



Haringey Council

NOTICE OF MEETING

Scrutiny Review - Primary Care Strategy

MONDAY, 3RD SEPTEMBER, 2007 at 17:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

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

AGENDA

1. APOLOGIES

2. URGENT BUSINESS

3. DECLARATIONS OF INTEREST

4. MINUTES OF PREVIOUS MEETING (17/07/07) (PAGES 1 - 6)

To review minutes of previous meeting.

5. PANEL VISITS

To finalise arrangements for Members to visit Newham Polyclinic, Brocklebank Centre and Lordship Lane.

6. FUTURE PCT CONSULTATION EVENTS

To inform Members of planned consultation events: Equalities Impact Assessment, Area Assemblies & Public Presentations.

7. EVIDENCE FROM INDEPENDENT ADVISER TO THE PANEL

Elizabeth Manero will provide an independent assessment of the Haringey Primary Care Strategy.

8. EVIDENCE FROM LONDON BOROUGH OF HARINGEY MEMBERS & OFFICERS

The Panel will hear evidence from Members:

- Councillor Bob Harris, Executive Member for Adult Social Care & Well Being

9. EVIDENCE FROM HARINGEY PCT

The Panel will hear evidence from:

- Dr Mayur Gor, Chair of Haringey PCT Professional Executive Committee
- Dr Peter Christian, Clinical Director West Haringey (GP Dukes Avenue)

10. EVIDENCE FROM HARINGEY LOCAL MEDICAL COMMITTEE

Haringey Local Medical Committee is a statutory body which elects a committee of GPs to represent, negotiate and guide discussions with the PCT on issues affecting patient care. The LMC has indicated it will submit a written response to the Panel.

11. EVIDENCE FROM COMMUNITY AND VOLUNTARY SECTOR ORGANISATIONS

The Panel will hear evidence from the following organisations:

- Jenny Privett from Haringey Disabled Association (formerly Haringey Consortium of Disabled People and Carers, HCDC).
- Derma Ioannou from Haringey Racial Equalities Council.
- Haringey Association of Voluntary and Community Organisations (HAVCO) will submit a written response to the Panel.
- Sue Hessel and Linda Lennards, Better Local Health Care.

12. EVIDENCE FROM PATIENT GROUPS

The Panel will hear evidence from the following patient groups:

- Maureen Dewar, Haringey PCT Public & Patient Involvement Forum

13. NEW ITEMS OF URGENT BUSINESS

14. DATE OF NEXT MEETING

To confirm the date of the next meeting as 5.30 pm on Monday 1st October '07.

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**MINUTES OF THE SCRUTINY REVIEW - PRIMARY CARE STRATEGY
TUESDAY, 17 JULY 2007**

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

LC1. APOLOGIES FOR ABSENCE (IF ANY)

None received.

LC2. URGENT BUSINESS

None.

LC3. DECLARATIONS OF INTEREST

None.

LC4. SCOPE AND TERMS OF REFERENCE

Scope, Aims & Objectives: It was highlighted that this review was being undertaken in the context of a 'substantial variation in service'. This would therefore require the Panel to assess the consultation processes employed by Haringey TPCT in developing the Primary Care Strategy together with the substantive changes actually proposed within the strategy itself.

Agreed:

- Scope, aims and objectives agreed by the Panel and recommended to Overview & Scrutiny Committee.

Panel Co-option: It was agreed that Maureen Dewar from Haringey PCT Patient & Public Involvement Forum would work closely with the Panel but not formally co-opted so as not to preclude the Patient and Public Involvement Forum from directly giving evidence to the Panel.

Independent Adviser: The possibility of retaining a specialist independent adviser was discussed by the Panel. Such a role was considered useful in that it may provide impartial but expert advice that would help to guide and inform Panel decisions. The Panel has a small budget which it can use for such purposes. A number of individuals are being considered for this role and one could be appointed, with the consent of the Chair, in readiness for the next meeting.

Agreed:

- To appoint an independent adviser (with approval of the Chair) and to inform Panel Members.

Member Attendance at Area Assemblies and Public Meetings: It was noted that the PCT have a consultation programme for the Primary Care Strategy which include public presentations at dedicated events and Area Assemblies. The full consultation programme has yet to be finalised and published, but will include all Area Assemblies and an Equalities Impact Assessment event. Members were invited to attend these

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public events to gauge public responses to the Primary Care Strategy and feedback to the main Panel.

Agreed:

- Cllr Kober to attend Muswell Hill Area Assembly 23rd July 7.30
- Cllr Mallett to attend PCT Public Meeting 23rd July 2.30pm (Cypriot Community Centre)
- Cllr Baker to attend PCT Public Meeting 24th July 6.00pm (Cypriot Community Centre)
- Members to be informed of other Public Presentations at Area Assemblies and Equalities Impact Assessment Day.

Member Visits to Polyclinic Sites: The Panel discussed opportunities to visit polyclinic sites in Newham and Wandsworth. Possible dates have been agreed with the Newham site (4/5 September) and Wandsworth will be approached also. It was also suggested that the Panel would like to visit Lordship Lane, this being a proposed 'super health centre' site.

Agreed:

- Dates of polyclinic visit to Newham circulated.
- Arrange possible visits to Wandsworth and Lordship Lane.

Dates of future meetings: There was some concern that some Panel Members would not be able to make future planned meetings as these coincided with the Planning Committee meeting. It was Agreed that the two future meetings (Monday September 3rd and Monday October 1st) would start at 5.30 to allow Members to attend both meetings.

Agreed: Time of future meetings 5.30pm instead of 6.30pm.

LC5. PRIMARY CARE STRATEGY - HARINGEY TEACHING PRIMARY CARE TRUST

After a brief presentation of the main points of the Primary Care Strategy the following responses were provided to the Panel.

Super health centre/ polyclinic:

- The term polyclinic has been replaced by super health centre within the Primary Care Strategy for legal purposes on the advice of Department of Health.

Location of super health centre sites:

- The PCT is close to agreeing financial terms for the development of the Hornsey Hospital site, which will form one of the planned super health centres in Haringey. It is anticipated that construction will start in September 2007 and services open to the public in 2009. The Hornsey Hospital site may eventually come closest to representing the polyclinic model as presented in the Primary Care Strategy (in terms of the range of services that will be available).
- Further developments are planned at The Laurels (clinic) to further integrate primary and community services provided there and to hopefully step the service up to becoming a possible super health centre site (maybe in conjunction with St

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Ann's). Lordship Lane has opened and the PCT are negotiating with services to operate from this site.

- The physical location of super health centres is one of the key questions within the patient and public consultation process and as such, nothing has yet been finalised. This being said, the TPCT did have some limitations in the availability of physical sites at its disposal to develop super health centres. The PCT would look at feedback from the consultation exercise and develop more specific proposals from those.
- There were some concerns among the Panel that the proposed location of super health centres on current A & E sites would not develop access to primary care services. Whilst this was acknowledged, this approach was felt to be practicable given that many people would still probably go to these sites in the first instance, irrespective of what services are provide there.

Access to primary care services (GPs)

- It is not anticipated that further GPs will be recruited as a direct result of the Primary Care Strategy. It is intended that deployment of further support staff (Nurse Practitioners & Practice Nurses) will develop access to GPs and help to increase capacity of primary care services.
- The number of compulsory allocations of patients to GPs by the PCT is falling (i.e. where patients cannot register as lists are full). A fivefold decrease has been reported in recent years. Technically, there are no closed GP lists in Haringey, though some practices operate a British Medical Association formulated policy of "open but full".
- As GPs are independent contractors, the PCT has limited tools available to direct the work of GPs locally. The PCT did however have a range of commissioning tools/ incentives to that can influence where GPs locate (provision of various practice allowances) and improve the quality of services offered (financial incentives offered to practices within the Quality and Outcomes Framework).
- Currently no GP practices are open to patients on a Saturday. It is anticipated that 'super health centres' will provide weekend access to primary care services to patients in Haringey.
- It was noted that the availability and quality of patient information (concerning GP services) could improve within the Primary Care Strategy. The PCT will develop a prospectus for patients detailing what services are available at GP services across Haringey. The PCT is also aware of the need to raise awareness of the new primary care structure and how patients may appropriately access services.
- Telephone access was known to be problematic (particularly the limited times when lines were open, the use of 0845 numbers and complicated call handling systems). The PCT indicated that it was discouraging practices from using 0845 numbers and encouraging practices in invest in their own telephone infrastructure to improve how responsive this is to patients. In the longer term, it was anticipated that the super health centre model will provide dedicated and more efficient telephone access to GP services (longer hours, multiple lines and dedicated staff to handle calls) through greater economies of scale.

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Operation of super health centres

- The precise nature of services available across the network of super health centres has yet to be finalised. Not all super health centres may offer the same compliment of services and not all services may be available from all super health centres at all times. It is likely however, that there will be cooperation between super health centre sites to develop access to more specialised services (i.e. x-ray, MRI scan). Transportation in and between super health centre sites needs further consideration to ensure that patient access is maintained.
- New information technology will support the operation of the super health centres. Improved patient data collection and transfer may improve patient access to a wider range of services. Telemedicine (live TV links) may facilitate further secondary care in to the primary care centre.
- It was estimated that 20% of patients account for 80% of the workload within primary care. 'Super health centre' sites would extend the range of services available to 'high intensity' service users as well as offer more integrated services through co-location with other health and social services.
- In an audit of GP premises in Haringey, approximately half were below minimum standard building regulations. It was noted that many of these buildings are not possible to bring up to standard (i.e. practices set within residential terraces). The development of a number of super health centres will improve the overall quality and accessibility (in terms of disability) of facilities available to patients in Haringey.

Access to other services

- It is possible that the availability of home visits to patients may be extended within the new service model set out in the Primary Care Strategy. GP collaborative groups (based in north east, south east, central and west) will have much more control in the future (under practice based commissioning) to respond to local needs and determine the range of services that are provided in that area.
- Patient access to advocacy and translation services may be enhanced within the Primary Care Strategy as these services will only need to be delivered through a much smaller range of outlets (reduction from 60 practices to 6 super health centres and limited number of individual practices).
- It was possible that some antenatal and Midwifery services could be devolved to locations in Haringey. The Hornsey Hospital site could provide an ideal location for such services and local Midwifery Departments (Whittington Hospital) are noted to be keen to provide more localised services.
- The PCT will develop an overarching commissioning plan for the 4 GP commissioning groups in Haringey. This will ensure that there is access to specialist services across all localities. Therefore if one area does not have GPs with specialist clinical expertise to run specific services (e.g. dermatology) then the PCT will work with other secondary care services to ensure that (for example) a hospital consultant is available to offer this service in this area.
- Mental health was a significant issue in the locality. The PCT has already identified 4 GPs with a specialist interest in mental health (one in each of the

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commissioning areas) to take the lead in raising the quality of service provision and broader service development across those areas.

- Currently, 97% of outpatient appointments for people resident in Haringey are held outside the Borough. The development of super health centres across the Borough will improve patient access to such secondary care services, as there will be some provision for these within the new infrastructure.

Finance

- No additional monies have been received to facilitate the development of the Primary Care Strategy. The Lordship Lane Clinic has already been developed and the Hornsey Hospital site is to be financed through LIFT. However, the PCT has operated a balanced budget for a number of years which has allowed it to plan and set aside monies over the next 3 years to assist the development of other super health centre sites.

Consultation Process

- This Scrutiny Panel Review will inform the consultation process being undertaken by the PCT. Final report will be submitted on 23rd October.
- The TPCT is currently developing an Equalities Impact Assessment for the Primary Care Strategy of which the centre point will be a dedicated event in September (Tottenham Leisure Centre). The assessment will examine how the proposed strategy may impact on particular patient groups (in respect of age, gender, ethnicity, religion, belief and sexuality). Panel members will be invited to attend this event.
- In Haringey the Primary Care Strategy is not dependent on the outcomes of the Barnet, Enfield & Haringey Clinical Strategy. Haringey is very much the junior partner in this, there being no major acute centres being situated in the Borough.
- The consultation period ends on October 19th 2007. The final strategy will go to the PCT Board on December 11th 2007.

The Panel thanked James for attending and in answering questions about the Primary Care Strategy.

LC6. NEW ITEMS OF URGENT BUSINESS

None.

LC7. DATE OF NEXT MEETING.

Monday September 3rd 5.30pm (Committee Room 3, Haringey Civic Centre)

Chair : Councillor Mallett

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