Haringey Council

NOTICE OF MEETING

Scrutiny Review - Primary Care Strategy

TUESDAY, 9TH OCTOBER, 2007 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22 8LE.

MEMBERS: Councillors Baker, Edge, Kober, Mallett (Chair), Patel, Peacock and Reid

AGENDA

9. CONCLUSIONS AND RECOMMENDATIONS (PAGES 1 - 14)

An issues paper for discussion at the meeting is attached.

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Agenda Item 9

Scrutiny Review – Haringey Primary Care Strategy (Access to GPs)
Issues for Panel Discussion

1. Introduction

1.1 The review Panel consists of 7 Councillors. The Panel has met on two previous occasions (July 17th, September 3rd) and will meet a third and final time on October 9th.

1.2 The scrutiny review Panel was initially convened to examine patient access to GPs in Haringey. The publication of the Primary Care Strategy by Haringey Primary Care Trust (TPCT) however, necessitated that this be incorporated in to the review process as proposals set out in this document were deemed by Overview and Scrutiny Committee on 2 July to represent a 'substantial variation' in service.

1.3 Under Section 7 of Health & Social Care Act (2001), NHS trusts are required to consult Overview & Scrutiny Committee on 'substantial variations' in service. Under this guidance this would require the review to consider whether:

- Overview and Scrutiny Committee has been properly consulted within the consultation process by the health body;
- In developing the proposals for service changes Haringey TPCT has taken in to account the public interest through appropriate patient and public involvement and consultation;
- Proposals for change are in the interest of the local health service.

1.4 Given the proposed changes detailed in the Primary Care Strategy, the Panel agreed to examine access to GPs in the context of these proposals. Thus the objectives of the review were to consider whether proposed development in primary care would:

- Result in more accessible primary care services in Haringey;
- Develop primary care services that are accessible to all communities in Haringey;
- Improve the quality of primary care services available in Haringey;
- Help to redress health inequalities experienced within the Borough.

1.5 The review Panel has heard evidence from representatives from Haringey TPCT, London Borough of Haringey, Haringey TPCT Patient & Public Involvement Forum, Haringey Disabilities Association, Better Local Healthcare and Haringey Area Residents Associations. The Panel is due to receive written evidence from Haringey Local Medical Committee, Haringey Racial Equalities Council and Haringey Association of Voluntary and Community Associations. The Panel has also appointed an external independent adviser (Elizabeth Manero) who has made a formal presentation and who will assist the Panel in its deliberations.

1.6 Members of the Panel have undertaken 3 site visits to help guide and inform their decisions. A number of Panel Members visited:

- The Centre, Newham PCT (polyclinic)
- Heart of Hounslow, Hounslow PCT (polyclinic)
- Lordship Lane, Haringey TPCT (site of proposed super health centre in Haringey).

1.7 It is intended that the report and recommendations produced by the scrutiny review Panel will be submitted to Haringey TPCT as part of the formal consultation process for the Primary Care Strategy.

2. Consultation for Standard Variation in Service

2.1 Consultation with overview and scrutiny

2.1.1 Representatives from Haringey TPCT made a formal presentation to the Overview and Scrutiny Committee on 2nd July 2007, which included a précis of the Annual Public Health Report and an outline of the proposed changes contained in the Primary Care Strategy.

2.1.2 Haringey TPCT has worked closely with the scrutiny review process and with Panel Members through providing a number of witnesses to the review, providing information relating to services and their activity and facilitated a visit to local primary care facilities. The TPCT is also scheduled to provide further evidence to the review Panel regarding preliminary findings the consultation process.

Issues for consideration by the Panel:

- **Has the TPCT fulfilled its duty of consulting with Overview & Scrutiny?**

2.2 Appropriate consultation and public involvement

2.2.1 The Consultation period for the Primary Care Strategy runs from 28th June to October 19th 2007. The consultation period is of 16 weeks duration which exceeds the statutory requirement of 12 weeks.

2.2.2 Haringey TPCT have developed a consultation strategy which sets out how it intends to engage, inform and canvass responses to the Primary Care Strategy from patients, the public, staff and other local stakeholders. Key elements of this consultation strategy include:

- Production and distribution of a full (and summary) consultation document,
- Media campaigns (press advertising, internet promotion),
- Publicity materials (posters, leaflets)
- Consultation events for public, staff and other local stakeholders,
- Undertaking an Equalities Impact Assessment

2.2.3 By the end of the consultation period the TPCT will have conducted a wide range of events to help engage and solicit the views of the public on the Primary Care Strategy. In total, the TPCT will have conducted approximately 30 events at which the public can participate and feedback comments about the strategy including; dedicated public meetings, presentations with community groups and at Area Assemblies as well as displays in public venues (i.e. Wood Green Shopping City). All general practices in Haringey have been provided with consultation material to distribute to their patients. The TPCT has also consulted Haringey TPCT Public and Patient Involvement Forum.

2.2.4 The consultation document provides evidence for the proposed changes and details of the planned developments. The document also provides an opportunity to feedback responses. The summary document is available in a number of community languages, in Braille, large type and in audio format. Opportunities to feedback

responses are also provided through additional media, telephone contact and through the website.

2.2.5 Haringey TPCT has convened a panel to conduct an Equalities Impact Assessment (EIA) of the Primary Care Strategy proposals. Evidence is planned to be collected through an assessment made by a Public Health Specialist, focus groups with the public and a dedicated equalities event (5th October). Evidence will be collated, analysed and published. Interim feedback from EIA work will also be presented to the review Panel on the 9th October.

2.2.6 A programme of consultation has also been undertaken with local stakeholders including GPs, Practice Based Commissioning Groups, Pharmacists, lead clinicians, trade unions and wider TPCT staff.

2.2.7 Representatives from Haringey TPCT are scheduled to provide interim feedback on the progress of the consultation and to identify any emerging observations at the scrutiny review Panel meeting on the 9th October. Haringey TPCT will produce a final consultation document which will detail feedback provided from participants and explain how changes will be considered or made to the Primary Care Strategy proposals. This report will be available to participants (through a database) and available on the web.

2.2.8 Proposals within the Primary Care Strategy appear to be consistent with the proposed developments set out in the review of NHS services in London (Framework for Action). Regional guidance indicates that the consultation for the London review will focus on models of care and delivery models and that further local consultations will be necessary for the application of models (i.e. where super health centres/ polyclinics may be located) (NHS London, 2007).

2.2.9 Even though the Primary Care Strategy has a 16 week consultation period, the Panel felt that through conducting the consultation through the summer months this precipitated a loss of momentum and public engagement which had initially been established at the launch and initial presentation events. It was felt that this provided some lessons for future consultations.

2.2.10 A number of community groups and patient representative groups have provided evidence to the Panel. In their evidence, representatives outlined a number of concerns about the consultation process of which there are common themes. These can be summarised as thus:

- Language in the documentation could have been more accessible to enable people to fully participate;
- Consultation questions could have been phrased more
- An explicit need to involve a broader range of community groups within the consultation.

Issues for consideration by the Panel:

- **Has the TPCT consulted appropriately on the strategy?**

- **How will views obtained in the consultation be analysed and subsequent amendments to the strategy be disseminated?**

- **Has the Equalities Impact Assessment considered fully relevant equalities issues?**

- **What, if any, are the implications of the London NHS review consultation?**

2.3 The interests of local health service

2.3.1 The evidence put forward to underpin the case for change within the consultation paper and through oral evidence to the Panel would appear to be strong. Higher rates of infant mortality and childhood obesity are recorded in Haringey compared to other London boroughs. There are also significant health inequalities among people living in the borough: those in the east of the borough have higher levels of health need, have higher admissions rates and shorter life expectancy than those living in the west of the borough. Crucially, documentation also describes unplanned variations in the nature and level of primary care services provided to people living in Haringey which include:

- Accessibility of services (i.e. opening hours)
- Suitability of premises – 48% fall below national standard
- Clinical performance – i.e. variation in cervical cytology, flu vaccination rates
- Allocation of resources -100% variation weighted for needs and deprivation

2.3.2. Given these underlying conditions, the TPCT has put forward a plan to develop 6 super health centres within the Primary Care Strategy which would serve between 35,000 and 50,000 people. In addition to primary health care, super health centres will provide an extended range of community health services, social services and some secondary care services. Key service are planned to include:

- Extended access to GPs (12 hours)
- Urgent care (18-24 hour)
- Pharmacy (18-24 hours)
- Community services (12 hours)
- Outpatient services (12 hours)
- Minor procedures (12 hours)
- Diagnostics (18-24 hours)
- Healthy living (12 hours)

2.3.3 The rationale behind the development of a network of super health centres is that these will help to reduce the unplanned variations in primary care services and help to reduce health inequalities across the borough. Unplanned variation of services and health inequalities may be redressed through:

- Improved standard facilities
- Strategic placement of facilities in areas of higher needs
- Improved access to services (through co-location)
- More responsive services

2.3.4 Data from the consultation document and from evidence to the Panel, would infer that the provision of super health centres would aid the integration of local primary care, community health and social services**.** The co-location of such services would help to improve access to a wider range of services. This could provide particularly advantageous to those with long term illnesses which may have complex health needs and be users of multiple health and community services. As it is estimated

that 20% of users account for 80% of the workload of general practice, through co-location, super health centres may extend the range of services available locally and improve access to such 'high intensity' users. The Panel heard of plans to develop the Lordship Lane super health centre as base for managing long term health conditions.

2.3.5 The Panel heard that 97% of all outpatient appointments for people resident in Haringey are held at services located outside the borough. The development of super health centres will improve patient access to a range of secondary care services (including outpatients), as there will be some provision for these within the centres.

2.3.6 Evidence from a local GP suggested that some general practices were severely limited in the primary care services they were able to provide to their patients given the limitations of their existing premises. Thus the development of super health centres would provide much needed new facilities in which the range of primary care services offered to patients may be extended. The centres were also noted to provide a locality base through which to support Practice Based Commissioning in localities in Haringey.

2.3.7 The Panel heard evidence that super health centres may appear more attractive to newly qualified GPs as they may offer greater potential for professional development. Given the wider range of services that may potentially be offered through super health centres than is offered through smaller traditional general practice, this may prove to be an important factor in the localities drive to recruit and retain GPs in Haringey.

2.3.8 The Panel also heard evidence that the demographic makeup of the GP profession is changing where there are more female GPs and where part-time working is becoming more commonplace. In this context, the aspirations and expectations of GP in terms of their role and working practices may differ, particularly in the type of practice that they may wish to work in. It was suggested that new super health centres may provide additional working flexibility to accommodate these changing expectations.

2.3.9 Evidence from the independent adviser questioned the financial framework to support the primary care strategy:

- There were noted inconsistencies around projected staff costs which were assumed to be neutral, even though services would be extended.
- There was also concern whether the strategy was achievable with just £3.7m additional revenue
- Concerns of cost shunting from local partner services
- Cost savings from commissioning secondary services in primary care are only likely to be achieved in the long term.

Issues for consideration by the Panel:

- **What services should ideally be provided within super health centres and do the proposals reflect this?**

- **Are the proposals by the TPCT for ensuring that appropriate services relocate to the super health centres achievable?**

- **Have the financial implications of the primary care strategy been fully appraised?**

3. Primary Care Strategy Proposals and Access to Primary Care (GPs)

3.1 More accessible primary care services

Evidence from published data:

3.1.1 In a national survey of the accessibility of GPs which was undertaken in 2006/7, 16,969 patients registered at a practice in Haringey took part (DoH, 2007a). Analysis of this local would appear to suggest that patients are broadly satisfied with the accessibility of their GP in Haringey and where results are broadly comparable to national data (%):

- 84% were satisfied with telephone access (86% in England as a whole);
- 81% satisfied in being able to access their GP within 48 hours (86%),
- 77% able to book an appointment 2 days in advance (75%),
- 84% satisfied that they could book to see a specific GP (88%),
- 79% satisfied with opening hours of their practice (84%).

3.1.2 Data from The Information Centre (2007) indicates that the number of GPs working in Haringey has not increased at the same rate as compared to figures for London or England. The number of whole time equivalent (WTE) GPs working in Haringey has increased by 1% from 2004 to 2006, whilst the growth of GP numbers in London was 8% and for England as whole 9%. As a consequence the average list size in Haringey is significantly larger in Haringey (1,868) than in London (1,735) or England (1,610). (See Appendix 1)

3.1.3 The Primary Care Strategy does not provide for further deployment of additional GPs in Haringey or increased capacity for primary care service in general. Indeed, in evidence presented to the Barnet, Enfield and Haringey Clinical Strategy, the number of GPs working in Haringey is predicted to fall from 211 in 2007/8 to 208 in 2011/12. In evidence to the Panel, it was indicated that in line with national trends, an increasing proportion of patient contacts are likely to take place with Practice Nurse or Nurse Practitioner in the future than with a GP.

Evidence from Panel meetings:

3.1.4 The relocation of some general practices within super health centres raised the issue of accessibility as some patients may be required to travel further to see their GP. The Panel heard evidence that this may prove to be particularly problematic for vulnerable groups such as older people, those who had mobility problems or those who had limited access to transport.

3.1 5 Given the accessibility concerns of the new super health centres, evidence from the London Borough of Haringey, Haringey Disabilities Association and Haringey Area Residents Association all highlighted the need to consider the transport implications of the proposals within the primary care strategy.

3.1.6 During the course of the review, the Panel received evidence about the use of non geographical telephone numbers (0844) at 7 seven general practices in Haringey. A number of Members from the wider authority outlined concerns about the use of these numbers and the costs incurred, particularly for those patient who did not have access to standard BT telephone lines (i.e. in temporary accommodation). Calls may cost up to 40p p.m. from mobile networks. OFCOM, the communications services regulator, has indicated that non geographical numbers should not be used for public services given the lack of transparency in caller costs. The Department of Health (2006), has also issued a memorandum highlighting that patients should not 'pay over the odds' by using '084' numbers and drawing their attention to new '03' numbers to be developed for public services and which are charged at the same rate as geographical numbers.

Evidence from Panel visits:

3.1.7 Evidence from Panel visits to two polyclinic sites would infer that the polyclinic model does not in itself confer improved access to GPs. Although a number of general practices were working from the same location, there no evidence of collaborative working between practices to improve patient access. Indeed, practices worked completely independent of each other having separate contact numbers, receptions, staffing and patient records. Thus, while there were three general practices working in both polyclinics, patients could still not access their GP beyond 6pm.

3.1.8 One of the major benefits put forward by the super health centre model is that additional secondary care services may also operate from the site, which would mean improved access to services such as outpatient services and diagnostics (which may have been previously provided within a hospital). Panel visits indicated that there is some evidence to illustrate the benefits of this approach; the operation of a podiatry outpatient's service at the Heart of Hounslow had improved access to vulnerable older people. Both polyclinics noted however, that it had been difficult to attract secondary services to operate from the site. It was also noted that some acute sector provision was provided at the polyclinic to increase capacity, rather than improve patient access.

Issues for consideration by the Panel:

- **Will the proposals improve accessibility to health and social care services?**
- **How will extended GP services (opening hours) be provided through super health centres?**
- **How will general practices be discouraged from using 084 numbers?**

3.2 Develop primary care services that are accessible to all communities in Haringey

Evidence from published data

3.2.1 Contrary to commonly held opinions, recent research has indicated that the level of GP registration among refugee and asylum seeking communities is relatively high

(O'Donnell, 2007). A more common problem that asylum seekers and migrant populations encounter is a lack of knowledge of how to navigate the NHS health care system (O'Donnell, 2007; Hargreaves et al, 2006). As these communities are more likely to use services inappropriately (particularly A & E), developing access to primary care is of paramount importance.

Evidence from witnesses to the Panel

3.2.2 The Panel heard evidence that the number of patients who were unable to register with a GP and where Haringey TPCT were required to allocate them to a general practice had fallen significantly over recent years. In 2006/7, the number of patients requiring allocation to a GP was 341. Patient allocations however, are not distributed evenly across the borough, where 131 of these allocations taking place in N17 alone (Appendix 2).

3.2.3 There was some uncertainty within the proposals put forward in the strategy and in evidence to the Panel as to whether all super health clinics would provide a similar range of core services (e.g. extended GP hours, urgent care). Further information was felt to be needed as to what core services patients could expect to be provided from the planned super health centres. If there were variations, then this would have implications for equity of services provided to patients in Haringey.

3.2.4 The nature and the level of service information that general practices currently provide within the community is variable. Thus patients may encounter problems in accessing GPs as they often have little awareness of where practices are located and what services they provide. This can be particularly problematic for refugee and asylum seeking communities and for those whose first language is not English. New policy directives due to come in to force 2007/8 will make PCTs responsible the promotion of GP services. This will hopefully ensure that there is a more coherent and robust system for ensuring that information about primary health care services is accessible to all.

Evidence from Panel visits:

3.2 5 Where polyclinics were established patients were not forced to register with their GP there if they did not which to do so. In Newham, there was a sufficient local network of other practices at which patients could register if they did not wish to travel further to the polyclinic.

Issues for consideration by the Panel:

- **How can the TPCT ensure that information about primary care services is accessible to all sections of the community?**

3.3 Quality of primary care services available in Haringey

Evidence from published data

3.3.1 It is difficult to measure the quality of care provided through General Practice as there are few objective measures. The Quality and Outcomes Framework (QOF) however, does provide some proxy measure of service quality in that it provides an assessment of nature and level of clinical services available from individual practices. Using this measure, local evidence would suggest that the overall quality of services

provided at Haringey practices has improved given the rise in the average QOF score. There would however appear to be some variation in the quality of clinical services available across practices in Haringey, with average clinical quality scores recorded to be lower in the north east Haringey compared to the west Haringey (Appendix 3).

3.3.2 Evidence from local advice and complaints services would appear to indicate that the level of patient's concerns about access to GPs is falling. Patient complaints about the nature and level of services provided by GPs in Haringey have declined. In 2005/6, 112 complaints were lodged with the TPCT as compared to 77 in 2006/7 (Haringey TPCT, 2007). The nature of these complaints however do not appear to vary, where staff attitudes, treatment issues, access to services and list removals remained the most prominent issue of concern. Similarly, data from the Patient Advice and Liaison Service at Haringey TPCT, whilst indicating that the volume of enquiries has increased and that GP access is one of the main concerns of local residents, specific concerns around access to GPs have fallen by 15% from 2004/5 to 2005/6 (Haringey TPCT, 2006)

Evidence from witnesses to the Panel

3.3.3 Evidence presented to the Panel suggested that improvements in the quality of primary care services would be achieved through the operation of the super health centre model by:

- Collaborative work to improve standards among GPs;
- Reduced variations in services
- Improved facilities

3.3.4 It was suggested that the improvements in the quality of primary care services may be achieved through the further development of Practice based Commissioning. As collaborative groups of GPs will assume greater responsibility for commissioning services, this may result in services that were more sensitive to the needs of local communities as services are commissioned at a more localised level.

Evidence from Panel visits:

3.3.5 Evidence from visit to two polyclinics would seem to indicate that the quality of patient care may improve within this model of primary care given the benefits derived from co-location of GP services with other community health and social services. Co-location was seen to confer advantages over the traditional general practice model given the increased opportunity for GPs to work collaboratively with other services operating from the polyclinic. Co-location of services was reported to improve service provision through raised awareness of services, availability of informal support and information, and more collaborative case working. In addition, co-location

3.3.6 Staff working at both polyclinic sites reported an improvement in the quality of facilities and medical equipment available to patients and staff alike. Staff noted that patients were also happy with the new facilities and the range of services that could be accessed through one site.

Issues for the Panel:

- **To what extent will the proposals improve collaborative working amongst GPs and promote improvements in service quality?**

3.4 Impact on health inequalities

Evidence from witnesses to the Panel

3.4.1 Evidence from the independent adviser to the Panel indicated that more detailed planning and service audits should be used to assess the local impact on health inequalities of individual proposed super health centres. For this purpose, it was suggested that an explicit formula should be developed and used as a tool to assess the health impact of individual developments.

3.4.2 The independent adviser also indicated that embedded within the Primary Care Strategy should be a community based monitoring system to assess the impact of planned developments on local health inequalities. Similarly a baseline health position should be established through which to assess the future impact of planned changes.

3.4.3 Evidence from L B Haringey indicated that a predominantly medical model of care underpinned the primary care strategy which failed to recognise the wider determinants of health (employment, social deprivation). These social determinants of health, which are of particular importance in Haringey, should be given more prominence within the strategy and in the planning of services operated from super health.

3.4.4 The proposed location of super heath centres will be critical to addressing health inequalities. Concerns were raised by Panel Members and witnesses as to the proposed location of super health centres and whether these were sited in the areas of greatest health need and would promote access to the most vulnerable groups of patients, particularly as two were planned to be located outside the borough.

Evidence from Panel visits

3.4.5. Whilst visiting polyclinic sites it was apparent that there was little collaboration between practices working alongside each other. Thus in one polyclinic, one practice had a drugs worker and one had a benefits adviser, but these were for there own patients only. Thus the polyclinic model itself, does not confer parity of service for all patients using the polyclinic.

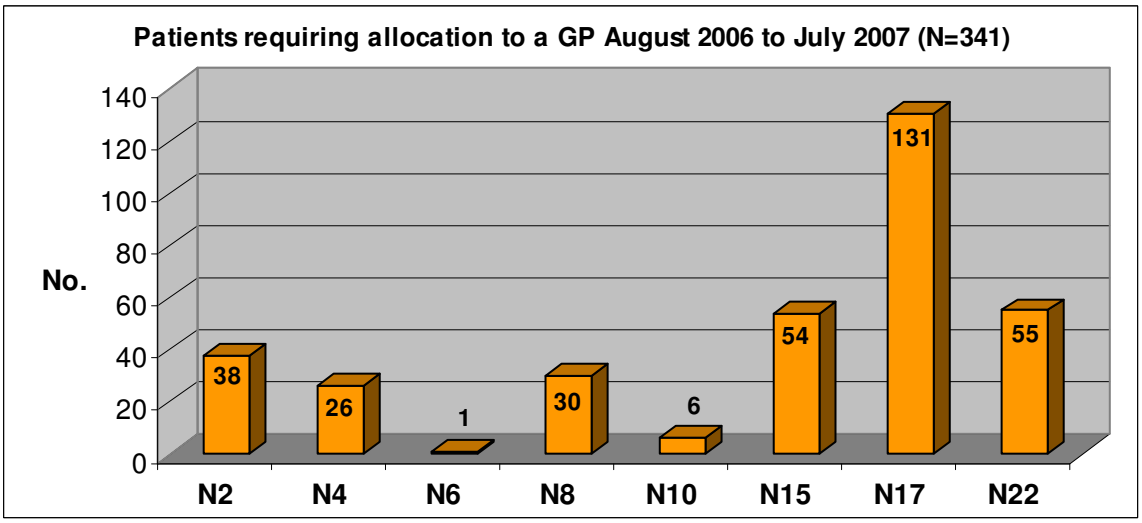
Issues for the Panel:

- **Will the proposal assist in addressing health inequalities in Haringey?**
- **How will the impact of super health centres on health inequalities be measured?**
- **Will proposed location of super health centres deliver primary care services to the areas where they are most needed?**
- **Will the super health centres deliver additional primary care services to areas where they are most needed?**

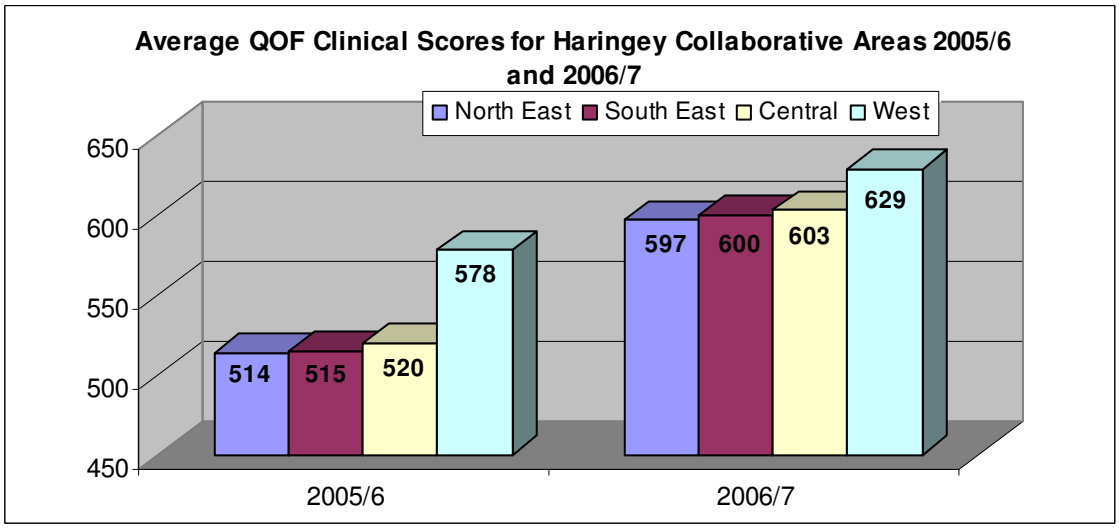
Appendix 1 – GP Comparative Data: Haringey, London & England (The Information Centre)

Table x - Comparative GP data 2004-2006 (Source: Information Centre)								
	Practice Population		**WTE GPs**		**Average List Size**		**WTE GPs per 100,00**	
	2004	**2006**	**2004**	**2006**	**2004**	**2006**	**2004**	**2006**
England	52,527,737	53,283,787 (1%)	28308	30931 (9%)	1,666	1,610 (3.0%)	57.5	65.3 (14%)
London	8,284,400	8,445,425 (2%)	4255	4586 (8%)	1,691	1,735 (3%)		64.8
Haringey	284,093	280,198 (1%)	140	144 (3%)	1,920	1,868 (3%)	59.7	66.8 (12%)

Appendix 2 - Chart of the number of patients requiring allocation by Haringey TPCT by postcode.



Appendix 3 - Chart of average Quality and Outcomes Framework Scores for General Practices in 4 collaborative areas in Haringey.



DoH 2006 — Memorandum MS (R) 102125
Use of Non Geographical (084) Telephone Numbers to Contact NHS Services

DoH 2007a — The GP Patient Survey 2006/7
www.dh.gov.uk / www.gp-patient.co.uk

Hargreaves et al 2006 — Impact on and use of health services by international migrants: a survey of inner London A & E attenders. BMC Health Service Research 19 (6) 153

Haringey TPCT — Patient Advice & Liaison Service Annual Report 2005/6

Haringey TPCT 2007 — Complaints Report 2006/7

NHS London 2007 — Minutes of the Board Meeting (8th August 2007)
http://www.london.nhs.uk/

O'Donnell 2007 — They think we are ok, but we know we are not. A qualitative study of asylum seekers access, knowledge and views of healthcare in the UK. BMC Health Service Research 7 (1) 5

The Information Centre 2007- Primary Care Data (GPs) http://www.ic.nhs.uk/

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