

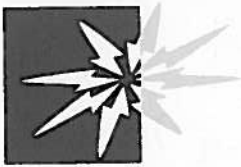
Haringey Council

Report for:	Health and Wellbeing Board	Item Number:	
Title:	GP Access in Tottenham Hale: Capacity Study		
Report Authorised by:	Sharon Grant, Chair Healthwatch Haringey		
Lead Officer:	Mike Wilson, Director Healthwatch Haringey		
Ward(s) affected:	Report for Key/Non Key Decisions:		
Tottenham Hale and surrounding Wards in the North East GP collaborative area	N/A		

1. Describe the issue under consideration

1.1 This report deals with access to GP services in the Tottenham Hale area of Haringey and in doing so also includes comparative information relating to GP access in the four area collaboratives and in Haringey as a whole. All the evidence, both qualitative and quantitative, that we have described in this report confirms that residents in Tottenham Hale have serious difficulty accessing local GP services. This is within the context of poor GP access in the wider North East collaborative area. The anecdotal evidence, in the form of complaints about GP services in the area, received by Healthwatch Haringey over recent months is corroborated by the systematic evidence presented in this report.

1.2 These access issues, and related issues of service quality, need to be addressed urgently as lack of fit for purpose primary care services for residents in the North and East of Haringey threatens to undermine all the objectives for Health and Wellbeing in the Borough, as well as creating fear and concern amongst patients. In our view this situation is on the verge of presenting a crisis of patient safety for individual patients and another for services providing unscheduled or out of hours care.



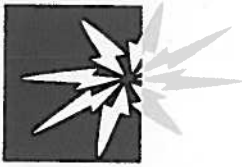
- 1.3 Furthermore, a whole series of nationally driven policy reforms now place GPs as the gatekeeper to a wider range of services in the community than ever before. The fact that substantial numbers of residents are unable to gain access to their GP services, as demonstrated by Healthwatch Haringey's research, ought to be a wake-up call to NHS England, and the issue taken up with the utmost urgency by both the local authority and by the Haringey Clinical Commissioning Group.

2. Recommendations

- 2.1 The Health and Wellbeing Board note the findings outlined in the attached report relating to the very poor access to GP services for residents in the Tottenham Hale area, highlighted in both the qualitative and quantitative evidence.
- 2.2 The Health and Wellbeing Board note the findings outlined in the attached report relating to the very poor access to GP services for residents in the North East GP collaborative area, highlighted in both the qualitative and quantitative evidence.
- 2.3 The Health and Wellbeing Board note the findings outlined in the attached report relating to the relatively poor access to GP services in Haringey compared to the national benchmark, and in comparison with Camden, reflected in the number of actual GP appointments per week.
- 2.4 Immediate steps be taken to supplement the GP capacity in Tottenham Hale pending the proposals arising from recommendation 2.5
- 2.5 That a working group be set up as a matter of urgency to review the evidence and make recommendations to the Health and Wellbeing Board, within three months, for immediate actions to improve access to GP services in the short term for the residents in Tottenham Hale and surrounding wards. The membership should include NHS England, Haringey CCG, Public Health, patient representatives and other partners that the Health and Wellbeing Board wish to nominate.
- 2.6 That a planning group be established to develop a strategy and plan for GP services in Haringey over the next five years, with priority given to the North East and South East GP collaborative areas. The terms of reference to include the impacts of demographic change, housing growth, integrated care in the community and GP workforce issues. The membership should include NHS England, Haringey CCG, Public Health, planning / Regeneration, patient representatives and other partners that the Health and Wellbeing Board wish to nominate.

3. Background information

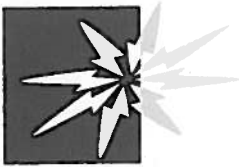
- 3.1 This research began because Healthwatch received a number of complaints from residents in the Tottenham Hale area regarding their difficulty in accessing GP appointments. Issues have also been raised about the quality of the services and although this is outside the scope of this report, a negative imbalance between



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the demand for and supply of GP services will understandably impact on quality and patient safety. In our view we may have reached the point where patient safety is at risk, both through inability to access primary care and the pressure on GPs which weigh heavily against providing a quality service.

- 3.2 We should emphasise that our purpose is not to criticise GPs or challenge their efficiency; they are also victims of the capacity issues and in many cases are struggling to meet the overwhelming demands upon them. It is hoped that the evidence presented in his report will help the local GPs to meet the needs of their patients, making their job more rewarding and encourage them to continue practising in the area
 - 3.3 Complaints from residents of Hale Village and the surrounding area of Ferry Lane about a lack of GP services in the area are not new and have been exacerbated by the new developments in the area and the closure of the satellite GP service on the Ferry Lane estate. The developer of Hale Village, Lea Valley Estates, made provision for a GP surgery in their master-plans since 2009 and had discussions with the former Primary Care Trust but with no success. The provision made available for a GP surgery is now used as a Renal Unit which, whilst providing a valuable service, does not meet the need of the growing population in this area for primary care services.
 - 3.4 The detailed comments from residents responding to the Tottenham Hale GP Access Survey are included in appendix 1 of the attached report as their voices should be heard. They are saying we cannot access the GP services we need for ourselves and our families; there is no point in registering with a local GP as we cannot get an appointment; and when we do get an appointment the service often falls below the standards they could reasonably expect. These voices have been raising concerns for many months, even years, but they have not been listened to and their concerns have not been addressed.
 - 3.5 In writing this report Healthwatch Haringey is listening to these voices and confirming that they do indeed reflect the situation that residents in the area face every day and that there needs to be an immediate, practical response to improve the access to and supply of primary care services. In our view the access issues are serious enough to be more than an inconvenience for residents they are a real threat to patient safety.
4. Comments of the Chief Finance Officer and financial implications
 - 4.1 There are no financial implications for the Council arising directly from the recommendations in this report. However, in order to increase the capacity and accessibility of GP services in the North and East of the Borough there will be need for additional capital and revenue investment, some of which may come from the private sector through developer contributions. NHS England, as the commissioner of GP services, would be responsible for the major public sector



investment but some additional funding could potentially come from the Haringey Clinical Commissioning Group and Public Health.

5. Comments of the Assistant Director of Corporate Governance and legal implications

5.1 The Local Government and Public Involvement in Health Act 2007 (Section 222) gives the local Healthwatch powers to carry out activities that include obtaining the views of local people about their needs for, and their experiences of, local care services and making these views known, and making reports and recommendations about how local care services could or ought to be improved. Local care services means services provided as part of the health or social services function.

5.2 Local Healthwatch reports and recommendations should be directed "to persons responsible for commissioning, providing, managing or scrutinising local care services" i.e. National Health Service Commissioning Board, Clinical Commissioning Group, National Health Service Trust, NHS Foundation Trust or a Local Authority. NHS England and/or Haringey Clinical Commissioning Group are responsible for the commissioning and provision of local GP services. Therefore, the findings of the GP Access Capacity Study and the action required should be directed to them.

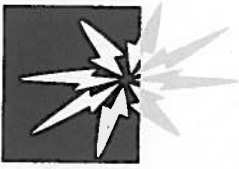
5.3 The Health and Wellbeing Board as part of its strategic oversight of health and social care needs and provision in the area should take into account the findings of the Study.

6. Equalities and Community Cohesion Comments

6.1 This report highlights significant and substantive inequalities between access to the National Health GP services provided in the North East and West of the Borough.

6.2 The North East area of Haringey has a relatively high proportion of vulnerable and disadvantaged residents, as measured by a number of socio-economic indicators (see pages 16-19 of the report), and therefore primary care health provision should be specifically targeted in order to achieve better outcomes and improve the long-term health of local residents. For example, there are high concentrations of temporary accommodation (75% of all TA in Haringey) and care establishments in the Tottenham area which will continue to provide challenges for local health services.

6.3 The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself, and the specific duties which came into law on the 10th September 2011. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:



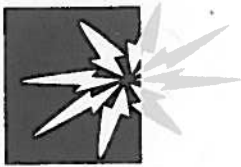
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act also states that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

- 6.4 The picture is one of marked inequality between the east and west of the borough in terms of access to GP's with only 8% of residents in the West stating that they were unable to get an appointment at their most recent attempt compared with an average of 25% in the Tottenham Hale "cluster" (NHS Patient Survey 2014).
- 6.5 In relation to the number of appointments offered against the national benchmark the North East collaborative area has a very significant shortfall of GP appointments per week of c.900 and 1,345 if you apply a deprivation weighting of 10%. This is a substantial shortfall of at least 20% (27% weighted) less than could reasonably be expected or over 50,000 appointments per annum. In comparison, the West GP collaborative area has a shortfall of 170 appointments per week, 9,000 per annum; 3% less than the national benchmark.
- 6.6 Data on local demography, some of which is included in the report, shows that the area has a high concentration of people who share the protected characteristics to whom public sector bodies including statutory health providers owe a general equality duty as set out above. The evidence presented in this report indicates that there may be a risk of meeting the responsibilities of this duty. To address this, the task and finish group that is suggested as the next step on the primary care issue will be asked to look in more detail at the equalities impacts, using an EQIA approach if appropriate.



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7. Policy Implication

- 7.1 The Council's three Health and Wellbeing Strategy objectives, relating to mental health, children and young people and health inequalities will be significantly impacted by inadequate primary care services in those areas of the Borough where the needs are greatest. Unless primary care services in these areas are significantly improved health inequalities are unlikely to narrow and may indeed get worse.
- 7.2 The current demands on primary care services in the North East and South East of Haringey will make it very difficult to successfully deliver the strategy to move services from hospital into the community and expect GPs to play a key role in service integration and case management. Residents in these areas will be at a relative disadvantage and may receive an even worse service as a result of the service transformation process.
- 7.3 Concern must also be expressed about the cumulative effect of denial of access in an area to already have challenging health status. This may become apparent in subsequent years in respect of conditions which are most susceptible to early diagnosis and intervention. Healthwatch Haringey believes that action should be taken to avert such likely trends.
- 7.4 It would appear that neither NHS England nor the Haringey CCG has a strategy in place which will successfully address these issues in the short term. Any strategy must also take account of workforce issues; there is a very high % of GPs over 60 years of age (32%, 2011) who will be leaving the profession in the next few years, compared to the London average of 16% and 7.5% in Camden.

8 Use of Appendices

8.1 Appendix 1: GP access in Tottenham Hale Presentation

9 Local Government (Access to Information) Act 1985

NA