

## **HARINGEY PRIMARY CARE TASK AND FINISH GROUP REPORT TO HEALTH AND WELLBEING BOARD DECEMBER 2014**

### **1. INTRODUCTION**

Following discussion at the Health and Wellbeing Board of 30<sup>th</sup> September 2014, it was recommended that a Primary Care Task and Finish Group be established. Its key aims were to address primary care provision in specific regeneration areas of Haringey and to look at ways of improving the quality of primary care access across the borough. The Task and Finish Group was asked to report its interim findings at this January Board. This paper sets out progress that has been made in this period.

A presentation will accompany this report.

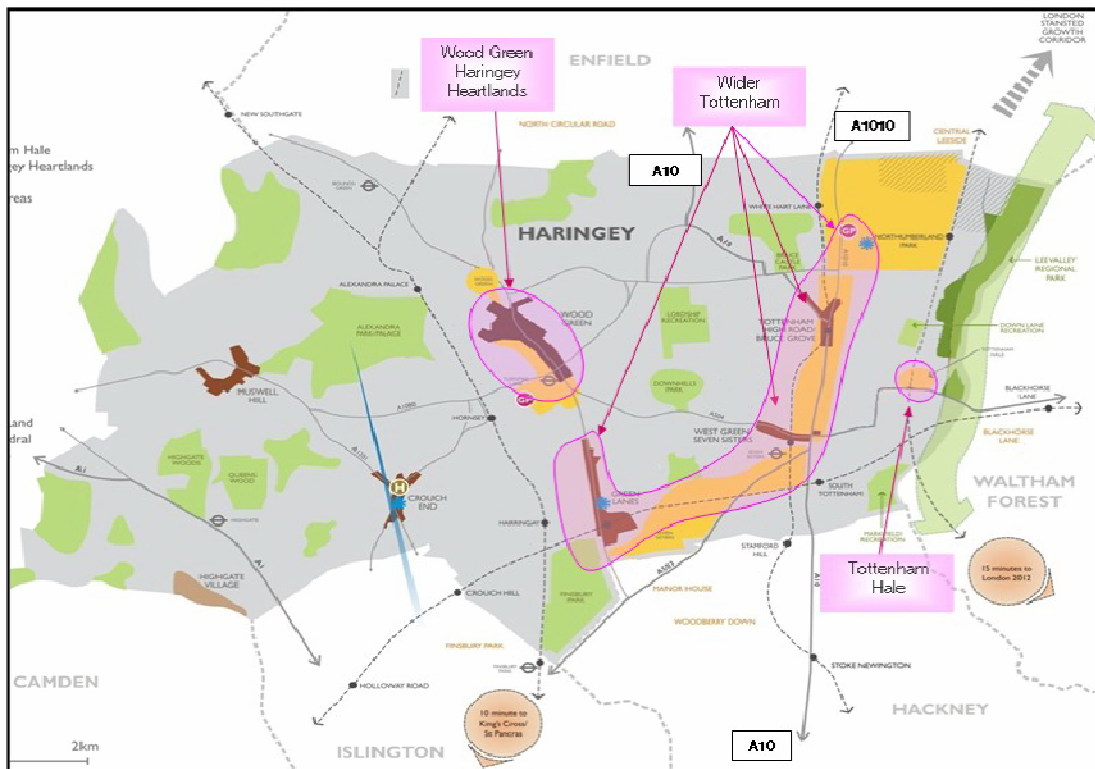
### **2. BACKGROUND**

Haringey has a number of significant regeneration schemes and housing developments which have been planned, particularly for the east of the borough. Schemes of various sizes are planned in a number of areas and it is predicted that the schemes will deliver an increased population of circa 15,000 people by 2020 increasing to circa 28,000 by 2025 and the potential of continuing increased demand in capacity. About half of this increased population will be in the Tottenham area and the other half spread across the borough.

Each will have a significant impact on population and will therefore place significant additional pressure on Primary Care which cannot be managed within the current resource. The Task and Finish Group has decided to consider Primary Care premises in the context of all of these areas, but with specific emphasis on the Tottenham area, and Wood Green.

Figure 1 below shows the key areas of development opportunity in Haringey as identified in the 2010 Borough Investment Plan.

**Figure 1**



It is acknowledged that Primary Care already faces significant capacity challenges in the east of the Borough. A recent Healthwatch report raised concerns that there was a shortfall in patient appointments in the Tottenham Hale area in the larger context of an overall shortfall in the east of the borough. It highlighted low patient satisfaction in relation to access in this area on the basis of the GP survey. It also identified that 32% of GPs in Haringey were over 60 years in age and a significant percentage were likely to retire within the next 10 years.

Haringey CCG further highlighted that a number of the current practice premises would not be viable in the future. There are various reasons for this, including leases expiring, some buildings which are not suitable for modernising, a building which is not currently CQC compliant and a number of practices being housed in small buildings which would not allow expansion of patient lists.

### **3. DIRECTION OF TRAVEL**

It was recognised that immediate primary care issues need to be addressed but that it was also important to plan for the future. The following timescales were agreed to address:

- Long-term: The need for increased primary care capacity and premises due to growth in population
- Medium-term: The need for increased primary care capacity and premises due to poor premises, practice closure and ongoing deficit in primary care provision
- Short-term: Immediate access problems either due to lack of capacity or poor quality of access

#### **4 PROGRESS TO DATE**

- **Long-term**

The Task and Finish Group initially focused on how to ensure that there is sufficient capacity to meet the needs of residents in the future, with particular regard to the regeneration in Tottenham.

NHS England has a clear process for capital developments, which commences with the development of a Project Initiation Document (PID), which is submitted to their Finance, Investment, Procurement and Audit Committee (FIPA) for approval. The Haringey PID was submitted to FIPA in November 2014. The PID provides evidence to support the funding of an options appraisal.

This options appraisal will be undertaken through the NHS Strategic Partnering Agreement (SPA) and a partner has been appointed to undertake the options appraisal, GB Partnerships Ltd. At the time of writing this report the options appraisal was being commenced.

The options appraisal will do the following:

- Undertake an assessment of current primary care premises and provision
- Assess the likely future changes in primary care provision, such as retirement, practice closure, practice mergers
- Assess the need for primary care provision due to development and regeneration schemes
- Explore all possible options for future provision, having regard to the above
- Examine the services provided by other healthcare providers in the area, such as Whittington Health, to understand the nature of their premises and explore any scope for utilisation and integrated working
- Assess the pharmacy need in view of future population growth (drawing on the local Pharmacy Needs Assessment)

- Explore the need for temporary solutions until longer-term premises are completed

- **Medium-term**

As referred to in 4.1 above, the options appraisal will include the consideration of temporary solutions whilst primary care premises are being built within development areas. The Task and Finish Group is clear that there is a requirement to look at how primary care provision is both increased and improved in the medium term. The options appraisal will both assess this need and provide physical premises options to consider.

- **Short-term**

An Access Taskforce has been set up to consider current access issues and look at how to maximise current provision. This Taskforce reports into the Task and Finish Group. At the first meeting, it was acknowledged that access issues were significantly impacted by a lack of current premises provision and therefore these needed to be considered as part of the current premises work. It was agreed that the options appraisal would therefore include proposals for short to medium term solutions to offer additional space for primary care provision in the east of the borough.

## **5 NEXT STEPS**

- To work with GB Partnerships Ltd, to complete an options appraisal by April 2015
- To report back to the Health and Wellbeing Board at their next meeting after April 2015 on progress and recommendations as a result of the options appraisal