

Haringey Local Medical Committee Response:

Haringey Teaching Primary Care Trust
Consultation Document – Developing World
Class Primary Care in Haringey

Draft

1. Introduction:

In June 2007, Haringey Teaching Primary Care Trust (TPCT) published its consultation document that sets out its vision for primary care services in Haringey. This vision is of a world class, high quality, responsive primary and community services for all Haringey residents. Consultation ends on 19 October 2007.

The TPCT's document appears to have been influenced by NHS London's Framework for Action written by Professor Ara Darzi and his team.

In June the Londonwide LMC (LLMC) produced a submission relating to the concept of polyclinics, strongly stating that any implementation of the recommendations in the report must ensure that:

- Patient satisfaction with their locally based GP must be maintained.
- GPs continue as the gateway to the NHS (over 90% of patient contacts with the NHS are dealt with entirely within GP practice).
- Continuity of care is maintained via a registered patient list
- Valued local personal GP services must not be sacrificed for the polyclinic model.

Haringey Local Medical Committee (LMC) fully endorses these requirements as being relevant in relation to Haringey TPCT's Developing World Class Primary Care.

2. Current general practice and delivery in Haringey

The LLMC submission in May 2007, focused on developing the current general practice model rather than its wholesale replacement with the polyclinic approach. The submission stated that developing general practice would require:

- Modern fit for purpose premises situated in the communities which they serve with easy physical access for the young, the elderly, the chronically sick and the disabled.
- A full range of practice staff and community nurses, midwives and health visitors.
- Close working with community mental health teams.
- Maximising use of information technology.
- Immediate access to laboratory and diagnostic facilities.

Haringey LMC asks Haringey TPCT to consider how it will work with general practice on developing initiatives with the aim of funding a spectrum of solutions i.e. No one model can fit all. The TPCT's "world class" document describes variations in list size and access and noted 48% GP premises of being assessed as falling below minimum standards in terms of quality and quantity of clinical accommodation. What plan of action is in place other than the 'vision' of polyclinics to improve premises and equity issues?

Haringey LMC promotes the value of current general practice and emphasis:

- Appendix E 'Developing World Class Primary Care in Haringey' recognises that there is not a great deal of evidence around what 'works' in primary care and states "Literature on models of primary care also suggests that there is no one clear model which delivers quality". What is the evidence therefore for polyclinics as the 'only' solution?
- The information centre¹ report 'Trends in consultation rates in general practice 1995-2006': The estimated number of consultations in England rose from 220.1 million in 1995 to 289.8 million in 2006. The average patient had 3.9 consultations each year in 1995 but this increased to 5.3 by 2006. Highest consultation rates were with the elderly. Primary care is focused on the most vulnerable age group.
- Cost effectiveness: GP consultations cost less than outpatient consultations, A&E consultations and ambulance calls. GP care for a whole year costs less than a single day's hospital admission.
- The patient survey of GP practices January – March 2007 showed that many patients reported a good experience of GP services. Specifically for Haringey TPCT of those patients who responded to the survey.
 - 84% were satisfied they could get through to their doctor's surgery on the phone
 - 81% were able to get an appointment within 48 hours.
 - 77% were able to book ahead for an appointment
 - 84% were able to book an appointment with a specific GP.
 - 79% were satisfied with current opening hours of practice
 - 97% of patients who were referred by a GP discussed choice of hospital.

3. Is the super health centre/Polyclinic model viable?

Framework for Action states five common principles relating to future models of health care provision:

- Services focused on individual needs and choices
- Localise where possible, centralise where necessary
- Truly integrated care and partnership working, maximising the contribution of the entire workforce
- Prevention is better than cure
- A focus on health inequalities and diversity

The LMC notes that in an early version of the TPCT's 'World Class Primary Care' document that there were 3 options: Dispersed/network model with an incremental change to gradually reduce number of practices; hub and spoke model with 3 medium/large primary care resource centres (20 – 50K population); and 3-6 health super centres (40-70k population). The final document contained only one delivery model – super health centre/polyclinic model. The LMC feels in making this shift that the PCT has not fully evaluated other options and in particular the viability of the polyclinic model as the only option for Haringey.

Haringey LMC believes that with appropriate development of GP practices where required that these principles can be achieved without a whole scale move to a super health centre/polyclinic model. Moving a poorly performing GP

¹ The information centre is a special health authority that provides facts and figures to help the NHS and social services run effectively. www.ic.nhs.uk

into brand new premises does not address the developmental needs of that individual. Therefore a range of models should be available.

In exploring the viability of a super health centre/polyclinic model Haringey LMC posed the following questions which we would encourage the TPCT to consider further.

i. Contractual:

Haringey TPCT recognises the Contractual issues with implementing their vision and states in its World Class Primary Care document that

- They expect practices to make full use of the Quality and Outcome Framework (QOF) and to demonstrate world class performance against it.
- Further definition of contracture obligations will be needed to ensure delivery of mutually agreed standards.

There are contractual issues relating to:

- OQF: This is voluntary and should not be used as a performance management tool.
- Definition of Contracture Obligations: What does this mean? What process will be undertaken?
- Compensation: Will Haringey TPCT buy GPs out?
- How will the super health centre model work for GPs; will GPs be salaried? More details needed.

ii. Finances: The TPCT's World Class Primary Care document provides a 5 year financial plan. It states the costs are for infrastructure only with pay and non pay costs seen as cost neutral. New premises would be funded from savings in secondary care. The TPCT states £3.7 million investment of recurring monies available to fund infrastructure of new buildings. Haringey LMC expressed serious concerns over the achievability of the TPCT's financial plan and requests further detailed information that clearly sets out where the funding would be coming from and how it would be used.

iii. Premises: Framework for Action states "Issues around the ownership of existing premises also needs to be resolved if there is to be a large scale move of GPs to Polyclinics".

Haringey LMC considers that the TPCT needs to explore the following issues further:

- Function then form: Service models needs to be clarified first before considering the shape of buildings. What services are needed to meet the needs of the population? How should they be delivered? From this what would be the most appropriate delivery model?
- Premises Development Strategy: What other ways of developing and improving premises have and should be considered that would offer a spectrum of delivery models to meet the needs of the population. What are the specific plans for the 48% of GP premises that are below required standards? What would the impact be of investing the £3.7 million earmarked for super health centres into these premises?
- Ownership of premises: What are the TPCT's plans for the ownership of super health centres? Framework for Action recognises that ownership of polyclinics needs further consideration. In addition if GPs are to be

encouraged to transfer to super health centres/polyclinics what does this mean for existing premises? Will Haringey TPCT buy GPs out?

- iv. Travel: Haringey LMC feels further detailed work is needed by the TPCT on transport and parking issues. Haringey TPCT's 'World Class Primary Care' document does not give reassurance that transport and parking issues have been sufficiently explored at this stage, e.g., in considering the Hornsey Centre redevelopment Haringey LMC felt that there is already transport congestion in this area that would be aggravated by a super health centre.
- v. Patient Choice: Haringey LMC feel that the principle of continuity is undervalued in the 'World Class Primary Care' document. The TPCT's proposal that larger clinics would ensure more staff and longer opening hours does not mean that people will necessarily see the GP they wish to see. There could also be a reduction in choice of consultant with this being influenced by which consultant holds sessions in which polyclinics.

4. Conclusion

The main areas for further review and consideration as set out in the questions included in this response, can be summarised as:

- Contractual
- Finances
- Premises
- Travel
- Patient choice

Whilst this response has focused on the Haringey TPCT consultation document – 'Developing World Class Primary Care in Haringey', the LMC is aware that this cannot be viewed without reference to the recently published Framework for Action health review by Professor Sir Ara Darzi.

As contained in the Londonwide LMCs' submission to Professor Sir Ara Darzi, whilst supporting the principles set out in his Healthcare Review, general practice and general practitioners would also want to ensure that resources are not diverted into polyclinics which may distort the provision of primary care.

The Londonwide LMCs' submission states the wish that any implementation of the Darzi review ensures:

- Patient satisfaction with their locally based GP must be maintained
- GPs continue as the key gateway to the NHS
- Continuity of care is maintained via a registered patient list
- Valued local GP services must not be sacrificed for the polyclinic model

The LMC would welcome the opportunity to work with Haringey TPCT in defining models of primary care delivery that reflect these areas of concern, whilst embracing the principle of continuous improvement to patient care

Haringey LMC
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