

Developing a World Class Primary Care Consultation Strategy and Action Plan

Contents

1.	Background – sharing our vision	Page 1
2.	Consultation principles	Page 4
3	Who the TPCT will communicate with	Page 6
4.	Making the case for change	Page 7
5.	The proposed service model	Page 9
6.	How the messages will be delivered	Page 9
7.	Developing a contacts database	Page 11
8.	Meeting local needs	Page 11
9.	How the impact of the changes on different groups will be assessed	Page 12
10	How the feedback will be collated	Page 13
11.	How the feedback will be used to inform the proposals and implementation plan	Page 13
12.	Communicating what will happen at the end of the consultation, when the results of the consultation will be published.	Page 13
Appendix 1.1 – Action Plan		Page 14
Appendix 1.2 – Consultation Calendar		Page 19
Appendix 1.3 – Equality Impact Assessment Proposal		Page 26

1. Background

Developing World Class Primary Care in Haringey: A Consultation Document was launched on 28th June. The strategy sets out the vision for primary care services in Haringey, which will enable us to take full advantages of the benefits set out in the Barnet, Enfield and Haringey (BEH) Clinical Strategy, which is also out for consultation over the same period. The consultation period for both documents is approximately 16 weeks (28th June to 19th October 2007) to take account of the summer holiday period. Whilst the primary care strategy aims to complement current planning for acute care, the need for change in primary care is clear and overdue and we will also seek to take forward these changes in primary care independently.

Both documents complement a Framework for Action – the London wide review of health services by Professor Ara Darzi, but are distinct and different. It should be noted that a Framework for Action was published 2 weeks after the launch of the BEH Clinical Strategy and the Primary Care Strategy, which has taken several years to develop in the case of the BEH Clinical Strategy, and 18 months preparation work on the Primary Care Strategy. Some of the evidence contained within the two strategy documents can also be found in the London wide review, as these are national reports and research.

The Primary Care Strategy provides a framework for modernising primary care, creating a 'world class primary care', which will provide the best and highest quality health services for all of Haringey's population. There is a strong case for change, not least the significant variation in health experienced by those living in Haringey, with the average life expectancy of males living in the east of the borough some 8 years less than males living in the west of the borough. The relatively high rates of infant mortality and obesity in children also show marked inequalities in health compared to the rest of London and nationally. Coupled with significant unplanned variation in equity of access and responsiveness of primary and community care services, this means that the challenges need to be met by a real 'step change' in the way we are developing and delivering healthcare services.

The case for change includes meeting the needs of the growing population of Haringey, and to address current service issues. The strategy also takes into account what is already known about what patients want from primary care, and attempts to ensure more appropriate use of services and resources. It draws on national strategy and the evidence of what works in primary care.

The delivery model includes plans to reduce the number of primary care premises over time and to create a network of super health centres across Haringey. The super health centres will provide a wider range of services with better facilities and longer opening hours than existing primary care services and will bring some services that are currently provided in hospital closer to people. They will also offer

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

opportunities for innovative joint working with other community services, including those provided by the voluntary sector.

We aim to share the strategy with all our stakeholders and find ways to involve hard to reach groups by working closely with Haringey Council, the Public and Patient Forum (PPIF) and HAVCO, amongst others. Importantly, we want to gain the views of local residents and patients about what a 'world class' primary care service would look like and how services should be delivered; thereby creating a lively and stimulating debate that will inform the next stages of the improvements in primary care.

A key component of the Primary Care Strategy is a consultation strategy and process, which demonstrates that the TPCT has consulted as widely as possible on the proposed changes to primary care services with a diversity of stakeholders, community groups, patients, the public and our own staff. Importantly, communication methods and mechanisms need to be tailored to specific audiences and delivered at events and in venues where local people meet and have the time and capacity to provide feedback. This is acknowledged within the strategy and accompanying action plan, which provides details of the range of audiences and groups the TPCT will be communicating with over the consultation period, and how feedback will be collated and used to inform the proposals.

1.2 Sharing our Vision

"Our vision is of world class, high quality, responsive primary and community services for all Haringey residents. By working in partnership with patients, the public, the local authority, voluntary sector and others, these services will contribute fully to improving the health of our population, including reducing inequalities and maximising independence."

The Primary Care Strategy seeks to clearly explain the case for change, to describe a new model for providing primary care services and includes the financial plans to achieve this.

2. Consultation principles

We are aware of similar consultations underway elsewhere in London (e.g. City and Hackney Primary Care Trust has recently consulted on their primary care strategy) and the UK (Warrington PCT are centralising primary care services and shifting services from secondary to primary care).. Additionally, other consultation processes, be they shining examples of 'good practice' or fraught with difficulty, have been reviewed and the lessons learnt have been incorporated into our consultation strategy.

The TPCT is committed to the following consultation principles:

All documents and communication materials will be accessible and culturally sensitive to a diversity of groups. We will ensure that:

- ❑ Documents are produced in Plain English, devoid of jargon, with abbreviations used only where the full title is provided in the first place, followed by the abbreviation
- ❑ One clear type face is used, with an appropriate font type and size (Arial, Tahoma, CG Times or Garamond), a minimum of 12 point font, with clear sections and short paragraphs, including visuals and colours that are easily accessible and understood, and documents that can be produced in large print on request
- ❑ Translated documents will be available in other languages, transcribe into other formats (e.g. Braille). Interpreters will attend meetings when they are needed and requested by local groups
- ❑ Key documents will include standard text providing details on how to obtain the document in a language other than English, in Braille or on disc. This standard text will be translated into the five main languages spoken in Haringey
- We communicate clearly about the purpose of the consultation, who is being consulted, the timescale for the consultation process, the way we are consulting and when decision will be taken on proposals
- ❑ We consult as widely as possible with a variety of people and groups including local voluntary service, community groups, patient and service users groups, the public, PPI Forum and stakeholders such as Haringey Council and New Development for Communities (NDC)
- ❑ We actively seek to engage communities affected by the proposal(s) and explain how the proposed changes might affect different people e.g. Equalities event
- ❑ Enough information is provided about the consultation to help people make an informed contribution. We will include information about other issues and facts being considered by decision-makers alongside the consultation results, such as the Barnet, Enfield and Haringey Clinical Strategy and the over-arching Commissioning Strategy Plan
- ❑ Good practice and legal requirements are followed, which relate to equality and social inclusion including an equality impact assessment

- We communicate what will happen at the end of the consultation, when the results of the consultation will be published, when and by whom the decision(s) on the proposal(s) will be taken, when the decision(s) will be published.

3. Who the TPCT will communicate with

The TPCT will communicate with a wide variety of stakeholders, community and voluntary groups, patients, the public and staff. Specifically through the following partnerships, groups and forum:

Partnership/organisation/group	When	How and in what forum
Haringey Council Haringey Strategic Partnership Overview & Scrutiny Committee Well-being Partnership Board and related well being groups Safer Communities Executive Board and related groups Children and Young People Board and related groups	Throughout the entire consultation period June – Oct 2007	Partnership meetings, formal presentation of the Annual Public Health Report and Primary Care Strategy Followed by discussion and debate.
PPI Forum PPI meetings Informal meetings During patient and public consultation events	July 2007 August 2007 July, August, Sept and October 2007	Formal presentation of the Annual Public Health Report and Primary Care Strategy, including round table discussion with patients and the public – collating feedback
Patient groups Mental Health Users group	July 2007	Informal presentation and discussion.
Community groups HAVCO Local Area Assemblies Local community group meetings (Age	July 2007 onwards September 2007	Formal presentation of the Annual Public Health Report and Primary Care Strategy, including round table discussion with patients and the public – collating

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

Concern, Pensioners Forum)	Aug – Oct 2007	feedback. Also as part of the BEH events on 23 rd and 24 th July.
On request (e.g. Fortis Green & Muswell Hill forum)	June – October	
Annual General Meeting	October 2007	
Clinical Engagement		Various presentations and discussions on the Annual Public Health Report and Primary Care Strategy.
Practice Based Commissioning Collaboratives	April – Oct 2007	
Professional Executive Committee	April – Oct 2007	
Local Medical Committee	June – Oct 2007	
Acute Trust Forums / meetings e.g. Barnet, Enfield and Haringey Mental Health Trust, North Middlesex Health Trust etc.	June – Oct 2007	
Local voluntary groups through HAVCO and on request (ensuring that the consultation hotline number is widely publicised)	June – October 2007	Presentation of the Primary Care Strategy, and updates at meetings.

(see appendix 1.2 consultation calendar)

4. Making the case for change

The Primary Care Strategy seeks to address a range of issues including the significant health inequalities experienced by people living in Haringey particularly the east of the borough; the variation in the access, responsiveness of primary care services; the quality of primary care premises and the significant variation of funding. Improvements to primary care are needed to underpin the current planning for changes in acute care and to deliver the aspirations of Our Health, Our Care, Our Say – itself based on extensive consultation.

Haringey's population growth and associated health needs pose particular challenges to primary and community services, although it should be noted that health alone cannot deliver improvements to the health and well being of Haringey's population. As such the TPCT is working on this agenda with the local authority, community and voluntary sector through the Well-being Partnership Board and through other strategic and operational partnership arrangements.

The need for change – meeting the challenges

- ❑ An increase in the use of health services with significant population growth across all age groups with the exception of the 65-75 group, which is set to decrease and then return to similar levels by 2020.
- ❑ The diversity of the population, with many people at risk of ill health, related to poverty and deprivation. The most deprived, at risk populations tend to live in the east of the borough, but with some pockets of risk in Hornsey.
- ❑ A broad ethnic mix and the proportion of people from minority ethnic communities is set to increase, with more people from BME communities in the older age groups. This will have implications for long term conditions.
- ❑ The significant variation in life expectancy for those living in the east of the borough (particularly males) compared to those living in the west of the borough, an eight-year difference.
- ❑ Relatively high rates of infant mortality in Haringey compared to the rest of London and nationally.
- ❑ National benchmarks demonstrating that more outpatient appointments take place for people registered with Haringey GPs than would be expected.
- ❑ There were 48,380 admissions to hospital for Haringey residents. The rate increasing since 2003/04 and 2004/05, much of this accounted for by planned admissions. People living in the North East Tottenham area had the highest admission rates and people living in the West Haringey the lowest.
- ❑ Approximately 50% of GP premises assessed as below standard in terms of accessibility, ability to extend the property and condition of the building.
- ❑ Significant variation in the list size of each GP, hours of opening and services offered.
- ❑ Significant variation in the way that GPs are funded, based on historical allocations which are not tied to the quality of services provided or workload.

The reasons for these variations are complex and are likely to include both real variations in health need (for example associated with deprivation) and demand for health services in terms of what people ask for (with people from more affluent areas tending to have higher expectations about the services they should be able to access). It is also likely however that these variations also reflect different capacity and capability in primary care services to prevent, identify and treat ill health.

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

The rationale for change is incorporated within the consultation documents, presentations and communications, and forms part of the questions and answers briefings for consultation events. These key messages underlie the explanation and rationale for changing the way primary and community services will be developed and delivered.

5. The proposed service model – getting the key messages across

There is no doubt that during the consultation period much of the interest in the primary care strategy will focus on the proposal for new super health centres, rather than focusing on the model of care. However, it is the model of care that is being consulted upon and gaining patients, the public and stakeholders views on the services that could be located within the super health centres and their locations is key to any endorsement of the strategy:

Key messages

- ❑ The rationale for change based on tackling health inequalities and unplanned variability
- ❑ The need to integrate services – providing a 'one stop shop' for patients
- ❑ Locating services in community settings where appropriate, and meeting the needs of the local population e.g. services currently available in hospital (e.g. diagnostic testing such as ultrasound and Magnetic Resonance Imaging, MRI)
- ❑ Proactive management of long term conditions (e.g. mental health, diabetes)
- ❑ Health and well being services (e.g. diet, exercise and advice sessions)
- ❑ Community health services (e.g. physiotherapy, foot health clinics, dietetics)
- ❑ Minor procedures and urgent care in a community setting
- ❑ General Practice services (e.g. GPs and practice nurse clinics).

These services would be provided in super health centres and would be open much longer than they are currently, and up to 24 hour access would be available for urgent care.

6. How the messages will be delivered

There is a need to ensure that stakeholders, patients, the public and our own staff understand the case for change and the key components of the strategy. The messages will be delivered through various media, meetings, public events and local groups to ensure that people are engaged in the consultation and contribute to a lively and energetic debate, where they can make an informed contribution.

The following mechanisms will be used:

Consultation events:

- ❑ Open public meetings

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

- ❑ Invitations to community, voluntary group meetings
- ❑ Community events
- ❑ Equalities event
- ❑ Patient and Public Involvement meetings
- ❑ Patient and user groups / forums
- ❑ Joint Staff Forum and open staff meetings
- ❑ Senior Management Group meetings (Haringey TPCT)
- ❑ Clinical meetings, including Local Medical Committee, Practice Based Commissioning Collaboratives, Professional Executive Committee
- ❑ Partnership meetings such as Haringey Strategic Partnership, Well-being Partnership Board, Children and Young People Board, New Communities for Development etc.

A consultation calendar is constantly updated to include all the events that the strategy is presented / discussed and debated.

Raising awareness – promotional and publicity materials

- ❑ Stalls and promotional materials at the local shopping centre (e.g. Wood Green Shopping Centre in September)
- ❑ Promotional materials and stalls at opening events (e.g. Lordship Lane Healthcentre, NDC)
- ❑ Promotional materials made available to general practices, local libraries, community and voluntary groups including posters, leaflets and the summary document
- ❑ Publicity posted on Haringey Council's intranet with details of the strategy and how to contribute to the consultation
- ❑ Intranet and website publicity, with summary and full documents available to download and hotline to 'book your consultation event'
- ❑ Summary briefing document attached to each Haringey TPCT staff members' payslip.

Media campaigns

- ❑ Advertisements publicising open public meetings and events placed in the local press including 'free' newspapers (e.g. PPI meeting 5th July 2007, BEH/PC strategy 23rd and 24th July).
- ❑ Large scale advertisements including 'wrap around' (4 page advert), Haringey Advertiser and A3 page advert (back page) Haringey People booked for September. These advertisements to display the 'hotline' number, to call to book a consultation event.
- ❑ News stories to the press on the primary care strategy, including details of the latest events / public meetings.

Publicity materials

All publicity materials will be branded to conform to a standardised format, layout and visuals for 'Developing World Class Primary Care in Haringey'. This will make the materials easily recognisable and distinct from other consultations that are taking place around the same time.

- A4, 12 page summary document (back page translated into 5 key languages on how to obtain the document in another language, including Braille, audio and easy to read formats)
- Full consultation document and appendices, available in other languages, Braille, audio and easy to read formats
- Presentations for consultation meetings, produced for specific audiences
- Posters complementing the summary document
- Advertisements in the press and Haringey Council's magazine complementing the summary document
- Website and intranet publicising the consultation and including the summary document and full consultation document to be downloaded.

7. Developing a contacts database

During the 16-week consultation period a database will be updated with the contact details of those who have responded to the questionnaire, requested an event and/or the consultation document. Further information about key events will be sent to those on the database. The database will also include contact lists for local voluntary and community groups.

8.Meeting local needs

It is essential that the TPCT is open and flexible in its approach to engaging with local residents, community and voluntary groups, and stakeholders. We will ensure that all our communications are presented in a way that encourages local groups / people to contact our 'hotline' and book an event in their area or for their group. A statement to this effect will be included in all advertisements in the local press, emails and documents.

9. How we will assess the impact of the changes on different groups

We are undertaking an Equalities Impact Assessment (EIA) on the Primary Care Strategy. EIA is a way of systematically and thoroughly assessing, and consulting on, the effects that a proposed service change is likely to have on people, depending on their particular group. The assessment extends to monitoring the actual effects of the proposal once it is put into practice, possibly as a test run, and being alert to any concerns about the way it is (or is not) working. The main purpose of an equality

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

impact assessment is to pre-empt the possibility that a proposed service change could affect some groups unfavourably (e.g. BME communities, people with disabilities, women etc).

An equality impact assessment is made up of two stages:

- Stage 1 involves screening service / policy proposals to see if they are relevant to equality. All service changes and policies need to be screened.
- Stage 2 involves fully assessing policies identified as being relevant to make sure they do not have adverse effects on any groups of people.

The Equality Impact Assessment Steering Group has screened the proposed changes and deemed that the changes are relevant to equality, concluding that a full equality impact assessment is required. Preliminary work has been undertaken with Haringey Council's Equalities Team, which has shared its experience and expertise with the TPCT. In consultation with the Equalities Team and the PPI Forum the issue of 'access' to primary care services, in its broadest sense, is the basis of the EIA.

An EIA Panel has been established with representation from public health, commissioning, primary care, equalities, communications and PPI representatives to evaluate the evidence compiled by PHAST (Public Health Action Support Team).

PHAST has been commissioned to review and evaluate data relating to access to primary and community services including Haringey's patient surveys, complaints and Patient Advice and Liaison Service (PALS) data, equalities schemes and health equity audits amongst other sources of local and national data.

The report produced will be considered by the EIA Panel and emerging evidence around access will be distilled and evaluated.

The proposed changes to primary care will be considered alongside the data to assess, if and how, the changes affect different groups. This will then be used to produce a report and the emerging themes will be tested through the Equalities Event scheduled in October to be attended by a diversity of groups (covering age, disability, Black and Minority Ethnic communities, gender, religion, sexual orientation, poverty / deprivation and travelling communities). At the Equalities Event the TPCT will present its findings on 'access to primary care services' for different groups and will encourage contribution from individuals and different groups on what these changes mean to them.

It should be noted that the EIA is an evolving process and will continue throughout the implementation phase of the Primary Care Strategy.

The report published on the equality impact assessment will include a cogent description of the aims of the proposed changes to primary care and all the main

findings. It will be tailored to the nature and scope of the service changes and its relevance to meeting the race equality duty/equality and diversity requirements.

The published report will be readily available through the intranet / website and to anyone who requests a copy, and arrangements are in place to provide translations in languages other than English and will include Braille, and specially formatted versions and audio tapes, on request.

The EIA action plan and proposal are contained in appendices 1.1 and 1.3.

10. How the feedback be collated?

Feedback from events, meetings, questionnaires, telephone calls and emails will be collated and recorded in a database. Feedback themes will be noted i.e. transport, accessibility, continuity of care etc to facilitate the analysis of the key issues arising from the consultation. A report will be produced in November detailing the responses received and the main issues that have emerged.

11. How the feedback will be used to inform the proposals and implementation plan

The TPCT Board will consider the Consultation Report alongside the Equality Impact Assessment Report in making its decision on the proposals contained within the primary care strategy. The findings within each report will be carefully considered before a final decision is made on the proposals.

12. Communicating what will happen at the end of the consultation, when the results of the consultation will be published

The Consultation Report will be produced in November alongside the Equality Impact Assessment Report. Both of these documents will be published on the website and intranet and made available on request. The November TPCT Board will consider the reports and make a final decision on the outcome of the consultation, which will be announced in December 2007.

ACTION PLAN

TASK	ACTIVITIES	LEAD	TIMESCALE	COMMENT
Produce full consultation document	A full consultation document with accompanying appendices to be produced	SDS, GH	May/June	Completed
Produce summary document, arrange printing	A summary document to be professional printed and should include the questionnaire and how to contribute to the debate (website, hotline number, address etc)	SDS, GH	June	Completed
Make arrangements for the document to be translated	Standard text is produced in 5 languages on how to obtain the summary document / full document in another language, on disc, in Braille or audio.	SDS, CG	June	Completed
Establish Primary Care consultation budget	Estimate costs for undertaking additional activities, printing, advertising, publicity and events for the primary care strategy and seek approval from the Finance Director	CG	June	Completed
Produce standardised presentations	Produce a range of standardised presentations suitable for different audiences.	SDS, GH	June / July	Completed
Produce FAQs	Compile frequently asked questions including those questions and issues that arise from the public, patients and stakeholder.	SDS	June - Sept	On-going

Set up documents on web-site/intranet	Set up a dedicated site for the consultation and ensure documents are updated, place banner on front page.	AB, DL	June	On-going (updated with larger banner)
Produce consultation calendar/update calendar on daily basis	Produce a calendar of events and ensure that it is constantly updated with requests from community/patient/voluntary group requests. Circulate calendar to those on contacts database.	SDS, IB, CG	June – Oct	On-going
Set up contacts database	Produce a contacts database comprising contact details of those members of the public, patients and stakeholders who have attended consultation events, requested documents and / or asked to be kept informed. Add the information to in-house database on community / voluntary groups.	CG/IB	June	On-going
Set up consultation hotline	Ensure that there is a dedicated hotline which is a well known and recognisable number (PALS)	CG/MK	June	Completed
Set up dedicated email address	Set up a dedicated email address for patients/public/stakeholders	CG/JT	June	Completed
Publicise and advertise public meetings and PPI event in July	Arrange for advertisements to be placed in the press to advertise public meetings including PPI event 5 th July, 23 rd and 24 th July BEH/PC events and Equalities Event in the Haringey Advertiser, Crouch End & Muswell Hill Independent, Tottenham and Wood Green.	CG/JT	June - October	On-going
Book consultation	Book venues for consultation events – see consultation	JT/IB/DL	June -	On-going

E:\moderngov\data\published\Intranet\C00000554\M00002545\AI00008782\ConsultationStrategyfinalcopy20.doc

events	calendar	/FB	October	
Distribute summary document and posters	Arrange for the summary document and posters to be distributed to GP surgeries, health centres, libraries, community and voluntary groups, PPI forum, NDC, HAVCO etc	DL/IB/JT	June – October	On-going
Arrange with Haringey Council to advertise consultation event on their website	Arrange with communications team at Haringey Council to publicise the consultation document and how to make an informed contribution on Haringey Council website.	DL	July	Completed
Arrange summary document attached to staff payslips (August 2006)	Arrange for a summary of the primary care strategy to be attached to each staff member's August payslip.	DL/CG	August	Completed
Arrange for large scale media advertisements	Arrange for large scale advertisements to be placed in the Haringey Advertiser @40,000 circulation, wrap around advertisement (4 pages) and Haringey People, Haringey Council magazine @100,000 circulation full back page advertisement. Adverts to be placed in Sept editions.	DL/CG	August/Sept	Completed
Release press stories on primary care strategy	Release press stories to the local press on the BEH / Primary Care Strategy including the 'free' newspapers and local weeklies.	Enfield Comms team	Sept/Oct	On-going

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

Arrange promotional stalls at Wood Green shopping centre	Two dates to be arranged for publicising the Primary Care Strategy at Wood Green Shopping Centre, Thursday 6 th and Saturday 15 th September.	DL	September	Completed Negotiated this free of charge.
Collate feedback and produce themes	Collate feedback and update spreadsheet on feedback provided and theme feedback for end of consultation report.	CG/IB	July	On-going
Produce a final consultation report	Produce a final consultation report detailing the feedback provided by stakeholders, the public, patients, community / voluntary groups. Ensure report clearly indicates those changes being considered / made as a result of the feedback obtained.	SDS, GH, CG	November	To commence the report in October
Publish the consultation report	Publish the report on the intranet and web site, make it available to those on the contact list and local groups, patients and the public.	CG, FB	November	To commence the report in October
Equality Impact Assessment				
Set up EIA Steering Group	Set up the EIA Steering Group, with representatives from public health, commissioning, corporate governance.	SDS, CG, VH	July	On-going
Set up meeting with Equalities team	Set up a meeting with Haringey Council Equalities Team to source appropriate expertise on undertaking and EIA and focusing on a key issue.	SDS, VH, CG	July	Completed

E:\moderngov\data\published\Intranet\C00000554\M00002545\A100008782\ConsultationStrategyfinalcopy20.doc

Review of evidence undertaken by Public Health specialist	Undertake a rapid review of evidence on implications of the strategy for access to high quality primary care services. Commission the review from PHAST.	AB,	July - August	Completed
Set up the Equalities Panel to review the evidence.	Set up a Panel (chaired by Non-executive Director) invites to Haringey Council's equalities lead, HTPCT equalities lead, public health, commissioning, primary care, PPI members etc	CG, MD, SDS, IB	August	Completed
Identify key consultation groups (Identify key consultation groups (with support from Haringey Council across equalities dimensions identified requesting take part in EIA survey/event. Send invites out.	SDS, IB, CG	August	Completed
Commission focus groups	Commission from trained Health for Haringey people in depth focus group research to feed into final report	MD	September	Completed
Organise the Equalities event.	Organise equalities event for early October to include presentation feedback of review findings and table exercise to gather views	CG, IB	August	Completed
Reconvene EIA Panel to review the evidence	The Panel will be reconvened to work through the evidence which will be incorporate within the report.	CG, IB, SDS	October	Set up arrangements in Sept
Prepare report on findings of EIA	A report will be produced to the EIA, the feedback received from stakeholders, the patients and the public, what changes will / will not be made and the reasons	CG, SDS	November	To commence in October

	why and any alternatives that are considered.			
Publish the report	Publish the final report on the intranet and web site, send hard copies to those who requested copies.	CG, FB	November	Arrange in October

Primary Care Strategy Consultation Calendar – updated 31st August 2007

Meetings/events

Date	Title	Audience	Location	Presenting/ Attending PCT	Materials needed
Tuesday 26 June	LPC/PLDG	Pharmacists		Stephen Deitch	Presentation Strategy docs Consultation questionnaires
Thursday 28 June 3.00pm to 5.00pm	Joint Staff Committee	PCT staff	B1 Meeting Room St Ann's Hospital	Clive Martinez Gemma Hughes	Briefing doc
Monday 2 July	Overview & Scrutiny Committee	Local councillors	London Borough of Haringey	Gerry Taylor (Christina Gradowski in attendance)	Presentation Strategy docs Consultation questionnaires
Thursday 5 July 12.00pm to 5.00pm	Public Patient Involvement Forum	Public and patients	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green <i>London N22 5HJ</i>	Dr Mayur Gor Christina Gradowski Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Tuesday 10 th July 2007	PPI Forum	Members of the PPI Forum and CIDA	Rotunda, Factory Lane, Tottenham	Christina Gradowski	Discussion on PC Strategy, how to consult the public & patients involvement in EAI.
Wednesday 18 th July 10.00am to 11.30am	Mental Health Consultation Sub- Group of MH Partnership Board	Patients/ Community groups	A1 Meeting Room St Ann's Hospital	Gemma Hughes, Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Thursday 19 th July at 7.00pm	Haringey Strategic Partnership	Partners	Council Chamber Civic Centre High Road, Wood Green N22	Gerry Taylor Vicky Hobart Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Saturday 21 July	Lordship Lane Open Day	Public	Lordship Lane Health Centre	Richard Sumray Gemma Hughes	Chair of Elevate & Compact Consultation

10.30am to 1.30pm			239 Lordship Lane London N17 6AA	David Lammy MP Christina Gradowski Justin Talbot, Dilo Lalande, Sam Clements	questionnaires Display stand and materials
Monday 23 July 2.00pm to 4.30pm	BEH Clinical Strategy	Public	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ	Tracy Baldwin Dr Mayur Gor Steve Beeho or Dilo Lalande	Presentation Strategy docs Consultation questionnaires Display stand and materials
Monday 23 July 7.30pm to 9.30pm	Local Area Assembly	Public	Fortismere School North Wing Creighton Avenue Muswell Hill, London N10 1NS	Gerry Taylor Dr Mayur Gor	Short verbal presentation as part of discussion around older people
Tuesday 24 July 6.00pm to 8.30pm	BEH Clinical Strategy	Clinical	The Cypriot Community Centre, The Main Hall Earlham Grove, Wood Green London N22 5HJ	Richard Sumray, Dr Mayur Gor Sarah D'Souza Christina Gradowski	Presentation Strategy docs Consultation questionnaires Display stand and materials
Tuesday 7 th August 9.45am to 11.30am	OMT extended	Staff	B1 Meeting Room, Trust Headquarters, St Ann's Hospital	Sarah D'Souza	Presentation and Briefing document
Tuesday 14 th August at 2.00pm	South East Practice Based Collaborative	Clinicians, staff, public	Lecture Theatre, St Ann's Hospital	James Slater Dr J Pandya	Presentation Strategy docs Consultation questionnaires
Tuesday 21 st August at 12.30pm	North East Practice Based Collaborative	Clinicians, staff, public	Laurence House Surgery 107 Philip Lane Tottenham N15 4JR	Gerry Taylor	Presentation Strategy docs Consultation questionnaires
Tuesday 21 st August at 12.30pm	EIA Workshop	Staff and PPI	B1 Meeting Room, St Ann's Hospital	Sarah D'Souza	Strategy docs Consultation questionnaires
Wednesday 29 th	SMG	Staff	Lecture Theatre, St	Sarah D'Souza,	Presentation

August 9.00am to 10.3am			Ann's Hospital	Gemma Hughes	Strategy docs Consultation questionnaires
Wednesday 29 th August at 4.00pm	Visit to Lorna Barnbridge	Member of Public	19 Oak Avenue, Tottenham N17 8JJ	James Slater	200 summaries 1 Strategy doc Consultation questionnaires
Monday 3 rd September at 5.30pm	Scrutiny Review Panel	Overview and Scrutiny Staff and Public	Committee Room 3, Haringey Civic Centre, High Road Wood Green	James Slater Christina Gradowski Dr Mayur Gor Dr Peter Christian	Presentation Strategy docs Consultation questionnaires
Thursday 6 th September at 11am to 3pm	Shopping Mall stand	Public	Wood Green Shopping City	Fay and Farah Butt	Presentation Strategy docs Consultation questionnaires Display stand and materials
Thursday 6 th September At 7.00pm to 8.30pm	BEH Clinical Strategy Public Meeting and briefly Primary Care Strategy – Herts	Public	Wyllyotts Theatre Darkes Lane Potters Bar EN6 2HN	Tracey Baldwin	Strategy docs Consultation questionnaires
Friday 7 th September 10am to 12.30pm	Joint Staff Committee	Staff	Blue Room, St Ann's Hospital (Formal)	Clive Martinez	Presentation Strategy docs Consultation questionnaires
September tbc	Hornsey Central/ Primary Care Strategy public event	Public	West location	James Slater Others (tbc)	Presentation Strategy docs Consultation questionnaires
Monday 10 th September at 2.00pm	BEHMHT Board	MH	Nicholson Theatre Chase Farm Hospital site The Ridgeway	Christina Gradowski Sarah D'Souza Others (tbc)	Presentation Strategy docs Consultation questionnaires

			Enfield EN2 8JL		
Tuesday 11 th September 2pm	Tottenham & Wood Green Pensioners Forum	Public	Tottenham Green Leisure Centre, Philip Lane N15	Catherine Herman, NED Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Tuesday 11 th September 6.30pm	Haringey Patient & Public Involvement Forum	Public	Chestnuts Community Centre, St Ann's Road N15	James Slater Clive Martinez	Presentation Strategy docs Consultation questionnaires
Tuesday 11 th September at 7.30pm	Area Assembly – Wood Green	Public	Wood Green Library, High Road N22	Sarah D'Souza or Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Tuesday 11 th September at 7.30pm	Area Assembly – St Ann's & Harringay	Public	Salvation Army, 2 Terront Road N15 3AA	Sarah D'Souza or Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Wednesday 12 th September at 9.00am	BEHMHT Consultant & Senior Manager	Consultant, Clinical staff & Senior Managers	The Lecture Theatre, Block 6, St Ann's Hosp	Gerry Taylor James Slater Others tbc	Presentation Strategy docs Consultation questionnaires
September (tbc)	Selby Centre	Harder to reach groups	Selby Centre	Cathy Herman (NED) Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Friday 14 th September at 9.30am to 4.30pm (PC section in afternoon)	BEH Clinical Strategy Joint Scrutiny Committee	Staff and Partners	The Conference Room, Enfield Civic Centre, Silver Street, Enfield EN1 3XA	To be confirmed –	Presentation Strategy docs Consultation questionnaires
Saturday 15 th September 2007 11am–2pm	NDC Partnership Meeting	Public New Deal for Communities	The Laurels Healthy Living Centre 256 St Ann's Road N15	Christina Gradowski Dr J Pandya tbc	Presentation Strategy docs Consultation questionnaires

Saturday 15 th September at 11am to 3pm	Shopping Mall stand	Public	Wood Green Shopping City, Wood Green N22	Tbc	Presentation Strategy docs Consultation questionnaires Display stand and materials
Friday 28 th September 10.00am to 12.30pm	Joint Staff Committee	Staff	Blue Room, St Ann's Hospital (Informal)	Clive Martinez	Presentation Strategy docs Consultation questionnaires
Sept (tbc)	LMC – tbc with JS	GPs	(tbc)	(tbc)	Presentation Strategy docs Consultation questionnaires
Monday 1 st October at 5.30pm	Scrutiny Review Panel	Staff and Public	Committee Room 3, Haringey Civic Centre, High Road Wood Green	Gerry Taylor Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Monday 1 st October at 7.30pm	Area Assembly – Crouch End	Public	Campsbourne Baptist Church, 1-3 The Campsbourne, High Street, Hornsey N8 7PN	Dave Fazey	Presentation Strategy docs Consultation questionnaires
Tuesday 2 nd October 2.30pm – 5.00pm	HTPCT AGM	Public, Staff, Board	Cypriot Centre The Main Hall Earlham Grove, Wood Green London N22 5HJ	All directors	Presentation Strategy docs Consultation questionnaires
Friday 5 th October at 12.30 to 4.00pm	For Equalities Impact Assessment	Groups reps of Age, Disability, Race, Deprivation, mobility, Sexuality, Gender, Belief/ Religion	Haringey Irish Community Cultural Centre, Pretoria Road, Tottenham N17 8DX	Christina Gradowski Pam Constantinides Gemma Hughes	Presentation Strategy docs Consultation questionnaires
Monday 8 th October at 6.30pm	Children Young People's Strategic Partnership Board		London Borough of Haringey Civic Centre High Road	Gerry Taylor (tbc)	Presentation Strategy docs Consultation questionnaires

			Wood Green N22		
Monday 8 th October at 7.30pm	Area Assembly – White Hart Lane & Northumbe rland Park	Public	Tottenham Hotspur Football Club (Oak Room) Bill Nicholson, Tottenham N187 0AP	Dr Mayur Gor Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Tuesday 16 th October 10.00am to 1.00pm	Wellbeing Theme Group	Partners	Cypriot Centre Earlham Grove, Wood Green London N22 5HJ	Dilo Lalande	Presentation Strategy docs Consultation questionnaires
Wednesday 17 th October at 8 pm	Muswell Hill and Fortis Green Association	Public (30 attendees)	The Bowling club in Kings Avenue off Queens Avenue Mr Hajdu hajdu.clarion@talk21.com –	James Slater Dilo Lalande	Presentation Strategy docs Consultation questionnaires
Thursday 18 th October at 7.30pm	Area Assembly – West Green & Bruce Grove	Public	Miller Memorial Church Hall, The Avenue, Tottenham N15	Gerry Taylor	Presentation Strategy docs Consultation questionnaires
Thursday 25 th October at 6.30pm	Area Assembly – Tottenham & Seven Sisters	Public	Marcus Garvey Library, 1 Philip Lane N15	Christina Gradowski	Presentation Strategy docs Consultation questionnaires
Thursday 25 th October at 7.30pm	Area Assembly – Muswell Hill	Public	To be arranged	James Slater	Presentation Strategy docs Consultation questionnaires
Thursday 15 th November – tbc	HAVCO	Public/ Community Groups	(tbc)	Sarah Barron Dilo Lalande Others tbc	Presentation Strategy docs Consultation questionnaires

Other meetings likely to be needed:

- Briefing for Directors and staff handling the consultation responses
- Staff forum, Additional PPI meeting to focus on this

Primary Care Strategy – Proposal for an Equalities Impact Assessment (EIA)

Introduction

HTPCT Primary Care Strategy sets out a 10-year plan for far reaching changes to primary care services, including the development of a super health centre model. This strategy aims to provide better access to a wider range of higher quality services located within 6 super health centres, and in doing so help to address some of the key health inequalities issues within the borough. In order to develop this model the number of other primary care premises will reduce significantly over time.

An Equalities Impact Assessment (EIA) is a way of systematically and thoroughly assessing and consulting on the effects that policy, function or strategy is likely to have on people who experience inequality, discrimination or social exclusion. An EIA helps to pre-empt the possibility that a policy could disadvantage some groups on the grounds of race/ language, disability, age, gender, sexuality and faith. Where disadvantage is identified the aim is to consider how best this can be overcome.

Undertaking an EIA is one of the ways in which the TPCT will be able to demonstrate that it has met its duties under various equalities legislation but in particular the Race Relations (Amendment) Act 2000. EIA is an iterative process and not a one off assessment – where what has been predicted is checked against ongoing implementation and further work undertaken as necessary.

Following discussions with Haringey Council Equalities and Diversity Team the following approach is proposed for undertaking an EIA on the primary care strategy. Given its already identified significance to stakeholders together with capacity and timing issues it is proposed that the EIA focuses in its initial phase on the implications for access to primary care. The focus on access was supported at the PPI meeting held on 10th July.

Aims and Objectives

‘Developing world class primary care in Haringey’ aims to improve access to high quality primary care services for people in Haringey. EIA is a tool to help decision makers make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities.

The aim of this equality impact assessment is to identify whether implementation of the primary care strategy as proposed would limit or reduce access to primary care services for particular population groups, and how these effects could be mitigated.

The objectives of the EIA are:

1. Assess the impact of the primary care strategy on access to high quality primary care services for population groups or communities who experience inequality, discrimination, social exclusion or disadvantage on the basis of;

- Race
- Disability
- Gender
- Age
- Religion/belief
- Sexuality
- Deprivation
- Mobility (travellers, refugees etc)

2. Identify barriers to access to high quality primary care services for these communities, and formulate recommendations to address or mitigate these.

3. Develop ways of monitoring and reviewing the effects of changes to primary care services if they are introduced.

4. Publish the outcomes of the EIA, and identify areas for ongoing or further EIA work.

Focus

The strategy sets out major changes in the way primary care services will be provided in the future in Haringey. The Haringey Life Expectancy Action Plan 2007-2010 highlighted the importance of improving access to primary and secondary prevention services in primary care to reducing premature mortality and tackling inequalities in life expectancy. It noted that deprivation, exclusion, and transience were associated with poor health outcomes, and the importance of service accessibility to these communities. The diverse ethnicity and cultural backgrounds of communities in Haringey also demands more responsive primary care services.

Making access to high quality primary care services more equitable is therefore a key priority in Haringey. An EIA focused on access will help Haringey TPCT and partners to:

- Tackle health inequalities- by identifying how we can make services more accessible and appropriate
- Promote social inclusion and community cohesion
- Avoid adopting harmful or discriminatory policies or procedures

Access to primary care

Primary health care¹ can currently be defined as services that:

- Are accessible to everyone- i.e. universal not targeted
- Are 'first level' – i.e. generalist rather than specialist
- Promote health and prevent ill health
- Diagnose and treat health conditions
- Assess for onward referral to more specialist care where provided

Primary care services provide the first contact people have with the health service, patients presenting themselves directly for a consultation instead of being referred by another organisation. Primary care services are generally taken to include²:

- General practice and the services provided there by doctors, nurses, receptionists, practice managers and allied health professionals (physiotherapists, chiropodists, etc.)
- Community nursing such as district nursing and health visiting services where these are not based in GP surgeries.
- Community pharmacists (i.e. those working in pharmacies or health centres, not hospitals)
- Dentists (except those working in hospitals)
- Optometrists (opticians)

This consultation is focused on services provided general practice teams, community pharmacy services, and how these link with community health services such as district nursing and therapy services. For the purpose of this equalities impact assessment we will define access to these services in terms of:

1. Knowledge of services amongst people who need to use them
2. Availability of services to people who need to use them
3. Physical access to services by people who need to use them
4. Quality of service being accessed ie does the service effectively meet the needs of people who need to use them

¹ Developing world class primary care in Haringey- A consultation document 2007

² Access to Primary Care: A joint London Assembly and Mayor of London Scrutiny Report, April 2003

The aim is to look at a broad definition of access to include the ease with which people in Haringey would be able to access the full range of services available within the super health centre model. This would include:

- Travel distance/ease of travel
- Opening hours
- Availability of culturally appropriate services
- Entry to and movement through premises for example physical disability, prams etc
- Range of services available
- Barriers to access such as
 - Harassment/discrimination issues related to, for example, mental health, sexuality specific services.
 - Confidentiality issues related to for example – Domestic Violence, young people, mental health, sexual health etc

The list is not exhaustive and any other access related issues identified within the process will be included.

Approach

There will be 8 major steps in conducting this EIA:

1. Identifying the purpose and aims of the proposed strategy and EIA
2. Considering any information, data or research that is already available in relation to equalities, and what this tells us;
3. Making an assessment of the impact or effects of the strategy on different communities;
4. Considering whether there is anything, which could be done to mitigate against or to remove any adverse impact or effects, or to further promote equality, social inclusion or community cohesion;
5. Consulting those affected for their views and ideas;
6. Deciding whether or in what way we will go ahead with the strategy;
7. Deciding how we will monitor and review implementation of the strategy
8. Writing up assessment and publishing it.

Rapid review

It is proposed that this is undertaken by the following:

- Christina Gradowski – Director of Corporate and Partnership Development
- Vicky Hobart/Andy Beckingham – Public Health
- Michele Daniels – Public Health – Head of Inequalities
- Claire Wright – Children and Young People
- Alex McTeare – Adults and Older People
- Helena Pugh – LBH (older people)
- Arvinda Gohill – lead for Hornsey Central/polyclinics implementation
- PPI member (Maureen Dewar and Kelly Whiteside)
- Sarah D’Souza/Gemma Hughes – Head of Strategy and Projects
- Ingrid Bodkin – EIA project manager

5. Governance arrangements

It is proposed that we set up an Equalities Impact Assessment Steering Group– Christina Gradowski, Sarah D’Souza/Gemma Hughes, Michele Daniels and Vicky Hobart/Andy Beckingham to manage the process – with guidance/support and assistance from LBH Arlene Brown/Inno Amadi as required. This group to report up to the Commissioning Division Directors meeting with dotted line reporting to Equity and Diversity Committee.