

**BRIEFING FOR HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE
HEARING ON HEALTH – WEDNESDAY 20 OCTOBER HORNSEY
NEIGHBOURHOOD HEALTH CENTRE**

This paper gives a brief overview of the issues the Overview and Scrutiny Committee wishes to discuss with NHS Haringey at the special health hearing.

Camidoc/Out of Hours Service

After winning a competitive tender process for the new contract, Camidoc alerted the Consortium of Camden, Islington, Haringey and City and Hackney PCTs to problems regarding its financial status. With the agreement and co-operation of Camidoc, the Consortium commissioned an independent business review which confirmed the seriousness and ongoing nature of the problem. It was clear that Camidoc was technically insolvent and that this could compromise future service delivery in both the short and longer term.

Taking all of this into consideration, the consortium concluded that it could not confidently and safely ensure continuity of the out of hours service by entering into a new contract with Camidoc.

An emergency provider has been appointed for a nine month period to provide an out of hours service while a reprocurement exercise is undertaken. The consortium appointed Harmoni, which already provides out of hours care to people across eight London PCTs.

Harmoni has similar origins to Camidoc as a GP cooperative. Both organisations state that they believe in delivering a local GP led, clinically safe service to the patients. Harmoni was started in 1996 as a GP co-operative in Harrow, West London. The two founding GPs, Dr David Lloyd and Dr Nizar Meralli, are still active within the company today. It now provides services to over nine million patients in England on behalf of over 20 PCTs, handling up to 70,000 calls per month. Within London, Harmoni already deliver out of hours care to approximately two million patients across eight PCTs.

Section 242 of the NHS Act 2006 was complied with when setting the service specification for the new contract for which Camidoc was the preferred provider.

Harmoni is providing cover for this contract on an interim basis for a period of nine months. The service delivery remains the same, e.g. there are no changes to the location of delivery, hours of service, methods of contact or even the service telephone number. Legal advice has confirmed that there is no obligation to consult under section 242 off the NHS Act as there is no change in service provision between Camidoc and Harmoni.

All decisions regarding the appointment of an alternative provider and the selection of that provider were taken by the Consortium Board with the full support of the individual PCTs. Local clinical leaders have been kept informed and GP and LINKs representatives from each PCT have been invited onto service mobilisation groups

The PCTs have an obligation to ensure that value for money is demonstrated across all services. Furthermore, the duty of the Consortium is to ensure a safe and consistent out of hours service is provided, irrespective of any actual or perceived differences in organisational form or ideology.

The service set-up costs are being paid to Harmoni, on an open book basis, in recognition of the short term nature of the contract. With longer term contracts these costs would be expected to be recovered by the provider over the contract period.

Set-up costs for this short term contract have been estimated at £50k per PCT. The monthly cost of the Harmoni service is comparable to that of the Camidoc service.

The PCTs, based on financial information previously provided by Camidoc were able to estimate likely costs of Camidoc providing the service for the nine month period. These costs were deemed likely to be approximately 20 per cent higher than the current monthly contract value. This would be more than the contract value agreed with Harmoni. In fact it would have been inappropriate for the PCTs to contract with Camidoc for the nine month period for the same reasons that caused the abandonment of the original procurement.

Patient safety and sound clinical governance are of paramount importance to the PCTs and the service provider. The PCTs, as part of the temporary provider selection process, sought assurances as to the robustness and appropriateness of proposed arrangements.

The performance framework set out within the contract will allow ongoing monitoring of the delivery of the service. Local GP representatives are also involved in overseeing the transition and Governance arrangements.

Local knowledge is recognised as being key to the effective delivery of the service. Eligible staff, including current call centre staff, drivers and GP roster/shift coordinators, have the right to have their employment transferred to Harmoni under TUPE on the same terms and conditions. Harmoni have confirmed that they are committed to continuing to work with local GP's in the delivery of the service.

8 till 8 Service at Hornsey

NHS Haringey commissioned the pilot walk in service in April 2010 for people who required access to primary care services outside of GP normal working hours and at weekends. The pilot scheme finished on 1 September.

It was always our intention to review the service after completion of the pilot phase, to see how it complemented the other ways of accessing care including NHS Direct, our out of hours services and extended GP opening hours.

Our original projected demand at the time of commissioning the pilot was that it should see 30 patients per day, 900 patients per month. The service started slowly but in July saw approximately 700 patients.

The vast majority of GPs in the West of the borough already provide extended opening hours, and it was clear that the walk in service was being used by some patients as an alternative to routine GP appointments, which is not an appropriate use of the service.

NHS Haringey put in place a communications plan to inform the public that the service is no longer available, and signposting them to the other ways that people obtain medical advice and treatment.

We are now actively evaluating the pilot whilst we do that we have suspended the pilot from September 2010 to April 2011. This has been necessitated due to other changes in the provision of out of hours services and the need to have a more streamlined approach towards unscheduled care that is cost effective and efficient, taking into account how best we can ensure people can access services outside of normal GP hours.

NHS Haringey is committed to ensuring that Hornsey neighbourhood health centre is a key community asset for the provision of medical services in the area. Services that are already provided at the centre include physiotherapy, foot health and midwifery clinics, and we are working very closely with the Whittington Hospital to provide new clinical services including treatments for diabetes and dermatology.

NHS Haringey will continue to work with the practice at Hornsey and other stakeholders to evaluate how all primary care services, including NHS Direct, our out of hours services and extended GP opening hours work together to deliver a comprehensive service for patients ensuring the best use of NHS resources.

Buses to Hornsey

One challenge for community based health facilities is the provision of public transport links. Major hospitals are usually situated near public transport hubs, while neighbourhood health centres are based in the community, and not always near major public transport routes. The Hornsey neighbourhood health centre is on the W7 bus route, and is near to the W5 and W3 routes. That said, there have been calls for better public transport access, and NHS Haringey has discussed the issue regularly with Transport for London. TfL do review routes, but will want to see significant unmet passenger demand before changing routes.

Recently NHS Haringey met with Haringey Bus Watch to discuss options for improving transport access to the Hornsey health centre. It was recognised that unless there was significant demand for access to the centre from people who had mobility issues, it would be difficult to persuade TfL to increase access to the centre. NHS Haringey is currently looking at what the current and projected services are for Hornsey which may be for people with mobility issues. If there are not significant numbers, then we will investigate alternative transport arrangements such as encouraging volunteers to pick up patients and take them to the centre, and arrangement which many acute hospitals provide.

NE Tottenham Health Centre

Tottenham, one of the most deprived areas of the borough and the need 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 opportunity to address the needs of the poorest population in London. Spur planning for stadium has been approved, we have developed proposals with Elevate, our property management partners, but have no money available at the moment to take this project forward. We want to provide good quality healthcare from this site but have to be realistic about the financial position,

which means securing the necessary funding will be difficult in the current financial climate.

The Laurels

Services at the centre are provided under an APMS (alternative personal medical services) contract by a partnership between LHS Ltd (a consortium of two Haringey GP practices) and Camidoc.

LHS Ltd have now informed us that because of uncertainty around Camidoc's financial situation, they are no longer in a position to continue to provide their service at The Laurels. They therefore wish to hand the contract back to the PCT on 15th September 2010.

We are currently negotiating with the medical director at the Laurels to continue to provide services until 30 September. This will allow us to put in place appropriate communication and contingency plans.

In order to ensure patient safety and continuity for the patients registered at the practice, NHS Haringey is putting in place a temporary emergency APMS contract until March 2011 at the earliest. The APMS contract will be for core GP services run by a local GP.

Under the APMS contract, an 8-8 seven days a week walk in service was also provided. However, information from the Laurels Healthy Living Centre shows that it was used by a small number of local patients, most of which were already registered with the practice or neighbouring practices.

We have therefore decided that because we are agreeing new temporary arrangements, we will no longer provide the 8-8 and the walk in service for the rest of the financial year. It is our intention to consult and commission the provision of a walk in service from next year under a new APMS contract.

In the meantime we will be informing patients at the practice that the walk in service is currently suspended, and that if they do have an urgent medical need, they should either contact our out of hours provider, NHS Direct or go to their nearest A&E centre.

Pharmacy provision in the Laurels Healthy Living Centre

In January 2010 NHS Haringey received an application from the Bridge Renewal Services to open a pharmacy in the Laurels. We considered the application under the regulatory test of whether a pharmacy would be necessary or expedient in order to secure adequate pharmaceutical services in a particular neighbourhood. The PCT received many letters of support, including local residents, two Haringey Councillors and the local MP. There were also many letters from local pharmacies opposing the application. The application was declined on the grounds that there were already sufficient pharmacies in the neighbourhood.

In May 2010 we received a second application for a pharmacy to open under an exemption category whereby a pharmacy opening for more than 100 hours per week is exempt from the regulatory test described above. We had no grounds to refuse this application which was approved in September 2010.

NHS Haringey financial update report for 2010/11

NHS Haringey faces a number of major pressures on its resources for 2010/11, which means it estimates it is heading toward a significant deficit on its budget. This note sets out what these pressures are, and what NHS Haringey is doing to address them in order to minimise any overspend.

Budgetary pressures

Low income growth: NHS Haringey's income grew by only £3.6m for 2010/11.

Significant growth in acute expenditure: In the last two years there has been £24m growth in acute expenditure. Reasons for this increase in expenditure include an eight per cent increase in recorded activity per annum which represents £14m of the £24m total; high cost drug usage and newly recorded procedures; and an increase in emergency procedures. This, and other reasons has resulted in NHS Haringey's growth in acute spend being the highest in the north central London sector. This situation has been compounded by the Government's changes to the funding formulae for how much PCTs pay for secondary care services, which has meant we now have to pay more. This means there has been an increase in the demand for secondary care services, and an increase in the amount we pay for secondary care services.

Other pressures: There has been an increase in forensic mental health patient numbers; the cost of providing continuing care has increased; and a growth in our expenditure on prescription drugs.

Savings

NHS Haringey has looked at all aspects of its operation to see where savings can be made in order to reduce the level of any end of year overspend. Each year we have always been required to make efficiency savings, but this year because of the pressure on our budget, the scale of the savings is significantly higher. Originally we hoped to achieve these savings by transferring appropriate services out of acute hospitals and into our community facilities such as Hornsey health centre, and through other efficiency and productivity gains.

However, although we have transferred some services into our health centres, the shift has not been sufficient to meet the savings targets, and neither have the productivity and efficiency gains. The NHS Haringey board therefore agreed to an additional savings plan, which we estimate will save us £12m over the course of the year. However, we continue to explore all opportunities to achieve additional savings.

As a consequence of these pressures, NHS Haringey currently estimates that it faces a significant deficit at the end of this financial year.

Healthcare support for adults living in care homes

NHS Haringey provides a full range of healthcare support to all residents of the borough who are registered with a General Practitioner (GP). This support includes servicing the needs of those residents who live in multiple occupancy accommodation and specifically nursing and residential care homes.

The majority of GPs aligned to Nursing Care homes manage to provide the appropriate level of healthcare support. However, in 2008 NHS Haringey introduced a Locally Enhanced Service (LES) that provided further support in the form of additional payment to GPs for the provision of healthcare to the residents of the Nursing Care Homes. This was taken up by GPs covering four Nursing Homes out of the 17 in Haringey, three of which come under Haringey Council's direct management.

As part of the 2010/11 quality and efficiency review, NHS Haringey took the view that such a service was neither equitable, as it covered only four nursing homes, nor appropriate as the main healthcare needs of these residents should be covered by the GPs under the contractual obligations. The PCT therefore gave notice to the four GPs receiving the LES payment. Subsequent to this GPs providing services under the LES to two of the care homes notified us that they no longer wished to provide care to the clients in these care homes.

NHS Haringey has therefore made arrangements for appropriate healthcare support to be maintained at these four homes. Our Practice & Practitioner Service (PPS) Manager wrote to the GP surgeries, patients and care homes on the 28th September to confirm the new allocations and advising the care homes how to register patients with the new GPs. An email with patient allocations was sent to the care home managers on the 28th and 29th September.

NHS Haringey has recently recruited a new Community Matron for Care Homes, who is also a nurse prescriber. We are arranging for them to be registered locally and to work closely with the appointed GPs and Care Home staff and managers. As part of her work, the community matron **has started** with the **two** care homes where we have reallocated clients to new GPs and in addition NHS Haringey will provide a simple contact guide to each home to ensure there is no disruption to services from October onwards.

NHS Haringey is committed to ensuring that all residents in the care homes in Haringey receive good quality primary care services.

Report of the clinical panel on their review of the Barnet, Enfield and Haringey clinical strategy

Since 2006, Barnet, Enfield and Haringey PCTs, together with the hospitals at Barnet, Chase Farm and North Middlesex, have been working together to plan safer and stronger healthcare services locally.

Following an extensive consultation process and agreement by the then Secretary of State for Health, the programme to provide better healthcare services began to be implemented last year.

This work was halted by the Health Secretary, Andrew Lansley, in May 2010 pending the outcome of a review of the planned changes against four tests. He outlined his vision to ensure that patient outcomes and clinical evidence are at the heart of any changes to health services, stating that all service changes must be led by clinicians and patients, not driven from the top down.

The Secretary of State requires reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement, including local authorities;

- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

As part of the assessment of the support from GP commissioners, the BEH clinical strategy team put together a panel of clinicians from across the three boroughs to review the clinical arguments that underpin the BEH strategy. Dr Jatin Pandya represented Haringey on this panel, which met from 27 September to 1 October.

The purpose of the clinical review group is to:

- Review the clinical evidence for the service change envisaged in the BEH Strategy - assessing separately Women's services, Children's services, Urgent Care, Primary Care, Planned Care
- ascertain whether any change in circumstance or evidence has taken place in the three years since the original consultation
- Engage wider GP body in each PCT area
- Provide a digest of the evidence and advice to the Strategic Review Group in each local authority area.

The Group will produce a summary report by 6th October 2010. This report will be available to the Strategic Review Groups, wider body of GPs, LINKs and Local Authorities and be posted on the PCTs' web sites.

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