expectations. The strategy focuses on:
- Promoting health, wellbeing and illness prevention
  - Addressing health inequalities
  - Further improving the quality of primary care services, particularly in General Practice, to enhance the patient experience with better outcomes.
- 2.8. The borough teams have actively engaged with GPs and local stakeholders from February 2012 to May 2012 to develop the local Primary Care implementation plans. Each borough has a different starting point in their planning process to create the universal patient experience described in Section 4 of the strategy – “A patient’s perspective - This is how we want it to be” and has developed their own approach to implementation.
- 2.9. The borough implementation plans have identified the following clinical priorities for 2012/13:
- Access
  - Frail elderly
  - Long term conditions
  - Continue early implementation of text message reminder capability, web based information systems and premises improvements.
- 2.10. The borough clinical priorities for 2013 to 2016 are being further developed and will be shared with the Borough Overview and Scrutiny Boards.

### **3. Report on the investment over a 5 year period:**

#### **Looking at the last 2 years, this year and the next two years (2010 to 2015)**

This report details key examples of primary care, community services and care closer to home developments and investments for Barnet, Enfield and Haringey. Reference is made to developments since the BEH Clinical Strategy Consultation in 2007.

#### **3.1. Barnet Developments and Investments**

##### **3.1.1. Past Developments and Investments**

- The development of Oak Lane, Edgwarebury Lane, Lane End Medical Practice and Vale Drive were key to improving access to community services and intermediate care and improving primary care premises. A total of £250,000 was invested in these premises from 2007
- Developed the GP lead Health Centre in Cricklewood
- There is an annual investment of £25,000 each year in GPs with special interests.
- Implemented a referral management system for all GP and dental referrals to make sure patients get to the right service first – £500,000 invested annually.
- Investment of £3,155,440 since July 2008 in improving access to primary care with now 88% of GP practices providing extended opening hours.
- Expansion of Information Communication Technology (ICT) and enablement services.
- An investment in a rapid response service as part of the intermediate care and in enablement developments to prevent 30 readmissions. (Rapid Response £416,000, Enablement £195,000; January 2012)
- Commissioning of an integrated community Chronic obstructive pulmonary disease (COPD) service providing community clinical with specialist support, admission avoidance, case management, pulmonary rehabilitation and home oxygen assessment and review. ( £560,000 ; June 2011)
- A single telephone number was introduced so that acute providers could access intermediate care assessment and services from one point of access.
- Invested £450,000 over the last two years in additional Health Visitors
- Invested £150,000 in home enteral feeding service for adults
- In November 2011 a nurse navigation scheme opened at Barnet A&E to redirect people with primary care problems to GPs and pharmacies
- More services provided in the community resulting in fewer patients having to be seen in hospital (Musculoskeletal, COPD, diagnostics, urology, gynaecology, ENT, minor oral surgery, community anticoagulation, ophthalmology, cardiology and dermatology)
- Developed integrated health and social care teams for rapid response frail elderly as part of system wide redesign of frail elderly services
- Further development of an integrated approach with children's services particularly speech and language therapy and CAMHs Tier 3
- Initiated redesign of dementia and stroke integrated community pathways
- A rapid response palliative care service for people in their own home £119,000 in 2011/12 and £250,000 in 2012/13

- Significant developments at Edgware Community Hospital including a new renal unit developed to allow community based dialysis and outpatient clinics. Opened in October 2011
- Implemented enhanced GP support to care homes as pilot
- Two fully functioning walk-in centres at Edgware and Finchley

### **3.1.2. Barnet Primary Care Implementation Plan (Current and next 3 years)**

- Barnet Primary Care Implementation plan identifies that £11.7m will be invested in primary and community services over the next 3 years; of this £2.9m has been allocated for 2012/13.
- The Finchley Memorial Hospital and Edgware Community Hospital are key developments in Barnet that will assist in the development of primary and community care capacity.
- The new Finchley Memorial Hospital will provide consulting and treatment rooms, therapy suites, x-ray facilities, and pharmacy and inpatient beds. These have been designed to provide flexibility in use. The hospital will serve a higher proportion of older adults and facilitate the re-design and delivery of community-based pathways which will focus on:
  - Management of long term conditions to help people stay healthy and maintain their independence;
  - Rehabilitation of people who require additional support to recover from an acute health event;
  - Assessment, diagnosis, and treatment of people with a common need that can be safely and quickly managed without the use of highly specialised diagnostic and therapeutic interventions: e.g. dermatological and musculoskeletal problems;
  - An infusion suite where people will have infusions that historically have meant time in hospital;
  - Primary and urgent care.
- Edgware Community Hospital will be utilised to complement provision at Finchley Memorial Hospital with, for example, expanded provision of day surgery, and integrated long term conditions clinics. Services will not necessarily be duplicated across both sites, allowing a greater range of services to be provided in total.

## **3.2. Enfield Developments and Investments**

### **3.2.1. Past Developments and Investments**

- 85% of GP practices in Enfield have signed up to offer extended hours (up to 20:00). This is part of the additional £1.9m spent on primary care since 2007/08. Out of Hours GP services are provided by BarnDoc from 6:30pm to 8:00am every night, and all weekends and bank holidays
- Two new developments and improvements in practices in Evergreen and Forest Primary Care Centres. Five single handed practices have come together as one in Evergreen with investment of £588,000

- Development of a hub and spoke model, for integrated community-based dermatology service with an investment of £ 527,000 was opened in July 2012
- The development of increased diagnostics in the community over the last 5 years with ultrasound scans, Dexa scans, MRI and echo tests available in the community. This has resulted in £1 million investment since April 2007
- Investment of £68,000 in a Community Parkinson's Disease Specialist Nurse in April 2011
- Investment in a fracture liaison and falls prevention service, £173,684 in 2012/13 and £247,728 in 2013/14 of this £150,000 is from social care funding
- The development of a consultant led integrated care multi disciplinary team (MDT) to support admissions avoidance and readmissions from care homes with a high rate of acute admissions was established in the North of Enfield and will now be rolled out to the South of Enfield. A total investment of £708,000 annually over the next 4 years.
- Single point of contact phone number which will be delivered through NHS111 from April 2013 with an investment of £400,000
- Twenty community hospital beds in Magnolia ward plus investment of an additional eight beds in 2011.
- Development of self management strategy with appointment of seven community nurses to support patients' self management and consisting of an investment of £398,000
- New services being provided in the community which have been provided in hospital settings previously, e.g. ophthalmology at Chalfont Road and a sexual health outreach service for under-18s, with an investment of £1.1million since 2007
- The development and commissioning of London Ambulance Service emergency care practitioners working in the community and preventing hospital admission where appropriate as well as delivering emergency care closer to home.
- Rapid response team and extension of hours available
- Rehabilitation beds and centre – completed in Chase Farm with a £2.7million investment

### **3.2.2. Enfield Primary Care Implementation Plan (Current and next 3 years)**

- Enfield Primary Care Implementation plan identifies that £10.6m will be invested in primary and community services over the next 3 years; of this £2.7m has been allocated for 2012/13. This investment will assist in improving access to and the quality of primary care in Enfield.
- At the core of the Implementation Plan is the ambition to develop GP-led integrated Primary Care Networks. There will be four networks in Enfield.
- A significant investment in information technology allowing patients to be reminded about appointments by text, giving out timely information on services and managing conditions through improved data sharing will enable practices to achieve better outcomes for patients.
- During Year 1 (of a 3-year plan), the integrated Primary Care Networks will enable an improvement in access to primary care. Years 2 and 3 will see the development of new services or expansion of pilot schemes



- Estates development to improve patients access in two Edmonton practices and Ordanance Road are planned with a potential further two sites to be developed.
- The Enfield implementation plan was presented to the Enfield Health and Wellbeing board on 11 June 2012 and is now available on the internet.

### **3.3. Haringey Developments and Investments**

#### **3.3.1. Past Developments and Investments**

- Developments to four large neighbourhood health centres, all providing primary care through GP practices, Community services via Whittington Health and care closer to home.
- Lordship Lane – capital investment of £300,000. The development of clinics for people with long term conditions and increased provision of diagnostics such as ultrasound scanning.
- GPs with special interest developed in musculoskeletal services, dermatology and ENT
- 84% of GP practices in Haringey have signed up to offer extended hours (up to 20:00).
- Laurels Healthy Living Centre – Investment of £400,000 in April 2011
- Tynemouth Road – community midwifery team and women’s services
- Community anti-coagulation service
- Community pharmacy network providing emergency hormonal contraception (EHC) and Chlamydia screen and treat services.
- North East Haringey Collaborative of GP practices piloting integrated care approach including running case conferences for complex patients 65 years or older
- Hornsey Central – Investment of £300,000 in March 2011 with the introduction of additional clinics supported by diagnostics such as ultrasound scans. Community services now being delivered for gynaecology including hysteroscopies in the community; diabetes; dermatology and ophthalmology. Community physiotherapy centre developed with gym. New pharmacy service with extended hours of opening 7 days per week.
- Assessment and Urgent Care Centre provided at Whittington Hospital and NMUH, including a GP led front-end
- Investment in rapid response services and enablement to prevent people being admitted to hospital
- Ambulatory care service now delivered at the Whittington hospital

#### **3.3.2. Haringey Primary Care Implementation Plan (Current and next 3 years)**

- Haringey Primary Care Implementation plan identifies that £9.9m will be invested in primary and community services over the next 3 years; of this £2.6m has been allocated for 2012/13. This investment will assist in rebalancing the health system to

ensure more investment in the primary and community settings allowing greater care closer to home.

- The development of networks is vital for the delivery of the integrated care and urgent care strategies. Haringey have four collaboratives which will continue as the infrastructure for their local networks.

#### **4. Conclusion**

- 4.1 This paper has informed the JHOSC of examples of primary and community care investments and developments that have happened and are planned to happen that will be part of the wider health system changes that complement the acute service changes happening in the BEH Clinical Strategy.
- 4.2 High quality safe sustainable health services for local people in Barnet, Enfield and Haringey is the overarching aim of the BEH Clinical Strategy, the NCL Primary Care strategy and the ongoing development of health services. Alongside investment local health services continue to require culture change in the way care is delivered to meet the needs of local people.
- 4.3 Communicating these changes and engaging local communities and people in these changes will remain a priority over the coming months.