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

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. Late items will be considered under the agenda items where they appear. New items will be dealt with at item 11 below.

3. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

4. MINUTES OF THE PREVIOUS MEETING (3/9/07) (PAGES 1 - 68)

5. SUBMISSIONS TO THE PANEL

To receive written submissions from:

- Haringey Local Medical Committee
- Haringey Association of Voluntary & Community Organisations (HAVCO)
- Haringey Racial Equality Council

6. FEEDBACK FROM PANEL VISITS (PAGES 69 - 82)

To receive evidence from Members and Officers in respect of organised visits to:

The Centre, Newham PCT
Heart of Hounslow, Hounslow PCT
Lordship Lane, Haringey :PCT

7. FEEDBACK FROM CONSULTATION EVENTS

Members and Officers to feedback from consultation events that have been attended.

8. HARINGEY PCT - FEEDBACK FROM PRIMARY CARE CONSULTATION

To receive evidence from Haringey PCT in relation to preliminary findings from the consultation programme for the Primary Care Strategy.

- Gerry Taylor, Acting Director of Strategic Commissioning
- Christina Gradowski, Director of Corporate Services and Partnerships

9. CONCLUSIONS AND RECOMMENDATIONS

An issues paper has been prepared for Panel discussion.

10. REPORTING

To detail reporting process and timescales for the review.

11. NEW ITEMS OF URGENT BUSINESS

12. SCRUTINY REVIEW EVALUATION

Members to feedback on review process.

Yuniea Semambo
Head of Local Democracy and Member Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Martin Bradford
Research Officer
Overview & Scrutiny
5th Floor, River Park House
225 High Road
Wood Green
London N22 8HQ
020 8849 6950
martin.bradford@haringey.gov.uk

MINUTES OF THE SCRUTINY REVIEW - PRIMARY CARE STRATEGY
MONDAY, 3 SEPTEMBER 2007

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

Apologies Councillor Reid

LC8. APOLOGIES

David Lammy MP
Derma Ioannou, Haringey Racial Equality Committee
Haringey Local Medical Committee
Haringey Association of Voluntary Sector Organisations

LC9. URGENT BUSINESS

None.

LC10. DECLARATIONS OF INTEREST

None.

LC11. MINUTES OF PREVIOUS MEETING (17/07/07)

Item LC5: It was noted from the previous meeting that the PCT discouraged the use of non geographic (084) numbers by general practices in Haringey. A number of Members had raised concerns with the Chair about the continued use of these non-geographical numbers, particularly the cost to patients who have to access them from non-standard BT lines. The use of 084 numbers places an unfair burden on patients who only have access to mobile phones (such as those who live in temporary accommodation) as they may incur costly call charges when contacting their GP. Seven General Practices are known to use such 084 numbers in Haringey. The Panel felt that the continued use of 084 numbers was unacceptable and that the PCT should continue to discourage their use.

Agreed: The minutes of the meeting held on 17th July were approved.

LC12. PANEL VISITS

A number of visits to super health centres / polyclinics have been arranged to guide and inform Members review decisions. Members were invited to attend and report back at the next meeting. Venues and times are set out below:

Venue	Date
The Centre, Church Road, Newham PCT	5th September 3p.m.
Lordship Lane, Haringey PCT	20th September a.m.
Heart of Hounslow, Hounslow PCT	28th September p.m.

LC13. FUTURE PCT CONSULTATION EVENTS

Copies of the consultation strategy and programme for the Haringey PCT Primary Care Strategy were distributed. Particular attention was drawn to a number of public consultation dates at which the PCT will present the strategy and to hear public responses. Planned presentations include dedicated events (17th and 19th

September), all local Area Assemblies (11th September to 25th October) and an Equalities Impact Assessment (5th October). The consultation strategy, which contains a full calendar of consultation events, is attached**.** Members are invited to attend consultation events and report back to the Panel.

LC14. EVIDENCE FROM INDEPENDENT ADVISER TO THE PANEL

Elizabeth Manero, Chair of Health-Link,
Elizabeth Manero was appointed to act as independent adviser to the Panel. The Panel was addressed by Ms Manero. A summary of some of the key points made within this presentation are described below. A full copy of a presentation given by the Elizabeth Manero to the Panel is attached for information.

- Health-Link is an independent, not for profit social enterprise which explores new ways to improve health and health services, with patients and the public.
- The consultation for the Darzi review of London NHS services is explicitly concerned with models of care and delivery models only. Further national and local consultation will be necessary for the application of models e.g. where polyclinics/ super health centres might be located. Further clarification may be necessary from NHS London concerning the consultation process for the London NHS Strategy (A Framework for Action) and possible implications that this may have locally.
- To assess what impact proposals set out in the strategy may have on health inequalities, an explicit formula needed to be developed. A template of such a formula was presented to the Panel.
- As GPs are independent contractors, PCTs and the NHS more generally have limited powers to direct their work. The Primary Care Strategy does however appear to strengthen local commissioning arrangements which may be beneficial in helping to achieve change locally.
- Haringey may be in a stronger position than other PCTs to deliver change given the number of salaried GPs working within the locality. This may further help to reconfigure primary care services.
- The way in which the Haringey Primary Care Strategy is applied will be of critical importance, particularly in the way that planned developments (super health centres) acknowledge and respond to local health needs.
- The PCT should provide further clarification of the costs of the Primary Care Strategy. There were some inconsistencies in financial planning, such as the presumption of staff costs to be neutral despite the intention to extend and develop services.
- There was a need for further detail and clarification on some aspects of the Primary Care Strategy, in particular, what services will be offered from super health centres and whether all super health centres will offer similar services.
- A number of gaps in the strategy were identified including the views of the Local Medical Committee, the views of local Practice Based Commissioning Groups, the effectiveness of local Practice based Commissioning and the willingness of local GPs to re-locate and financial implications for GPs.
- There was a need for the Primary Care Strategy to include a community based monitoring system, so that the impact of planned developments can be assessed

as the plans are implemented. Similarly, the PCT should establish a baseline health position from which to assess future impact of planned changes.

LC15. EVIDENCE FROM LONDON BOROUGH OF HARINGEY MEMBERS & OFFICERS

Councillor Harris
Councillor Harris presented a response to the Primary Care Strategy as Cabinet Member for Adult Social Care & Well Being.

- It was noted that there were aspects of the strategy which were positive and which were to be welcomed.
- The most pressing observation of the Primary Care Strategy was that it was clearly grounded within the medical model of health. As a result, if there were criticisms of the strategy, it was that the proposals concentrated too much on ill-health and further development of health services. This approach failed to recognise the wider social determinants of health which were very important in places like Haringey. Further consideration of the primary care strategy may be necessary to ensure that the broader well being agenda is being met.
- The provision of social care services is important, especially for those with long-term health conditions. Further attention should be paid to how social care will be provided within the super health centre model of services, particularly at to how services will work in partnership to support the needs of patients.
- The Local Authority would like to engage further with the PCT to ensure that objectives set out in the Primary Care Strategy are acknowledged and supported in local planning processes.
- Given the relocation of services and the likely increase in distance that patients may have to travel to access services, the Primary Care Strategy has clear transport implications and concerns. Accessibility concerns were heightened given that two of the planned new super health centres were located outside the borough (Archway Hospital, NMH).
- With such wide ranging changes proposed within the strategy, particularly those that involved local service reorganisation, the Local Authority is aware of the potential for 'cost shunting'. In this context, there was a need for the PCT to provide further details around the financial plan to support the development of the Primary Care Strategy.
- Further information is required from the PCT as to longer term plans for established health centres in the borough (e.g. Tynemouth Road, Bounds Green) and how plans for these services are acknowledged within the Primary Care Strategy.
- The provision of only 4 super health centres within the borough would be unacceptable without maintenance / or further development of other primary care facilities (health centres/ GP surgeries).
- Further clarification was needed from the PCT as to how super health centres would operate, particularly those located on multiple sites (i.e. St Ann's, Laurels).

LC16. EVIDENCE FROM HARINGEY PCT

Dr Mayur Gor (Chair, Haringey PCT PEC)
Dr Gor made a number of points to the Panel and took a number of questions from those present. A summary of these discussions is given below.

- The Primary Care Strategy is a positive attempt to tackle some of the health problems that are faced in Haringey, in particular the significant health inequalities that exist between the east and west side of the borough.
- Whilst the Primary Care Strategy can make a significant contribution to addressing Haringey's health problems, further input from wider services beyond the health sector will be required to make an impact on the more intransigent health problems (i.e. health inequalities).
- Consultation documents had been sent to all 59 General Practices in Haringey so that these can be distributed to patients across the borough.
- All practices in Haringey have a Patient Participation Group, where patients can directly discuss issues of concern with staff and other patients at their own surgery. People were encouraged to sign up to and attend these groups to maximise their opportunities to contribute to the development process.
- Consultations have taken place with GPs through the Local Medical Committee. In addition, consultations have also taken place with the 4 local practice based commissioning groups in Haringey. From these consultations, it was apparent that GPs and General Practices are beginning to work together and hopefully tackle the Haringey's health problems more effectively.
- The Primary Care Strategy undoubtedly represented a major re-design of services for Haringey. The PCT would encourage people to become involved in the consultation process to help shape future services.

Dr Christian, Clinical Director West Haringey
Dr Christian made a number of points to the Panel and took a number of questions from those present. A summary of these points are given below.

- Major changes are occurring in the way that General Practices operate. Before the introduction of Practice Based Commissioning (PBC), General Practices worked independently of each other. Now, practices are required to work more collaboratively to assess patient needs and commission services for them in each Haringey locality (west, central, north east & South East). As commissioning of services is at a more localised level (GPs instead rather than then PCT) this may mean that resulting services were more sensitive to the needs of local populations.
- PBC is still in its infancy and GPs and General Practices are still learning how best this can work. GPs will have to grapple with competing expectations of patients i.e. delivering a wider range of services and speedier access to services.
- At present, any cost savings derived from PBC are reinvested within the PCT. In future, commissioning groups will be able to retain 70% of cost savings (for re-investment) and 30% will be returned to the PCT.
- Positive developments have already occurred in West Haringey as a result of PBC as practices have met to discuss the educational needs of practitioners and how these can be developed further.

- The West Haringey PBC group has not had a chance to discuss the Primary Care Strategy as yet, so views about strategy proposals presented here reflect personal perceptions of the witness.
- First perceptions of the super health centre/ polyclinic model proposed within the strategy was that these facilities would provide suitable infrastructure to support PBC. Such local centres may provide a natural base for PBC groups.
- A significant number of local practices are restricted in what services they can offer because of the physical limitations of their buildings. Such restrictions are compounded as there is little prospect of development in many cases (planning blight). In this context, the strategy proposals for super health centres had considerable merit in that they would contribute to the improvement of local primary care facilities.
- The GP profession is changing from being predominantly male oriented profession to where women now make up a majority of practitioners. In addition, more GPs are entering the profession in salaried GPs. Thus the expectations and aspirations of GPs in terms of their role and working practices may be evolving, particularly in terms of the nature of the General Practice that they may wish to work in. This may have a significant bearing on planned future developments.
- New super health centres may seem more attractive to newly qualified GPs than traditional General Practices, as they may offer greater potential for professional and personal development. Given the wider range of services that may be potentially be offered through super health centres (which is above that provided from traditional surgeries), this may be an important factor in the drive to recruit and retain GPs in Haringey.
- In assessing the proposals presented within the Primary Care Strategy there is a need for further debate about what constitutes a good general practice. There are many positive developments happening in General Practice at the current time, such as the innovative use of computing and other new technologies. Careful consideration should be given as to how these are resourced and retained within any new structure.
- There is a need for further information about the nature of services planned super health centres.

LC17. EVIDENCE FROM HARINGEY LOCAL MEDICAL COMMITTEE

A representative from Haringey Local Medical Committee was not able to attend the meeting. A written response to the Primary Care Strategy is expected. This will be circulated when this is received.

LC18. EVIDENCE FROM COMMUNITY AND VOLUNTARY SECTOR ORGANISATIONS

Sue Hessel and Linda Lennard, Better Local Health Care
A presentation was made by representatives. A summary of the main issues raised are provided below:

- There was broad concern at the overall lack of consultation and the absence of a defined consultation process for the Primary Care Strategy.

- There were elements of the consultation document which contained a lot of unnecessary jargon, which would not be clear and understandable to lay people. This would inhibit peoples ability to engage with and respond to the consultation.
- It was felt that the PCT needed to encourage public participation earlier within the consultation to give people time to understand and respond to issues presented within the strategy. Poor early engagement has been exacerbated by the decision to hold the consultation through the summer months.
- There was a need to involve local community groups more in to the consultation process. A number of groups had indicated that they had thus far felt excluded from the consultation process.
- It was felt that questions set out in the consultation document were not clear or too vague to enable people to provide meaningful responses to the strategy.
- The consultation also provided no options for the public to appraise in that there were no alternatives provided to the super health centre model.
- Further data was required as to the likely impact that Primary Care Strategy proposals may have on vulnerable groups such as the disabled or with long-term medical conditions.
- Further clarification was needed as how comments obtained from the consultation would be analysed, what arrangements were in place to feedback the results of the consultation to those who had contributed and if there would be further opportunities to comment on any amended plans.

A copy of the presentation given by the Better Local Health Care is attached for information.

Representative from HAVCO
A representative from HAVCO was not able to attend the meeting. A written response to the Primary Care Strategy is expected. This will be circulated when this is received.

Jenny Privett, Haringey Disabilities Association
- Disabled people and their carers face considerable problems in accessing GPs in Haringey. There are issues around the physical accessibility of services, the adequacy of transport systems to get people to services and the availability of services.
- There was also a concern among disabled people and their carers about the level of service available at surgeries with lengthy waiting times to get an appointment and limited time for consultations.
- In respect of the Primary Care Strategy, the proposals for super health centres raised clear access issues for disabled people. As transport to services was currently difficult, there was a concern that transport problems would become more difficult with the further distance that people may have to travel to new super health centres. As such, there was a need for further clarification within the strategy as to how transport would be provided for services to those that had mobility problems.
- Disabled people may have multiple and complex health needs which may have been understood and dealt with by their local GP for a considerable period of time. Therefore, there was a concern that proposals for super health centres may

diminish the continuity of care received by disabled people, as they may not have access to the same GP who is familiar with their medical history and health needs.

- As disabled people may need to utilise a range of primary and community health facilities, there was uncertainly as to how they would access this broader range of services within proposals set out in the strategy.
- A number of concerns were raised about the consultation process for the Primary Care Strategy. Firstly, documentation produced to support the strategy was felt to be inaccessible. This needed to be clearer to enable people to fully participate in the consultation process. Secondly, there was an explicit need to involve community groups further than had been done so to date.

Derma Ioannou, Haringey Racial Equality Council
Derma Ioannou was not able to attend the meeting. A written response to the Primary Care Strategy is expected. This will be circulated when this is received.

LC19. EVIDENCE FROM PATIENT GROUPS

Maureen Dewaar, Haringey PCT PPI Forum

- There has been good working relationship between the PCT and the PPI Forum thus far in developing the consultation for the Primary Care Strategy. The PCT have involved the PPI Forum in events and lead officers have attended PPI Forum meetings.
- Consultation works best when this is based in the community and when it is allowed to work its way upwards, rather than top down consultative approaches.
- More detail or guidance is needed from the PCT as to how local services will be affected, in particular, those General Practices which may be affected in the reorganisation.
- Further details are also required on what services are to be provided from super health centres and will this be the same for all those located across the borough.
- Further information is required from the PCT as to how comments received within the consultation are used to influence the finalised plans for primary care. Similarly, further information is required as to how the Primary Care Strategy will relate to future London wide NHS developments (A Framework for Action).
- The PPI Forum will be holding a public consultation on the Primary Care Strategy on the 11th September 2007. This meeting will be held at Chestnuts Community Centre in St Ann's Road and all are welcome. Discussions and findings from this meeting will be presented to the PCT.

A copy of the presentation given by the PPI Forum is attached for information.

Christina Gradowski, Haringey PCT
Christina Gradowski, Director of Corporate Services and Partnerships at Haringey PCT responded to number of issues which had been raised:

- The PCT is encouraging communities and organisations to become involved within the consultation process. A full programme of events has been published to notify where local people can get involved. The PCT is also open to further suggestions as to where and when consultations may take place.

- All events are listed on the Haringey PCT website (www.haringey.nhs.uk).
- Patients and public alike were encouraged to complete and return consultation questionnaire.
- A full equalities impact assessment day will be held on 5th October 2007 at the Haringey Irish Community Cultural Centre, Pretoria Road, Tottenham N17 8DX

The Panel raised the following issues in response to the evidence received from all witnesses:

1. There is a need for the PCT to provide further clarification as to how the Primary Care Strategy will redress health inequalities within Haringey.

2. There is a need for the PCT to provide further clarification as to how those areas in Haringey that are currently 'under-doctored' will benefit from proposals set out in the strategy (i.e. how will the strategy encourage GPs and Nurses to work in north east Haringey).

3. Whilst the concept of the super health centre/ polyclinic is a model which people may positively engage, there was a need to demonstrate how these facilities will address health needs and reduce health inequalities.

4. There was concern that current plans for the location of super health centres (Lordship Lane & North Middlesex Hospital) did not represent additional service provision to help redress health inequalities in north east Haringey.

5. There was a fundamental need for more detail to support the strategy particularly around the nature and level of services provided within proposed super health centres.

6. Further clarification may be necessary from NHS London concerning the consultation process for the London NHS Strategy (A Framework for Action) and possible implications that this may have locally.

7. The Panel would like more information about what other PCTs are doing in respect of primary care development and the NHS London review (Darzi).

8. How will GPs be encouraged to work in super health centres?

LC20. NEW ITEMS OF URGENT BUSINESS

None.

LC21. DATE OF NEXT MEETING

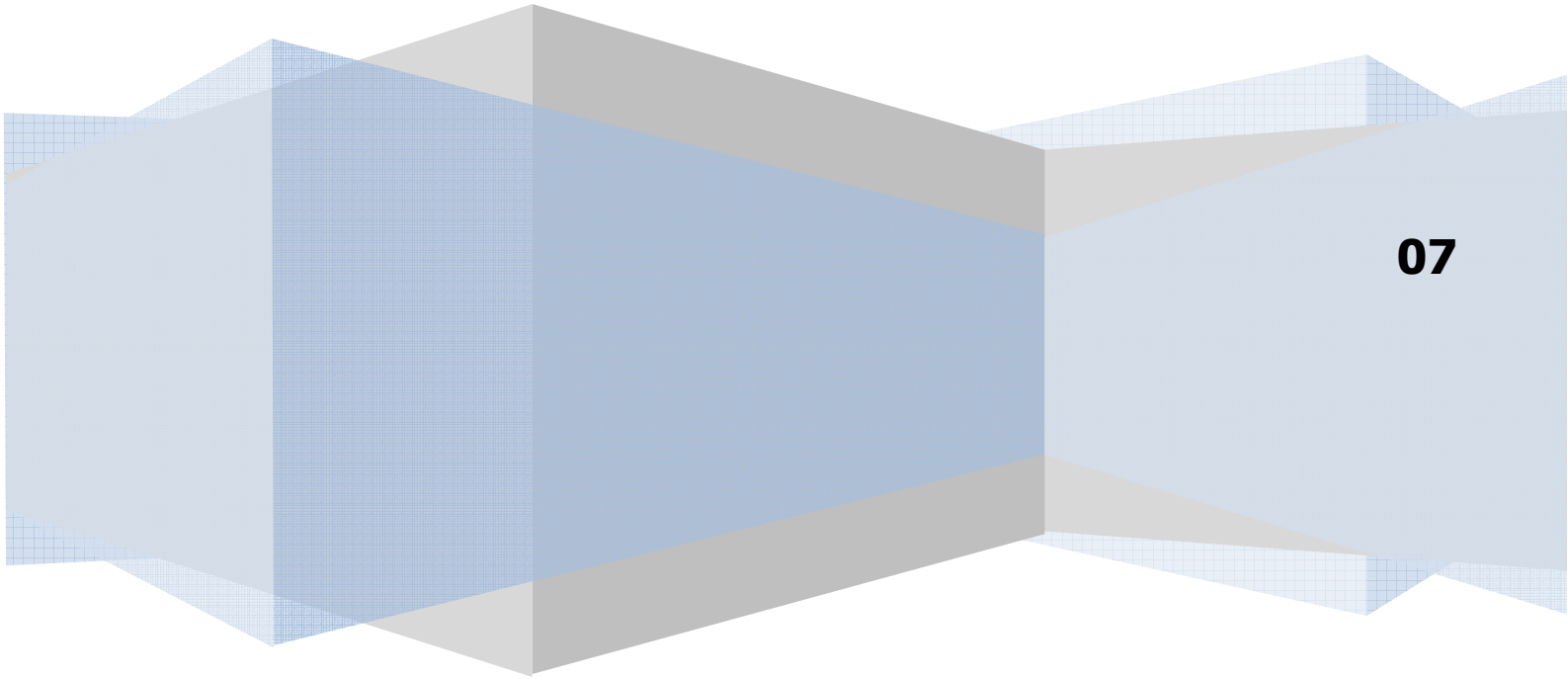
This is at 7.00 p.m. on Tuesday 9th October at Haringey Civic Centre (Committee Room 2)

Cllr Toni Mallet (Chair)

Minute Item 13

Haringey NHS
Teaching Primary Care Trust

Developing a World Class Primary Care Consultation Strategy and Action Plan



07

Contents

1. Background

Developing World Class Primary Care in Haringey: A Consultation Document was launched on 28th June. The strategy sets out the vision for primary care services in Haringey, which will enable us to take full advantages of the benefits set out in the Barnet, Enfield and Haringey (BEH) Clinical Strategy, which is also out for consultation over the same period. The consultation period for both documents is approximately 16 weeks (28th June to 19th October 2007) to take account of the summer holiday period. Whilst the primary care strategy aims to complement current planning for acute care, the need for change in primary care is clear and overdue and we will also seek to take forward these changes in primary care independently.

Both documents complement a Framework for Action – the London wide review of health services by Professor Ara Darzi, but are distinct and different. It should be noted that a Framework for Action was published 2 weeks after the launch of the BEH Clinical Strategy and the Primary Care Strategy, which has taken several years to develop in the case of the BEH Clinical Strategy, and 18 months preparation work on the Primary Care Strategy. Some of the evidence contained within the two strategy documents can also be found in the London wide review, as these are national reports and research.

The Primary Care Strategy provides a framework for modernising primary care, creating a 'world class primary care', which will provide the best and highest quality health services for all of Haringey's population. There is a strong case for change, not least the significant variation in health experienced by those living in Haringey, with the average life expectancy of males living in the east of the borough some 8 years less than males living in the west of the borough. The relatively high rates of infant mortality and obesity in children also show marked inequalities in health compared to the rest of London and nationally. Coupled with significant unplanned variation in equity of access and responsiveness of primary and community care services, this means that the challenges need to be met by a real 'step change' in the way we are developing and delivering healthcare services.

The case for change includes meeting the needs of the growing population of Haringey, and to address current service issues. The strategy also takes into account what is already known about what patients want from primary care, and attempts to ensure more appropriate use of services and resources. It draws on national strategy and the evidence of what works in primary care.

The delivery model includes plans to reduce the number of primary care premises over time and to create a network of super health centres across Haringey. The super health centres will provide a wider range of services with better facilities and longer opening hours than existing primary care services and will bring some services that are currently provided in hospital closer to people. They will also offer

opportunities for innovative joint working with other community services, including those provided by the voluntary sector.

We aim to share the strategy with all our stakeholders and find ways to involve hard to reach groups by working closely with Haringey Council, the Public and Patient Forum (PPIF) and HAVCO, amongst others. Importantly, we want to gain the views of local residents and patients about what a 'world class' primary care service would look like and how services should be delivered; thereby creating a lively and stimulating debate that will inform the next stages of the improvements in primary care.

A key component of the Primary Care Strategy is a consultation strategy and process, which demonstrates that the TPCT has consulted as widely as possible on the proposed changes to primary care services with a diversity of stakeholders, community groups, patients, the public and our own staff. Importantly, communication methods and mechanisms need to be tailored to specific audiences and delivered at events and in venues where local people meet and have the time and capacity to provide feedback. This is acknowledged within the strategy and accompanying action plan, which provides details of the range of audiences and groups the TPCT will be communicating with over the consultation period, and how feedback will be collated and used to inform the proposals.

1.2 Sharing our Vision

"Our vision is of world class, high quality, responsive primary and community services for all Haringey residents. By working in partnership with patients, the public, the local authority, voluntary sector and others, these services will contribute fully to improving the health of our population, including reducing inequalities and maximising independence."

The Primary Care Strategy seeks to clearly explain the case for change, to describe a new model for providing primary care services and includes the financial plans to achieve this.

2. Consultation principles

We are aware of similar consultations underway elsewhere in London (e.g. City and Hackney Primary Care Trust has recently consulted on their primary care strategy) and the UK (Warrington PCT are centralising primary care services and shifting services from secondary to primary care).. Additionally, other consultation processes, be they shining examples of 'good practice' or fraught with difficulty, have been reviewed and the lessons learnt have been incorporated into our consultation strategy.

The TPCT is committed to the following consultation principles:

All documents and communication materials will be accessible and culturally sensitive to a diversity of groups. We will ensure that:

- Documents are produced in Plain English, devoid of jargon, with abbreviations used only where the full title is provided in the first place, followed by the abbreviation
- One clear type face is used, with an appropriate font type and size (Arial, Tahoma, CG Times or Garamond), a minimum of 12 point font, with clear sections and short paragraphs, including visuals and colours that are easily accessible and understood, and documents that can be produced in large print on request
- Translated documents will be available in other languages, transcribe into other formats (e.g. Braille). Interpreters will attend meetings when they are needed and requested by local groups
- Key documents will include standard text providing details on how to obtain the document in a language other than English, in Braille or on disc. This standard text will be translated into the five main languages spoken in Haringey
- We communicate clearly about the purpose of the consultation, who is being consulted, the timescale for the consultation process, the way we are consulting and when decision will be taken on proposals
- We consult as widely as possible with a variety of people and groups including local voluntary service, community groups, patient and service users groups, the public, PPI Forum and stakeholders such as Haringey Council and New Development for Communities (NDC)
- We actively seek to engage communities affected by the proposal(s) and explain how the proposed changes might affect different people e.g. Equalities event
- Enough information is provided about the consultation to help people make an informed contribution. We will include information about other issues and facts being considered by decision-makers alongside the consultation results, such as the Barnet, Enfield and Haringey Clinical Strategy and the over-arching Commissioning Strategy Plan
- Good practice and legal requirements are followed, which relate to equality and social inclusion including an equality impact assessment

- We communicate what will happen at the end of the consultation, when the results of the consultation will be published, when and by whom the decision(s) on the proposal(s) will be taken, when the decision(s) will be published.

3. Who the TPCT will communicate with

The TPCT will communicate with a wide variety of stakeholders, community and voluntary groups, patients, the public and staff. Specifically through the following partnerships, groups and forum:

Partnership/organisation/group	When	How and in what forum
Haringey Council Haringey Strategic Partnership Overview & Scrutiny Committee Well-being Partnership Board and related well being groups Safer Communities Executive Board and related groups Children and Young People Board and related groups	Throughout the entire consultation period June – Oct 2007	Partnership meetings, formal presentation of the Annual Public Health Report and Primary Care Strategy Followed by discussion and debate.
PPI Forum PPI meetings Informal meetings During patient and public consultation events	July 2007 August 2007 July, August, Sept and October 2007	Formal presentation of the Annual Public Health Report and Primary Care Strategy, including round table discussion with patients and the public – collating feedback
Patient groups Mental Health Users group	July 2007	Informal presentation and discussion.
Community groups HAVCO Local Area Assemblies Local community group meetings (Age	July 2007 onwards September 2007	Formal presentation of the Annual Public Health Report and Primary Care Strategy, including round table discussion with patients and the public – collating

Concern, Pensioners Forum) On request (e.g. Fortis Green & Muswell Hill forum) Annual General Meeting	Aug – Oct 2007 June – October October 2007	feedback. Also as part of the BEH events on 23rd and 24th July.
Clinical Engagement Practice Based Commissioning Collaboratives Professional Executive Committee Local Medical Committee Acute Trust Forums / meetings e.g. Barnet, Enfield and Haringey Mental Health Trust, North Middlesex Health Trust etc.	 April – Oct 2007 April – Oct 2007 June – Oct 2007	Various presentations and discussions on the Annual Public Health Report and Primary Care Strategy.
Local voluntary groups through HAVCO and on request (ensuring that the consultation hotline number is widely publicised)	June – October 2007	Presentation of the Primary Care Strategy, and updates at meetings.

(see appendix 1.2 consultation calendar)

4. Making the case for change

The Primary Care Strategy seeks to address a range of issues including the significant health inequalities experienced by people living in Haringey particularly the east of the borough; the variation in the access, responsiveness of primary care services; the quality of primary care premises and the significant variation of funding. Improvements to primary care are needed to underpin the current planning for changes in acute care and to deliver the aspirations of Our Health, Our Care, Our Say – itself based on extensive consultation.

Haringey's population growth and associated health needs pose particular challenges to primary and community services, although it should be noted that health alone cannot deliver improvements to the health and well being of Haringey's population. As such the TPCT is working on this agenda with the local authority, community and voluntary sector through the Well-being Partnership Board and through other strategic and operational partnership arrangements.

The need for change – meeting the challenges

- An increase in the use of health services with significant population growth across all age groups with the exception of the 65-75 group, which is set to decrease and then return to similar levels by 2020.
- The diversity of the population, with many people at risk of ill health, related to poverty and deprivation. The most deprived, at risk populations tend to live in the east of the borough, but with some pockets of risk in Hornsey.
- A broad ethnic mix and the proportion of people from minority ethnic communities is set to increase, with more people from BME communities in the older age groups. This will have implications for long term conditions.
- The significant variation in life expectancy for those living in the east of the borough (particularly males) compared to those living in the west of the borough, an eight-year difference.
- Relatively high rates of infant mortality in Haringey compared to the rest of London and nationally.
- National benchmarks demonstrating that more outpatient appointments take place for people registered with Haringey GPs than would be expected.
- There were 48,380 admissions to hospital for Haringey residents. The rate increasing since 2003/04 and 2004/05, much of this accounted for by planned admissions. People living in the North East Tottenham area had the highest admission rates and people living in the West Haringey the lowest.
- Approximately 50% of GP premises assessed as below standard in terms of accessibility, ability to extend the property and condition of the building.
- Significant variation in the list size of each GP, hours of opening and services offered.
- Significant variation in the way that GPs are funded, based on historical allocations which are not tied to the quality of services provided or workload.

The reasons for these variations are complex and are likely to include both real variations in health need (for example associated with deprivation) and demand for health services in terms of what people ask for (with people from more affluent areas tending to have higher expectations about the services they should be able to access). It also likely however that these variations also reflect different capacity and capability in primary care services to prevent, identify and treat ill health.

The rationale for change is incorporated within the consultation documents, presentations and communications, and forms part of the questions and answers briefings for consultation events. These key messages underlie the explanation and rationale for changing the way primary and community services will be developed and delivered.

5. The proposed service model – getting the key messages across

There is no doubt that during the consultation period much of the interest in the primary care strategy will focus on the proposal for new super health centres, rather than focusing on the model of care. However, it is the model of care that is being consulted upon and gaining patients, the public and stakeholders views on the services that could be located within the super health centres and their locations is key to any endorsement of the strategy:

Key messages

- The rationale for change based on tackling health inequalities and unplanned variability
- The need to integrate services – providing a 'one stop shop' for patients
- Locating services in community settings where appropriate, and meeting the needs of the local population e.g. services currently available in hospital (e.g. diagnostic testing such as ultrasound and Magnetic Resonance Imaging, MRI)
- Proactive management of long term conditions (e.g. mental health, diabetes)
- Health and well being services (e.g. diet, exercise and advice sessions)
- Community health services (e.g. physiotherapy, foot health clinics, dietetics)
- Minor procedures and urgent care in a community setting
- General Practice services (e.g. GPs and practice nurse clinics).

These services would be provided in super health centres and would be open much longer than they are currently, and up to 24 hour access would be available for urgent care.

6. How the messages will be delivered

There is a need to ensure that stakeholders, patients, the public and our own staff understand the case for change and the key components of the strategy. The messages will be delivered through various media, meetings, public events and local groups to ensure that people are engaged in the consultation and contribute to a lively and energetic debate, where they can make an informed contribution.

The following mechanisms will be used:

Consultation events:

- Open public meetings

- Invitations to community, voluntary group meetings
- Community events
- Equalities event
- Patient and Public Involvement meetings
- Patient and user groups / forums
- Joint Staff Forum and open staff meetings
- Senior Management Group meetings (Haringey TPCT)
- Clinical meetings, including Local Medical Committee, Practice Based Commissioning Collaboratives, Professional Executive Committee
- Partnership meetings such as Haringey Strategic Partnership, Well-being Partnership Board, Children and Young People Board, New Communities for Development etc.

A consultation calendar is constantly updated to include all the events that the strategy is presented / discussed and debated.

Raising awareness – promotional and publicity materials

- Stalls and promotional materials at the local shopping centre (e.g. Wood Green Shopping Centre in September)
- Promotional materials and stalls at opening events (e.g. Lordship Lane Healthcentre, NDC)
- Promotional materials made available to general practices, local libraries, community and voluntary groups including posters, leaflets and the summary document
- Publicity posted on Haringey Council's intranet with details of the strategy and how to contribute to the consultation
- Intranet and website publicity, with summary and full documents available to download and hotline to 'book your consultation event'
- Summary briefing document attached to each Haringey TPCT staff members' payslip.

Media campaigns

- Advertisements publicising open public meetings and events placed in the local press including 'free' newspapers (e.g. PPI meeting 5th July 2007, BEH/PC strategy 23rd and 24th July).

- Large scale advertisements including 'wrap around' (4 page advert), Haringey Advertiser and A3 page advert (back page) Haringey People booked for September. These advertisements to display the 'hotline' number, to call to book a consultation event.

- News stories to the press on the primary care strategy, including details of the latest events / public meetings.

Publicity materials
All publicity materials will be branded to conform to a standardised format, layout and visuals for 'Developing World Class Primary Care in Haringey'. This will make the materials easily recognisable and distinct from other consultations that are taking place around the same time.

- A4, 12 page summary document (back page translated into 5 key languages on how to obtain the document in another language, including Braille, audio and easy to read formats)
- Full consultation document and appendices, available in other languages, Braille, audio and easy to read formats
- Presentations for consultation meetings, produced for specific audiences
- Posters complementing the summary document
- Advertisements in the press and Haringey Council's magazine complementing the summary document
- Website and intranet publicising the consultation and including the summary document and full consultation document to be downloaded.

7. Developing a contacts database

During the 16-week consultation period a database will be updated with the contact details of those who have responded to the questionnaire, requested an event and/or the consultation document. Further information about key events will be sent to those on the database. The database will also include contact lists for local voluntary and community groups.

8.Meeting local needs

It is essential that the TPCT is open and flexible in its approach to engaging with local residents, community and voluntary groups, and stakeholders. We will ensure that all our communications are presented in a way that encourages local groups / people to contact our 'hotline' and book an event in their area or for their group. A statement to this effect will be included in all advertisements in the local press, emails and documents.

9. How we will assess the impact of the changes on different groups

We are undertaking an Equalities Impact Assessment (EIA) on the Primary Care Strategy. EIA is a way of systematically and thoroughly assessing, and consulting on, the effects that a proposed service change is likely to have on people, depending on their particular group. The assessment extends to monitoring the actual effects of the proposal once it is put into practice, possibly as a test run, and being alert to any concerns about the way it is (or is not) working. The main purpose of an equality

impact assessment is to pre-empt the possibility that a proposed service change could affect some groups unfavourably (e.g. BME communities, people with disabilities, women etc).

An equality impact assessment is made up of two stages:

- Stage 1 involves screening service / policy proposals to see if they are relevant to equality. All service changes and policies need to be screened.
- Stage 2 involves fully assessing policies identified as being relevant to make sure they do not have adverse effects on any groups of people.

The Equality Impact Assessment Steering Group has screened the proposed changes and deemed that the changes are relevant to equality, concluding that a full equality impact assessment is required. Preliminary work has been undertaken with Haringey Council's Equalities Team, which has shared its experience and expertise with the TPCT. In consultation with the Equalities Team and the PPI Forum the issue of 'access' to primary care services, in its broadest sense, is the basis of the EIA.

An EIA Panel has been established with representation from public health, commissioning, primary care, equalities, communications and PPI representatives to evaluate the evidence compiled by PHAST (Public Health Action Support Team).

PHAST has been commissioned to review and evaluate data relating to access to primary and community services including Haringey's patient surveys, complaints and Patient Advice and Liaision Service (PALS) data, equalities schemes and health equity audits amongst other sources of local and national data.

The report produced will be considered by the EIA Panel and emerging evidence around access will be distilled and evaluated.

The proposed changes to primary care will be considered alongside the data to assess, if and how, the changes affect different groups. This will then be used to produce a report and the emerging themes will be tested through the Equalities Event scheduled in October to be attended by a diversity of groups (covering age, disability, Black and Minority Ethnic communities, gender, religion, sexual orientation, poverty / deprivation and travelling communities). At the Equalities Event the TPCT will present its findings on 'access to primary care services' for different groups and will encourage contribution from individuals and different groups on what these changes mean to them.

It should be noted that the EIA is an evolving process and will continue throughout the implementation phase of the Primary Care Strategy.

The report published on the equality impact assessment will include a cogent description of the aims of the proposed changes to primary care and all the main

findings. It will be tailored to the nature and scope of the service changes and its relevance to meeting the race equality duty/equality and diversity requirements.

The published report will be readily available through the intranet / website and to anyone who requests a copy, and arrangements are in place to provide translations in languages other than English and will include Braille, and specially formatted versions and audio tapes, on request.

The EIA action plan and proposal are contained in appendices 1.1 and 1.3.

10. How the feedback be collated?

Feedback from events, meetings, questionnaires, telephone calls and emails will be collated and recorded in a database. Feedback themes will be noted i.e. transport, accessibility, continuity of care etc to facilitate the analysis of the key issues arising from the consultation. A report will be produced in November detailing the responses received and the main issues that have emerged.

11. How the feedback will be used to inform the proposals and implementation plan

The TPCT Board will consider the Consultation Report alongside the Equality Impact Assessment Report in making its decision on the proposals contained within the primary care strategy. The findings within each report will be carefully considered before a final decision is made on the proposals.

12. Communicating what will happen at the end of the consultation, when the results of the consultation will be published

The Consultation Report will be produced in November alongside the Equality Impact Assessment Report. Both of these documents will be published on the website and intranet and made available on request. The November TPCT Board will consider the reports and make a final decision on the outcome of the consultation, which will be announced in December 2007.

Appendix 1.1

ACTION PLAN

TASK	ACTIVITIES	LEAD	TIMESCALE	COMMENT
Produce full consultation document	A full consultation document with accompanying appendices to be produced	SDS, GH	May/June	Completed
Produce summary document, arrange printing	A summary document to be professional printed and should include the questionnaire and how to contribute to the debate (website, hotline number, address etc)	SDS, GH	June	Completed
Make arrangements for the document to be translated	Standard text is produced in 5 languages on how to obtain the summary document / full document in another language, on disc, in Braille or audio.	SDS, CG	June	Completed
Establish Primary Care consultation budget	Estimate costs for undertaking additional activities, printing, advertising, publicity and events for the primary care strategy and seek approval from the Finance Director	CG	June	Completed
Produce standardised presentations	Produce a range of standardised presentations suitable for different audiences.	SDS, GH	June / July	Completed
Produce FAQs	Compile frequently asked questions including those questions and issues that arise from the public, patients and stakeholder.	SDS	June - Sept	On-going

Set up documents on web-site/intranet	Set up a dedicated site for the consultation and ensure documents are updated, place banner on front page.	AB, DL	June	On-going (updated with larger banner)
Produce consultation calendar/update calendar on daily basis	Produce a calendar of events and ensure that it is constantly updated with requests from community/patient/voluntary group requests. Circulate calendar to those on contacts database.	SDS, IB, CG	June – Oct	On-going
Set up contacts database	Produce a contacts database comprising contact details of those members of the public, patients and stakeholders who have attended consultation events, requested documents and / or asked to be kept informed. Add the information to in-house database on community / voluntary groups.	CG/IB	June	On-going
Set up consultation hotline	Ensure that there is a dedicated hotline which is a well known and recognisable number (PALS)	CG/MK	June	Completed
Set up dedicated email address	Set up a dedicated email address for patients/public/ stakeholders	CG/JT	June	Completed
Publicise and advertise public meetings and PPI event in July	Arrange for advertisements to be placed in the press to advertise public meetings including PPI event 5th July, 23rd and 24th July BEH/PC events and Equalities Event in the Haringey Advertiser, Crouch End & Muswell Hill Independent, Tottenham and Wood Green.	CG/JT	June - October	On-going
Book consultation	Book venues for consultation events – see consultation	JT/IB/DL	June -	On-going

events	calendar	/FB	October	
Distribute summary document and posters	Arrange for the summary document and posters to be distributed to GP surgeries, health centres, libraries, community and voluntary groups, PPI forum, NDC, HAVCO etc	DL/IB/JT	June – October	On-going
Arrange with Haringey Council to advertise consultation event on their website	Arrange with communications team at Haringey Council to publicise the consultation document and how to make an informed contribution on Haringey Council website.	DL	July	Completed
Arrange summary document attached to staff payslips (August 2006)	Arrange for a summary of the primary care strategy to be attached to each staff member's August payslip.	DL/CG	August	Completed
Arrange for large scale media advertisements	Arrange for large scale advertisements to be place in the Haringey Advertiser @40,000 circulation, wrap around advertisement (4 pages) and Haringey People, Haringey Council magazine @100,000 circulation full back page advertisement. Adverts to be placed in Sept editions.	DL/CG	August/Sept	Completed
Release press stories on primary care strategy	Release press stories to the local press on the BEH / Primary Care Strategy including the 'free' newspapers and local weeklies.	Enfield Comms team	Sept/Oct	On-going

Arrange promotional stalls at Wood Green shopping centre	Two dates to be arranged for publicising the Primary Care Strategy at Wood Green Shopping Centre, Thursday 6th and Saturday 15th September.	DL	September	Completed Negotiated this free of charge.
Collate feedback and produce themes	Collate feedback and update spreadsheet on feedback provided and theme feedback for end of consultation report.	CG/IB	July	On-going
Produce a final consultation report	Produce a final consultation report detailing the feedback provided by stakeholders, the public, patients, community / voluntary groups. Ensure report clearly indicates those changes being considered / made as a result of the feedback obtained.	SDS, GH, CG	November	To commence the report in October
Publish the consultation report	Publish the report on the intranet and web site, make it available to those on the contact list and local groups, patients and the public.	CG, FB	November	To commence the report in October
Equality Impact Assessment				
Set up EIA Steering Group	Set up the EIA Steering Group, with representatives from public health, commissioning, corporate governance.	SDS, CG, VH	July	On-going
Set up meeting with Equalities team	Set up a meeting with Haringey Council Equalities Team to source appropriate expertise on undertaking and EIA and focusing on a key issue.	SDS, VH, CG	July	Completed

Review of evidence undertaken by Public Health specialist	Undertake a rapid review of evidence on implications of the strategy for access to high quality primary care services. Commission the review from PHAST.	AB,	July - August	Completed
Set up the Equalities Panel to review the evidence.	Set up a Panel (chaired by Non-executive Director) invites to Haringey Council's equalities lead, HTPCT equalities lead, public health, commissioning, primary care, PPI members etc	CG, MD, SDS, IB	August	Completed
Identify key consultation groups (	Identify key consultation groups (with support from Haringey Council across equalities dimensions identified requesting take part in EIA survey/event. Send invites out.	SDS, IB, CG	August	Completed
Commission focus groups	Commission from trained Health for Haringey people in depth focus group research to feed into final report	MD	September	Completed
Organise the Equalities event.	Organise equalities event for early October to include presentation feedback of review findings and table exercise to gather views	CG, IB	August	Completed
Reconvene EIA Panel to review the evidence	The Panel will be reconvened to work through the evidence which will be incorporate within the report.	CG, IB, SDS	October	Set up arrangements in Sept
Prepare report on findings of EIA	A report will be produced to the EIA, the feedback received from stakeholders, the patients and the public, what changes will / will not be made and the reasons	CG, SDS	November	To commence in October

	why and any alternatives that are considered.			
Publish the report	Publish the final report on the intranet and web site, send hard copies to those who requested copies.	CG, FB	November	Arrange in October

Appendix 1.2

Primary Care Strategy Consultation Calendar – updated 31st August 2007

Meetings/events

Date	Title	Audience	Location	Presenting/ Attending PCT	Materials needed
Tuesday 26 June	LPC/PLDG	Pharmacists		Stephen Deitch	Presentation Strategy docs Consultation questionnaires
Thursday 28 June 3.00pm to 5.00pm	Joint Staff Committee	PCT staff	B1 Meeting Room St Ann's Hospital	Clive Martinez Gemma Hughes	Briefing doc
Monday 2 July	Overview & Scrutiny Committee	Local councillors	London Borough of Haringey	Gerry Taylor (Christina Gradowski in attendance)	Presentation Strategy docs Consultation questionnaires
Thursday 5 July 12.00pm to 5.00pm	Public Patient Involvement Forum	Public and patients	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green *London N22 5HJ*	Dr Mayur Gor Christina Gradowski Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Tuesday 10th July 2007	PPI Forum	Members of the PPI Forum and CIDA	Rotunda, Factory Lane, Tottenham	Christina Gradowski	Discussion on PC Strategy, how to consult the public & patients involvement in EAI.
Wednesday 18th July 10.00am to 11.30am	Mental Health Consultation Sub-Group of MH Partnership Board	Patients/ Community groups	A1 Meeting Room St Ann's Hospital	Gemma Hughes, Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Thursday 19th July at 7.00pm	Haringey Strategic Partnership	Partners	Council Chamber Civic Centre High Road, Wood Green N22	Gerry Taylor Vicky Hobart Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Saturday 21 July	Lordship Lane Open Day	Public	Lordship Lane Health Centre	Richard Sumray Gemma Hughes	Chair of Elevate & Compact Consultation

10.30am to 1.30pm			239 Lordship Lane London N17 6AA	David Lammy MP Christina Gradowski Justin Talbot, Dilo Lalande, Sam Clements	questionnaires Display stand and materials
Monday 23 July 2.00pm to 4.30pm	BEH Clinical Strategy	Public	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ	Tracy Baldwin Dr Mayur Gor Steve Beeho or Dilo Lalande	Presentation Strategy docs Consultation questionnaires Display stand and materials
Monday 23 July 7.30pm to 9.30pm	Local Area Assembly	Public	Fortismere School North Wing Creighton Avenue Muswell Hill, London N10 1NS	Gerry Taylor Dr Mayur Gor	Short verbal presentation as part of discussion around older people
Tuesday 24 July 6.00pm to 8.30pm	BEH Clinical Strategy	Clinical	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ	Richard Sumray, Dr Mayur Gor Sarah D'Souza Christina Gradowski	Presentation Strategy docs Consultation questionnaires Display stand and materials
Tuesday 7th August 9.45am to 11.30am	OMT extended	Staff	B1 Meeting Room, Trust Headquarters, St Ann's Hospital	Sarah D'Souza	Presentation and Briefing document
Tuesday 14th August at 2.00pm	South East Practice Based Collaborative	Clinicians, staff, public	Lecture Theatre, St Ann's Hospital	James Slater Dr J Pandya	Presentation Strategy docs Consultation questionnaires
Tuesday 21st August at 12.30pm	North East Practice Based Collaborative	Clinicians, staff, public	Laurence House Surgery 107 Philip Lane Tottenham N15 4JR	Gerry Taylor	Presentation Strategy docs Consultation questionnaires
Tuesday 21st August at 12.30pm	EIA Workshop	Staff and PPI	B1 Meeting Room, St Ann's Hospital	Sarah D'Souza	Strategy docs Consultation questionnaires
Wednesday 29th	SMG	Staff	Lecture Theatre, St	Sarah D'Souza,	Presentation

August 9.00am to 10.3am			Ann's Hospital	Gemma Hughes	Strategy docs Consultation questionnaires
Wednesday 29th August at 4.00pm	Visit to Lorna Barnbridge	Member of Public	19 Oak Avenue, Tottenham N17 8JJ	James Slater	200 summaries 1 Strategy doc Consultation questionnaires
Monday 3rd September at 5.30pm	Scrutiny Review Panel	Overview and Scrutiny Staff and Public	Committee Room 3, Haringey Civic Centre, High Road Wood Green	James Slater Christina Gradowski Dr Mayur Gor Dr Peter Christian	Presentation Strategy docs Consultation questionnaires
Thursday 6th September at 11am to 3pm	Shopping Mall stand	Public	Wood Green Shopping City	Fay and Farah Butt	Presentation Strategy docs Consultation questionnaires Display stand and materials
Thursday 6th September At 7.00pm to 8.30pm	BEH Clinical Strategy Public Meeting and briefly Primary Care Strategy – Herts	Public	Wyllyotts Theatre Darkes Lane Potters Bar EN6 2HN	Tracey Baldwin	Strategy docs Consultation questionnaires
Friday 7th September 10am to 12.30pm	Joint Staff Committee	Staff	Blue Room, St Ann's Hospital (Formal)	Clive Martinez	Presentation Strategy docs Consultation questionnaires
September tbc	Hornsey Central/ Primary Care Strategy public event	Public	West location	James Slater Others (tbc)	Presentation Strategy docs Consultation questionnaires
Monday 10th September at 2.00pm	BEHMHT Board	MH	Nicholson Theatre Chase Farm Hospital site The Ridgeway	Christina Gradowski Sarah D'Souza Others (tbc)	Presentation Strategy docs Consultation questionnaires

			Enfield EN2 8JL		
Tuesday 11th September 2pm	Tottenham & Wood Green Pensioners Forum	Public	Tottenham Green Leisure Centre, Philip Lane N15	Catherine Herman, NED Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Tuesday 11th September 6.30pm	Haringey Patient & Public Involvement Forum	Public	Chestnuts Community Centre, St Ann's Road N15	James Slater Clive Martinez	Presentation Strategy docs Consultation questionnaires
Tuesday 11th September at 7.30pm	Area Assembly – Wood Green	Public	Wood Green Library, High Road N22	Sarah D'Souza or Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Tuesday 11th September at 7.30pm	Area Assembly – St Ann's & Harringay	Public	Salvation Army, 2 Terront Road N15 3AA	Sarah D'Souza or Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Wednesday 12th September at 9.00am	BEHMHT Consultant & Senior Manager	Consultant, Clinical staff & Senior Managers	The Lecture Theatre, Block 6, St Ann's Hosp	Gerry Taylor James Slater Others tbc	Presentation Strategy docs Consultation questionnaires
September (tbc)	Selby Centre	Harder to reach groups	Selby Centre	Cathy Herman (NED) Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Friday 14th September at 9.30am to 4.30pm (PC section in afternoon)	BEH Clinical Strategy Joint Scrutiny Committee	Staff and Partners	The Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA	To be confirmed –	Presentation Strategy docs Consultation questionnaires
Saturday 15th September 2007 11am–2pm	NDC Partnership Meeting	Public New Deal for Communities	The Laurels Healthy Living Centre 256 St Ann's Road N15	Christina Gradowski Dr J Pandya tbc	Presentation Strategy docs Consultation questionnaires

Saturday 15th September at 11am to 3pm	Shopping Mall stand	Public	Wood Green Shopping City, Wood Green N22	Tbc	Presentation Strategy docs Consultation questionnaires Display stand and materials
Friday 28th September 10.00am to 12.30pm	Joint Staff Committee	Staff	Blue Room, St Ann's Hospital (Informal)	Clive Martinez	Presentation Strategy docs Consultation questionnaires
Sept (tbc)	LMC – tbc with JS	GPs	(tbc)	(tbc)	Presentation Strategy docs Consultation questionnaires
Monday 1st October at 5.30pm	Scrutiny Review Panel	Staff and Public	Committee Room 3, Haringey Civic Centre, High Road Wood Green	Gerry Taylor Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Monday 1st October at 7.30pm	Area Assembly – Crouch End	Public	Campsbourne Baptist Church, 1-3 The Campsbourne, High Street, Hornsey N8 7PN	Dave Fazey	Presentation Strategy docs Consultation questionnaires
Tuesday 2nd October 2.30pm – 5.00pm	HTPCT AGM	Public, Staff, Board	Cypriot Centre The Main Hall Earlham Grove, Wood Green London N22 5HJ	All directors	Presentation Strategy docs Consultation questionnaires
Friday 5th October at 12.30 to 4.00pm	For Equalities Impact Assessment	Groups reps of Age, Disability, Race, Deprivation, mobility, Sexuality, Gender, Belief/ Religion	Haringey Irish Community Cultural Centre, Pretoria Road, Tottenham N17 8DX	Christina Gradowski Pam Constantinides Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Monday 8th October at 6.30pm	Children Young People's Strategic Partnership Board		London Borough of Haringey Civic Centre High Road	Gerry Taylor (tbc)	Presentation Strategy docs Consultation questionnaires

			Wood Green N22		
Monday 8th October at 7.30pm	Area Assembly – White Hart Lane & Northumberland Park	Public	Tottenham Hotspur Football Club (Oak Room) Bill Nicholson, Tottenham N187 0AP	Dr Mayur Gor Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Tuesday 16th October 10.00am to 1.00pm	Wellbeing Theme Group	Partners	Cypriot Centre Earlham Grove, Wood Green London N22 5HJ	Dilo Lalande	Presentation Strategy docs Consultation questionnaires
Wednesday 17th October at 8 pm	Muswell Hill and Fortis Green Association	Public (30 attendees)	The Bowling club in Kings Avenue off Queens Avenue Mr Hajdu hajdu.clarion@talk21.com' –	James Slater Dilo Lalande	Presentation Strategy docs Consultation questionnaires
Thursday 18th October at 7.30pm	Area Assembly – West Green & Bruce Grove	Public	Miller Memorial Church Hall, The Avenue, Tottenham N15	Gerry Taylor	Presentation Strategy docs Consultation questionnaires
Thursday 25th October at 6.30pm	Area Assembly – Tottenham & Seven Sisters	Public	Marcus Garvey Library, 1 Philip Lane N15	Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Thursday 25th October at 7.30pm	Area Assembly – Muswell Hill	Public	To be arranged	James Slater	Presentation Strategy docs Consultation questionnaires
Thursday 15th November – tbc	HAVCO	Public/ Community Groups	(tbc)	Sarah Barron Dilo Lalande Others tbc	Presentation Strategy docs Consultation questionnaires

Other meetings likely to be needed:

- Briefing for Directors and staff handling the consultation responses
- Staff forum, Additional PPI meeting to focus on this

Primary Care Strategy –

Proposal for an Equalities Impact Assessment (EIA)

Introduction

HTPCT Primary Care Strategy sets out a 10-year plan for far reaching changes to primary care services, including the development of a super health centre model. This strategy aims to provide better access to a wider range of higher quality services located within 6 super health centres, and in doing so help to address some of the key health inequalities issues within the borough. In order to develop this model the number of other primary care premises will reduce significantly over time.

An Equalities Impact Assessment (EIA) is a way of systematically and thoroughly assessing and consulting on the effects that policy, function or strategy is likely to have on people who experience inequality, discrimination or social exclusion. An EIA helps to pre-empt the possibility that a policy could disadvantage some groups on the grounds of race/ language, disability, age, gender, sexuality and faith. Where disadvantage is identified the aim is to consider how best this can be overcome.

Undertaking an EIA is one of the ways in which the TPCT will be able to demonstrate that it has met its duties under various equalities legislation but in particular the Race Relations (Amendment) Act 2000. EIA is an iterative process and not a one off assessment – where what has been predicted is checked against ongoing implementation and further work undertaken as necessary.

Following discussions with Haringey Council Equalities and Diversity Team the following approach is proposed for undertaking an EIA on the primary care strategy. Given its already identified significance to stakeholders together with capacity and timing issues it is proposed that the EIA focuses in its initial phase on the implications for access to primary care. The focus on access was supported at the PPI meeting held on 10th July.

Aims and Objectives

'Developing world class primary care in Haringey' aims to improve access to high quality primary care services for people in Haringey. EIA is a tool to help decision makers make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities.

The aim of this equality impact assessment is to identify whether implementation of the primary care strategy as proposed would limit or reduce access to primary care services for particular population groups, and how these effects could be mitigated.

The objectives of the EIA are:

1. Assess the impact of the primary care strategy on access to high quality primary care services for population groups or communities who experience inequality, discrimination, social exclusion or disadvantage on the basis of;

- Race
- Disability
- Gender
- Age
- Religion/belief
- Sexuality
- Deprivation
- Mobility (travellers, refugees etc)

2. Identify barriers to access to high quality primary care services for these communities, and formulate recommendations to address or mitigate these.

3. Develop ways of monitoring and reviewing the effects of changes to primary care services if they are introduced.

4. Publish the outcomes of the EIA, and identify areas for ongoing or further EIA work.

Focus

The strategy sets out major changes in the way primary care services will be provided in the future in Haringey. The Haringey Life Expectancy Action Plan 2007-2010 highlighted the importance of improving access to primary and secondary prevention services in primary care to reducing premature mortality and tackling inequalities in life expectancy. It noted that deprivation, exclusion, and transience were associated with poor health outcomes, and the importance of service accessibility to these communities. The diverse ethnicity and cultural backgrounds of communities in Haringey also demands more responsive primary care services.

Making access to high quality primary care services more equitable is therefore a key priority in Haringey. An EIA focused on access will help Haringey TPCT and partners to:

- Tackle health inequalities- by identifying how we can make services more accessible and appropriate
- Promote social inclusion and community cohesion
- Avoid adopting harmful or discriminatory policies or procedures

Access to primary care

Primary health care[1] can currently be defined as services that:

- Are accessible to everyone- i.e. universal not targeted
- Are 'first level' – i.e. generalist rather than specialist
- Promote health and prevent ill health
- Diagnose and treat health conditions
- Assess for onward referral to more specialist care where provided

Primary care services provide the first contact people have with the health service, patients presenting themselves directly for a consultation instead of being referred by another organisation. Primary care services are generally taken to include[2]:

- General practice and the services provided there by doctors, nurses, receptionists, practice managers and allied health professionals (physiotherapists, chiropodists, etc.)
- Community nursing such as district nursing and health visiting services where these are not based in GP surgeries.
- Community pharmacists (i.e. those working in pharmacies or health centres, not hospitals)
- Dentists (except those working in hospitals)
- Optometrists (opticians)

This consultation is focused on services provided general practice teams, community pharmacy services, and how these link with community health services such as district nursing and therapy services. For the purpose of this equalities impact assessment we will define access to these services in terms of:

1. Knowledge of services amongst people who need to use them
2. Availability of services to people who need to use them
3. Physical access to services by people who need to use them
4. Quality of service being accessed ie does the service effectively meet the needs of people who need to use them

[1] Developing world class primary care in Haringey- A consultation document 2007

[2] Access to Primary Care: A joint London Assembly and Mayor of London Scrutiny Report, April 2003

The aim is to look at a broad definition of access to include the ease with which people in Haringey would be able to access the full range of services available within the super health centre model. This would include:

- Travel distance/ease of travel
- Opening hours
- Availability of culturally appropriate services
- Entry to and movement through premises for example physical disability, prams etc
- Range of services available
- Barriers to access such as
    - Harassment/discrimination issues related to, for example, mental health, sexuality specific services.
    - Confidentiality issues related to for example – Domestic Violence, young people, mental health, sexual health etc

The list is not exhaustive and any other access related issues identified within the process will be included.

Approach
There will be 8 major steps in conducting this EIA:

1. Identifying the purpose and aims of the proposed strategy and EIA

2. Considering any information, data or research that is already available in relation to equalities, and what this tells us;

3. Making an assessment of the impact or effects of the strategy on different communities;

4. Considering whether there is anything, which could be done to mitigate against or to remove any adverse impact or effects, or to further promote equality, social inclusion or community cohesion;

5. Consulting those affected for their views and ideas;

6. Deciding whether or in what way we will go ahead with the strategy;

7. Deciding how we will monitor and review implementation of the strategy

8. Writing up assessment and publishing it.

Rapid review

It is proposed that this is undertaken by the following:

- Christina Gradowski – Director of Corporate and Partnership Development
- Vicky Hobart/Andy Beckingham – Public Health
- Michele Daniels – Public Health – Head of Inequalities
- Claire Wright – Children and Young People
- Alex McTeare – Adults and Older People
- Helena Pugh – LBH (older people)
- Arvinda Gohill – lead for Hornsey Central/polyclinics implementation
- PPI member (Maureen Dewar and Kelly Whiteside)
- Sarah D'Souza/Gemma Hughes – Head of Strategy and Projects
- Ingrid Bodkin – EIA project manager

5. Governance arrangements

It is proposed that we set up an Equalities Impact Assessment Steering Group– Christina Gradowski, Sarah D'Souza/Gemma Hughes, Michele Daniels and Vicky Hobart/Andy Beckingham to manage the process – with guidance/support and assistance from LBH Arlene Brown/Inno Amadi as required. This group to report up to the Commissioning Division Directors meeting with dotted line reporting to Equity and Diversity Committee.

London Borough of Haringey Scrutiny Review of the Haringey Primary Care Strategy

Advisor, Elizabeth Manero
Director

Health Link

Main Policy Issues & Drivers

Health	•Wanless Review •Our Health Our Care Our Say •Reducing Health Inequalities
Quality	•National Standards •Choice •Patient & Public Involvement
Management	•Commissioning •Practice-based commissioning • Levers: GMS/PMS/APMS
Finance	•CSR •Payment by Results •Quality and Outcomes Framework

Wanless– Better Primary Care

Consequences for workload:

Increased confidence leading to:

- **Older**: *"Reduced age discrimination and higher expectations ..place increasing demands."*
- **Younger**: *"Seek care for problems which they currently tolerate without healthcare intervention ..visit their GP on average once a year more than now."*
- Switch 1% Workload activity from GP to Pharmacy

Balanced by

- Reduced workload through e.g. lower CHD from smoking cessation, diet and exercise

Our Health, Our Care, Our Say -

1. Better prevention & earlier intervention
   - GPs working with local government
2. More Choice and a louder Voice
   - Choice of GP, info on practices, incentives to GPs
3. Tackling health inequalities and improving access to community services
   - More & better primary care in deprived areas
4. More support for long term conditions
   - Information, technology, joint teams

White Paper Department of Health 2006

Reducing Health Inequalities

NHS Operating Framework:

- Target to reduce the gap in health outcomes in most disadvantaged areas (Spearhead- inc. Har.)
- Life Expectancy – contribution from e.g. better diagnostics in primary care
- Infant Mortality – contribution from e.g. earlier intervention in primary care
- Needs effective partnership working between PCTs and Local Authorities

NHS Operating Framework 2007/2008

Health Link

Quality

National Standards: Safety; Clinical/Cost Effectiveness; Governance; Patient Focus; Accessible/Responsive Care; Care Environment & Amenities; Public Health.

Choice: Choice of provider extending to choice of treatment and "*access to a wider range of services in primary care*"

Patient and Public Involvement: role of local authority in procuring host to set up and run Local Involvement Networks instead of Patients Forums – intended to give patients more say especially in commissioning.

Health Link

Management - Financial

Payment by Results:

- Introduces standard tariffs for different hospital treatments,
- Commissioning on price is over: quality of service is only factor in commissioning.
- Tariffs 'unbundled' so services that can be 'closer to home' charged separately.

Payment by Results DH 2006

Comprehensive Spending Review 2007:

Record investment slowing – need to use £ wisely

Management

Commissioning:

- Practices, PCTs, & LAs working together
- '*extensive public and patient involvement*'
- to improve health, services and inequalities.

Practice-based Commissioning:

- devolution of indicative budgets by PCTs to Practices, alone or in clusters
- 'Supported' by the PCT
- Incentive payments to GPs for engagement.
- Up to 30% savings must go back to PCT

Health Link

Management Levers

Range of contractual mechanisms

- GMS – General Medical (GPs as Indep. Contractors)
- PMS – Personal Medical (salaried GPs)
- APMS – Alternative Provider Medical (inc. non-NHS)
- PCTMS (provided by PCT)

GP and Pharmacy roles:

- Accredited GPs and Pharmacists with Special Interests

Management - QOF

Quality & Outcomes Framework in GMS

- Points awarded = money
- Extremely detailed, verified through visits.
- Requires registers of patients with conditions (stroke, CHD, diabetes etc.)
- Very specific clinical actions
- 10 minute consultation time standard
- Patient Survey is prescribed form but vague on actions as a result

Health Link

Darzi Report

- Proposal on Polyclinics to meet need for
- *'a new kind of community-based care at a level that falls between the current GP practice and the traditional district general hospital*
- Invites 5-10 pilots by April 2009

Health Link

Darzi and Health Inequalities

- *'The way in which the Framework is implemented will be the most important factor in reducing inequalities.*
- *Each PCT area/borough will need a detailed understanding of the baseline position from which its health economy starts*
- *Systematic use of health inequalities impact assessments to ensure improvements are helping the most disadvantaged.'*

'As the intention is to consult on the Healthcare for London: A Framework for Action report, ***PCTs are not in a position to base their strategies on this document****. To do so would be to pre-empt the results of the consultation. PCTs should use the available clinical evidence to develop their strategies. PCTs should have a strategic approach to their commissioning and it is important that this work continues.* ***The outcome of the consultation on the Framework for Action should inform the refresh of strategies that will need to take place next year.'*** NHS London Board Paper 8.08.07

GPs & Pharmacists Contracts

Services in GMS/ NCPC	EXAMPLES	
	GPs	Pharmacists
Essential	General care	Dispensing
Advanced	Cervical Screening	Medicines Use Review
Enhanced	Directly: Flu vaccinations	Supervised consumption of medicines e.g. methadone
	Nationally: Drug & Alcohol	
	Locally: PCT determines	

Gaps in the Strategy

- Buy in from GPs?
- View of LMC?
- Maturity of practice-based commissioning?
- Views of commissioning groups?
- Willingness of individual practices of relocate?
- Financial consequences for individual GPs?

Equity Formula

- Disadvantage in existing area judged by proportion of frail older people living alone
  car ownership
  lone parents
  unemployment rate
  disability
  other deprivation indicators (free school meals)
- Frequent users of GPs
- Nursing homes
- Availability of community pharmacies

Gaps in the Consultation

- What is actually being consulted on?
- Which practices will move?
- What is the variation in services to patients that is proposed?
- How many individual practices will be left?
- Which ones will be left and how will this be determined

This page is intentionally left blank

Better Local Healthcare Campaign

Memorandum to Haringey Council Overview and Scrutiny Committee
September 2007

Absence of concrete plans

There is no detailed information publicly available regarding precisely which services will be offered at Hornsey Central Health Centre.

The current consultation document – *Developing World Class Primary Care in Haringey* – does not contain specific details on what services are intended to be provided on the Hornsey site. Instead the document sets out a series of aspirational objectives as to the kind of activities and opening hours that could be available at a super health centre. It does not say which services will be provided.

In August 2007, the Chief Executive could not say definitively what additional services will be provided there. The PCT is apparently working with local GPs to design the new services and care pathways for West Haringey. But there is no information as to which GPs are involved nor whether their patients will consulted and involved as well in the process.

In the absence of such crucial information, it is impossible to see how the PCT can carry out a meaningful public consultation. The PCT's plans appear to depend on what GPs and the local authority will offer.

Key questions:

- What services will definitely be provided at Hornsey Central Health Centre?
- How will the proposed provision of services, including centralisation, be an improvement on the current situation?
- Which services will be NHS-provided and which services will be offered by private providers, such as diagnostic facilities?
- Which services will be available permanently at the site and which will be provided by mobile visiting facilities?
- What is the evidence base and how does this relate to the PCT's plans for the site?
- Has a detailed impact assessment been carried out on the implications of the plans, for instance, the implications for people with limited mobility of having to travel further for GP and other primary care services, and the environmental effects of centralisation of services on transport; or the implications for local pharmacies of a pharmacy being located at the site?
- Which local pharmacies have been consulted about the plans for a pharmacy on the site; what has been their reaction; is it likely that a

local pharmacy will re-locate there; will Assura Group's pharmacy division provide the pharmacy?

Absence of proper consultation strategy

The PCT does not appear to have a clear and detailed consultation strategy. The current consultation document lacks detail; it is not written in an accessible and easily understandable form; and the questions are too broad. No options are offered for consideration.

Proper consultation depends on meaningful information being provided in an easily accessible form as early as possible in a decision-making process. A few meetings have been held which have ostensibly included discussion of the document but in reality these have been woefully inadequate. Little concrete information has been provided to inform discussion.

The PCT does not appear to have any strategy to engage with local people in a systematic way. The current consultation exercise is fundamentally flawed, excluding, and discriminatory. For instance, patients of local GPs should be consulted, and efforts should be made to reach older people and disabled people who may not be able to go to public meetings. Documents should be made available in a range of languages and in a variety of formats including large print and tape.

The Cabinet Office's Code of Practice on consultation for government departments sets out six consultation criteria:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once.
2. Be clear about what your proposals are, who may be affected, what questions are being asked, and the timescale.
3. Ensure your consultation is clear, concise and widely accessible.
4. Give feedback regarding the responses received and how the consultation process influenced policy.
5. Monitor your department's effectiveness at consultation.
6. Ensure your consultation follows better regulation best practice.

The PCT's proposals are not clear, concise nor widely accessible. Nor is it clear what the proposals are or who may be affected. The PCT singularly fails to communicate or give proper feedback.

Key questions:

- Does the PCT have a clear consultation strategy; if so, what is it?
- Is the PCT intending to consult patients of local GPs who may before making a decision or entering into agreements with GPs to re-locate to Hornsey Central?
- How does the PCT intend to consult older people, disabled people, and people with learning disabilities about its primary care plans?

- Will the PCT make a commitment to carrying out a full consultation with local people on the plans for Hornsey Central before making decisions or entering into agreements or contracts regarding services on the site?
- Will be PCT make consultation proposals available in a range of languages and formats to ensure the information is fully accessible?
- What is the PCT's understanding of meaningful consultation?

This page is intentionally left blank

Initial comments on Haringey Primary Care Strategy

Haringey Health Scrutiny Panel

Evidence session Monday 3rd September 2007

given by

Maureen Dewar, Chair of Patient and Public Involvement (PPI) Forum Haringey

The Forum Support Organisation for PPIF Forum Haringey is

Community Investors Development Agency,
Resource Centre; 2 Factory Lane
London N17 9FL. Tel: 0800 019 1281

For further information contact:
Jo Wealleans (Strategy & Development) jo@cidagroup.org
Savi Hensman (Research & Policy) savi@cidagroup.org
Kelly Whiteside (PPI Forum Support Haringey) kelly@cidagroup.org

A brief note about PPI forums and how they work (1)

- PPI Forums are independent statutory bodies set up in December 2003 with powers and dedicated support to help them monitor and review local health services and make reports and recommendations to Trusts about local health matters affecting local people, patients and carers. They can also refer matters to other local or national bodies such as the local Scrutiny Committee or the local M.P., the Minister for Health, the Healthcare Commission or the National Patient Safety Agency.

  The Forums can also make visits, including to primary care facilities in the case of PCT area forums, ask Trusts for information and involve others in their work to get sufficient expertise, including from patients as well as other local organisations concerned with health and related matters such as social care.

- At present, there is a PPI Forum for every NHS and Care Trust in England, including Foundation Trusts. For Trusts serving Haringey, the PPI Forums are: PPIF Haringey; PPIF North Middlesex University Hospital; PPIF Whittington Hospital; PPIF Barnet, Enfield and Haringey Mental Health.

A brief note about PPI forums and how they work (2)

- Each forum has a work plan which it uses to try and prioritise what can sometimes seem like a considerable work load. Current priorities in local forums' work plans are: PPI Forum Haringey (PCT): mental health; care of the young and the elderly; review of Dentistry provision in Haringey; North Midd forum: quality of patient care issues including: nutrition and communications; Whittington forum: foundation trust status, patient transport; BEHMHT forum: re-development of St. Ann's.

- PPI Forum Haringey is holding a meeting in public on 11th September at the Chestnuts Centre in St. Ann's Road, opposite the hospital, at which the Primary Care Strategy will be discussed.

  If you would like more information about the meeting or the Forum's consultation on the Primary Care Strategy, contact Kelly at Community Investors, our forum support organisation on 0800 019 1281 or come along to the meeting.

Haringey Primary Care Strategy consultation process

- The consultation process still has some time to run and our Forum's meeting in public to discuss the strategy has yet to happen, so we can only speak from experience to date. The new PPI team at the PCT have made efforts to involve the Forums in the consultation on the strategy and have shared their timetable for consultation with us. Several members of local PPI Forums and others attended an event at the Cypriot Centre where the Strategy was outlined and views were sought and presentations given on Public Health and the London Network for nurses and midwives 'Strategies for improving patient experience'.

  The new PPI lead, Christina Gradowski, has also attended our Forum meeting to discuss the consultation process and Forums have been invited to participate in other events and suggest groups which should be contacted and our forum support organisation is helping with this.

- It will be helpful, as part of the ongoing consultation process and at the end, for the PCT to identify how the comments received have been taken into account or influenced its decisions and how this strategy links both to what has gone before, especially work done on health inequalities and public health, and to what else is to come, including Professor Sir Ara Darzi's London-wide NHS review, particularly in relation to maternity services.

Initial general observations 1

- Not everyone understands what ‘primary care’ means and some people might be further put off by it being referred to as ‘world class’
- It might be important for people to understand how these proposals link with the Barnet, Enfield and Haringey Clinical Strategy which is also out for consultation e.g. the extent to which services currently provided in hospital are likely to shift to ‘super health centres’ and the possible effects
- Will the new arrangements, including training of health professionals, be adequate in quality and quantity if far more people are required to get care outside hospital than at present?
- Will the local authority be faced with extra demand, and if so will it be able to cope?
- What kinds of professionals will be diagnosing patients seeking urgent care?

Initial general observations 2

- People are likely to want to know which GP practices and other facilities are likely to relocate to these super health centres, and which will remain in place? And at least roughly how long this will take to happen? This will be relevant information for people to have, especially for transport and ease of access. At first sight, there seems to be a bit of gap around Turnpike Lane area and 'the Ladder'. Perhaps a map showing this could be prepared for presentations?

- Would the pattern of services be similar in all such centres? Will these be the only place for some services? Might they offer opportunities for services to be sited together (e.g. occupational therapy and community mental health as well as physiotherapy)? Would they widen access for those whose own GP may not have sufficient capacity/interest to address certain types of needs e.g. around mental health?

- What are the plans for how the new services to be rolled out? What will happen while the new facilities are being prepared? It isn't very clear if this is a ten-year plan. People need to know to make informed choices.

Questions from consultation and other meetings attended

- What would be the impact on people of all ages with mental health needs, including long-term mental health care needs? Mental health care is increasingly provided in primary care settings, and many people with mental health problems also have physical health problems.

- Will St Ann's site be used to meet the health care needs of the community?

- In what ways would 'super health centres' improve access and reduce health inequalities, for instance in relation to lower life expectancy among men on the east side of Haringey? Or contribute to meeting the needs of a diverse population, including young people, in relation to sexual health for example? How would they support the needs of the elderly from a wide spectrum of communities, especially in relation to continuing care and other long-term health needs, including unmet needs ?

This page is intentionally left blank

Scrutiny Review – Haringey Primary Care Strategy
Report of Panel Visits to Super Health Centres / Polyclinics

The Centre, Church Road, Newham (Newham PCT) 5th September 2007
Councillors and Officers were invited to view the building with Lynn Mitchell (Centre Manager) and Mary Clegg (Assistant Director for Strategy & Planning).

Description of the service:
3 general practices are housed within the Centre.

Primary Care:	*Diagnostics:*	*Secondary Care Services:*
General Practice	X-Ray	ophthalmic clinic
District Nursing	Phlebotomy	CHD
Health Visitors	Ultrasound	Dermatology
Sure Start		Diabetes
Pharmacy		Dietetics
Dentist		
Primary Care GP Allocations		
Mental Health Social Work		

Discussion issues:

- When the Centre first opened, it drew in new patients who were not previously registered anywhere in the borough. Practices that did relocate to the Centre had to adhere to strict geographical boundaries in taking on new clients. This being said, other local practices that did not relocate to the Centre did record a drop in their list size.
- Event though there are 3 general practices working from the Centre, these still have their own reception point, administrative staff and appointment and record system. Thus in effect, these three practices still operate independently within the polyclinic.
- It would appear that at present, there is little cooperation between the three practices, particularly in relation to the extension of current services (such as opening times) or the development of new services (GPs with special interests /skills offering services to other practices in the polyclinic)
- Although it is still early days, the polyclinic model itself does not offer harmonisation or parity of service provision. This would seem to underline the limited powers that PCTs have in ensuring that practices collaborate. Haringey may be different given the higher than average number of salaried GPs (where there may be more control over activities). Collaboration among practices may become more commonplace with the extension practice based commissioning.
- Co-location of services was particularly beneficial to patients in respect of a number of services: phlebotomy, Primary Care Allocations and Pharmacy.

- It was noted that, despite co-location of GPs this had not developed access in term of opening times. GP services were not available after 6pm.
- The Centre operates an innovative service called Care Navigators to help patients manage their way through the health and social care system including access to health services and benefits entitlement.
- Although a range of secondary services are now provided from the Centre, it was noted that it was difficult to engage and recruit services to the Centre. A lot of work has been necessary to build up relationships with the acute sector to and to encourage the provision of services from the Centre. Acute sector now on board and actively looking for opportunities to develop services.
- The relocation of GP practices into the Newham centre hasn't forced patients to travel more than a few streets further for their primary care if they don't want to, because other GP practices remain close to the ones that have moved. However Newham PCT haven't as yet done anything to mitigate any transport issues that have arisen for patients.
- Social services aren't currently engaged with the centre because they haven't wanted to pay the PCT's rental charges. However there are plans to get social services, benefits, housing and so on operating out of rooms in the centre in future. One GP practice currently has their own welfare benefits advisor and one has their own drugs advisor, but for their own patients only.
- The café isn't there any more because it didn't generate enough business. This was possibly a useful reality check in that you can't just assume that any enterprise like this will be successful in a polyclinic if the setting and the geographical location aren't realistically going to attract people in.
- Cost savings of having secondary care services provided within the primary care sector are difficult to record at this early stage of the project. Real cost savings will begin to be recorded once collaborative work with GPs becomes more established (e.g. those with specialist skills offering triage service to minimise attendance at hospital, or providing outpatient care in the community).
- The Centre is part of a Newham wide plan to establish new polyclinic type centres. The scale of the future work to develop this model of provision should not be underestimated as relocated practices within the polyclinic model total just 7 of the 60+ practices in Newham.
- Difficulty with secondary care provision was that the acute sector in some sectors was just using the Centre to develop its capacity to help meet its own access targets rather than developing access to people resident within the vicinity of the Centre. Thus, there have been occasions where people have come from across Newham (past the main hospital) to access secondary services at the Centre. This would suggest the need for further and ongoing dialogue between primary and secondary care services.

Lordship Lane 20th September 20th September 2007
Councillors were invited to a presentation by James Slater (Director of Primary Care performance), David Fazey (Acting Director of Contractor Performance) and Dave Culley (Haringey PCT PEC Member and North East Specialist Service Manager).

Planned Services	*Potential Service*
GP practice	Dental
Enhanced primary care	Urgent care walk-in
Long term condition management	Social Services
Family Planning	Welfare rights
Pulmonary rehab	Phlebotomy
	Expanded diagnostics
	Consultant outpatient outreach

Discussion issues:

- The plan is to ensure that lordship Lane centre has two functions 1) as a centre for the provision of services such Community Nursing, Health Visiting and 2) it acts as a hub for the wider provision of services across the geographic area (i.e. clinical or service links with other practices).
- At present there are no practices located in the Centre, though Morris House surgery is planning to relocate to Lordship Lane site in October 2007. Morris House is a large practice of about 10,000 patients supported by 5 GP partners and 1 salaried GP. It is hoped that this site will directly provide for primary care services for people numbering in the range 15,000-20,000 people. Other centre services will be available to a wider pool of between 35,000 and 50,000 people.
- A range of services have been planned for the site in including traditional primary care services (GP, community nursing, health visiting), diagnostic services (ultrasound, phlebotomy, echo-cardiogram) and secondary care services (outpatients services).
- There is currently space for a dental service on site though there has been difficulty securing final agreement. An alternative service which may be provided from this outlet is a Pharmacy. There are contractual and legal difficulties in securing a Pharmacy presence on site, but it was noted how useful this would be if extended services (i.e. late clinics) were offered on site and would have similar access to pharmacy services.
- The Centre will provide enhanced primary care services (i.e. musco-skeletal triage and assessment) capitalising on the special interest and skills of GPs working in the NE collaborative.
- Integrated management of long terms conditions (i.e. diabetes) will be provided through Lordship Lane. Social Care from Haringey is being brought in to the project development team to ensure that this aspect of care for the management of long term conditions can be catered for from the Lordship Lane site.

- London Ambulance Service has a stand-by point at Lordship Lane site, which may mean a quicker response in the area.
- There is a hope to develop the 'polyclinic' hub and spoke model further in the North east of the Borough to ensure that services are carried further in to the areas where they are most needed. Thus it was a possibility that further premises (spokes) within the Northumberland Park area will be developed which will extend service provision from Lordship Lane.
- Service development at Lordship Lane will be incremental with no fixed plans for services to be provided from the site. Collaboration will be the key to any service developments from the Centre with: LB Haringey (Social Care), NMH (acute sector) and of course other GP practices in the area.
- Of significant concern to Members was the issue of improving the level and quality of GP services in North East Haringey (the other side of Tottenham High Road). The High Road seems to be a real barrier to service provision beyond. The PCT noted that there were limited opportunities/sites in the Northumberland Park area for health service development. It was noted that the LB Haringey is a significant landowner in the area and further work may be needed to identify potential sites with the authority.
- The PCT is in discussion with the Whittington Hospital about the provision of mobile X-Ray scanners. Whilst Hornsey will have this potential, Lordship Lane will not in its current form given the lack of outside space. Other alternatives are being considered with the use of telemedicine. The same may be the case for Breast Screening trailer, as this may be accessible in Hornsey plans but not in Lordship Lane.
- The cost of developments was questioned by Members. Although there would be significant initial investment (£3.7 million) in the borough wide strategy, it is anticipated that savings will result in the longer term, as services traditionally commissioned from secondary care (hospitals) will be provided locally (by GPs or other specialists).
- Once GPs are fully operational from the Lordship Lane site, it would be expected that collaborative work among GPs may see the deployment of Counsellors on site to help redress some of the significant mental health issues locally.
- How the Lordship Lane relates to and operates along side local Children Centres will need further consideration?

Heart of Hounslow: 28th September

Panel Members were invited by Caroline Shaw, from Hounslow PCT (Communications Department) to tour the Heart of Hounslow. Although not

referred to as a polyclinic, it conforms to the model of care proposed within the London review of services. The building opened to the public in February 2007. Services are arranged over 4 floors and include primary care services, community health services, social services and secondary care services.

Summary of Services available at the Heart of Hounslow:

Primary Care Services	**Community Health Services**	**Secondary Care**	**Social Care**
3 General Practices (18 GPs). 1 further practice due to move in end 2007.	Sexual & Reproductive Health Services	Outpatient services: Podiatry, phlebotomy (other services under development)	Child and Adolescent Mental Health Service (CAMHS)
District Nurses	Audiology Services (New born hearing tests)	GPsWSI: Dermatology, Cardiology, ECG.	Adult Learning Disability Team
Health Visitors	Specialist Dentist (Root canal, child Community Matrons	Diagnostics: under development	Community Mental Health Team Community Rehabilitation Team
	Children & YP Therapies Child Health (Early Years Assessment, Young People's Service, Child Development)		

- This is a large development hosting a number of co-located services at which approximately 400 staff currently work. The building cost £18m to build, was built on time and within budget (using LIFT).
- 3 general practices have moved in to the Heart of Hounslow, thus in total, 18 GPs currently work from the one site. Theses three practices have worked from the same premises for some time, being previously located on a site adjacent site to the Heart of Hounslow. These practices serve approximately 25,000 patients. A fourth practice is due to move to the site towards the end of the year.
- Although general practices work from the same location, they still work independently of each other. They have their own contact numbers, their own waiting rooms, reception points, staffing arrangements and patient records.
- Although three practices work from the same location, access to GPs is still not available after 6pm. Plans to develop later opening have encountered logistical problems in respect of building security and public access to services for the rest of the building (GPs are on the 2nd floor so difficult to close off other parts of the building). The PCT is also considering plans to develop GP access further through further / additional commissioning.
- GPsWSI work within the general practices at the Heart of Hounslow and provide a number of services for other GPs and practices in the centre and to other practices in the wider locality. Thus, patients are able to be triaged quickly for cardiology and dermatology at the Centre and other services are planned.

- Other specialist community health services also run from the Heart of Hounslow and are available to a broader population of patients beyond those general practices working there. The dentistry is a highly specialised service which is commissioned by a number of PCTs (this service still prevents more costly admissions to surgical dentistry at the West Middlesex Hospital).
- Patient education, expectations and service usage traditions were noted to be ingrained where patients still wanted to see a specialist in the acute sector regardless of what specialists (GPsWSI) were available in primary care.
- A number of staff were made available during the visit and were able to take questions from the Panel during the visit including a GP, Dentist, and Social Worker Team Leader who have all moved to the Heart of Hounslow. A number of common themes were evident in these discussions:
    - Improvement in medical equipment and facilities;
    - More appropriate premises for patients and staff;
    - The centre has good transport links for patients;
- One of the major benefits of working with co-located services was that there are greater opportunities for networking, collaboration and individual case working with other services at the Heart of Hounslow. GPs reported that they could call on a wide range of informal specialist support and information from other services working from the same premises, which had helped to develop more appropriate patterns. Similarly, co-location had helped to develop awareness of services and informed referrals at a more general level.
- No diagnostic services are provided from the Heart of Hounslow as yet, but the PCT has plans to develop such services from the site. It is taking an incremental approach to secondary care provision from the site, wanting to ensure that existing primary and community health services The West Middlesex Hospital is apparently keen to develop services from the site.
- There is no urgent care available on site as yet, but there will be further discussions as to how this can be provided once the NHS review has concluded.

Haringey NHS
Teaching Primary Care Trust

Lordship Lane:

Developing World Class Primary Care Services

Haringey NHS
Teaching Primary Care Trust

Haringey TPCT's Vision for Primary Care

Consistently high quality, responsive primary and community services, which improve the health of our local population, reducing existing health inequalities and maximising independence.

Haringey NHS
Teaching Primary Care Trust

Lordship Lane's role in delivering this vision

- Centre has been purpose built to allow for the provision of a wide range of primary and community services from a single site.
- It will also provide the 'hub' for a network of service providers, offering services to around 50,000 people, from a range of sites in the local area, as well as directly to the patient at home.

Haringey NHS
Teaching Primary Care Trust

Services provided from Lordship Lane

Current:

- Physiotherapy
- Speech & Language Therapy
- District Nursing
- Health Visiting
- School Nurses
- Community Matrons
- Podiatry & Biomechanics
- Continence & Enuresis services
- Ultrasound
- Echocardiograms
- London Ambulance Service standby point

Haringey NHS
Teaching Primary Care Trust

Services to be provided from Lordship Lane

Planned:

- GP practice (Morris House Group Practice)
- Enhanced primary care services
  - e.g. dermatology, minor surgery, IUCD fitting
- Integrated management of Long Term Conditions
  - e.g. diabetes; hypertension and coronary heart disease
- Family Planning
- Pulmonary Rehabilitation services

Potential:

- Dental
- Urgent primary care 'walk-in' services
- Social services
- Welfare Rights
- Phlebotomy
- Expanded range of diagnostic services
- Consultant outpatient 'outreach' clinics

Haringey NHS
Teaching Primary Care Trust

Lordship Lane as a 'hub'

In addition to be a major centre from which local people will be able to access a range of services Lordship Lane will also provide:

- a base from which services are provided to patients in their homes (e.g District Nursing; Health Visiting etc.)
- the central point for a network of sites providing services to the population of North-East Haringey (e.g. Somerset Gardens clinic, Broadwater Farm Health centre)
- linking with local leisure services

Haringey NHS
Teaching Primary Care Trust

Lordship Lane: a new way of working

Extending access to services:

In time it is expected that Lordship Lane will offer both routine and urgent care services to local people for 12 hours per day, 6 days a week.

Haringey NHS
Teaching Primary Care Trust

Lordship Lane: a new way of working

The key to the success of Lordship Lane will be collaboration:

- Between GP led primary care services and PCT led community services – possibly evolving to form an integrated multidisciplinary team
- Between Lordship Lane and other local sites (e.g. local practices; North Middlesex Hospital)
- Between health, social care and other services that effect local peoples health
- Between the PCT and the London Borough of Haringey, especially in relation to issues relating to transport and future local developments