Harrow COUNCIL
LONDON
Scrutiny

Councillor STANLEY SHEINWALD
Chairman, Overview and Scrutiny Committee

NHS London
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Consulting the Capital

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Harrow Overview and Scrutiny Committee's response to the local *Healthcare for London* consultation by Harrow Primary Care Trust

We write in response to the local consultation conducted by Harrow Primary Care Trust (on behalf of NHS London) on *Healthcare for London: A Framework for Action*. We are sharing this response with the Chairman of the pan-London Joint Overview and Scrutiny Committee (JOSC) on *Healthcare for London.* The JOSC Chairman may feel it appropriate to share with scrutiny colleagues on the JOSC our local scrutiny enquiries around *Healthcare for London* and that this be considered as evidence to inform deliberations at a wider pan-London level.

By way of background to our processes, to facilitate our contributions to the JOSC, in Harrow we established a cross-party working group of scrutiny councillors to lead on the *Healthcare for London* scrutiny work. This working group (consisting of Councillors Vina Mithani, Margaret Davine, Barry Macleod-Cullinane, Rekha Shah and Dinesh Solanki) has pulled together this response on behalf of scrutiny in Harrow. We are clear that this response represents a Harrow scrutiny perspective and as such does not preclude any other groups/organisations/individuals from our organisation or the wider health and health and social care economy from submitting their own views. We acknowledge that as a JOSC has been established to consider *Healthcare for London*, NHS bodies are not obliged to respond to our individual Overview and Scrutiny Committee's comments.

Our comments are based on evidence from previous scrutiny work in Harrow, as well as conversations we have had with key players in the local health and social care arena. This culminated in discussions at our recent Overview and Scrutiny Committee on 28 January on the implications of *Healthcare for London* for Harrow which involved Harrow Primary Care Trust, Harrow Council's Corporate Director of Adults and Housing and the Adults Services Portfolio Holder. Our response is contained in the attached paper and is presented with reference to the appropriate sections of the consultation document and our specific areas of focus/evidence.

We recognise that it is not scrutiny's role to carry out the consultation on *Healthcare for London* with stakeholders as the responsibility rests with the local NHS, however we would like to

Contact; PO Box 57, Civic Centre, Station Road, Harrow HA1 2XF
tel 020 8420 9388 email scrutiny@harrow.gov.uk web www.harrow.gov.uk

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facilitate the consultation and develop local understanding to ensure that our residents are aware of the impact of these proposals on their health and social care services.

We thank our colleagues from across the Council and health organisations for their contributions to our discussions around *Healthcare for London* and sharing their perspectives on the implications for Harrow. We have welcomed the openness of this dialogue and will strive to ensure that this dialogue is an ongoing one. Should you need any elaboration on the evidence used in our comments, please do not hesitate to contact us through the Scrutiny Unit (details as given at the bottom of this letter), and further, more details can be found on our website www.harrow.gov.uk/scrutiny.

Yours faithfully

S. Sheinwald

Mitzi Green

Councillor Stanley Sheinwald,
Chairman of Harrow Overview & Scrutiny Committee

Councillor Mitzi Green,
Vice- Chairman of Harrow Overview & Scrutiny Committee

Cc:
Ruth Carnall - Chief Executive NHS London
Paul Clark – Corporate Director Children's Services, Harrow Council
Sarah Crowther - Chief Executive, Harrow Primary Care Trust
Michael Lockwood - Chief Executive, Harrow Council
Councillor Chris Mote - Leader of Harrow Council
Councillor Janet Mote – Children's Services Portfolio Holder, Harrow Council
Paul Najsarek - Corporate Director Adults & Housing, Harrow Council
Councillor Mary O'Connor - Chairman of Joint Overview and Scrutiny Committee to review Healthcare for London
Councillor Eric Silver - Adults Services Portfolio Holder, Harrow Council

Enc:

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Consultation questionnaire section:	'Healthcare for London – Consulting the Capital'
Our focus:	Local consultation process

Our response:

Local consultation activities

Harrow PCT held a public consultation event on Saturday 26 January at Harrow Civic Centre as part of its ongoing consultation activities, which have also involved a wraparound on local newspapers and events at health venues and supermarkets across the borough. As pointed out to us by the PCT, there are limited venues within the borough that can adequately facilitate the space, time and technology needed to support people in watching a video on healthcare and filling in the lengthy consultation questionnaire. The PCT recognises that it is taking time for people to complete the questionnaire but stresses the need to balance considerations around the quality as well as the quantity of the responses.

It is estimated that about 50 people attended this public consultation event with the key message coming from local people that highlighted the importance of joint working across agencies in providing care - patients welcome an improved flow of information and ask that health services better link up with social care and the voluntary sector. We would concur with this view.

Improving consultation processes

Previous scrutiny work around the Alexandra Avenue Health and Social Care Centre consultation by Harrow PCT uncovered some concerns around the consultation process, namely that people may not have been clear about the purpose/content of the proposals (i.e. the closure of two local clinics and moving services to Alexandra Avenue). Furthermore, there were low numbers of respondents to the PCT consultation (150), especially when set against the number of people signing a petition opposing the proposals (300) that was subsequently presented to scrutiny. We are adamant that consultation activities must learn from previous attempts to engage with local residents around their healthcare needs to inform the current local consultation strategy.

It is important that the local NHS is not seen to be merely paying lipservice to this consultation and is doing enough to publicise it. It is imperative that the PCT ensures that it gleans the views of all residents and not just the 'usual suspects', including capturing the views of children and young people, and other hard-to-reach groups. Particular note should also be given to current patient and public involvement forums which are winding down as the Local Involvement Networks are being established, so as to ensure that these views are still being captured during the transitional period.

Harrow Overview and Scrutiny Committee's comments for *Healthcare for London* consultation

Our scrutiny members have questioned whether this local consultation process on *Healthcare for London* represents much effort for very little return, but accepts that it is perhaps too early to judge although the PCT is doing as much as it can to engage with residents. The PCT will need to solidly progress the *Healthcare for London* plans and build on the momentum once it knows the implications locally. Our PCT is comfortable that it can implement the direction of travel laid out in *Healthcare for London* as it is already moving forward with some of this work. Work needs to begin now on gearing up the local health economy for the changes and we feel that there needs to be a sufficient focus on the transitional movements.

In determining how Harrow Council could further help in the PCT's consultation efforts, the Overview and Scrutiny Committee has recommended that the consultation be highlighted on the council's own website.

Consultation questionnaire section:	'Maternity and newborn care'
Our focus:	Maternity at Northwick Park Hospital and Brent Birthing Centre (both part of North West London Hospitals Trust)

Our response:
In providing women more choice about how and where they give birth, the *Healthcare for London* working group for maternity and newborn care proposes a model with fewer obstetric units but with a greater ratio of consultants, more midwifery units (one for each obstetrics unit) and more home births. There is the assumption that many women will choose home delivery or a midwifery unit rather than hospital. Also proposed is more use of one-stop community facilities for the provision of antenatal and postnatal care, almost certainly meaning fewer home visits.

Questioning maternity assumptions
The case of Brent Birthing Centre has questioned the assumption that women want home deliveries or midwifery-led units rather than hospital experiences. This assumption has not been borne out locally as there is not the demand for the model of care as proposed by *Healthcare for London*. Brent Birthing Centre, despite being actively promoted by local healthcare professionals, only delivers 300 births a year with a 16% occupancy rate. Given the size of the Brent/Harrow catchment area, the trust would expect to see 1200-1500 women choosing to deliver their baby at the Brent Birthing Centre. Furthermore, 25% of the women choosing Brent Birthing Centre have to be transferred to Northwick Park Hospital, as they need the care of obstetricians due to complications. In the past when Northwick Park Hospital's maternity unit was placed under special measures following an investigation by the Healthcare Commission, local women still did not opt for births at Brent Birthing Centre, suggesting that perhaps what women want is the assurance of medical back-up.

This situation does not seem peculiar only to Harrow/Brent. As a comparison, it is understood that Barnet Birth Centre delivers about 360-420 births per year. The transfer rate to hospital is around 23% antenatally but much lower during labour (about 12-14%). Barnet Birth Centre takes bookings for about 60-70 women a month, although it targets for around 100, suggesting that the occupancy rate there too could be improved.

Allied with our concerns regarding the demand for some elements of the model of maternity care outlined in *Healthcare for London*, there are also the real pressures of adequate staffing levels given the current low numbers of midwives in London to consider. Will London have sufficient numbers of midwives to staff the maternity models outlined in *Healthcare for London*?

Please note that the North West London Hospitals Trust has recently consulted on its proposals for changes at Brent Birthing Centre and Harrow's scrutiny lead members for children and young people and adult health and social care have responded to this consultation separately.

Consultation questionnaire section:	'Acute care'
Our focus:	Local stroke services

Our response:

Better clinical outcomes

Our health partners recognise the need to do more around acute care especially stroke care and cardiology and that *Healthcare for London* provides the lever for this. There is strong evidence that, given the changes in technology and staffing arrangements (for example the recent workforce directive around hours worked by NHS staff) in the NHS, that concentrating specialist services for example for stroke care, in fewer places where there is enough volume for staff to develop their clinical skills, has better clinical outcomes.

For those suffering from a stroke episode to get the best clinical outcomes, they need to receive a CT scan within 90 minutes and thrombolytic drugs within 3 hours. Specialist care can provide this as well as access to better rehabilitation services. Opening hours to access these levels of care is an issue not only in Harrow but also across London. In North West London, there are very few hospitals that can offer 24 hour care for stroke patients although other hospitals do offer intensive care. It is felt that London underdelivers for stroke patients and this must be addressed.

Infrastructure issues: transport, equipment and staff

There remains much concern about the transport infrastructure required to deliver more centralised services like specialist stroke centres, especially given high levels of congestion in some parts of London including Harrow. Consideration of access times remains an important issue to align with clinical arguments for specialist centres. Further work in this area will be vital in informing local decisions around the location of specialist centres. The traffic and travel analysis part of the work around specialist centres will be vital in informing local decisions. We would urge our NHS colleagues to open dialogue with the London Ambulance Services and Transport for London about access issues and also give consideration to how decisions will be fully explained to the public. The public will need to be reassured that ambulances by-passing local hospitals in order to get patients to specialist centres is in the interest of better clinical outcomes, and perhaps the model of cardiac care can be used to educate public opinion in this respect.

It has been suggested to us that the biggest concern around specialist centres will not be the locations, but rather the staffing models to fit providing a sufficient workforce to man 24-hour care. At a national level, more MRI scanners are needed within the health service, especially when compared to figures abroad e.g. USA. This has implications for purchasing equipment and also training staff to use them. The model of stroke care in Ontario, Canada shows that outcomes are 20% better where care is centralised rather than using local facilities. However we ask whether the levels of technology (and training of staff) both locally and across London can match that of Canada? We are of the mind that *Healthcare for London* appears to underplay the importance of technology in achieving some of its proposed models of care.

Centralising specialist services

We acknowledge that should the *Healthcare for London* vision be adopted by NHS colleagues in London that in the months to come there will be difficult conversations and decisions to be made around services such as stroke care, as local areas will lose services that have been centralised. This makes it all the more necessary to start early messages that local access to better specialist services will deliver better clinical

outcomes. We have heard from NHS colleagues that Northwick Park Hospital could be considered as an appropriate site to develop into a specialist centre for stroke care and we would ask for continued dialogue on this.

Consultation questionnaire section:	'Where we could provide care'
Our focus:	Polyclinics and the future of the district general hospital

Our response:

Polyclinics

Much of the attention around *Healthcare for London* has fallen on the idea of developing polyclinics in London. Described as at "a level that falls between the current GP practice and the traditional district general hospital", based on population needs it is suggested that there should be a polyclinic to serve a population of 50,000 people. Therefore it follows that for a borough the size of Harrow this would mean about 4-5 polyclinics.

We have heard the view of Harrow PCT that polyclinics will offer a wider range of high quality services over a number of extended hours and that it is advantageous that there is not one definition or model of polyclinics as this will allow for local polyclinics to tailor themselves to the needs the communities that they serve within the borough. Inevitably there will some overlap with some services of the local hospitals.

We note that *Healthcare for London*'s financial modelling and funding calculations for the polyclinic model do not take account of start up capital costs for polyclinics and we have questioned how Harrow PCT is going to pay for its new polyclinics. We would suggest that this would require the use of monies from existing local NHS estate, whilst acknowledging that the assets of partner agencies (e.g. the Council's Neighbourhood Resource Centres and Children's Centres) may well also be considered when determining which locations best meet the needs of residents. Locally, the new Alexandra Avenue Health and Social Care Centre could be developed into a polyclinic as could the front of Northwick Park Hospital, as *Healthcare for London* envisages that all hospitals with A&E departments would be co-located with a polyclinic which alongside its other functions would include an urgent care centre as a "front door". Therefore polyclinics should not all require rebuilds. We note the advice from health colleagues that there is a need to appreciate the phasing and strategic approach of the 10-year vision provided by *Healthcare for London.* However as yet, without further financial modelling on a local level at least, we remain unconvinced that the development of polyclinics will not require investment in capital buildings to deliver this vision.

Previously Harrow councillors have expressed concerns around the location of the Health and Social Care Centre in Alexandra Avenue, for the reason that travel access to the facilities is poor. Should this be developed into a polyclinic, thought should be given to eradicating access problems through work with Transport for London. The PCT has highlighted to us the importance of phasing in the implementation of the *Healthcare for London* proposals. Assumptions, for example around transport links, staff transfers and equipment needs, must be tested through the phased approach and the learning carried forward to future phases.

The role of GPs

There appears to be a reliance on practice based commissioning as a lever for the visions contained within *Healthcare for London*, requiring GP buy in and innovative commissioning to fund some of the Darzi vision and services at polyclinics. The Government has made it clear that it expects a significant proportion of funding to be channelled through Practice Based Commissioning. It must be a local priority that local GPs are brought on board with the *Healthcare for London* visions and the implications of these for their own practices and

services. There has been a reluctance from local GPs to provide services at Alexandra Avenue Health and Social Care Centre and we would urge the PCT to understand why this is the case, especially if Alexandra Avenue is to become a polyclinic and serve as a forerunner for such a model locally. Furthermore, we are clear that in locating future polyclinics and GP services that they are in locations accessible to residents. If, as *Healthcare for London* promotes, over time polyclinics are to become the site for most GP care, this suggests that people will have to travel further to see their GP. We question whether all of Harrow's communities are mobile enough to do this. This should not serve to accentuate inequalities e.g. for the elderly, those with mental health problems, those without cars or those with young children – polyclinics must be attractive to service users as well as service providers.

Consultation questionnaire section:	'Turning the vision into reality'
Our focus:	Implications on social care and wider partnership working in Harrow

Our response:

Partnership working

Most of the principles contained in *Healthcare for London* have already been reflected in recent Department of Health and NHS policy including Local Area Agreements and section 31 of Health Act 1999 where partnership working and collaboration between health and local government encourages flexibilities. As the PCT is moving away from a provider role toward that of a commissioner, there is a greater emphasis on joint commissioning with the local authority. We are hopeful that our local bodies are adequately configured for this and that Harrow Council and Harrow PCT can work together to provide a 'single patient pathway'. We welcome the PCT's assurances of continued dialogue with local authority colleagues. We wholeheartedly endorse the view of Harrow PCT's Chief Executive that as this is only the start of the process it is important to get the principles right and that it is highly important that we start to think locally across organisations about how to take *Healthcare for London* forward. This includes in large parts consideration of the impact upon other partners.

We believe that the *Healthcare for London* proposals on integrated care, prevention and tackling inequalities are the least well worked out, partly because their success will lie outside of the sole remit of the NHS and depend upon collaboration with other agencies. It concerns us that *Healthcare for London* makes very little reference to the impact on local authorities, especially social care. This raises questions about the capacity of other practitioners to take on added responsibilities. Shifting expenditure from acute hospital care into prevention is extremely difficult to achieve. This will undoubtedly increase the demand for social care. Transitional arrangements during the shift from treatment to prevention apply as much to social care as to health services.

Modelling impacts

There has been a lack of predictive modelling to gauge the implications on social care, especially in assessing the impact (in service provision, financial and on workforce) of the demands of these changes. The Adults Services Portfolio Holder has impressed the need for health agencies to work with social care partners, especially as much of the financial information on impact on social care is lacking from *Healthcare for London*. The PCT's Chief Executive agrees that there remains much work to be done on the finances and locally there needs to be solutions that suit all. It is noted that *Healthcare for London's* financial modelling forecasts are for the end point in 10 years time and there remains the need to consider the year-on-year impact in between. We have been reassured that Harrow PCT is working on this technical information to ascertain what it will mean for Harrow's annual budgets and that service planning decisions will involve the Council. Throughout this we reinforce the point that the focus should very much remain on the users and what they want, and this should not be secondary to the needs of providers.

One of the key planks of the planned care proposals centres on early discharge from hospital to home – this will require greater use of social care. The planned care working group in *Healthcare for London* suggested "resources freed up from more day cases may need to be re-invested into social care support" and further "the need for increasing support from social care and the associated costs of this should be considered as part of

NHS commissioning, with NHS resources being used, where appropriate, to commission social care." How this will work in practice is essential for the local authority to gauge.

Shared resources

We should not assume that only NHS estates can deliver the *Healthcare for London* models and suggest that consideration should be given to Harrow's new Neighbourhood Resource Centres (due to open in 2009) and children's centres as futures homes for such integrated health and social care. We would advise that the PCT discusses with local authority colleagues the feasibility of these options and that both organisations think jointly about their assets. We reiterate that the local authority and PCT should do early work together to consider the local implications of *Healthcare for London* on Harrow's communities, for example the location of polyclinics and better use of community transport - this could be used to dovetail with providing a better patient transport service if fleets were shared e.g. use the fleets for SEN transport around school times and for patient transport at other times. This could reduce patient transport waiting times, the cost of SEN transport, as well as bring together health and social care.

We take this opportunity to raise our concerns relating to the development of the NHS estates plan. It has been suggested to us that there is a real fear that services currently provided at Royal National Orthopaedic Hospital's Stanmore site may be moved elsewhere so that the estate can be sold. We would question how this can be reconciled with the need for specialist centres, of which RNOH is currently an internationally renowned exemplar.

Local priorities

We support our Corporate Director of Adults and Housing's recognition that there are a number of risks and opportunities attached to the *Healthcare for London* vision and that the Council should warm to projected progress of public health emphases in healthcare messages. The second stage of the consultation will yield the most interest as it becomes clearer the impact of the proposals – what, where and for whom. Wherever possible, the local authority and PCT should aim to conduct joint consultations to help people gain a better understanding of the health and social care interface. The aim of public consultation should be to lead public opinion as well as to follow public opinion, and this is especially true when giving messages around people taking more responsibility for their own health.

It will be key to tie in the *Healthcare for London* implications to the priorities of the local authority, for example through the Local Area Agreement so that work is complementary, makes best use of resources and builds on local partnership working. There is a clear direction of travel within *Healthcare for London* and we are assured that locally there will be more time and resources given to preventative and health promotion work. This fosters the need for greater partnership working and we feel that locally across organisations there is the genuine will to build upon partnerships and to enable them to flourish.