

Appendix 1

Tracey Baldwin
Chief Executive
Haringey Teaching Primary Care Trust
St Ann's Hospital
St Ann's Road
London
N15 3TH

cc: Centre for Health Management, Tanaka Business School, Imperial College London

September 2007

Dear Tracey,

**Re: Consultation on the Barnet, Enfield & Haringey Clinical Strategy
*Your Health, Your Future: Safer, Closer, Better***

The Council supports the need for safe clinical healthcare of the highest quality to be made consistently available to all our residents. We also support increased provision of care closer to people's homes, and stress the need for greater partnership working between health and social care (as laid out in the *Our Health, Our Care, Our Say* White Paper).

We welcome the aim of securing a viable financial future for the local health economy and your clearly set out roadmap for achieving this. We look forward to an appropriate proportion of the realised savings being reinvested in primary care in Haringey, noting with concern the briefing provided to the Clinical Strategy Joint Scrutiny Committee showing that the number of GPs in Haringey is currently planned to be reduced by 2011/12 – in sharp contrast to large increases planned for Barnet and Enfield.

We recognise that the financial benefits to the local NHS will be likely to create knock-on benefits in joint work between the three PCTs and their local authorities and other local partners. However, the financial implications of any changes must be carefully analysed in full for **all** stakeholders. In particular, the provision of more care outside of hospital is bound to impact on social care services when they are required to provide support to the additional people living at home. We would ask that financial resources freed up through this process be transferred, where appropriate, to local authorities so they are properly resourced to take on these additional demands on their services.

We wish to reiterate our welcome of the rejection of proposals for the North Middlesex Hospital to become a community hospital. The loss of services that this would have entailed would have had serious implications for Haringey residents, who are already not well served by hospital facilities. As this strategy highlights, there is neither an acute or community hospital nor a walk-in centre within the borough's boundaries – despite being a Spearhead borough in the bottom fifth of local authority areas nationally for male and

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female life expectancy, heart and circulatory disease mortality and the Index of Multiple Deprivation.

Both remaining options being consulted upon involve a welcome expansion of services at the North Middlesex. We are pleased to note the progress towards commencement of much-needed redevelopment of the site. However we note with concern:

- that the hospital has already suffered financial pressures;
- the finding in Enfield Council's original position document that North Middlesex A&E is occasionally closed to new admissions with ambulances being diverted to Chase Farm instead; and
- that the withdrawal of full Accident & Emergency (A&E) facilities at Chase Farm Hospital will place some additional pressure on the A&E unit at the North Middlesex (while welcoming the rejection of the scenario whereby A&E facilities at Chase Farm would have been withdrawn entirely).

We are therefore slightly concerned to find an apparent lack of detail on offer regarding how you will ensure that the new A&E unit at the North Middlesex has adequate resources and accommodation to manage the even higher demands likely to be placed on what is already one of London's busiest A&E departments. Although we would reiterate our full support for the aim of keeping people out of hospital wherever possible, the assumption on which your 'activity modelling' is based that a 15% decrease in existing acute clinical activity can be achieved by 2011/12 through improved avoidance of admissions and intermediate care seems a very ambitious one. Furthermore, we would urge that the implications of the growth of the borough's population as envisaged in the Sustainable Communities Plan for England, plus indigenous growth through rising household numbers and regeneration activity, be taken into account.

We note that Option 1 would displace 995 patients per year currently receiving routine in-patient surgery at the North Middlesex Hospital. A sizable proportion of these patients will be Haringey residents, of whom some (mostly from the east of the borough) would face a substantially longer journey to either Chase Farm or the Whittington Hospital. We do not agree that this number of patients was too small to justify modelling of the adverse effect on journey times, which we feel is likely to be a significant inconvenience for some members of a group likely to be disproportionately vulnerable. While transport to the North Middlesex Hospital should be improved, transport accessibility to Chase Farm Hospital is appalling for most Haringey residents. **We therefore feel that the better of the two options for Haringey residents is Option 2**, under which this adverse impact would not apply.

We note with considerable concern the Healthcare Commission's recent discovery of breaches of the Hygiene Code at Chase Farm Hospital and the improvement notice duly served. We recognise and welcome the fact that a stated aim of this strategy is to make maintenance of hygiene standards and the fight against healthcare acquired infections easier through the decommissioning of outdated facilities and separation of emergency and

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planned care. However we must stress the paramount importance of no more lapses in standards of hygiene and infection prevention occurring at any stage in the future.

We also note that neither this Clinical Strategy nor the Haringey Primary Care Strategy substantively addresses the future of St Ann's Hospital. We recognise that this is primarily the responsibility of the Mental Health Trust (MHT) rather than Haringey TPCT, and that the MHT's strategic outline which will facilitate redevelopment of St Ann's is currently awaiting approval. However we are obviously keen to ensure that a fully joined-up approach is taken to the future of all local healthcare sites, and we would reiterate in line with the motion passed unanimously by the Council in July that we wish to see health facilities retained and improved at the St Ann's site. We enclose a copy of this motion.

In addition, the Council would wish to have early discussions with the NHS in respect of any land disposals that may arise within Haringey as a result of the adoption of the Clinical Strategy. As you will be aware, all London boroughs are either in the process of developing or adopting a Local Development Framework (LDF), and we are obliged to publish our Local Development Scheme (LDS) which outlines the spatial development issues of all organisations (including those in the health economy) as they impact on the current and future development of the borough. Clearly, there will inevitably be spatial planning implications of the proposals included in the draft Clinical Strategy and we will need to assess these carefully and incorporate any implications for the LDF in any revised LDS.

Yours faithfully,

Councillor George Meehan
Leader of the Council

Councillor Bob Harris
Cabinet Member for Adult Social Care and
Well-being

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Motion passed unanimously by Haringey Council – 16 July 2007

This Council notes the contents of the Annual Health Survey and the need to improve health services in the borough.

It calls upon the PCT to ensure that the forthcoming primary care strategy meets the needs of the people of Haringey, especially in parts of the borough currently not well served.

This Council shares the concerns of many in the local community who want locally accessible health services, and will fight to ensure that in any redevelopment of St Ann's Hospital its health facilities are retained or re-provided in an improved way with full consultation and mutual agreement.

In particular this Council calls upon the PCT to ensure that there is full and proper consultation, with all patients registered at each practice, over the relocation of each individual GP practice to a polyclinic on a practice-by-practice basis, if this aspect of the Health Strategy is approved in forthcoming consultations.

In addition, the PCT must undertake to consult, through appropriate channels, what transport changes may be necessary to ensure that all patients can reach local health services, and ensure that where this is not possible health services are provided in the home or transport provided by the health facility.