

**MINUTES OF THE SCRUTINY REVIEW - THE LAURELS  
MONDAY, 29 NOVEMBER 2010**

Councillors Basu, Browne, Bull (Chair), Kania, Newton and Winskill

Co-opted Member Ms. H. Kania (Haringey LINK)

**LC1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Alexander and Ejiofor and Ms Denny (church representative), Ms. Marsh, Ms. Jemide and Ms. Young (parent governor representatives).

**LC2. URGENT BUSINESS**

None.

**LC3. DECLARATIONS OF INTEREST**

None.

**LC4. SCRUTINY REVIEW; THE LAURELS - SCOPE AND TERMS OF REFERENCE**

**AGREED:**

That the scope and terms of reference for the review be approved.

**LC5. THE LAURELS NEIGHBOURHOOD HEALTH CENTRE**

David Lyons and Cayleigh Field from NHS Haringey reported that the Laurels had been developed as a healthy living centre in 2004. Community involvement had been an integral part of the model that was created. The Centre provided a range of services, including GP surgeries and community health services, as well as health and social care services provided by the voluntary sector.

All PCTs had been required to procure a GP led health centre, with extended opening hours by 1 April 2009 and it was considered that the Laurels provide a suitable location for this. NHS Haringey undertook a procurement process and Laurels Health Services, a consortium between a local GP and Camidoc, was successful. The contract was terminated in August this year due to financial issues affecting Camidoc.

In the meantime, £250,000 had been made available to provide additional clinical space at the Laurels and improve the environment. This included space for the proposed pharmacy. To begin this process, NHS Haringey's LIFT partner was instructed to undertake works to improve the reception area and provide increased space for administration. However, NHS Haringey failed to obtain the necessary agreements for the works due to a misunderstanding of the lease. It was thought that these works did not need permission as they were not structural in nature. However, this had turned out to be an incorrect interpretation of the lease. Work had been stopped after the Council's Property Service intervened and no work had taken place since 13 May. £20,000 had been incurred by NHS Haringey so far in legal costs. Temporary reception arrangements had needed to be set up. The current state of the

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building had impacted adversely on both patients and staff.

The Centre would need further development to provide additional clinical space and accommodate the pharmacy proposed by the Bridge Renewal Trust. There were also performance and access issues relating to both GP practices.

The Panel expressed its concern at conditions observed during a recent visit to the Centre. The premises had smelt unpleasant, the ticketing machine was not operating properly all of the time, the light in the toilet was broken, there was litter on the floor and the décor was in a poor condition. There were also many out of date notices displayed. Concern was also expressed that the issue of the lease had taken so long to resolve.

NHS Haringey expressed disappointment at the conditions that had been observed. It had been a challenging time for both patients and staff. Cleaning had been a continual problem. The contract specification had recently been improved and a new provider appointed. The new contractor was currently being monitored. There was nothing in the works that had been stopped that were structural in nature. The lease document had proven to be ambiguous. One of the reasons for the delay in resolving matters was the number of different bodies involved, which included Circle 33, the PCT and the Council. NHS Haringey had taken the decision that they would pay for legal advice and argue about its justification for this at a later stage. Circle 33 and the Council had also incurred their own legal costs. The outgoing Chief Executive of the Bridge NDC reported that all interested parties had agreed to the approach that had been adopted.

Although there were plans for additional services to be located in neighbourhood health centres, there were no plans to do this at the Laurels as there was currently insufficient space. NHS Haringey were obliged to go through a consultation on the development of clinical services at the Centre, including the future of the 8 till 8 service. The original plan was for there to be 8 till 8 services in several health centres. Pilot schemes had been set up at the Laurels and Hornsey but these had both now been suspended. There were no plans for any more in the borough. It was acknowledged that there would need to be a debate about the future of the St Ann's Hospital site and the overall need for health and social care services in the neighbourhood could be considered as part of this.

Dave Morris from Haringey Federation of Residents Associations stated the 8 till 8 service at the Laurels appeared to be well used. The Centre had been set up as a healthy living centre and the intention was that it was to be based on collaboration with the community and not be like a traditional health centre. The procurement exercise for the GP led health centre raised concerns about privatisation and, as a result of this, the Laurels Action Group was formed. The Overview and Scrutiny Committee had expressed concern with the lack of consultation that had been undertaken and, following this, an engagement process had been set up by NHS Haringey. In the light of this, it was anticipated that community engagement would be revitalised but this had not happened. Without community input, the Centre had done downhill. The cafe, complimentary therapies and children's toys in the waiting area had all gone. No effort was currently being made to involve the community. Local people felt that the Centre needed a café, complimentary therapies and a range of services – not just clinical services – if it was to be revitalised. He felt that the community needed to take back the centre and that community involvement should be

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reinstated.

Centre users present at the meeting gave their views as follows:

- The Centre needed high quality medical provision. Services were currently poor and not sensitive to the needs of local people. Patients frequently had to wait a long time to see clinicians. It gave the impression of being a poor service for poor people.
- The Centre ought to be a modern and well run facility. A quality GP service was the top priority. The environment was currently very poor and like a building site. It was merely consent for the building works that was required and not planning permission and therefore ought not to have caused such delays.
- The café was not a priority as it had proven to be unprofitable and struggled to attract customers.
- The delayed refurbishment works had made the centre difficult for people with disabilities to access the centre.
- Waiting times for blood tests could be very long. Patients could wait for more than three hours for them. In such circumstances, people became frustrated.
- When blood tests had been undertaken at St Ann's, the wait had been about one hour, Current waiting times at the Laurels could be 3 to 4 hours.
- As people with disabilities, urgent cases and children were (quite rightly) given priority, it was possible for people to go backwards in the queue to see a GP.
- People had not been made aware of the closure of the 8 till 8 service.
- The Centre compared poorly with Hornsey Neighbourhood Health Centre.

Lainya Offside-Keivani from the Bridge Renewal Trust reported that the previous regeneration agency (the Bridge NDC) had a particular focus on health inequalities. She expressed concern that community groups that had been engaged were no longer involved and agreed to address this issue urgently. The Trust wanted to ensure that progress made by the NDC was sustained. Rent from the Laurels went to the Trust and was re-invested in community facilities.

The development of proposals for the pharmacy had been externally funded. There had been a long term aspiration to have a pharmacy at the Centre, which was backed up by feedback from local people. The only space available was where the café had been located. The NDC had done everything that they could to make the café work but it had not been a success. The pharmacy would be run by a trading arm of the trust.

The proposal for a pharmacy had been thoroughly researched and the business plan for it had shown that it would generate a surplus, which would go to community projects. The work had all been undertaken by experts in the field. The pharmacy would offer a dispensing service plus additional services such as diagnostics.

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Concerns were expressed by Members of the Committee at the proposal for the pharmacy. Although residents had indicated that they would like a pharmacy, this was not necessarily the same as needing one. The area was well served with pharmacies and these could all suffer a loss of business. It could also threaten the viability of other shops as well as reducing choice. It was questionable whether the pharmacy had the potential to produce a profit. It was intended to be open for 100 hours per week which would entail it opening late at night. This would have implications for community safety and it was noted that the Police had already objected to the proposal. However, it was recognised that there might be a need for a dispensary.

It was noted that the changes to the building required for the pharmacy were structural and would require the consent of the landlord Circle 33.

NHS Haringey reported that the application for a pharmacy had originally been turned down by them. A revised application had then been submitted which involved the pharmacy being open for over 100 hours per week. Due to this, the PCT was unable to turn it down. Ms. Offside-Keivani stated that the NDC did not wish to threaten local businesses. There were over 100 pharmacies within a five mile radius of the Centre so any impact would be dissipated.

The proprietor of the pharmacy located closest to the Centre was present at the meeting and stated that the Pharmaceutical Needs Assessment undertaken by the PCT had looked at a range of issues including noise, security and queues and had concluded that there were no gaps in the market for pharmacies in the area. This was why the application had originally been turned down. The pharmacy would jeopardise the future of the network of pharmacies in the area. He was very experienced in running pharmacies and was of the view that the pharmacy at the Laurels could not make money. Another pharmacist from the locality who was present at the meeting endorsed this view. He stated that if the original application had demonstrated that there was a need for another pharmacy, it would have been approved.

Ms Offside-Keivani stated that she believed that the pharmacy had a sound business case. She would take the concerns that had been expressed back. The Trust would not do anything that might compromise the locality. She was aware of the concerns that there were about security. There were currently no plans to issue methadone. DASH were the main mechanism for providing this and there were already pharmacies in the Seven Sisters area that dispensed it. The first application had been for an 84 hour service so the increase in hours required to provide a 100 hours service was not substantial. A detailed assessment was undertaken of the impact of the additional hours.

The Panel was of the view that it was essential that the community should be involved in the future development of the Centre. In reference to the problems with the refurbishment works, they felt that these needed to be resolved speedily and that a trusting relationship was built between all relevant stakeholders.

**AGREED:**

1. That the Chair of the Overview and Scrutiny Committee be requested to write to the Director of Corporate Resources and the Cabinet Member for Finance and Sustainability to;
  - Ask that they intervene to ensure that obstacles to the resolution of the

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issues currently preventing works at the Centre from being completed are removed as soon as possible so work can recommence and the new administration and reception area be completed;.

- Ask for a report from the Director explaining the Council's approach to this matter and outlining the actions undertaken to ensure a speedy resolution for the benefit of patients and the wider community.
2. To write to the Chair of NHS Haringey asking;
    - What actions will be undertaken to address issues raised by users of the Centre and, in particular, cleanliness and waiting times;
    - That it works with the Bridge Renewal Trust to urgently set up a representative user/patient committee to fully represent the views of the community and ensure that the group is appropriately resourced. The committee should elect a Chair and concern itself with facilities, organisational and future development issues.
  3. That the Chief Executive of NHS Haringey be requested to provide the Overview and Scrutiny Committee with a briefing note on the application for the pharmacy for the Centre including issues relating to the permission for the structural works that will be required

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**Clr Gideon Bull  
Chair**