

MINUTES OF THE SCRUTINY REVIEW - PRIMARY CARE STRATEGY TUESDAY, 9 OCTOBER 2007

Councillors Baker, Edge, Kober, Mallett (Chair) and Patel

Apologies Councillor Peacock and Reid

LC23. URGENT BUSINESS

None.

LC24. DECLARATIONS OF INTEREST

None.

LC25. MINUTES OF THE PREVIOUS MEETING (3/9/07)

Agreed: The minutes of the meeting held 3rd September 2007 were approved.

LC26. SUBMISSIONS TO THE PANEL

- The panel received a written submission from Haringey Local Medical Committee. This is attached for information.
- Haringey Association of Voluntary and Community Organisations (HAVCO) were unable to submit a report to the panel as intended. Once their Well Being Theme Group had met a formal response to the Primary Care Strategy would be sent to Haringey Teaching Primary Care Trust (HTPCT).
- Haringey Racial Equality Council was unable to submit a report to the panel.

LC27. FEEDBACK FROM PANEL VISITS

A number of panel members fed back finding from their visits to three health care services in Newham (The Centre), Hounslow (Heart of Hounslow) and Haringey (Lordship Lane). The main points from this panel discussion are summarised below:

- The Panel indicated that the visits were useful as they provided a practical insight in to the development and operation of polyclinics.
- Panel members noted some key strengths of the polyclinic model which included the potential for greater collaborative working between a range of health and social care services and the possibility of these services being located in areas of highest need.
- A key point of learning from the visits was that the polyclinic model in itself did not bring harmonisation of primary care services or facilitate extended access from co-located practices. It was noted that, whilst a number of GP practices were working in the polyclinics that were visited, they did so independently of each other and that patient access to services remained unaltered.
- The polyclinics were noted to be popular among staff as the developments had provided new and up to date facilities and equipment which had improved the level of care available to patients. Although no patients were directly interviewed during

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the visits, staff reported that patients were also happy with the new facilities and services available at the polyclinic sites.

- The Lordship Lane site at HTPCT was noted to be a designated site for a super health centre under the Primary Care Strategy. It was noted that the existing building was commissioned before the strategy was devised and that there are plans to upgrade the building to a full polyclinic model.

LC28. FEEDBACK FROM CONSULTATION EVENTS

Panel members had participated in a number of consultation events hosted by HTPCT. Members relayed some of the main issues to arise from discussions at public consultations they had visited.

- There was a strong feeling expressed at some consultation events that there was a gap between health needs and the design proposal for super health centres. In particular, there was anxiety as to how the super health centre model would redress health inequalities. More importantly, how services would be encouraged to operate from areas where they are most needed.
- Transport was a major concern at the consultation events, where members of the public were anxious about the additional distance that they may have to travel to access services.
- There was positive feedback from the public about the possible reduction in the number of single handed GPs that the Primary Care Strategy may address and the possible extension of services from new super health centre sites.
- There were a number of questions at the consultation events concerning the provision of pharmacy services at the super health centres and the impact that this would have on local community pharmacy provision.
- It was noted that HTPCT would develop the polyclinic model along two possible pathways: as large stand alone super health centres or as a 'hub and spoke model' working closely with a number of local GPs.
- The public also desired further information about the nature and level of services available from the super health centres.

LC29. HARINGEY PCT - FEEDBACK FROM PRIMARY CARE CONSULTATION

Gerry Taylor, Acting Director for Strategic Commissioning and Christina Gradowski, Director of Corporate and Partnership Development gave evidence to then panel concerning the consultation process for the Primary Care Strategy. A summary of the main issues discussed with the panel are highlighted below:

Consultation Process

- The TPCT described the range of events that had been undertaken as part of the consultation process for the Primary Care Strategy. These included door drop of pamphlets, advertisements, presentations and leafleting in public areas. Consultation events are planned until mid November.
- A number of emerging concerns were identified from the consultation which included:

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- Continuity of care: the ability of patients to see a GP of their choice within new super health centres;
 - Convenience of care: that patients preferred the convenience of small local practices;
 - Young people like the idea of large services as they may confer some anonymity, which is particularly beneficial in relation to services such as sexual health.
- It is likely that further future consultations would take place at the micro level, as and when individual GP practices decide to move in to super health centre sites. Consultations, it was noted, would be undertaken by affected GP surgeries not the TPCT. Morris House surgery was used to illustrate this process, where the surgery has undertaken a patient consultation ahead of its imminent transfer to Lordship Lane Health Centre.
 - The TPCT will produce a report based on the consultation findings which will go to the Board in November. This will be a public document and will be accessible through the website. Final documentation will go to the Board in January 2008.

Transport

- The cost, distance and green issues relating to the greater distance that patients may be expected to travel within the super health centre model were noted to be emerging issues within the consultation process.
- Further transport planning was needed within the strategy for those with mobility problems given that there were noted to be existing problems with Dial-A-Ride, Taxi Credit scheme and the low take up of Freedom Passes for older people in the locality.
- HTPCT reported that they had already started to look at transport issues and options with Transport for London (TfL). Discussions have already taken place with neighbouring PCTs to present a more influential case to TfL.

Remaining level of GP practices

- The TPCT stated that the strategy would need to have a flexible approach in that it would not seek to transfer practices which offered good quality services and where there is the opportunity for physical redevelopment. Thus in the case of Somerset Gardens, this practice would not automatically be incorporated in to the super health centre model as it is a successful practice and also has options for future building development.
- The TPCT acknowledged that there is further work to be done with GPs locally to promote the rationale for change and of preferred future models of primary care provision.

Variability of services

- In respect of the ongoing variability in the nature and level of primary care services provided by GPs, the TPCT suggested that the further development of Practice based Commissioning may help reduce inequalities in general practice. As GPs will be working more closely together, it is expected that peer pressure will help reduce some of the service inequalities that patients experience.

Panel Response

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- The panel fully acknowledged the time and effort that TPCT staff had contributed to the consultation process and were broadly satisfied at the number and variety of consultation events that had taken place.
- Whilst the Panel had no issues about the manner of the consultation, their view was that the lack of specific detail in the strategy meant that it was unclear what the full implications of the strategy would be. It was therefore difficult for people to make an informed response to the consultation.
- The TPCT, were as yet, unable to provide a definitive answer as to how many GP practices would remain within the super health centre model of primary care. Such a lack of detail within the Primary Care Strategy would illustrate how difficult it has been for the public and the panel to provide meaningful responses to the consultation.

LC30. CONCLUSIONS AND RECOMMENDATIONS

- Panel members were required to assess the Primary Care Strategy in the context of it representing a substantial variation in service. That is, the nature of services described in the strategy would be substantially different to that currently provided. Under statutory regulations this required that the panel assess whether the TPCT:
 - Had consulted Overview & Scrutiny Committee;
 - Had conducted appropriate consultation and public involvement;
 - Had presented proposals in the interests of local health services.
- The Panel felt that the TPCT had consulted satisfactorily with Overview & Scrutiny Committee. Given the range and number of public events held, the panel was also of the view that the TPCT had provided sufficient opportunities for the public to engage with and participate in the strategy consultation process. However, they were of the view that the consultation did not provide sufficient detail to allow the public to fully appraise the proposals or assess the likely implications of the planned changes contained within the Primary Care Strategy.
- The Panel considered that the TPCT had presented a clear rationale for the need to modernise the model of primary care delivery in Haringey. The model of primary care presented was felt to offer a number of significant benefits to patients in Haringey, most notably, extended primary care services and improved access to a broader range of health and social care services.
- It was noted that the current distribution of primary care services was effectively unplanned. The panel were therefore of the opinion that the TPCT should adopt a planned approach to the future structure and location of primary care services. In particular, measures needed to be taken to ensure that general practices were located where the need was greatest and in a manner that addressed health inequalities. GPs should be 'selectively incentivise' to relocate to super health centres.
- The Panel requested that the TPCT provide further information on the proposed locations of super health centres and how these 'hubs' will operate and interact with remaining general practice 'spokes'. In addition, further information should be provided on the anticipated number of general practices that will remain within the super health centre model of primary health care.

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- The Panel had a number of reservations about the financial framework to support the development of the Primary Care Strategy. Whilst it was clear that resources would be released through the centralisation of GPs in super health centres and through commissioning of secondary care services to be provided in primary care, these would only yield additional revenue in the medium to long term. The Panel thus considered that a more detailed financial plan needed to be produced for the Primary Care Strategy.
- The panel could not conclude at this stage that the principles and objectives of the Primary Care Strategy will be fulfilled through plans or documentation currently submitted.
- That Panel requested that Haringey TPCT should ensure that Overview and Scrutiny Committee are kept informed of future developments with the Primary Care Strategy.

Agreed:

1. That the above views be communicated to Haringey TPCT as an Overview & Scrutiny response to the Primary Care Strategy.

2. That the TPCT be requested to respond to the issues highlighted in the Scrutiny Review Panel's response.

LC31. REPORTING

Response to be drafted to Haringey TPCT.

Cllr Antonia Mallett

Chair