

## **Polysystems in Haringey – next steps**

### **1. Summary**

This paper sets out how NHS Haringey plans to develop its three polysystems in the borough to deliver excellent healthcare closer to home. NHS Haringey has already invested considerable resources into developing more community based pathways, supported by its three modern neighbourhood health centres and four GP collaboratives. Therefore in order to further develop our polysystems, we need to have clear transitional arrangements which set out for how we achieve this, building on the significant infrastructure we have already put in place.

The document covers the key health issues relating to the borough; the function of our four GP collaboratives; how our polysystems currently operate; and how we intend to reach our final end state for each polysystem.

### **2. Background**

Haringey's diverse population ranges from the wealthy and well in the west, through to the middle class on the Haringey Ladder in the centre and extending eastwards to the exceedingly deprived communities in the north and south. Communication routes and geographical features reflect these groupings, which means the borough has four distinctive localities.

Collaborative commissioning in Haringey is extremely well established, with four GP collaboratives based on the four locality areas. Each collaborative is led by a clinical director, with the four directors working closely with each other to share experience, resources and collaborate on projects.

The population sizes of the collaboratives vary considerably. West Haringey has a population of 87,000; central collaborative has a population of 62,150; the north east population is 78,200; and the south east 54,620. Although the south east is at the lower end of polysystem sustainability, it will draw in a significant number of patients from the central collaborative, which does not have a hub situated in its locality.

NHS Haringey has invested heavily in its estate, with three significant health centres at Hornsey, Lordship Lane and The Laurels up and running. As part of our strategy to move care to community settings, we have taken every opportunity to deliver new services in our localities. Haringey is therefore not a 'green field' site, but a place that is well on its way to delivering care closer to home. We are also keenly aware that in order to support the needs of the sector, Haringey needs to move faster in its implementation of new care pathways in order to facilitate the wider sector reconfiguration agenda.

Whilst Haringey is supporting the delivery of new care pathways, it does so from a unique position as it does not have an acute facility within the borough. We therefore need to work with both neighbouring boroughs and partners to deliver local services to local people. However there is an advantage here in that our buildings are increasingly seen by residents as the focus for local care in the community.

### **3. Commissioning and providing polysystems**

#### **3.1 Commissioning the polysystems.**

NHS Haringey has worked closely with GPs in the borough to develop the four GP commissioning collaboratives. Each collaborative is led by a clinical director and has a clear role as a commissioning body in the borough. They are known as the West, South East, North East and Central collaboratives. The collaboratives have their own commissioning budget and receive monthly finance, activity and performance reports, and are supported by NHS Haringey commissioning staff.

Each collaborative has produced Neighbourhood Development Plans (NDP), which detail the specific health needs for their local population and identify gaps in provision and where services need to be realigned or transformed to meet the needs of local people. In response to the NDP's, each collaborative has also produced a detailed locality commissioning plan which include new clinical pathways which will support the transformation of local health services.

While the Clinical Directors in the main work within their collaborative, they also come together on a regular basis with Directors from the PCT to review commissioning performance across Haringey and take action where appropriate. Currently the collaboratives report into the NHS Haringey Commissioning Committee. As the governance commissioning model evolves we anticipate that the Commissioning Committee and PEC will be replaced by a clinically led Commissioning Committee made up of members of the commissioning collaboratives.

Because the four commissioning collaboratives have been extremely successful in gaining buy in from local GP's and are fully engaged in transforming local services, NHS Haringey is keen to maintain their operation for the time being. We see these four collaboratives as the commissioning bodies responsible for commissioning the polysystems for their local population – GPs working together to commission the services they need to meet the needs of their local population in a defined area. A key element of this will be working closely with the local authority and commissioning the necessary services from the organisation.

#### **3.2 Providing the polysystems**

While NHS Haringey is keen to support the continuation of our commissioning collaboratives, we recognise it is not affordable or sustainable to mirror these with four fully functioning provider polysystems. As a result it has been agreed that the commissioning collaboratives will commission services from three provider polysystems. Of course, due to patient flows, other economies and scale and differing clinical expertise, we know that the commissioning collaboratives will also commission services from other polysystems across the NCL sector. The four commissioning polysystems and the three provider polysystems will work together as follows:

The West commissioning collaborative will commission services from the West provider polysystem, with Hornsey Central acting as the hub. The collaborative will also use the polysystem based around the Whittington for some more specialist services.

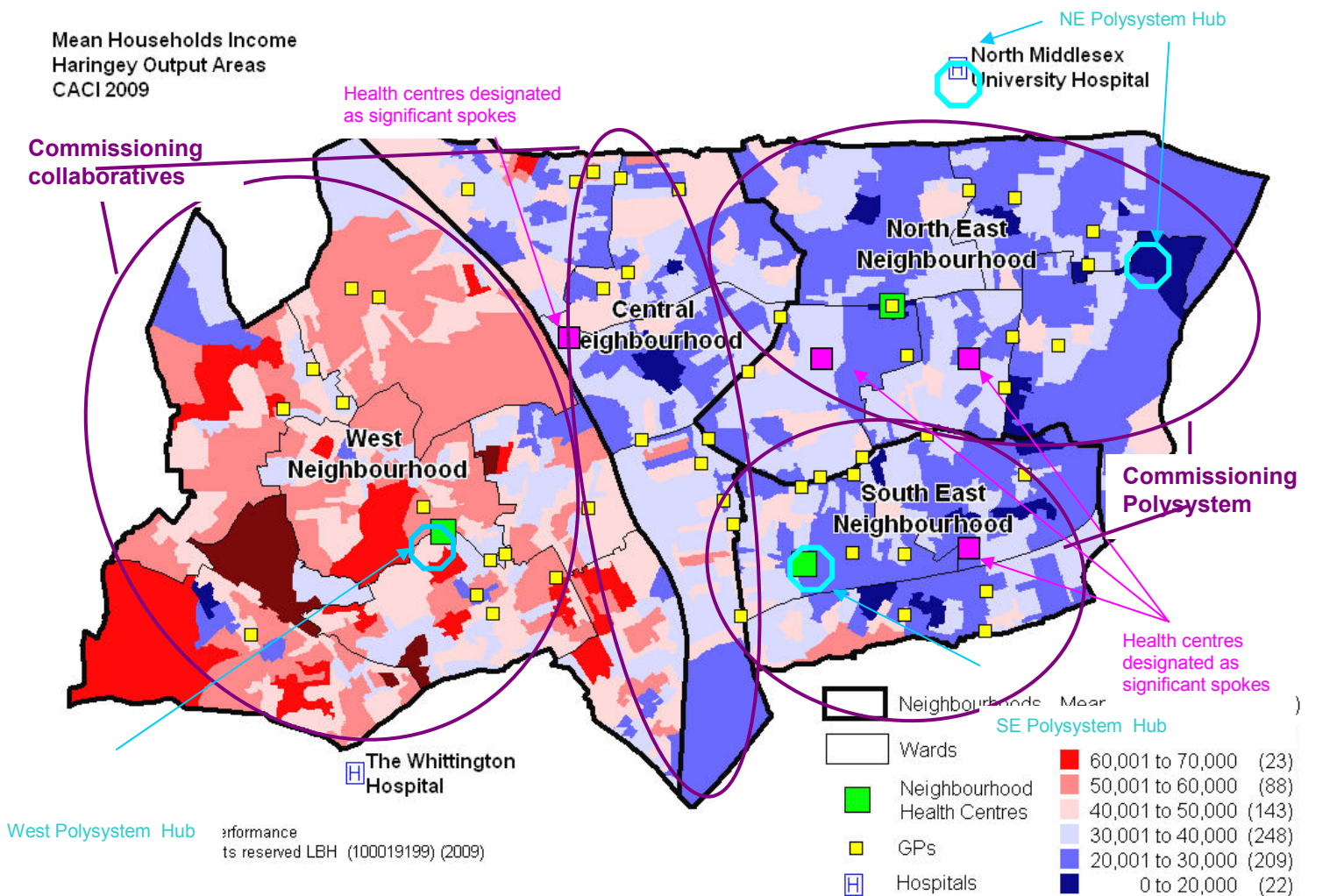
The North East commissioning collaborative will mainly commission services from the North East provider polysystem. The Spurs/North Middlesex hub is the polysystem hub for this area.

The South East commissioning collaborative will mainly commission services from the South East provider polysystem (although will use the North East polysystem for some more specialist services). The Laurels/St Ann's is the hub within this area.

The Central commissioning Collaborative, will commission services from both the North West and South East provider polysystem. Although the Central collaborative does not have its own dedicated hub, after much discussion it was decided that it would continue and not be merged with the north and south eastern collaborative groups.

Instead, the central collaborative is utilising new technologies to join services together (GP's etc) and communicate with patients as this resident population is characterised by being highly mobile and more IT literate than others areas within Haringey. We have established good IT systems based on Emiss and EMIS web. This has proved popular with patients who can book appointments and order prescriptions on line. They can also use the touch screens in surgeries to navigate within the surgery itself. This model is supported by patient flows and feedback from patient panels in the area.

Fig 1 Map of the Commissioning collaboratives in Haringey



There will be three delivery Polyclinic hubs supporting the polysystems in the west, South and north east. See Fig 2.

Fig 2 Map of the Polysystems in Haringey

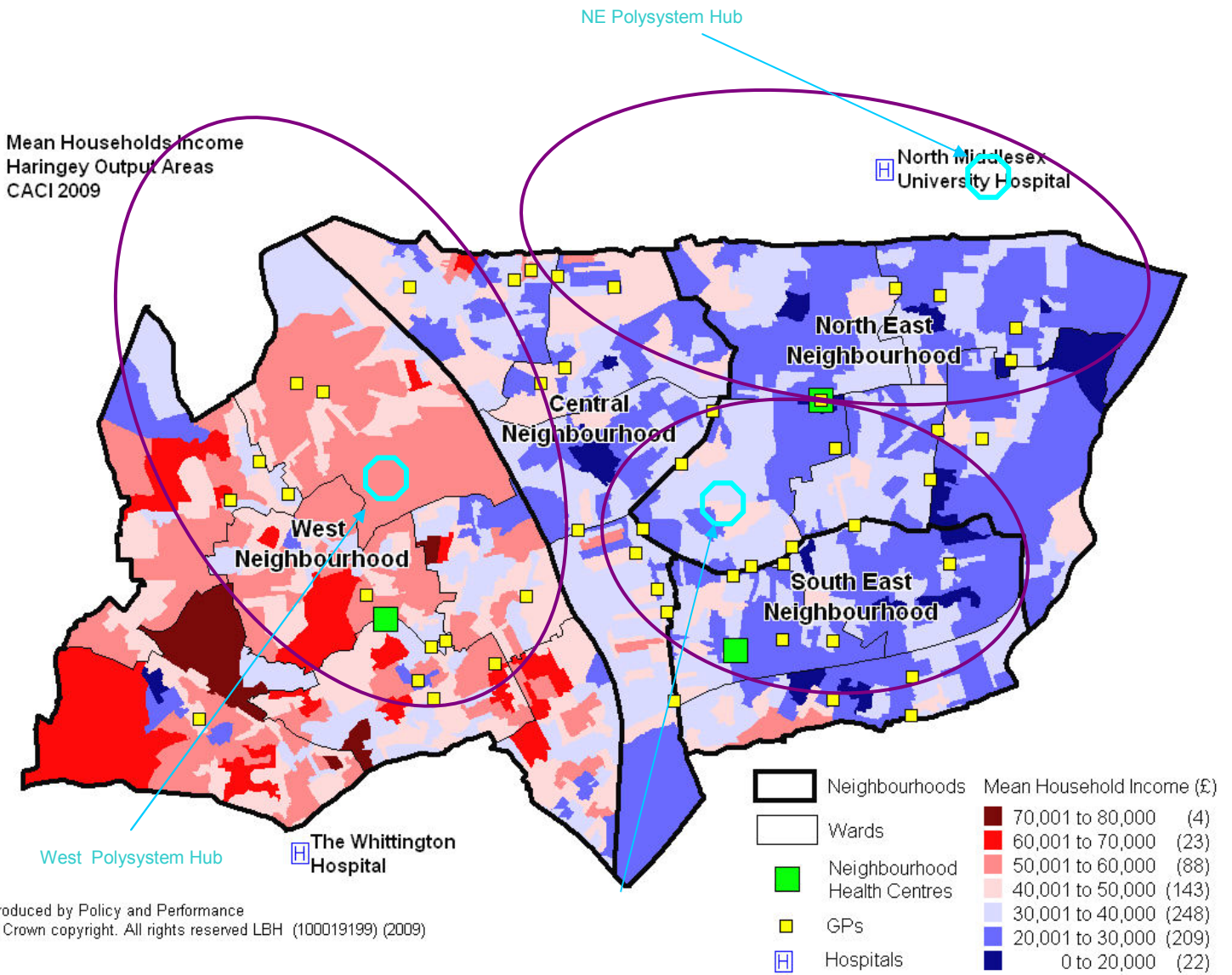


Figure in brackets denotes the number of output areas that fall into the relevant range

### 3.3 Reviewing our commissioning and provider arrangements

Our GP collaboratives have played a key role in developing and delivering our care closer to home agenda. However, as our three polysystems increasingly become the key delivery channels for healthcare services in the borough, we recognise we need to review the arrangements between the collaboratives and the polysystems. The key issue is whether the central collaborative which relies on the other three delivery polysystems needs to remain as a separate collaborative, or whether it should combine with the other three collaboratives. NHS Haringey therefore intends to review this arrangement in June, once its plans have been signed off by NHS London.

## **4. Governance**

### **4.1 Commissioning polysystems**

We are keen to expand the remit of the commissioning collaboratives as they have been successful in gaining buy-in from local GPs' and are fully engaged in transforming local services. Going forward we see the collaboratives crucial to the delivery of our strategy and we are clear that this will be clinically led. This will be achieved by merging the Commissioning Committee and the Clinical Executive Committee to form a clinically led committee – the Commissioning Executive Committee.

The new committee will have the clinical directors from each of the collaborative as members in addition to executive and non executive membership. The Committee will ensure that the locality commissioning plans and their associated business cases fit with the strategic commissioning plan of the PCT, and reflect the direction of travel of H4L intentions. The new committee will meet for the first time in July 2010.

The workstreams related the development and operation of the polysystems will be monitored by a new multi-agency polysystems programme board for each polysystem, and currently being set up. Boards will report to the Clinical Executive Committee.

#### **Polysystem provider:**

It is the intention that over the course of the next year a preferred provider will be selected for each polysystem. The preferred providers could range from an existing NHS provider organisation, a newly formed integrated care organisation or an APMS type provider. This preferred provider will provide many of the services for the polysystem and seek to sub contract where it is unable to, in order to provide the relevant services. This preferred provider will have a detailed specification and contract for delivery with clear outcomes, measurable in both the short and medium to longer term. It will be given the total budget for the local population for which it delivers services. We believe that selecting a preferred provider will create more opportunities for service integration, simpler and more effective clinical and corporate governance, reduce 'hand off's, and ultimately provide a safe and high quality joined up patient focused service.

## **5. Transition plans for polysystems in Haringey**

Because we already have considerable infrastructure and community based pathways in place which we need to develop in order to match the Darzi model, we are putting in place transition arrangements in place for each provider polysystem. This will mean we will not lose any momentum to provide more services in the community, and enable us to meet our financial efficiency savings.

### **5.1 West Haringey polysystem**

The West Polysystem serves the residents of Alexandra, Fortis Green, Muswell Hill, Hornsey, Highgate, Crouch End and Stroud Green. This is a wealthy population that flows north and south and is divided from central Haringey by the railway line. Secondary care is generally provided by the Whittington hospital and the demand from the population for secondary care referrals is significantly higher than in east Haringey. For instance based upon quarter 3 of 2009/10 the average referral rate in West Haringey was £48.13 per 1,000 patients compared to 38.95 in NE Tottenham and 39.85 in SE Tottenham.

## **Current position**

The polysystem hub at Hornsey is open and currently provides the full offering of facilities with the exception of urgent diagnostic facilities. NHS London have agreed to confirm the exact requirements for urgent care diagnostics but we are aware of the need to install an x-ray facility. This is currently being installed and is supported by the PCS system for reading and recording. It is estimated that this will be fully operational in September 2010.

Urgent care is provided for both patients who are registered at the practice based in Hornsey, and also unregistered patients. Hornsey offers an 8-8 service, seven days per week, which commenced in April this year. The out of hours service is currently based at Hornsey.

Hornsey also offers specialist services designed to meet the needs of its local population. It provides mental health services and houses a specialist dementia clinic. It was the first polyclinic in the UK to provide mental health services as integral to its core offering. It has established and grown access to planned care including supporting diagnostics. Current plans to increase the usage of the space are being developed to meet the need to transform service provision. Clinics are already running that support different models of care. The memory clinics are an example of the transformation of the dementia care pathway supported by clinicians from Barnet, Enfield and Haringey.

NHS Haringey has worked with the Whittington to support the development of the polysystems. The 2010/11 contract was negotiated to include a substantial shift from secondary care to the community. 3100 outpatients will be delivered on alternative care pathways that transform care away from the traditional medical model. This activity will shift in year with milestones agreed as part of the contract. In addition, the adult provider service will move forward with the Whittington to form a new integrated care organisation. Conditional in this process is the development of polysystems as the key strategic driver for the new organisation. A risk share arrangement is currently being agreed between the organisations to underpin this transformation. The provision of our skilled workforce and clinical leadership will enable this transformation to pick up pace.

The wider polysystem development is underway with GP's working well together on pathway redesign, with a particular focus on the needs of people with long term conditions and the elderly. Joined up local authority involvement in provision is gaining momentum and links to leisure facilities (for example, the LA swimming pool is adjacent to Hornsey Central) and other related services are better co-ordinated. Specific developments as outlined in the West Commissioning plan are being implemented.

## **End state**

Hornsey Neighbourhood Health Centre will provide the full offering as the hub for this polysystem. A complete range of urgent care facilities will be in place by September 2010. Additional planned care, specialist mental health services and long term condition management will continue to be rolled out in year. The wider polysystem development continues to be implemented in line with the West locality commissioning plans. The pace of further polysystem development will be influenced by the financial plans and the requirement of the sector to accelerate reconfiguration.

The development of a polyclinic by NHS Islington on the Whittington site will influence the functioning of the west polysystem. Discussions are commencing to see how both hubs and polysystems could work together, avoiding duplication and streamlining services. The West collaborative is working with its neighbouring collaboratives to ensure the maximum advantages are realised from this development when it is established.

## **5.2 North east Haringey polysystem**

### **Background**

The north east polysystem serves the residents of White Hart Lane, Northumberland Park, Tottenham Hale, Bruce Grove and West Green wards. Tottenham is currently ranked as the poorest in London and third poorest in the country, and understandably it has significant and intractable deprivation and health inequalities. For men in Haringey the difference in life expectancy between Tottenham and West Haringey is eight years. Men's health is a particular issue with high levels of heart disease, cancer and drug and alcohol abuse. This is also the population in need of the greatest support from authorities with, for example, the highest concentration of children on the 'at risk register' than elsewhere in Haringey.

The surrounding areas of north east Haringey and south east Enfield have similar demographics and issues. Regrettably, high need is compounded by poor supply of existing services and facilities. There are no health premises in the Tottenham. In 2007/08 a newly provided Lordship Lane neighbourhood health centre was built in the adjacent ward, which has provided an excellent new facility for a GP practice with a list size of 12,000 and community facilities for predominantly children, sexual and women's health. Lordship Lane saw the start of the modernisation of health services in the north west area, but much more is needed if we are to tackle the huge health inequalities and social deprivation in this part of the borough.

Tottenham, the most needy of communities, is served by a number of single handed GPs who are housed in unsuitable accommodation that is of poor quality and does not meet the regulations for clinical space. The poorest performing primary care practices are concentrated in this area, achieving low QOF points and patient satisfaction results in the borough. There are no dental services available. The need then to develop a substantial presence for health in this area has long been a priority for both Haringey and Enfield.

The opportunity to develop a flagship polyclinic in Tottenham, adjacent to the Spurs stadium redevelopment is a unique and cost effective opportunity to address the needs of the poorest population in London. Considerable investment has been made to develop a scheme compatible with the needs of the locality, the wider polyclinic model and the expressed preferences of the local clinicians and service users. Planning for the development has been agreed with a purpose built facility providing up to 5,000 square feet of clinical space. The facility has a prominent frontage onto the High Road that is the major artery for the area. All parking and facilities issues have been resolved with the support of all stakeholders including the Local authority and community.

Moreover the development will be complete in 2012, providing the much needed capacity to deliver cost effective alternatives to secondary care, predominately at NMUT. The financial imperative to move faster with the polysystem shift in an economic downturn make this hub fundamental to realising the financial obligations of the organisation.

### **A new polyclinic in Tottenham**

The vision for the polyclinic in Tottenham fulfills the need to address the complex needs of this deprived community in a transformational and affordable way. This purpose built facility is designed to accommodate the high volumes needed to ensure cost effective treatment. It will provide a venue for the delivery of the new models of care developed between primary care and the North Middlesex University Hospital (NMUH). For example, in diabetes, a new model of care was agreed two years ago. It has struggled to be implemented due to lack of clinical space, multiple locations for primary care and poor clinical practice. Piecemeal provision has complicated both the clinical view for this disease area but also the patient perspective.

Bringing together clinicians in a bespoke facility where capacity is available to support patients in a timely way will greatly improve the health gain from these services.

The ability to provide diagnostic and support services will improve both uptake and compliance. The co-location of our health trainers underpins the sustainability of the expert patient programme. We believe the co-location of these services with Diabetes UK, and social care is fundamental to maximise health gains for this population.

The local authority is keen to share the accommodation which will provide both income and holistic service provision. For example, the drug and alcohol team has recently had to relinquish its outlet in Wood Green and would welcome the opportunity to be located in the heart of the area where most service users reside. Men's health would be the focus of this clinic providing specialist services. We have already improved our public health penetration in the area regarding smoking cessation and Chlamydia testing by working with the charitable arm of the club.

We believe that this flagship building will house the key services to tackle our health inequalities, and attract the clinical staff we need. The area does not attract or retain excellence in clinical skills. With some notable exceptions, the quality of primary care in the area is below the standards acceptable to NHS Haringey. We intend to use the new facility to attract new talent to the area and support the exiting local clinicians who do meet the standards or who need further support and development to enable these practices to meet the needs of their registered population. This is a key development supporting the drive to improve clinical quality in one of the most challenged areas in London.

The prominence of the Tottenham hub facility on the High road south of the NMUT is vital in order to divert patients away from the A&E facilities at the NMUH. In time we believe it will be seen as the Haringey hub providing the full offering of urgent care. This will free up the NMUH to deliver as the major acute provider for the sector. It enables Haringey to have a hub within the borough giving an important base for Haringey residents. Despite the similar demographics, Haringey patients do not flow north and do not identify with healthcare services provided in Enfield.

By 2012 the proposed development in Tottenham could be complete and open. This will provide a fully operational hub offering a full range of health and social care services, in conjunction with facilities on the North Middlesex site. As part of the newly developed clinical pathways, the Tottenham hub site will also be able to offer access to more complex diagnostics linked to current acute elements of patient pathways. It will also offer extensive and comprehensive outpatient and day case activity.

### **Tottenham hub and North Middlesex University Hospital**

The Tottenham site will be the hub for the north east polysystem and will work closely with the North Middlesex to ensure services are joined up and avoid duplication of service provision. This strategy is in keeping with the needs of the North Middlesex who support the Tottenham development. The North Middlesex hospital is land locked by other buildings and lacks the ability to expand its site. Accommodation on the NMUH site is therefore limited and the reconfiguration of their estate for the new hospital does not include space for primary care facilities.

NMUH is pursuing its strategy as a major acute provider and will use its diagnostic facilities to support the imminent increase in patients expected as part of the BEH strategy. The new A&E opens shortly and the primary care urgent care centre is currently operational on the site. The timetable for opening Spurs coincides with the increased demand on the North Middlesex as set out in the BEH strategy. Being mindful of this the NMUT have aligned their strategy to



support the polysystem development in the area and are moving with us to support the shifts to primary care that they also require to accommodate increased patient flows from the west and north. The NMUH have already offered support in the development in terms of design and operation as they will also benefit from the capacity. Undoubtedly, the North Middlesex will play an important role in health provision in the north east of Haringey. Economies of scale and the utilisation of clinical expertise will mean that some hub services will be provided on the NMUH site.

The demographic of the local population is largely ethnic with high churn as an additional complexity. It is widely recognised that such populations associate with major hospitals and need to build an affinity with primary care. The UCC at the North Middlesex was transferred to North Middlesex in March 2010 under the auspices of an APMS contract, with the previous walk in centre provided by Chilvers McRay decommissioned. When the new A&E opens next month the UCC will be the point of entry allowing the primary care front end to address the needs of patients more appropriately. GP registration is available and the APMS is targeted to register non-registered patients with their choice of primary care providers.

It needs to be borne in mind that NMUH is in Enfield not Haringey. The residents of both Enfield and Haringey make up 85 per cent of A&E attendances at the North Middlesex with an approximate 50:50 split. Patients are offered their nearest or a choice of local practices in both boroughs depending on their residence. This is important as a Haringey GP practice could not operate out of the Enfield site. The reintroduction of primary care at the hospital is important to educate users of the services available to them. The current UCC offers access to rapid response services for children via the development of a PAU; for the elderly through community health and social care teams; and for individuals presenting with mental health issues through connections to acute liaison psychiatry and the START team.

### **Lordship Lane health centre**

Under our proposals, Lordship Lane health centre will become a significant spoke in this polysystem. It will offer extended hours primary care services and a registering practice but will not have an urgent care facility supported by the required diagnostics. Lordship Lane will provide a specialist children's polysystem 'spoke', providing paediatric outpatients, children's disability services and supporting the Children's Trust objectives linked to the children's services being opened by the LA directly behind it on the Broadwater Farm estate. It will also house the paediatric staff currently provided by GOSH in Haringey. The staff who will be displaced as part of the St Anne's redevelopment and the need to re-provide accommodation for them is phased in stages from now until 2012. Lordship Lane provides an ideal situation for the improvement of paediatric services. Its location behind a major transport route reduces its visibility as an urgent care facility, but its connections with its local community make it a favoured location for planned paediatric care linked in with the local authority and children's centre.

### **End state**

Transitional arrangements for the north east polysystem includes the continuation of the urgent care centre currently open on the NMUH site. Lordship Lane provides extended services and will provide much needed outpatient capacity during 2010/11 and into 2011/12. During this transitional phase, Lordship Lane and the UCC at the North Middlesex will provide the core services for the polysystem. It has been agreed in the 2010 contract with North Middlesex that 28,000 outpatient appointments will be transferred in year to Lordship Lane (and the Laurels and Tynemouth Road in the south east polysystem) and re-provided in accordance with the new patient pathways. Our end state will be to have clinical services based in the community at a new hub in Tottenham, with other specialist services including

urgent care provided at NMUH. This polysystem will also draw in people from the central GP collaborative.

### **5.3 South east Haringey polysystem**

Our south east Haringey polysystem serves the residents of Tottenham Green, St Ann's and Seven Sisters wards. The hub for the south east is the Laurels Health Centre. It is currently open from 8-8, 365 days a year and offers a full range of extended services. The GP out of hours service is based at the Laurels. Patients therefore have access to extended hours walk in primary care as well a registering practice. The Laurels has established access to planned care including supporting diagnostics and community health services.

The Laurels currently optimises its accommodation to the full. Consultant led, extended practitioner and primary care clinics are already run from the premises as part of the new care pathways that have been developed. Examples are a primary care gynaecology service which is supervised by a consultant. Ultrasound and other diagnostics are in place to support this one stop shop for women's health. With the exception of urgent care diagnostics, the Laurels is probably the closest to be operating as a polyclinic.

The current redevelopment of the front end of the Laurels will improve the premises and allow patients to access services more easily. It also provides accommodation for the on site pharmacy. The works on this improvement is due to finish in September 2010.

In the longer term the full urgent care offering will be provided by the hub at the Laurels utilising accommodation on the St Ann's site opposite. The St Ann's site is to be sold by BEH for redevelopment by LIFT. The timescale for this redevelopment is 2013. In the meantime we intend to provide an interim solution using the facilities at St Ann's when a clear definition of the scope of the urgent care is available from NHS London.

Tynemouth Road health centre is significant spoke that serves both of the east Haringey polysystems. It focuses on planned care for women and children including gynaecology, maternity and contraceptive and sexual health (CASH) services. In 2010 it will provide the base for the new maternity model of care, supporting primary care led antenatal services as well as linked to other initiative like the Family Nurse Partnership, sexual health services and breast feeding support.

#### **End state**

The St Ann's Hospital site is across the road from the Laurel's and is on track for redevelopment in 2014. The transaction between the site owners, BEH Mental Health Trust and LiftCo aims to deliver a whole systems redesign of services on the site, with facilities opening in 2014. End state for the south east collaborative will see an extension of the Laurels that will be a fully operational hub. This development offers an extension or alternative to the existing facility that will offer a full range of urgent care services. This polysystem will also draw people in from the central collaborative.

## **6. Financial planning assumptions.**

We have undertaken local financial modelling to support the development of our polysystems in Haringey. This work was conducted for two main reasons. Firstly to test the accuracy of the Healthcare for London assumption that outpatient activity could be re-provided locally at a saving of 15 per cent of tariff; and secondly to analyse the capacity of our current estate to quantify how much outpatient activity could be accommodated without significant changes to

our infrastructure. This analysis demonstrated that the 15 per cent reduction on tariff was potentially an underestimate of the savings able to be generated from a shift in activity. This was based upon the current revenue costs of our buildings and an assessment of the staff costs needed to provide the clinics. We also modelled the outpatient activity which potentially could be shifted to our hubs from our local hospitals. We have estimated that a total of 65,000 outpatient attendances could be re-provided locally from the Whittington and 55,000 attendances from the North Middlesex from 2013/14. We have plans to begin the shift of activity during 2010/11 and are working with the hospitals to implement the necessary service changes. We are assuming financial savings to be generated during this financial year. A report outlining this work was presented to the March meeting of our Trust Board.

We have also made a fully costed assessment of the capital expenditure needed to facilitate additional local activity. This includes infrastructure improvements at each of our buildings together with the purchase of diagnostic facilities. This expenditure was identified and included in the recent submission to NHS London to inform 2010/11 capital allocations.

However we recognise that a full costing of our polysystems requires the population of the CSL model. As highlighted above we have made good progress in its completion but the full model cannot be fully appraised until the care pathways have been devised and incorporated. These are underway within the sector led by Camden and are anticipated to be available from June onwards. This will enable a robust appraisal of the options and form the basis of the Spurs business case. The case for the Spurs development has been well made locally and an outline case is in train. At this stage in the process it is envisaged that the cost of developing the Tottenham hub would be equivalent to the cost of a new facility at the North Middlesex site (given the need for a facility of a certain size and the similar geographical area) but would have the considerable advantages in respect services and of location as outlined above.

## **7. Summary**

Significant progress has been made in Haringey in the implementation of the polysystems model. The Laurels and Hornsey currently offer most services required from a hub and plans are in place to deliver the full range of urgent care and diagnostic facilities when these have been clarified by NHS London.

The construction of the north eastern hub at Tottenham is well supported with contractual and planning arrangement nearing completion. Its construction will allow Haringey to fulfil its obligation to the Dazi model, implementing the required number of polyclinics for its population within the necessary timescale. It also supports the financial planning assumptions by providing the necessary facilities to meet the activity model required by the borough to deliver the sector financial recovery plan.

The local authority is integral to the development of the polysystems. They are already key members of the commissioning collaboratives and now will also join the polysystem programme board as providers of services. The LA children's area networks are already working in the three polysystem areas and there are plans to move the adult LA services into these three areas. Across Haringey we are working on the 'Total Place' agenda and will be using the three polysystem areas as the bedrock for joined up planning and provision as well as service rationalisation, making services more accessible and comprehensive for the local population.

**Julie Quinn**  
**Deputy CEO NHS Haringey**