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To: All Members of the Overview & Scrutiny Committee

Dear Member,

**Meeting of the Overview and Scrutiny Committee – 21 January 2009**

I attach a copy of the following report for the above-mentioned meeting which was not available at the time of collation of the agenda:

**6. PRIMARY CARE UPDATE (PAGES 1 - 10)**

Yours sincerely

Helen Jones  
Principal Committee Coordinator

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**Haringey TPCT**

**Meeting:** Overview & Scrutiny Committee  
**Date:** 16 January 2009  
**Title:** "World-class Primary Care" - Update

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**1. Introduction**

- 1.1 This paper provides an update for the Overview & Scrutiny Committee on the implementation of the key projects within the "World-class Primary Care" programme.
- 1.2 These key projects are:
- Transport & Access Study
  - Community Survey
  - Neighbourhood Development Plans
  - Neighbourhood Health Centres:
    - Hornsey Central
    - The Laurels
    - Lordship Lane
  - Information Management & Technology

**2. Programme Management & Engagement/Consultation**

- 2.1 With the exception of RiO deployment, all the key projects are currently on track. RiO deployment has been re-scheduled for late June 2009 (as a result of London-wide issues) and an amended project plan & business case has been approved by the Provider side Committee.
- 2.2 The TPCT Clinical Executive Committee has been identified to act as Programme Board. A core group of TPCT managers, comprising the project leads, meets monthly. Project teams for all key projects are convened & working.
- 2.3 The next phase of formal consultation is set to take place between April & June 2009 following a "gateway review" to be undertaken by NHS London (see below). However, there will also be formal consultation over GP practices & pharmacies moving into Hornsey, to commence end of January 2009.
- 2.4 NHS London has recently issued guidance relating to consultations on reconfiguration. This guidance includes a requirement for an 8-12 week "gateway review" of the programme & process prior to launch. The review is scheduled to begin in mid-January 2009. A number of key people will be interviewed as part of the process, including primary care leads & clinical leads, as will members of the Overview & Scrutiny Committee.

## 3. Transport & Access Study

3.1 Following on from the consultation on the Primary Care Strategy a number of key concerns were raised by members of the public regarding the accessibility of the Neighbourhood Health Centres (NHC) in terms of transport and travel. Concern was expressed about moving any general practices into NHCs and the additional travel people would have to make in order to see their GP.

3.2 In response to the feedback we commissioned a transport study from Mott McDonald (MMD), a reputable transport consultancy which had previously been working with the TPCT on our staff travel plan.

3.3 MMD has undertaken an analysis of transport accessibility relating to the TPCT's primary care strategy. The study has:

- Examined ONS data
- Considered socio-demographic data from the Census
- Used data provided by Transport for London, Haringey Council and the TPCT.
- Carried out accessibility analysis to understand access to current services and the TPCT's five proposed Neighbourhood Health Centres. This has been analysed according to the mode of transport undertaken including walking, cycling, public transport and private transport.
- Illustrated key socio-economic issues relating to access to services in the borough.
- Identified possible locations for 'spokes' to address areas of poor access.
- Undertaken an analysis of accessibility to the four Neighbourhood Development areas based on current Practice-based Commissioning boundaries e.g. North Tottenham, South Tottenham, Central Haringey and West Haringey.
- Profiled accessibility information using the Index of Multiple Deprivation.
- Looked at disability allowance claimants and illness and disability ratios per Super Output Area of 1500 homes.

3.4 MMD has produced initial findings which are summarised as follows:

- 95% of households within the borough are within 400 metres of a public transport service.
- 82% of households are within 250 metres of a public transport service.
- Almost half of Haringey households do not have access to a car.
- Households to the west of the borough are more likely to have access to a car than households in the east.

- 3.5 The table below represents the number of households that can access the nearest Neighbourhood Health Centre within 30 minutes by using public transport.

Travel Times	Number of Households Public Transport	% of Households Public Transport
0 – 30 minutes	90,821	99%
Over 30 minutes	953	1%
Total	91,774	100%

- 3.6 A more detailed analysis is currently being undertaken by MMD and will be available by late January 2009, together with a literature review on equalities issues and accessibility produced by the Public Health team.
- 3.7 The quantitative analyses will be included (together with the literature review) within a report that will be presented to our Board & this Committee and made available on our website. The detailed findings will also feature within the Neighbourhood Development Plans in April 2009.
- 3.8 In addition to this quantitative piece of work, a qualitative study is being commissioned on a “mystery shopping” approach, where up to 25 different journeys will be sampled by patients and members of the public using public transport (cycling and walking) to travel to the Neighbourhood Health Centres. This piece of work will commence in January 2009 and will supplement the statistical data with patient experience information. This project will be completed before the consultation in April 2009.

#### 4. Community Survey

- 4.1 As with the transport study, the community survey was commissioned in response to issues that arose from the first round of consultation on the primary care strategy. There was concern expressed that the people who attended the various public meetings, local area assemblies and events were not a representative sample of the Haringey population.
- 4.2 In response to this concern we commissioned a door-to-door survey of approximately 1,000 homes across the borough, using the same methodology and company that has organised the annual resident survey in Haringey for the past 17 years. The survey included a range of questions in the survey to assess satisfaction with general practice and community services, provide insight into why patients registered with a particular practice, the mode and method of travel to their nearest health facility, what if anything prevented them from accessing services and what additional services they would like to see provided in a community setting.
- 4.3 The survey methodology is summarised below:
- 1055 interviews conducted in home using CAPI
  - Fieldwork conducted from 1– 29 September 2008
  - Representative quota sample

- Quotas set on age, gender, ethnic origin, tenure and working status of women. Census 2001
- 74 sample points across the borough

#### 4.4 The initial findings are summarised below:

- Most respondents were registered at a GP in the borough (96%)
- Most people had been registered with same GP for many years
- Residents use GPs for minor problems, hospitals mainly for major problems
- Most had visited a few times, mainly for themselves or their children
- Nearly half had seen a health professional other than their GP
- Half of residents see one GP in particular
- People registered with their GP for a variety of reasons including nearest practice, location, was recommended, and family already use this practice
- Overall satisfaction was 'good' to 'very good' with health services in Haringey including hospital services, dentist and GP services
- A quarter had been put off going to the GP - mainly due to access problems, appointment system and opening hours
- People value their GP for reasons of convenience, quality & range of care which are all important
- Improvements suggested for GP service include extended opening hours, better appointment systems and greater range of services amongst other suggestions
- Approximately 30% of people would travel an extra 10 minutes if these improvements were made, whilst 45% would travel an extra 11-20 minutes and 16% 21-30 minutes extra.

4.4 There is further work being undertaken on the community survey to map the results onto the areas drawing up the Neighbourhood Development plans. Some additional analysis will also be undertaken to produce this data which addresses various equality issues.

4.5 This work will be completed by late January 2009 and will be part of a larger package of data and information about the patient experience including:

- Quarterly and annual complaints reports
- Quarterly and annual PALS reports
- Healthcare Commission Surveys - annual survey on the quality of general practice and primary care services.

4.6 We will be sharing all the above information by publishing it in a report that will be presented to our Board & this Committee and also made available on our website. The detailed survey results will be shared with patients and the public through the NDPs in April 2009.

## **5. Neighbourhood Development Planning**

- 5.1 The next phase of World-class Primary Care is the formulation of Neighbourhood Development Plans that will set out the proposed implementation arrangements over a 3-5 year framework.
- 5.2 Neighbourhood Development Plans (NDPs) will be led by Neighbourhood Development Boards comprising the Practice-based Commissioning Clinical Director (a local GP), a named Non-Executive Director, named Clinical Executive GP and Public Health Lead. The Assistant Directors of Primary Care & PBC Commissioning Leads will support these Boards.
- 5.3 The new Clinical Executive (with the PBC Clinical Directors) held an Awayday on 5 November 2008 and devoted a significant time to discussing & launching this process.
- 5.4 It is acknowledged that the scope of NDPs should include more than just General Medical Practice. The reality is that the planning process will be iterative, with its scope widening over time to incorporate all health & social care services.
- 5.5 The TPCT executive team has met with senior officers from Haringey Council to discuss working within this process to develop integrated neighbourhood working.
- 5.6 In their first iteration, NDPs will incorporate and build upon the following elements:
- PBC Collaborative business plans;
  - Public Health profile for the Neighbourhood;
  - Transport & Access study;
  - Community Survey feedback;
  - Demographics on GP workforce, estate, etc.
- 5.7 A Project Manager has been retained to co-ordinate the four Plans, due to be completed and published for consultation in April 2009.
- 5.8 In terms of public engagement & consultation, we are discussing with Health Link how best to expand the work (& learning) to date in West Haringey re Hornsey Central (see below) to take in the full borough & all 4 NDP areas.

## **6. Neighbourhood Health Centres - Hornsey Central**

- 6.1 Construction of the building at Hornsey remains on track, with hand-over scheduled for March 2009. After necessary hand-over & commissioning work, it seems likely that services will relocate from June 2009, with a phased approach spreading over 6 months to November 2009.
- 6.2 Refurbishments to the War Memorial (a Grade 1 listed building and integral part of the frontage) have been completed and a Remembrance Service was held there on 9 November 2008 (the 80<sup>th</sup> Anniversary of the 1918 Armistice) for the first time in several years. Representatives from the Royal British Legion & Ms. Wendy Williams (local resident and informal custodian of the

Memorial) were guests of the TPCT. It is envisaged that public Remembrance Services at Hornsey will be an annual event henceforth.

6.3 Two GP practices have so far expressed an interest in move into Hornsey (subject to formal consultation) on a minimum basis of shared “consortium” working and potentially a partnership. These are:

- Queenswood Practice (The Clocktower); &
- Dr Henderson & Partners (Crouch End Health Centre).

6.4 The TPCT is supporting the practices in their discussions and integration work. The practices & the TPCT plan to undertake consultation with patients about the re-location for a period commencing end-of-January 2009.

6.5 The local PBC Collaborative (WHACO) has indicated a strong interest in using Hornsey as its base for shared services. WHACO has (with TPCT support) taken steps to create a legal entity for itself. The TPCT strongly supports this development.

6.6 The local pharmacists (seven businesses) have submitted a proposal to operate a profit-sharing consortium from the Hornsey base. The TPCT is supporting this venture and envisages consulting on this development parallel with the GP practices.

6.7 The estates implications of service movements within West Haringey are still being worked through, and this will continue.

6.8 The PCT has commissioned Health Link to address public engagement, looking at services and standards expected by service users in a two-phase approach – existing services moving into Hornsey and future services for the neighbourhood. This pre-consultation work is scheduled to complete by December 2008 and will feed into the Neighbourhood Development Plan for West Haringey and subsequent formal consultations (see below). At the time of writing, two stakeholder meetings have taken place with good feedback.

6.9 In terms of formal consultation, the TPCT envisages a two-phase approach – the first phase (commencing end-of-January 2009) being focused on the relocation of GP practices & (potentially) pharmacies, the second (commencing April 2009) being the Neighbourhood Development Plan for West Haringey. This second phase will include consultation on existing clinical services re-locating to Hornsey.

6.10 The Hornsey project team has also focused on the future IT provision & infrastructure (see IM&T section below for more detail).

## **7. Neighbourhood Health Centres - The Laurels**



- 7.1 The Laurels project team (working with the New Deal for Communities) has been successful in expanding the range of services available from The Laurels, in some cases by relocating services from sub-standard accommodation on the St. Ann's site (e.g. phlebotomy). Currently over 14,000 people receive GMS services through one of the two practices based there.
- 7.2 The Laurels Medical Practice (formed in late 2007 by the merger of 2 small practices & the recruitment of another 2 GP partners) continues to improve both in the range and quality of clinical services provided. The lead GP was recently appointed to the TPCT Clinical Executive.
- 7.3 The TPCT (along with all other PCTs) is required by the Department of Health to commission a "GP-led Health Centre" by way of external procurement. The service specification requires 8am to 8pm opening, 7 days per week both for registered (a list of 6,500 patients) and non-registered patients.
- 7.4 The TPCT has agreed with NHS London that The Laurels could be regarded as a GP-led health centre, by way of procuring a new provider for the PCT-run Laurels PMS practice (which has approximately 6,100 patients).
- 7.5 The procurement (compliant with EU & competition law) is being run as a joint project, with Enfield PCT taking the lead. A procurement specialist has been retained and a joint panel convened.
- 7.6 The Committee has previously been briefed on this project and has established a Panel to consider the consultation arrangements.
- 7.7 After national advertisement 32 expressions of interest were received, applicants being a mix of Haringey GP practices and the independent sector. The deadline for receipt of Pre-qualification Questionnaires (PQQ) was 21 November 2008. Invitations to Tender (ITT) were issued to 6 applicants on 29 December, with a return date of 9 February 2009.
- 7.8 Within the project plan, future milestones include:
- Mid-to-late February 2009 – interviews of applicants
  - 31 March 2009 - contract signed with the new provider - service to start "as soon as possible thereafter".
- 7.9 Work to define other service enhancements and to improve the premises is ongoing. Capital funds for necessary alterations have been negotiated with NHS London.
- 8. Neighbourhood Health Centres - Lordship Lane**
- 8.1 The GP practice based at Morris House moved into Lordship Lane in May 2008. Currently, more than 9,000 people receive GMS services there.

- 8.2 The project team at Lordship Lane is progressing plans to increase the range of services in the Centre, as per the TPCT Investment Plan. In particular, the GP practice is willing to move to “8 till 8” opening early in 2009, but for its registered patients only. This is on the basis of the nearby Walk-in Centre at North Middlesex Hospital, where the contract is up for renewal in early 2010. It is envisaged that at that point, a decision re a walk-in facility at Lordship Lane may be revisited.
- 8.3 Plans are in train to convert the space initially identified for a dental practice to a base for a level 2 Sexual Health clinic, which is considered to be a more pressing local priority. Capital funds for the necessary alterations have been negotiated with NHS London.

## **11. Information Management & Technology**

- 11.1 Effective information systems & infrastructure will be essential enablers for World-class Primary Care. Therefore, the work of the TPCT IM&T team has been brought within the scope of the programme.
- 11.2 The TPCT is working, both locally with Cisco and London-wide with the London Programme for IT (LPfIT), regarding IM&T configuration for the Neighbourhood Health Centres. The final design will centre on a single network that will host all systems (GP Systems, TPCT systems such as RiO). This capability will support a shared reception area, shared administration staff and permit a high level of IT support to users due to the one common platform.
- 11.3 It is envisaged that patients will benefit from the proposed configuration through the following capabilities:
- One reception for all services
  - One telephone number for booking of appointments
  - Ability to book appointments via the internet
  - Electronic “check-in” facility at reception
  - Enhanced electronic notice boards
  - Choice of booking follow-up treatments at other clinics, which may be able to offer more convenient clinic times for those requiring urgent treatment.
  - Appointment confirmation via SMS text messaging.
- 11.4 The work from this project will be piloted at Hornsey and feed into redesign of the reception facilities and ways of working at Lordship Lane, The Laurels & other centres.
- 11.5 Along with other London PCTs, the TPCT is committed to deploying the RiO system for community services in Haringey. As reported above, the schedule for deployment has slipped due to London-wide issues. The current deployment schedule for HTPCT & GOSH in Haringey is late June 2009 and the joint local project is on track to meet this. An upgrade to the system used by the Sexual Health service is now underway as RiO will not currently support the necessary level of confidentiality.

- 11.6 The delay to RiO deployment has given services an opportunity to carry out much more detailed and wider-ranging “business transformation” work prior to deployment. Some of the outputs from this work will feed into the Neighbourhood Health Centres projects.
- 11.7 The RiO Training Team has established a training room at Lordship Lane and a smaller facility at St. Ann’s Hospital. It is envisaged that a similar training facility will be established at Hornsey in 2009. The generic RiO training material has been customised, “Essential Skills” training material compiled and training is scheduled to begin in December 2008. The team will also deliver ad-hoc training in MS Office and IT Induction Training for small groups at St. Ann’s Hospital. A “Choose & Book” course is also under development and will be made available to the GP community later in the financial year.
- 11.8 Work is currently underway to migrate all GP practice systems to the centrally-funded GP System of Choice (GPSOC) facility. This will deliver economies of scale which will be invested in enhanced information support to GP practices. 14 GP practices are currently migrating from an outdated IT system to an up-to-date “hosted” system and this work will be completed by year-end. The benefits of a “hosted” system include better data quality & access to data previously held on practice-based servers.
- 11.9 A feasibility study is currently underway to facilitate remote working for GPs and other healthcare professionals (e.g. District Nurses, Health Visitors, School Nurses). While this is technically challenging, it may also provide a “business continuity” solution for IT connectivity in the event of major incidents, e.g. pandemic flu or a local network failure.

## **12. Conclusion & Recommendations**

- 12.1 The Committee is asked to note this report and its contents.

**James Slater**  
**Director of Performance & Primary Care**

**January 2009**

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