Agenda item: **4**

Scrutiny Review – Primary Care Strategy On July 17th 2007

Report Title: Scrutiny Review – Primary Care Strategy (Access to GPs)

Wards(s) affected: ALL	**Report for:** [Key / Non-Key Decision]

1. Purpose

1.1 To approve the scope and terms of reference for the Scrutiny Review of Haringey Primary Care Strategy (Access to GPs).

2. Recommendations

2.1 To agree the terms of reference, work programme and timescales for conducting the Scrutiny Review of the Primary Care Strategy for Haringey.

3. Contact Officer: Martin Bradford, Research Officer, Overview & Scrutiny 0208 489 6950

4. Executive Summary

Haringey TPCT launched a consultation process on their planned vision for primary care services on June 28th 2007. This scoping paper details the background to the proposed strategy, a summary of the main proposals and the consultative processes planned by the TPCT.

The Review Panel will examine the primary care strategy in the context of a 'substantial variation' of service. This necessitates that the review focus on the efficacy of the consultation processes employed and that appropriate public interest has been taken into consideration through patient and public consultation. In addition, the panel will also be required to consider whether the proposal is in the interests of the local health service. How the planned new model of service provision set out in the Strategy will impact on patient access to GPs in Haringey will also be assessed.

This scoping paper sets out the terms of reference, objectives and work programme for the review to coincide with the HTPCT consultation period which ends October 19th 2007.

5. Local Government (Access to Information) Act 1985

Background Papers relating to this report are:

"Developing World Class Primary Care in Haringey - A Consultation Document." Haringey TPCT (2007)

Keeping it Personal: the clinical case for change Department of Health (David Colin-Thome, National Director for Primary Care (2007)

Our health, our care, our say (Government White Paper) 2006

Choosing Health (Government White Paper) 2004

6. Background

In June 2007, Haringey Teaching Primary Care Trust published a long term plan for the development of Primary Care services within the Borough. This consultation document "Developing World Class Primary Care in Haringey" suggests that there is a need to update and improve the way that primary care services are structured to enable them to adapt and respond to the changing needs and expectations of patients. The proposed new model of service provision for Haringey will utilise new health technologies, service advancements and improved working partnerships to improve primary care provision and to extend the range community and secondary health care services provided through integrated healthcare units (polyclinics) situated across the borough.

6.1 Why is access to Primary Care (GPs) important?

There are a number of reasons why access to primary health care is important:

- The GP is the first point of contact for many people when seeking medical attention, indeed, on average a person will see their GP 4 times each year.
- Within the UK system of healthcare, the role of the GP plays an integral role as 'gatekeeper' to the wider family of NHS services (e.g. secondary and community care).
- There is long established evidence to suggest that targeted primary care can be effective in helping to reduce health inequalities given that those areas in which there is an under provision of GPs are also those with the poorest health outcomes.[1]
- Poor access to GPs and wider primary care services is associated with greater utilisation and more inappropriate use of more expensive hospital and other acute services.[2]

6.2 National Policy Context - Primary Care

The national policy framework for the development of primary care is established through a number of Government White Papers; *Our health, Our Care, Our Say* (2006), *Choosing Health* (2004) and other policy documents; *Keeping it personal (2007)*. Together, these documents provide the legislative and policy framework that guide the way that primary care services are currently planned, organised and delivered within the community.

6.2.1 Our Health, Our Care, Our Say (2006)

Our Health, Our Care, Our Say is a government White Paper which has four key priorities: better prevention and earlier intervention, more choice and a louder voice for patients, tackling inequalities and promoting healthier communities. It underlines the importance of providing high quality primary health services in the areas where they are most needed given that those areas which are under served by GPs are known to have the poorest health outcomes. The current pattern of primary care provision however, does not always reflect the level or geographical distribution of health needs within the community. The White Paper aims to improve GP access through creating greater flexibility in the way that primary care services can be provided to meet the changing needs and expectations of patients:

- Increasing GP capacity by allowing PCTs to commission new providers in to primary care field (i.e. independent sector, GP co-operatives);
- Ensuring longer opening hours for GPs through (i) new specifications in PCT commissioning arrangements (ii) patient accessibility surveys on which GP remuneration will partly be based;

[1] Our Health, Our Care, Our Say, Department of Health 2006

[2] M Guilford, Availability of Primary Care Doctors and Population Health Journal of Public Health Medicine: 25 (3) 272

- Simplifying the process through which new patients can register with a GP or existing patients can move to another GP;
- Provide additional financial support (Expanding Practice Allowance) to popular practices thus minimising the instances when GP lists are closed;
- Allowing patients to make an informed decision in choosing a GP through placing a new duty on PCTs to ensure that adequate information is available to patients about how they can register with a GP and what services practices provide.

Bringing care closer to patients can improve health outcomes, increase patient satisfaction with services and be more cost effective than similar care provided in acute settings. Thus the White Paper also makes provisions that encourage primary care services (GPs) to co-locate with other secondary and community health care services to extend the range of services available to patients in the community:

- Facilitating the provision of acute outpatient appointments within the primary care settings for 6 clinical areas (dermatology, ear, nose and throat medicine, general surgery, orthopaedics, urology and gynaecology);
- Developing access to basic diagnostic services in primary care (i.e. x- ray);
- Encouraging the provision of some urgent services where it is deemed clinically safe and appropriate (e.g. minor surgery, basic fractures and other less intrusive medical procedures);

6.2.2 Keeping it Personal (2007)

This policy paper outlines the need to reconfigure the balance of health care provision in which planned secondary will be devolved to primary care settings. Provision of planned secondary health care services (outpatients, diagnostics, minor surgery) within the within the community will free up the acute sector to allow it to focus on unplanned emergency services and other more specialist clinical areas. The rationale underpinning this move can be summarised as thus:

- 80% of care provided in acute settings can safely be provided by a GP, Practice Nurse or Consultant working in the community;
- Primary care is efficient: whilst it sees 8 out of every 10 people using the NHS it receives just £8bn (11%) of the entire (£90bn) health budget;
- There are significant opportunities for preventative interventions given that 99% of population are registered with a GP;
- GPs are highly trusted by patients, with approval ratings over 76%.

Shifting planned secondary care to primary care will be assisted through a number of developments:

- Improved partnerships between GPs and Acute Sector Consultants/ Departments;
- GPs with Special Interest (GPswSI): GPs with specialist knowledge and skills in particular areas will be commissioned to provide clinical services for a cluster of GPs;
- Community Matrons will manage more complex patient conditions within the community;
- Development of Community Hospitals, Super-Health Centres or Polyclinics to increase the secondary care capacity of the primary care sector.

6.2.3 Choosing Health (2004)

Choosing Health provides a framework for health improvement through seeking to improve the range of choices that are available to help individuals maintain and develop their health and well being. The White Paper highlights that reducing health inequalities must be a focus for health improvement and that work must be centred

upon those groups (or areas) in society that are the most disadvantaged or excluded. Given the importance of primary care in reducing health inequalities, plans are put forward for developing the accessibility, convenience and quality of these services which include:

- Focus on improving the standard and breadth of primary care facilities in the community;
- Target funding in those areas where deprivation is most severe and where inequalities in health are greatest;
- Additional training and support for front line staff to maximise health improvement opportunities with patients.

6.2.4 National Targets and Standards Relating to Access to Primary Care

A number of key targets and standards are in place which relate to the accessibility of primary care to patients. As of 2004, patient access to primary care workers was guaranteed within the following timeframes:

- Access to a GP must be available within 48 hours;
- Access to a Practice Nurse or other primary care available within 24 hours.

PCTs and other healthcare organisations also have specific duties to ensure that access to services is equitable and are routinely assessed within NHS core standards:

- Core standard (C18): Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

6.2.5 Practiced Based Commissioning

This is the process through which GPs will become more directly involved in the commissioning of primary care services. It is the intention of this policy that commissioning processes will be more sensitive and responsive to local needs given that they are undertaken by informed practitioners working in the communities they intend to support. The PCT will still retain the overall budget for primary care services and will determine overarching commissioning policies and priorities across the PCT, though commissioning groups of GPs will acquire greater discretion as to how this money is spent and on what services. In Haringey, the TPCT has four commissioning groups of GPs (West, Central, NE Tottenham and SE Tottenham). Although it is too early to ascertain the impact of this development, it will play an important role in shaping the development of primary care services in Haringey.

6.3 Local Policy Context

In addition to the national policy and legislative framework set out above, there are a number of local strategies with which the Primary Care Strategy is directly linked. In addition, there are other local strategies whose priorities, targets or work-plans would appear to be supported by planned developments set out in the Primary Care Strategy.

6.3.1 Barnet, Enfield & Haringey Clinical Strategy

The Primary Care Strategy for Haringey and the Barnet Enfield & Haringey Clinical Strategy are complimentary in that the model of primary care provision proposed in the former compliments the latter's plans to devolve secondary health care services from the acute sector in to the community.[3] This arrangement will accord with regional plans put forward within the Darzi review in which acute sector provision will

[3] Your Health, Your Future: Safer Closer Better Barnet PCT, Enfield PCT & Haringey PCT

be realigned where hospitals will focus on providing specialised care and services.[4] Given that the two strategies are linked, there is a simultaneous consultation period for both strategies and there is a joint Overview and Scrutiny process currently being conducted within the three authorities for the clinical strategy.

6.3.2 Sustainable Community Strategy 2007-2016

The Sustainable Community Strategy is the strategy of the Haringey Strategic Partnership (HSP). It is the overarching plan for Haringey and it tackles those issues that cannot be dealt with by one agency alone. The strategy has five key priorities:

- have an environmentally sustainable future
- have economic vitality and prosperity shared by all
- be safer for all
- have healthier people with a better quality of life, and
- be people and customer focused

6.3.3 Local Area Agreement

In effect, the Local Area Agreement (LAA) is the action plan for the Sustainable Community Strategy (6.3.2). The LAA helps local areas to agree common priorities across partner agencies and uses both pooled and aligned funding sources to achieve local priorities. The LAA is of particular relevance to this review, in that among the 14 targets for partner agencies in Haringey is an endorsement of the four key priorities of national guidance for the development of primary care as detailed in Our Health Our Care Our Say (see 6.2.1)

6.3.4 Reducing Inequalities in Life Expectancy

Life expectancy across the borough varies widely; men born in the most deprived wards can expect to die eight years before those men living in the most affluent. This joint strategy seeks to redress these stark life expectancy variations through a range of measures which include improving access to health services. The key action points for developing access to health services, which are pertinent to this review are:

- Work to develop one-stop-shops for health;
- Audit resource allocation to ensure that this is spent according to need;
- Improve funding for health advocates;
- Improve communication skills of front line workers;
- Enhance provision for patients who speak little or no English;
- Greater involvement of the voluntary sector in service planning;
- Improved transport to health services;
- Explore the role of libraries in providing health information.

6.4 Local service context – the case for change

As is the case nationally, there are local geographic variations in health needs as well as differences in the nature and level of primary care services available in localities to meet these needs. It is suggested that these combined factors support the case for a reorganisation of primary health care services in Haringey.

6.4.1 Variance in Health Needs/ Indicators

The local Public Health Report highlights the variance of key health indicators within different localities in Haringey:[5]

- Above average Standardised Morality Ratio (SMR) in north east and south east Tottenham;

[4] The Case for Change. Professor Ara Darzi. NHS London
[5] Annual Public Health Report 2006 Haringey TPCT

- Wide variance in SMR across LA wards: SMR for Crouch End is 78 whilst in Northumberland Park it is 130 (average 100);
- Higher SMR in north east Tottenham than other Haringey localities for cancer, heart disease, diabetes and respiratory disease;
- Higher SMR for children and young people (0-19) in the east of the Borough and higher levels of childhood obesity;
- Higher levels of hospital admissions (emergency and elective) for those populations resident in the east of the Borough.

6.4.2 Variance in Primary Care Services

The variance in the nature and level of primary care provision recorded nationally is mirrored locally with inequities evident in the quality, geographical location and funding of primary care services (GP practices) across the Haringey. Many of these inequities are unplanned which have resulted in primary care services not being placed or best equipped to deal with the level of patient needs in which they are situated.

Variance in service levels:

- 27 out of 60 General Practices in Haringey offer less than 20 hours public contact per week;
- 20-30 patients per month need compulsory allocation to a GP by the PCT as they cannot register;
- 48% of practices fall below minimum building standards.

Variance in clinical quality:

- 20/60 practices achieved the 80% target uptake of cervical cytology;
- 50% variance in quality scores (based on Quality and Outcomes Framework)
- No Haringey General Practice offers services on Saturday or Sunday.

Variance in geographical funding:

- When weighted for deprivation those practices in the north east of Haringey are less well resourced than those elsewhere in the Borough;
- PMS practices (locally negotiated contract) are significantly better funded than GMS practices (nationally agreed contract) in both absolute terms and weighted for deprivation.

6.5 Overview of Proposed Changes in the Primary Care Strategy

The main proposals within the Primary Care Strategy concern the development of 6 new super health centres or polyclinics. Although nothing is firmly agreed, it is planned that the new polyclinics could co-locate with a wide range of services including children centres, mental health services, Dentists, Pharmacists or indeed, leisure facilities. The Primary Care Strategy is a long term plan, where it is envisaged that most if not all polyclinic sites will be operational by 2012/13.

6.5.1 What services will be available through polyclinics?

Polyclinics will provide traditional primary care services such as those offered through GPs and Practice Nurses, but will also provide an extended range of secondary and community care services in one single site. In the Haringey polyclinic model it is anticipated that polyclinics will offer the following services to patients:

- Full primary care services (GPs and Practice Nurses)
- Health promotion
- Screening services
- Diagnostic facilities (x-ray, CT Scanning and mobile MRI scans)
- Minor surgical procedures
- Planned care (outpatient appointments)
- Urgent care (suturing, fracture management)

- Management of long term conditions.

6.5.2 Where will polyclinics be located?
Although no firm plans have been reached as yet (except for the Lordship Lane site), the following areas/sites have been identified as possible venues for polyclinics in the locality.

West	North East	South East
Whittington Hospital	Lordship Lane	Laurels/St Ann's
Hornsey Central	North Middlesex Hospital	

Central
Wood Green/ Turnpike Lane

6.6 Haringey TPCT Consultation Programme
Given of the scale of the planned developments contained within the Primary Care Strategy, Haringey TPCT has organised a number of consultation events/ processes to inform the planned developments. These include:

- Areas Assemblies
- Patient & Public Involvement Forums
- Overview & Scrutiny Committee
- Local Medical Committee
- Other clinical stakeholders (Practice Nurses Pharmacists)
- Equalities Impact Assessment
- Haringey PCT Staff Forums

The consultation period for the Primary Care Strategy will end on the 19th October 2007.

7. Scope of the review

7.1 Health Scrutiny
The Health & Social Care Act (2001) places a duty on NHS trusts to involve and consult public and patients in planning services, developing and considering proposals for changes in the way that services operate and in decisions to be made that affect how those services operate. It is the role of scrutiny to ensure that:

1) All sections of community have equal access to services;
2) Plans reflect the aspirations of the local community;
3) All sections of the community have an equal chance of a successful outcome.

7.2 Substantial variation in service provision
Section 7 of Health & Social Care Act (2001) of the legislation requires NHS trusts to consult Overview & Scrutiny Committee on 'substantial variations' and developments in services. Given the nature, scale and community wide impact of the proposed developments within the Primary Care Strategy, it has been agreed that the review is conducted within the terms of a substantial variation. In this context, the Overview and Scrutiny must assess whether:

1) Overview and Scrutiny Committee has been properly consulted within the consultation process by the health body;
2) In developing the proposals for service changes the health body concerned has taken in to account the public interest through appropriate patient and public involvement and consultation;
3) Proposals for change are in the interest of the local health service.

8. Aims & Objectives

8.1 Overarching aim

Overarching aim of the review will be to examine the proposals and consultation process for the Haringey Primary Care Strategy and consider the implications for the way that patients may access GPs.

8.2 Objectives

8.2.1 Access to GPs

- To consider whether the proposed changes will result in more accessible primary care services in Haringey;
- To consider whether the proposed changes will result primary care services which are accessible to all communities in Haringey;
- To consider whether the proposed changes will improve the quality of primary care services available to all people living in Haringey;
- To ascertain whether the proposed changes will help to redress health inequalities within the Borough.

8.2.2 Consultation for Primary Care Strategy

- To assess the efficacy of the planned consultation processes conducted by Haringey TPCT for the Primary Care Strategy for Haringey.

9. Methods of Enquiry

A number of processes will be employed to collect the necessary data to guide the review:

Evidence from key local stakeholders (health, Local Authority and voluntary sector):

Interviews
Service data
Policy/ strategy/ documents

Evidence from users/ public:

Data from Area Assemblies
Preliminary responses from PCT consultations
PPI forum feedback from open day
PCT Equalities impact assessment

Evidence from other polyclinic operations:

Published research evidence
Service Evaluations

Evidence obtained from site visits

Polyclinics
Primary Care Centres

Evidence from other written materials

Academic journals
Evidence from other scrutiny committees/ reviews

10. Panel Membership
The following Councillors have been appointed to this review:

Councillor Baker	Councillor Patel
Councillor Edge	Councillor Peacock
Councillor Kober	Councillor Reid
Councillor Mallet (Chair)	

11. Co-options
It is suggested that the Panel may like to invite a member of the Haringey TPCT Patient and Public Involvement Forum on to the Review Panel as a non-voting member. The PPI Forum is due to meet in July and will propose a member to join the Panel.

12. Key stakeholders
The following stakeholders have been identified for the Review:

Haringey Council Services
Policy & Strategy (Social Services)
Sustainable Community Strategy
Local Area Agreement

Partners
Haringey Teaching Primary Care Trust
Haringey Local Medical Committee

Voluntary Sector
Haringey Association of Voluntary and Community Organisations
Haringey Consortium of Disabled. People and Carers (HCDC),
Haringey Racial Equalities Council

Users/ Advocacy Groups
PPI Forum for Haringey Teaching Primary Care Trust
Haringey Local Area Assemblies
Hornsey Hospital Campaign

Key Officers/Partners
Gerry Taylor Acting Director of Health Improvement, Haringey TPCT
James Slater, Director of Performance and Primary Care, Haringey TPCT
Helena Pugh, Policy Officer, Adult, Culture and Community Services Directorate
Catherine Galvin, Assistant Director of Strategic Services,
Councillor Bob Harris, Cabinet Member for Adult Social Care and Well Being
Elizabeth Santry, Cabinet Member for Children and Young People

13. Proposed Timescale
The consultation period for the proposed Haringey Primary Care Strategy "Developing World Class Primary Care in Haringey" ends on the 19th October 2007. Therefore, data collection, evidence gathering and reporting processes incorporated within the review will need to be completed within this timeframe.

Stage 1 – Defining the scope and terms of reference June/ July 2007
Stage 2 – Evidence from service providers/ key stakeholders July – September 2007
Stage 3 – Consolidation of evidence & drafting recommendations October 2007
Stage 4 – Submission of review evidence & recommendations October 2007

14. Provisional Evidence Sessions (provisional timetable for Review preparation & submission)

Given the consultation timescale for the Primary Care Strategy (ends 19th October 2007), it will be possible to convene three Panel Review meetings. These will be held in public in Haringey Civic Centre. The proposed structure of these meetings is set out below:

Panel Meeting 1- Evidence – 17th July

The inaugural Panel Meeting will discuss the proposed terms of reference, objectives and work-plan of the review. To facilitate the review process, Members will also be invited to attend various planned visits to Area Assemblies and other public consultations (i.e. Equalities Impact Assessment). It is anticipated that there will be opportunities to visit a Polyclinic in Newham as well as other more localised services within the Review.

Review Witnesses:

A question an answer session on the Primary Care Strategy will be held with James Slater, Director of Performance and Primary Care, Haringey TPCT.

Meeting 2 – Evidence 3rd September

It is proposed that the second meeting of the Panel will hear evidence from a number of key stakeholders to ascertain their perspectives on the Primary Care Strategy and its perceived impact on the accessibility of GPs.

Review Witnesses (to be confirmed):

Councillor Bob Harris, Cabinet Member for Adult Social Care and Well Being
Elizabeth Santry, Cabinet Member for Children and Young People
Catherine Galvin, Assistant Director of Strategic Services,
Haringey Local Medical Committee
Dr Mayur Gor, Chair of Haringey TPCT Professional Executive Committee
Area GP Commissioning Leads
Haringey TPCT Patient and Public Involvement Forum
Haringey Association of Voluntary and Community Organisations (HAVCO)
Haringey Consortium of Disabled. People and Carers (HCDC),
Haringey Racial Equalities Council
Hornsey Hospital Campaign

Meeting 3 - Conclusions & Recommendations (1st October)

It is anticipated that third and final meeting of the Review Panel will hear reports from Haringey TPCT and Panel Members:

PCT to report from consultation processes undertaken thus far:

- Feedback from Area Assemblies
- Equalities impact assessment
- Public presentations
- Survey consultation data

Panel Members to feedback from organised visits:

- Newham Polyclinic
- Area Assemblies

The final meeting will also consider the main findings that have emerged from data collection processes within the Review and formulate recommendations.

15. Panel Visits

It is anticipated that there will be a number of opportunities for Panel Members to undertake outside visits which will guide and inform the review process. Although the policy is in its infancy, a small number of other PCTs have established Polyclinic models which the Panel may wish to visit:

- The Centre at Manor Park in Newham: has agreed in principle that Panel Members may visit.
- Brocklebank Health Centre, Wandsworth: has yet to be approached.

Other possible visits that could possibly be arranged are:

- Lordship Lane, Tottenham (site of first Haringey Polyclinic)
- Forest Road Clinic, Enfield: preliminary model of Polyclinic

In addition to visiting proposed polyclinics, it is anticipated that there will Panel representation at key public consultation events in Haringey (Area Assemblies and Equalities Impact Assessment)

16. Reporting

The following reporting deadlines are anticipated for the Review:

Report to Panel Members	10th October
Panel Response	17th October
Report to Overview & Scrutiny Committee	22nd October
Report to PCT	23rd October
PCT response	2nd November
PCT Board Discuss Report	28th November

17. Evaluation

It is intended that time will be taken as certain junctures within the review (as time allows) to ascertain participants perceptions of the scrutiny review process and how this can be improved. A brief evaluation form will be distributed to Panel Members and witnesses to gather perceptions of the scrutiny review process. It is anticipated that this will guide and inform the ongoing process of delivering more effective scrutiny procedures.