Strategic Premises Development Plan: Borough of Haringey

Prepared for: NHS England (London Region) and Haringey CCG

June 2015

Version 1	Initial draft template created
Version 2, 3,4 & 5	Updated content
Version 6	Client update
Version 7 & 8	Updated content following client comment
Version 9	Issued to Task & Finish Group for comment
Version 10	Updated to final draft

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1 Overview

NLEP (formerly Elevate Partnership), is a public private partnership established in July 2004 through the NHS LIFT (Local Improvement Finance Trust) framework. Along with our partner organisation **gb**partnerships, we provide a comprehensive range of property services; from strategic planning, to development and asset management. As the local partner of choice we enable our clients to focus on the provision of services, working together to improve facilities for our local communities.

NLEP were commissioned in January 2015 by NHS England (London Region) and Haringey Clinical Commissioning Group (HCCG) following an identified need for an integrated Primary Health Care Strategic Premises Development plan for Haringey. Haringey has a number of significant regeneration schemes and housing developments which have been planned across the borough, but with particular emphasis on the Tottenham area.

It is predicted that the schemes will deliver an increase to the local population of over 26,201 people by 2020, an increase to 37,329 by 2026 with associated increase in demand for Primary Health Care and need for increase in GP capacity. A recent Healthwatch report raised a concern that there was currently a shortfall in available GP patient appointments in the Tottenham Hale area in the larger context of an overall shortfall in the North East of the borough. It has been further identified by HCCG that a number of the practices premises will not be viable in the future due to poor estate conditions.

Over recent years there has been a number of different strategies produced and studies undertaken from both a regeneration and existing portfolio basis. This report looks at stages one to three (of six) for an integrated Strategic Premises Development (SPDP) bringing an overarching strategy looking at both the regeneration and the existing estate infrastructure, to identify the local health needs for both now and in the future.

There are challenges in the system to achieving this; none more challenging than bringing a number of large autonomous organisations together to develop and agree a strategic plan. The establishment of a Task and Finish Group in partnership with a wide variety of stakeholders from across Haringey including NHS England, Haringey CCG, Haringey Council and Healthwatch Haringey is seen as a starting point and one that will benefit the patients and the organisations that service. The Task and Finish Group has played an active role in determining the direction and content of this report.

2 Executive Summary

This Primary Care Strategic Premises Development Plan looks at key stakeholder strategies, the location and pace of the growth planned and the likely impact on local primary care services and infrastructure. Other factors have also been considered such as existing primary care contractors and locations of services to provide a rounded picture of Haringey.

The London Borough of Haringey has plans for a 13% population growth between 2011 – 2026, nearly two thirds of which is projected between 2015 – 2026, impacting on the existing primary care infrastructure and services. The most significant growth is planned in the Noel Park ward between 2015 to 2020, although the overall population prediction in this ward of 7,944 outweighs the next highest prediction in Tottenham Hale by nearly 30% at 5,589. This is against a backdrop of existing poor quality estate across the borough, with 79% high or significantly rated for non-statutory compliance.

With the creation of Clinical Commissioning Groups (CCGs), the trend for new models of delivery for primary care is steering towards a federated model of delivery of primary care and community-based services (integrating with services previously delivered in secondary / social care) with a hub and spoke type model, centralising administration and more specialised services to create wider and more accessible patient access to primary and community-based services within a geographical area. Haringey CCG has a number of pilots schemes in operation to support these new models of care, and currently has four GP practice collaboratives spread across the borough in the North East, South East, Central and West.

The impact of growth in each of these areas has been analysed and requirements for additional services and infrastructure has been identified. Analysis has shown that currently some capacity is available across the system that could be utilised and additional patients that could be accommodated by fully utilizing existing clinical rooms. However, dialogue will need to be undertaken with the existing practices in order to understand how much capacity they have and their ability and willingness to absorb the increase in population, otherwise an estimated 7,842m² of space would be required across the borough by 2026.

The recommendations within this strategy are to pursue with the current Primary Care Infrastructure Fund Bid applications to support the estate and access for patients in the immediate to short-term. Building on the partnerships evolved through the Task and Finish group will embed the ethos of joined up healthcare across general practice, community services and hospitals resulting in a better experience, improved results and better value for money.

3 Stage One; Information Gathering and Stakeholder Engagement

3.1 Scene setting

The Primary Health Care Strategic Premises Development Plan (SPDP) has been commissioned on the first three, of six, stages in the overall implementation of an SPDP, being;

1) Stage one - Information gathering and stakeholder engagement,
2) Stage two - Solution development, and,
3) Stage three - Stakeholder sign up and sign off.

The remaining three stages will need to progress following Stakeholder sign off, being;

4) Stage four - Public engagement
5) Stage five - Approval process
6) Stage six - Implementation

Stage One will introduce Haringey, identify those key organisations operating in the Borough and their strategies, the location of the estate in terms of Primary Care delivery, and the quality of the estate in terms modern Primary Health Care Standards.

3.2 London Borough of Haringey

3.2.1 Overview

"*The Health of the people in Haringey is varied compared with the England average. Deprivation is higher than average, and about 31.2% (16,400) children live in poverty*"[i].

The London Borough of Haringey, located in the North of London, borders six other Boroughs; Barnet, Enfield, Camden, Islington, Waltham Forest and Hackney. The Borough spans over 11 square miles, of which over 25% is green space, and is divided into 19 wards, as shown in Figure 1.

[i] Health Profile for Haringey, produced 12th August 2014. Page 1. Public Health England. http://www.apho.org.uk/. Crown copyright 2014.

Haringey is the fourth most deprived borough in London. The population of Haringey is younger than the national average but, following the national trend, the proportion of over 65s within the population is rising fast. The Haringey Joint Strategic Needs Assessment (JSNA) demonstrates that there is a nine year gap in life expectancy, for both men and women, between the West and the East of the borough. The East of the borough has the lowest life expectancy and contains Tottenham, one of the most deprived areas in the country.

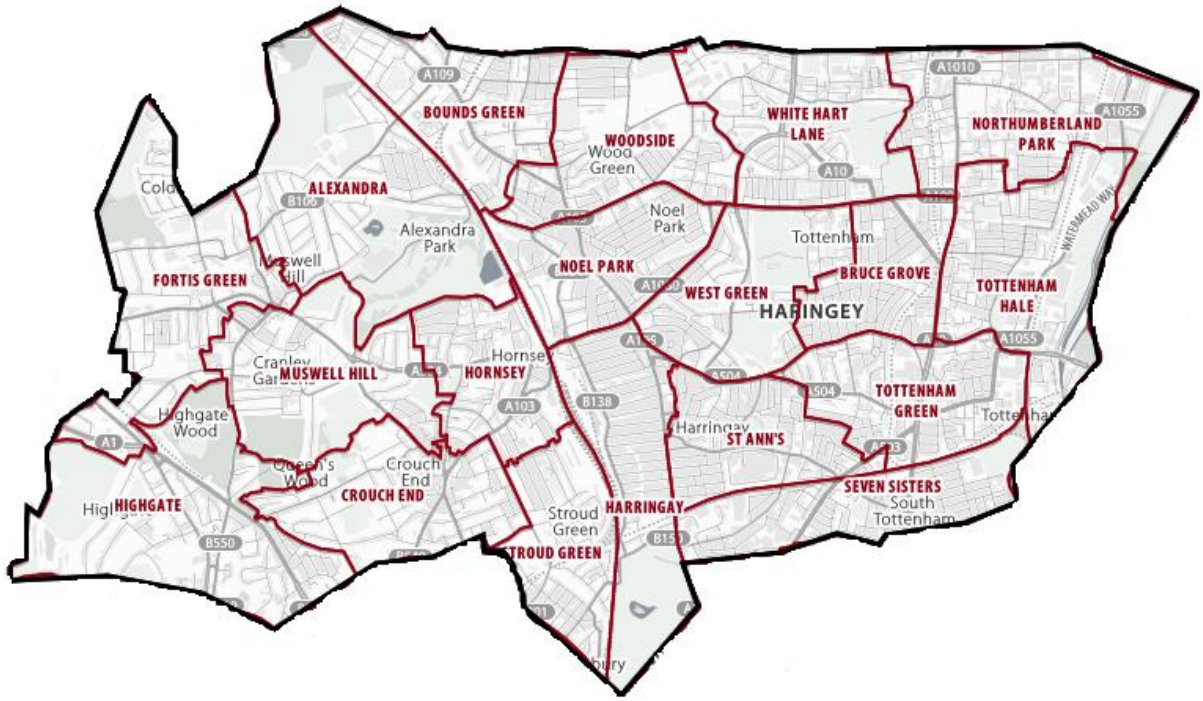


Figure 1: Haringey Ward Map (SHAPE).

3.2.2 Population

The 2013 JSNA states that the latest population in Haringey is estimated at 254,900[i]. Almost two-thirds of the population are young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Haringey's population is the fifth most ethnically diverse in the country.

The population of Haringey is growing. The GLA (Greater London Authority), 2013 predicts the population to reach 293,757 by 2026, an increased population of 37,329 or 13%.

[i] Based upon 2011 National Census data

Population growth locally is mostly due to the increase in birth rates and net gain from international migration. Birth rates locally and nationally are increasing while death rates are decreasing. In 2011/12, there were 3,120 more births than deaths in Haringey.

In 2011/2012 ONS state that 19,381 people moved to Haringey from another part of the UK. Whilst inthe same period 23,002 people left Haringey for another part of the UK. At the same time, 6,797 people moved to Haringey from overseas, whilst 2,825 people left Haringey to live overseas.

Haringey has always experienced a high level of population turnover. Most population turnover occurs by people moving into and out of other parts of the UK. 26,178 migrants moved to Haringey in the 2011/12 year, with 6,797 (26%) of these coming from outside the UK. At the same time, 25,827 people moved outside the borough; of those 2, 825 (10.8%) migrated overseas. The net gain in population of the borough was therefore due to international migration.

Population growth in Haringey in recent years has been due to births outnumbering deaths coupled with the international inward migration.

3.2.3 Deprivation

Haringey is the fourth most deprived borough in London. The population of Haringey is younger than the national average but, following the national trend, the proportion of over 65s within the population is rising fast. The Haringey Joint Strategic Needs Assessment (JSNA) demonstrates that there is a nine year gap in life expectancy, for both men and women, between the west and the east of the borough. The east of the borough has the lowest life expectancy and contains Tottenham, one of the most deprived areas in the country.

It is important to note that while Figure 2 indicates the variation in deprivation across Haringey, showing the GP practice locations in context, this is only relative to the 19 wards within the borough itself. When examined in a national context all 19 Haringey wards rank in the top half of 7,679 wards nationally. In addition, 8 of Haringey's wards are in the top 500 most deprived wards nationally. Therefore it must be acknowledged that while certain wards in Haringey have low deprivation compared to their neighbours, they still exhibit deprivation above the national median**.** As shown in Appendix 1.

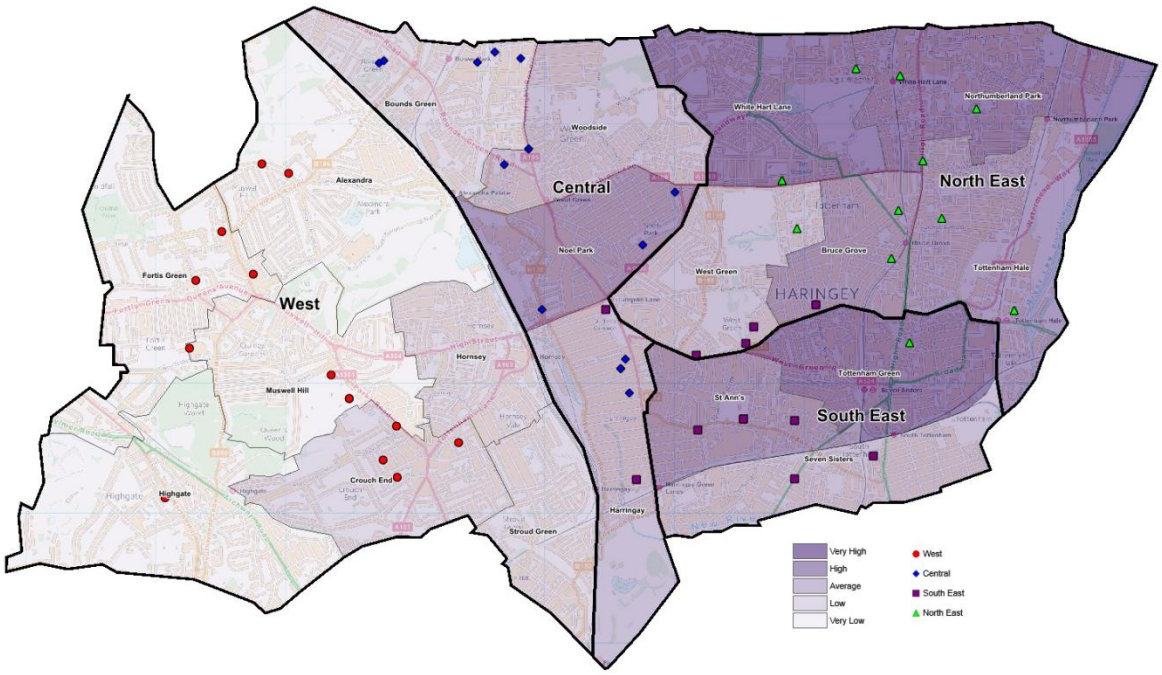


Figure 2: Index of Multiple Deprivation Heat Map with GP locations

3.2.4 Key Health Issues

Health improvement in the borough is divided along the following key areas: drug misuse, alcohol, obesity, diet and nutrition, physical activity, smoking and sexual health.

The key issues and challenges include:

- Socio-economic status plays a large role in lifestyle choices with those on lower incomes consuming more fat, processed food and less fruit and vegetables,
- A large number of fast food outlets are located in the more deprived East of the borough,
- Childhood obesity is higher in Haringey compared to England, particularly in 11-12 year old children,
- Physical inactivity is a major area of concern especially in more deprived parts of the borough where physical inactivity levels are some of the lowest in the country,
- Although sexual health in the borough in improving, focus on interventions should continue amongst those at highest risk such as young people (under 25 years),
- Smoking prevalence is unacceptable high and is a major reason for Haringey's health inequalities and life expectancy gap.

3.3 Stakeholder engagement

3.3.1 Overview

As part of the Stage One process, engagement has taken place with the following organisations:,

- NHS England
- Haringey CCG Collaborative Leads
- Haringey CCG Integrated Care Lead
- NHS Property Services
- London Borough of Haringey Council
- Community Health Partnerships
- Public Health Haringey
- Healthwatch Haringey
- Barnet, Enfield and Haringey Mental Health Trust
- Whittington Hospital NHS trust
- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust
- Clinical Quality Commission

An overview of the key Commissioner Stakeholder strategies is provided below including the strategies of The Haringey Health and Wellbeing Board, NHS England, Haringey CCG and Haringey Council including Public Health against the JSNA objectives.

3.3.2 Overview of stakeholder strategies

3.3.2.1 Haringey Health and Wellbeing Board

The Haringey Health and Wellbeing Strategy (2012-15) is informed by the JSNA, which sets out agreed priorities for collective action by commissioners. The vision of the strategy is "A healthier Haringey – to reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life."

The outcomes identified below will enable the vision to be fulfilled:

- To give every child the best start in life
- To reduce the gap in life expectancy

- To improve mental health and wellbeing

3.3.2.2 NHS England

In 2013, NHS England published their first business plan as a new organisation; Putting Patients First: The NHS England business plan for 2013/14 – 2015/16. This Business Plan set out NHS England's ambitions and commitment to ensuring high quality care for all.

Since 2013, a great deal of transformational change has been undertaken, which are detailed in NHS England's Annual Review for 2013/14. The revised Business Plan for 2014/15-2016/17 draws on the 'A Call for Action' strategy process which details 6 key characteristics for a sustainable NHS;

- Citizen participation and empowerment
- Wider primary care, provided at scale
- Modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective Care
- Specialised centres concentrated in centres of excellence.

3.3.2.3 NHS Five Year Forward

The NHS Five Year Forward View (October 2014) sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that it can promote wellbeing and prevent ill-health. It sets out a vision of a better NHS, the steps it should now take to get there and the actions it needs from others.

1) A new relationship with patients and communities;

- Getting serious about prevention
- Empowering patients
- Engaging communities

2) New models of care;

- Multispecialty Community Providers (MCP); expanding the leadership of primary care
- Primary and Acute Care Systems (PACS); to better integrate care
- Urgent and emergency care networks; transitioning to a more sustainable model of care
- Viable smaller hospitals
- Specialised care
- Modern maternity services
- Enhanced health in care homes

Some of the change needs can be brought about by the NHS itself whilst others changes requires partnerships with local communities, local authorities and employers. The NHS has therefore set out complementary approaches required in order to achieve its Forward View:

- Backing diverse solutions and local leadership; driving change locally
- Providing aligned national NHS leadership
- Supporting a modern workforce; able to deliver innovative new care models
- Exploiting the information revolution; capitalising on the opportunities it presents
- Accelerating useful health innovation; supporting research to transform services and improve outcomes
- Driving efficiency and productive investment; to sustain a high quality NHS

The results would be a far better future for the NHS, its patients, its staff and those who support them.

3.3.2.4 Haringey CCG

Haringey CCG has summarised its plans from 2015/16 – 2018/19 in a 'Plan on a Page', which sets out what the CCG wants to achieve for the people of Haringey to improve their mental and physical health and wellbeing.

The vision for Haringey is to make primary care closer to home really work for all local residents. To achieve this vision, four main Aims and Objectives have been developed;

- Explore and commission alternative models of care.
- More partnership working and integration as well as a greater range of providers.
- Engaging communities in new and more innovative ways to build capacity for populations to enhance their health and wellbeing.
- A re-defined model for primary care providing proactive and holistic services for local communities, supporting "healthier Haringey as a whole".

3.3.2.5 Haringey Council

Haringey's Regeneration Strategy summarises its vision *""To transform the Borough and the way in which it is perceived by creating economic vitality and prosperity for all through exploitation of Haringey's strategic location in a global city, major development site opportunities and by developing the Borough's 21st century business economy."*

Its objectives are categorised as follows:

- **People** — To unlock the potential of Haringey residents
- **Places** — Transform Haringey into a place where more people want to live
- **Prosperity** — Developing a 21st century business economy

There is a high demand for housing across all rented and privately owned tenures. The need for affordable housing outstrips supply with a shortfall in provision of 4,865 units per annum. Responding to this shortfall is a priority for the borough. A housing trajectory projects a further 19,715 housing sites will be made available by 2026, broken down by 3000 being delivered between 2011-2014 and 16000 being delivered between 2015-2026.

Haringey's Housing Strategy (2009-19) identifies areas of regeneration such as: Mid Tottenham, Seven Sisters, Northumberland Park, White Hart Lane, Bruce Grove / Tottenham Hale, Wood Green Town Centre, Noel Park and parts of Woodside. Residents in these priority areas exhibit some of the highest levels of social deprivation in the Borough.

3.3.2.6 Public Health

The Annual Public Health Report (2014) includes two priority areas of focus:

Supporting people and communities

- Including new teenage parents
- Building community connections
- Providing free 24/7 online support
- Promoting recovery
- Supporting people with disabilities
- Schools
- Turkish and Kurdish communities

Challenging stigma and discrimination

- Among young people through sport
- Through Mental Health First Aid training for front line staff
- Through the MAC –UK Integrate Project

Recommendations:

- Ensure 'healthy public policy' to create a supportive environment to enable people to lead healthy, fulfilling, independent lives.
- Ensure that plans for the regeneration of Tottenham address factors closely related to poor mental wellbeing such as employment, poor quality housing and overcrowding, noise, 'ugly' environments and lack of green space, antisocial behaviour and fear of crime.

- Undertake a survey of issues affecting our residents' wellbeing to understand the key issues we need to focus on.
- The Council and partners to sign the Time to Change pledge - with clear plans to promote wellbeing and tackle stigma and discrimination against those with mental health problems.
- Develop a Mental Health and Wellbeing Framework to ensure a quality service offer that improves outcomes for service users.
- Continue to focus on the early years of a child, on the bond between parent and baby.
- We each need to look after our own mental health, support each other and build resilience in our communities.

3.3.3 Strategic Service Development Plans (SSDPs)

NLEP were commissioned by Community Health Partnerships (CHP) in January 2014 to produce a Primary Health Care Strategic Service Development Plan (SSDP) in response to the evolving health and social care landscape and the needs of the local population. Its objective was to establish a firm strategic direction for the Haringey locality, drawing on the strategic plans of partner organisations recently established in the 'new world' of the NHS reforms. This document focussed on the strategic visions for Haringey, which has been used, reviewed and refreshed as part of compiling stages one and two of this report, and is fully presented in Appendix 2.

3.3.4 Location of Primary Care estate

To understand how the Primary Care estate fits in with the main thread of strategies providing better access to a wider range of care closer to home, the Primary Care assets within the London Borough of Haringey has been identified and mapped.

A Property Data Master (PDM) of the Primary Care estate has started to be populated which is fully presented in Appendix 3. This spreadsheet collates the information used as part of this report, and is a live and open document which contains a standard set of requirements; the majority of the requirements are not relevant at this stage.

Haringey has a wide variety of other social care and transport assets which support the population and which are also consolidated on the list below:

- 48 GPs
- 2 acute trusts[i]
- 1 mental health trust[ii]
- 6 health centres[iii]
- 12 Whittington Health sites delivering service
- 1 Kidney and diabetes centre
- 50 dentists
- 21 opticians
- 62 pharmacies
- 62 primary / infant / junior schools
- 12 secondary schools
- 4 special schools
- 2 further education colleges
- Infrastructure
  - Railway station – 11
  - Tube station – 6

Figure 3 outlines all primary care estate within Haringey.

[i] North Middlesex University Hospital and The Whittington Hospital

[ii] St Ann's Hospital

[iii] 1-3 Edwards Drive, Simmons House Adolescent Unit, Hornsey Central Health Centre, Lordship Lane Primary Care Centre, Lansdowne Clinic, Hornsey Rise Health Centre. Northern has been excluded due to its Islington location

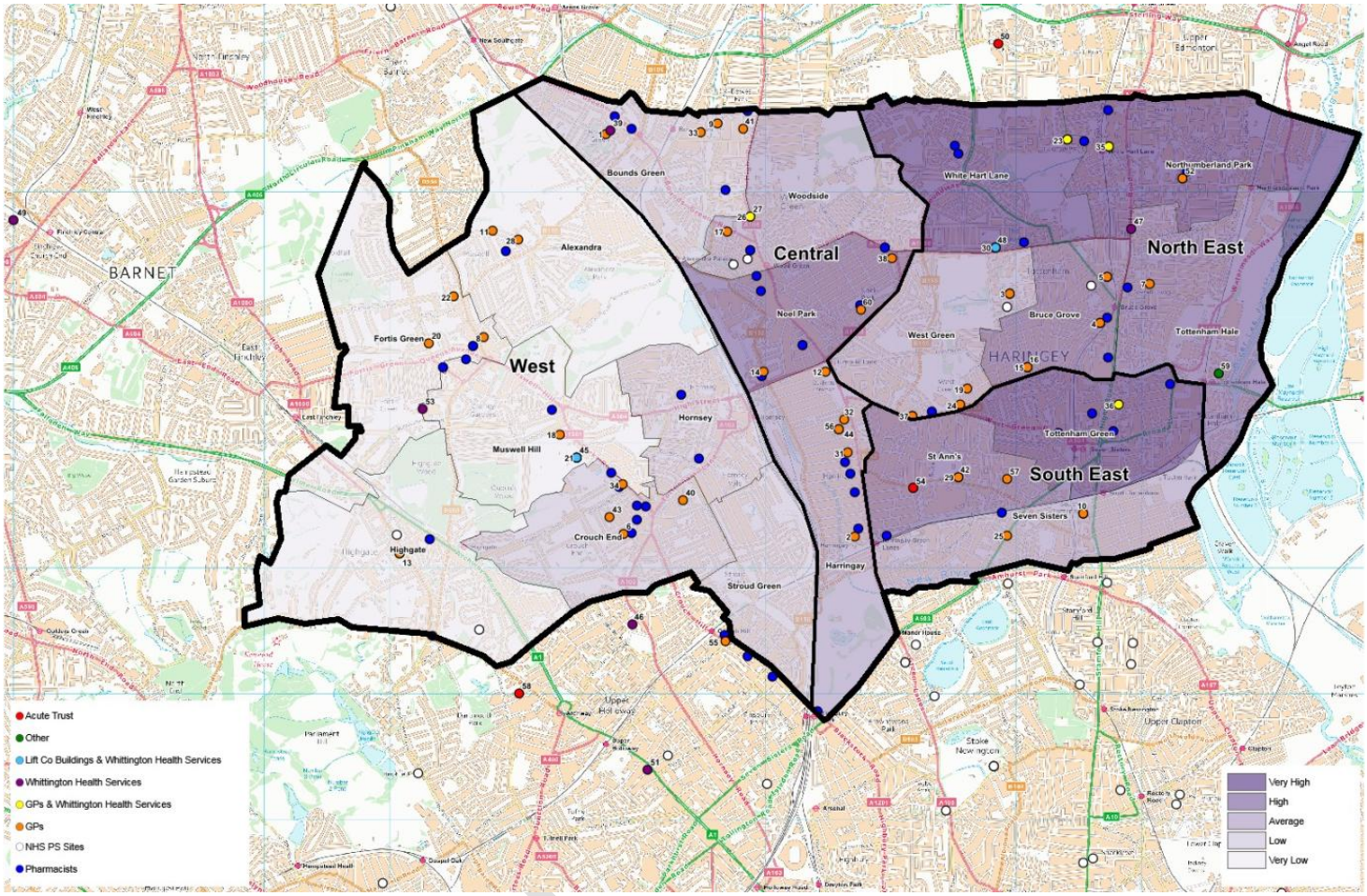


Figure 3: Haringey Primary Care Estate.

3.3.5 Quality of Primary Care estate

Haringey is supported by North London Estate Partnerships (NLEP), a Local Improvement Finance Trust (LIFTCo) which was set up by government in 2004 to improve the quality of Health and Social Care estate. To date NLEP has developed two Primary Care facilities in Haringey providing modern, fit-for-purpose accommodation. These buildings at Hornsey Central Neighbourhood Health Centre and Lordship Lane are fully lifecycled and maintained over a 25 year period to ensure they are the same in 25 years as they were on day one.

In correlation with England as a whole, the majority of the GP estate in Haringey is privately owned. Condition surveys were carried out in January 2013 by an independent surveyor, and the results of these surveys identifies that 73% do not meet statutory compliance. The reason cited why these premises failed to meet statutory compliance range from 'lights over Visual Display Unit (VDU) are non-compliant with British Standards', through to 'need for the management and surveying for Asbestos'.

The surveys which have been rated on a High, Significant and Low risk rating have been translated into a Red, Amber and Green scale respectively. Figure 4 identifies Red and Amber sites i.e Properties which should be regarded as High or Significant risks which fail to meet statutory compliance. Figure 4 further shows us that the 70% of these Red and Amber rated non-statutory compliant assets fall within the East (more deprived) area of the Borough.

Figure 4 below shows the size of the GP practices on a scale of 6,000, 6,000 – 12,000 and >12,000 , along with which GP Collaborative they are attached to (North East, South East, Central and West). The data used is shown further in to the Property Data Master (PDM) at Appendix 3.

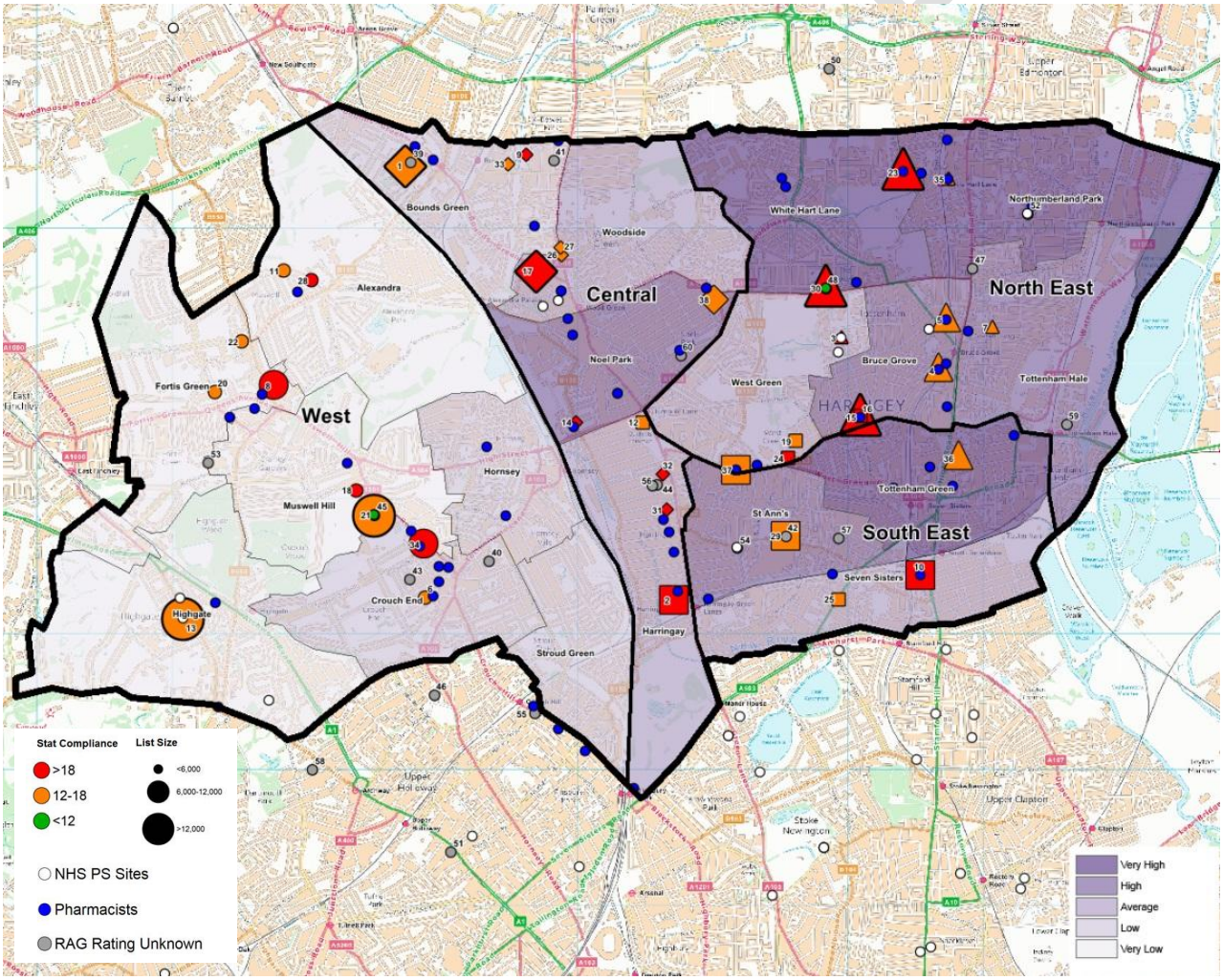


Figure 4: GP's by collaborative, list size and statutory compliance.

3.3.6 Direction of Primary Care

"*General practice in England is under significant strain, with many GPs caught on a treadmill of trying to meet current demand, while lacking time to reflect on how to provide and organise care for the future*"[i]. This lack of capacity coupled with an aging population, and increasing numbers of people with more than one long term condition is having an effect on the delivery of Primary Health Care to patients, at both a local and national level.

With the creation of Clinical Commissioning Groups (CCGs), the trend for new models of delivery for primary care is steering towards a federated /collaborative model of delivery of primary care and community-based services (integrating with services previously delivered in secondary / social care) with a hub and spoke type model, centralising administration and more specialised services to create wider and more accessible patient access to primary and community-based services within a geographical area.

The current strategic direction of travel of Primary Medical Care delivery across London is to larger, more financially viable practices, providing longer hours of opening and service delivery, with increased access to the GP and practice nurse and a wider range of services being offered in more innovative ways. In support of this the new Government has recently announced a move for the NHS to become the world's first 7-day health service, with a pledge to providing thousands more GPs.[ii]

For new practices the only contractual model available for Commissioners is the Alternative Provider Medical Services (APMS) contract prepared under Directions from the Department of Health. This contract does provide flexibility for the Commissioner to negotiate and fund a locally developed service specification that meets the needs of the local population more appropriately than the standard service specification for primary health care associated with the national GMS contract. In particular, there is flexibility in terms of practice opening hours which can be commissioned more appropriately to meet patient needs.

Haringey to a degree is reliant on such models of care working for patients, and ensuring Primary Care is delivered effectively, as there is no Acute or Community Hospital situated within the borough boundary to support, although services are provided at 12 sites across the borough through these providers, delivering Community Services

[i] http://www.nuffieldtrust.org.uk/publications/securing-future-general-practice
[ii] https://www.gov.uk/government/speeches/pm-on-plans-for-a-seven-day-nhs

Haringey has four GP practice collaboratives, and engagement with each of the four GP Clinical Directors/Leads within the North East, South East, Central and West of Haringey has taken place. This has shown a number of pilot schemes operating across the Borough. The pilots schemes the four collaboratives are currently in operation are;

- IT Interoperability; sharing records so GPs who see patients from other practices can view patient records with consent
- Working together at scale; in the Central and West areas Saturday clinics have been provided. In the South East additional telephone appointments have been extended access and in the North East a call centre has provided better call answering and standardising front of house training and development.
- GP Matchmaking scheme; to support practices identifying salaried GPs who currently work in one Haringey practice who would be interested in also working in another
- Admission avoidance locality teams; development of care plans which support more proactive working with patients with the aim to avoid unplanned admissions

Our engagement suggests there has been strong intent to share the learnings and experiences of these pilots more widely which would further support the aims and objectives of the CCG, and direction of Primary Care.

Although each of the collaborative hubs is distinct in terms of both the patients they support, and the practices within the area, there were key messages that interlinked across the wider stakeholders as well, namely;

- Desire for more integration; addressing short and long term care pathways
- Review of Urgent Care and Ambulatory service pathways
- Care closer to home
- Sharing of patient notes across between various Care organisations.

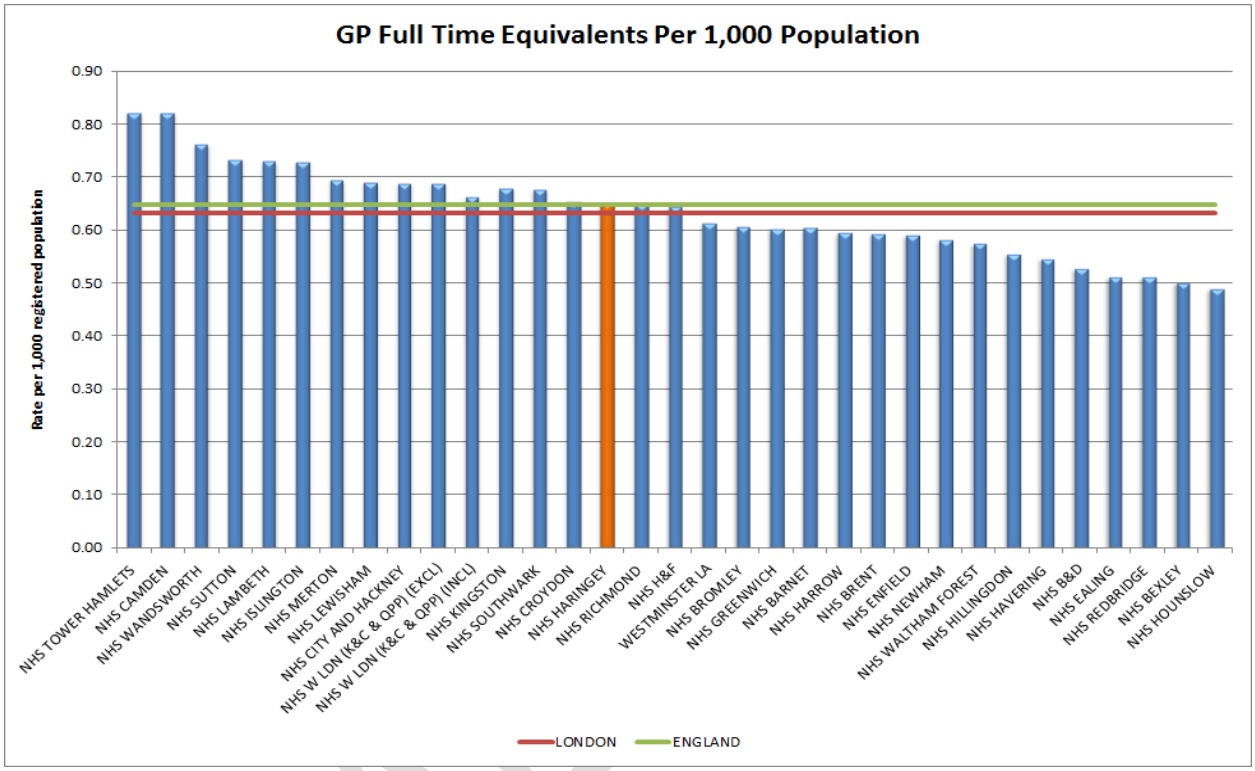
The information gathered as part of this Stage, also identified key issues that has an impact on the Primary Care landscape in the immediate and short term, namely;

- Current patient access issues to existing practice services.
- Number of GPs over 60 (that may retire from General Practice in the short / medium term)
- Population Growth planned for Haringey

This information should be considered and refreshed to support and assist future strategic direction of Primary Care as part of any Implementation of a SPDP. The four CCG collaborative areas being North East, South East, Central and West provide four distinct 'hubs' to consider as part of a Borough wide strategy basis addressing and tailoring the needs from a local level.

3.4 GP providers

Haringey has 196 GPs delivering a Primary Health Care service to a population of 254,900[i]. However, not all of the GPs are full-time. Figure 5 shows the London Boroughs, with Haringey just above the London and just below the England average for Full Time Equivalents per 1,000 population.



[ii]

Figure 5: GP Full time equivalent per 1,000 population.

Using a sensitivity analysis for this data looking at the national average of 1,800 patients per GP, by Ward for Haringey, shows us that six, or 32%, of the nineteen wards are above this average. One single hander practice in particular in Tottenham Hale has a list of 2,000 alone demonstrating the pressure on this service, and supports the Healthwatch report undertaken on access issues in this area in particular.

[i] Based on 2013 JSNA. (2011 National Census data).

[ii] Source: Analytical Services (London) 28th November 2014. Data period September 2013, HSCIC March 2014

3.5 NHS England Infrastructure Fund

In January 2015 NHS England announced funding as part of a four year £1billion investment in Primary Care to accelerate improvements in GP premises and infrastructure. The funding is to support the Five Year Forward Plan addressing immediate capacity and access issues as well as laying the foundations for more integrated care to be delivered in community settings.[i]

In February 2015 the applications were closed for 2015/16 spending, and at the time of writing the report we understand a further round of funding for 2016/17 will open later in 2015.

Eighteen GP practices within Haringey submitted to this fund for a range of projects from upgrading sinks and flooring, to extensions, portacabins and new telephone systems. The announcement on 27th March 2015 confirmed seven had received preliminary approval, which are shown in Figure 6 and the detail of their submission in Appendix 4:

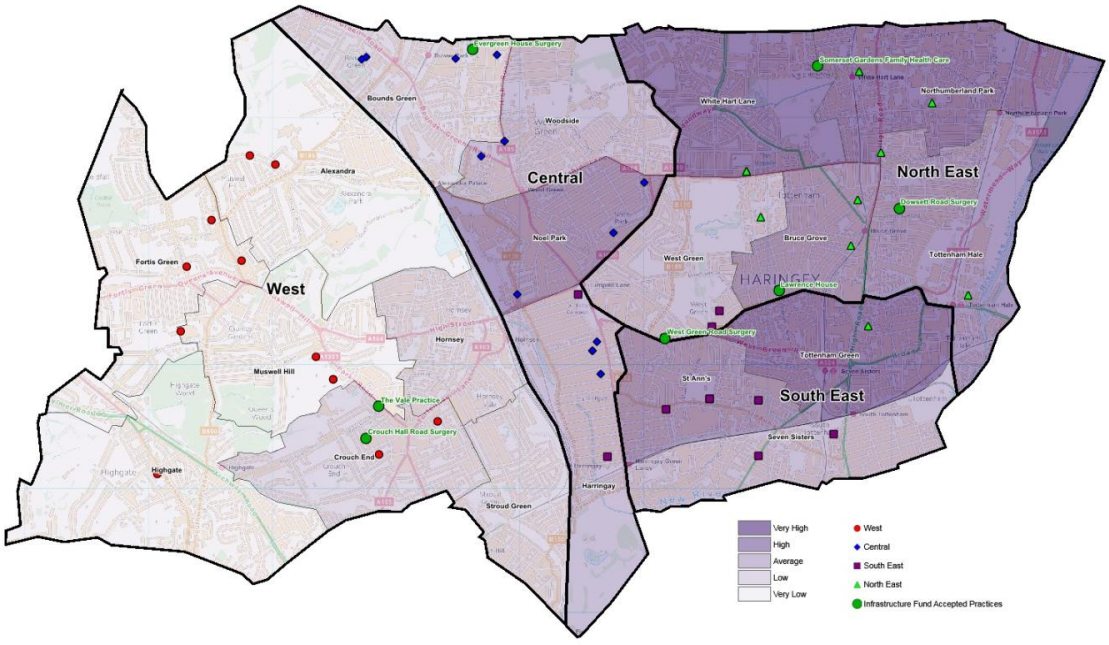


Figure 6: Preliminary granted Infrastructure Fund GP practices.

[i] NHS England website; http://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/

3.6 GP providers over 60

A £10m workforce plan was launched at the end of January 2015 by NHS England to incentivise experienced GPs to stay practicing or to return after a career break[i] due to a national shortage of those GPs retiring and those GPs joining the profession. Out of the 196 GP's practicing in Haringey, approximately 28% are aged over 60. The geographical spread can be seen in Figure 7 below. It should be noted that there is no statutory retirement age for GPs so it is unclear from the data how GP retirement plans will impact on the future needs of the area. Furthermore consultation with regards to succession planning has not taken place as part of this commission, and NHS England and Haringey CCG will need to ensure appropriate planning and support is taken forward especially around those who are single handed practices

[i] http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/gps-to-be-offered-incentives-to-delay-retirement-under-10m-strategy-to-solve-workforce-crisis/20009021.article#.VRLEnvmsX3Q

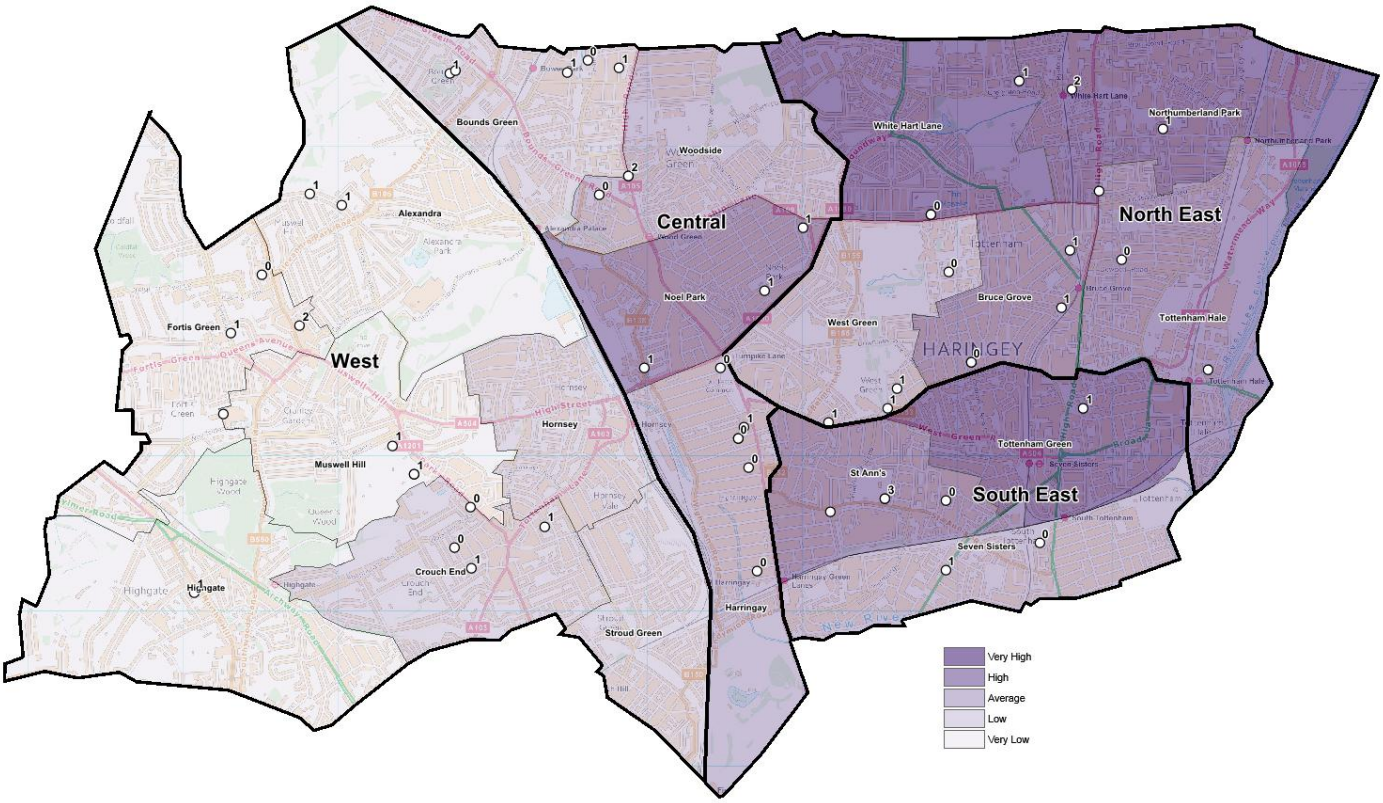


Figure 7: GP practices with partners over the age of 60.

3.7 Growth

The London Borough of Haringey, like many parts of London, is undertaking large regeneration plans increasing and improving the infrastructure, population and demand on public services. These plans have been active since 2011 and go through to 2026. The regeneration schemes are being led by Haringey Council through a number of initiatives as shown in Figure 8 below;

Growth Areas and Areas of Change

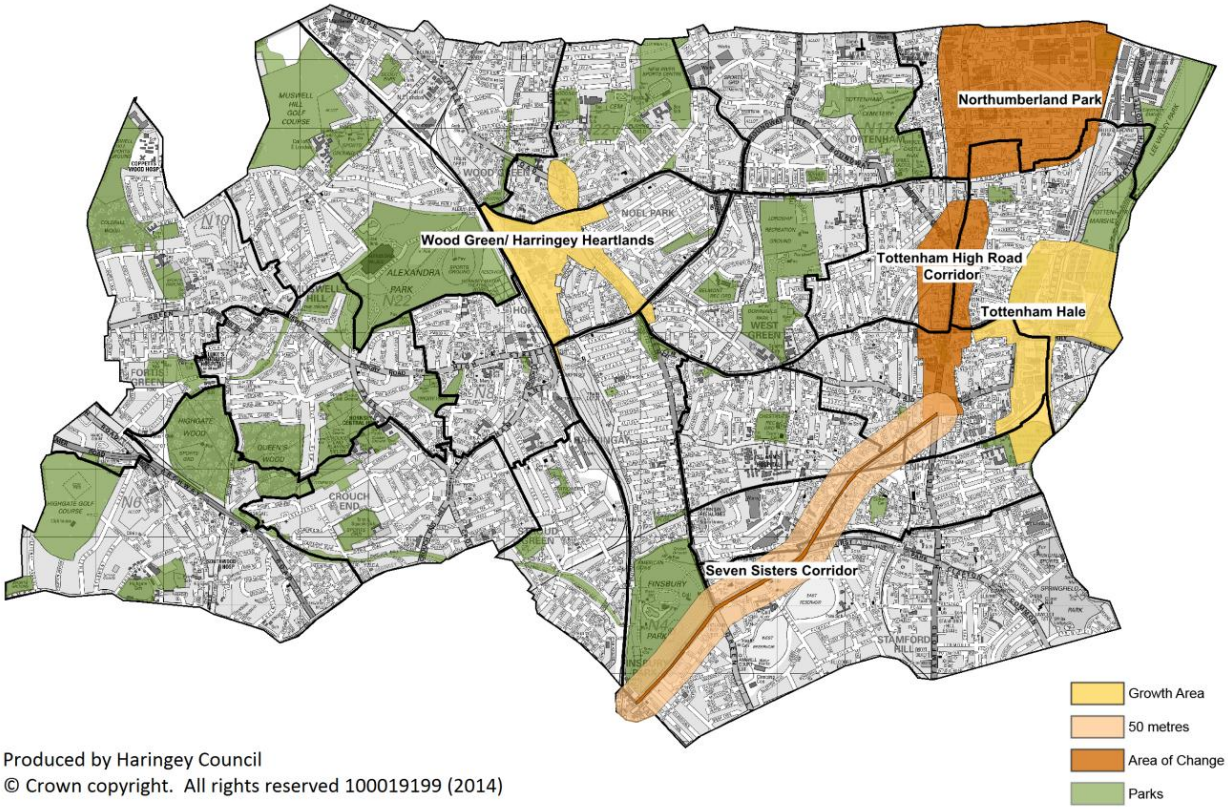


Figure 8: Haringey Growth Areas and Areas of Change

Figure 8 shows two clear Areas of Change within the East of the Borough in Tottenham High Road Corridor and Northumberland Park; both of these areas are where high deprivation is prevalent. Along with Growth Areas marked within the East also, at Tottenham Hale and centrally in the Borough at Wood Green/Haringey Heartlands.

Using the Populations Projections GLA 2013 data from Haringey Council a 13% increase (37,329 persons) in the population increase from 2011 (256,428) to 2026 (293,757) is expected across the Borough. This is shown further in Figure 9 below, and split by ward in Appendix 5.

Year	2011	2015	2020	2026	2011-2026
Totals	256,428	269,115	282,629	293,757	37,329

Figure 9: Total borough population increase from 2011 - 2026

Using the Housing Trajectory by Ward 2015 – 2026 data from Haringey Council, a total of 19,715 net housing units are expected across the Borough. This is split by ward in Appendix 6. It should be noted though that not all of the development sites are secured and therefore projections in terms of population and housing units should be reviewed as part of any implementation of a strategy as these factors will change dependent upon market requirements at the time.

The population prediction between 2011 – 2015 was 12,687. Using data from NHS England on the raw list growth between these same periods is 25,288. Although a clear increase between prediction and actual, the funding that supports these patients will have followed in line with contractual arrangements, however, this does not preclude how this additional funding is invested in additional medical staff.

In comparison to Figure 8 looking at Areas of Change and Areas of Growth, Figure 10 below shows how these pockets of housing development are not just in the Areas of Change but spread across the whole of the Borough of Haringey.

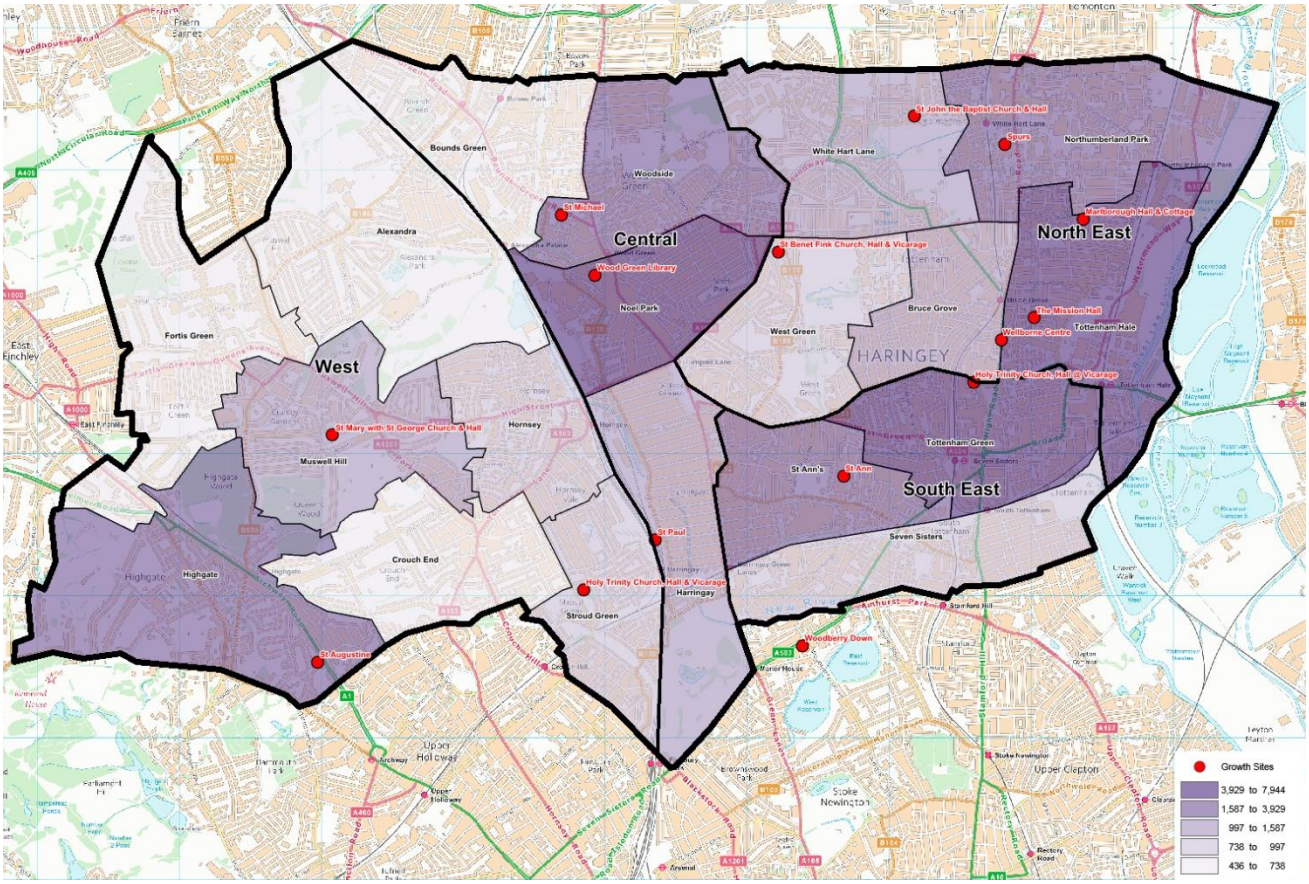


Figure 10: Growth by Ward.

3.8 Stage one summary

Stage One has shown us that Haringey has pockets of extreme of social deprivation level, not just in relative terms within the Borough but also against National benchmarks. The lists of local GPs have grown significantly in the last 5 years and nearly half of the GP Practices are operating with GP levels above the national average ratio of 1 GP per 1,800 patients, delivering services from a GP Practice Estate displaying widespread non statutory compliance.

This is baseline position that needs urgently addressing.

The strategic direction for primary care to federate/collaborate is already being undertaken in Haringey, with new ways of working being piloted currently. Commissioning strategies and a desire to do more from across the stakeholders has focussed on addressing and improving the quality of life for local residents, and the implementation and cross fertilisation of these pilots should be used as a momentum to move forward and do more.

A workshop with the Task and Finish Group stakeholders was held on 17th February 2015, presenting on the Stage One findings. The group agreed four "deep dive" areas of focus in Stage Two, of areas predominately in the Central and Eastern areas of the Borough.

4 Stage Two; Solution Development

4.1 Overview

Stage Two of the SPDP looks to develop solutions to the current and future problems.

Using the direction of new models of care for Primary Care through federations / collaboratives, a hub and spoke model would be recommended for Haringey, based around the current four GP collaborative 'hubs'; North East, South East, Central and West. This would need to be reviewed in line with affordable models of commissioning, but would not only utilise the structure that is currently in place saving time and resource, but build on the good work already in place with HCCG continuing to cross-fertilise the good practice and pilot schemes in place across the borough.

As part of understanding the Solution for each of these hubs, priority/Deep Dive areas within Haringey, agreed with the Task and Finish Group, were named. These 'Deep Dive' areas focussed on specific wards within the more deprived East of the borough;

- Northumberland Park,
- Tottenham Hale,
- Noel Park, and
- Green Lanes.

4.1.1 Deep Dive areas

The Deep Dive areas reviewed 20 practices in detail across three, of the four, GP collaborative hubs. Figure 11 below identifies those practices, wards and collaboratives which have been included as part of the Deep Dive areas.

Deep Dive Area	GP Code	Collaborative	Ward
Northumberland Park	F85030	North East	White Hart Lane
	F85615	North East	Northumberland Park
	F85660	North East	
Tottenham Hale	F85628	North East	Tottenham Hale
	F85013	North East	Tottenham Green
	F85017	North East	Bruce Grove
	F85028	North East	
Noel Park	F85031	Central	Noel Park
	F85643	Central	
	F85046	Central	
	F85008	Central	Woodside
	F85064	Central	
	F85060	South East	West Green
Green Lanes	F85669	South East	
	Y03506	South East	St Anns
	Y01655	South East	
	F85697	Central	Harringay[i]
	F85632	North East	
	Y03135	South East	
	F85708	Central	

Figure 11: Deep Dive areas by ward, practice and collaborative

4.1.2 Capacity planning

NHS England provided the current room numbers of each GP practice, and it has been assumed that these room numbers are clinical rooms only. A proforma was sent for completion to each practice to collect data to support the Capacity Planning and this information has been used, where available.

[i] One ward in Haringey, the borough, is also called Harringay, although the spelling of the two are different

The expected population growth data from 2011-2026 was provided by Haringey Council. The total expected population growth across the Borough is 37,329 by 2026 and the purpose of the Capacity Planning process was to understand the impact of growth planned in the Borough through the Deep Dive areas. The projected population growth of 30,170, or 80% of the borough, people within the Deep Dive areas is broken down by ward in Figure 12 for 2011-2026.

Deep Dive Area	Ward	Expected population projection 2011-2026
Northumberland Park	White Hart Lane	997
	Northumberland Park	2,693
Tottenham Hale	Tottenham Hale	5,589
	Tottenham Green	3,929
	Bruce Grove	1,391
Noel Park	Noel Park	7,944
	Woodside	2,365
	West Green	952
Green Lanes	St Anns	2,832
	Harringay[i]	1,478
	TOTAL	**30,170**

Figure 12: Population Increase for Haringey by ward by 2011 - 2026

Based on the national average of 1,800 registered patients per each whole time equivalent (WTE) GP, the projected population of 30,170 would require 16.76 extra WTE GPs by 2026 above the number of WTE GP's in the baseline year of 2011. It should be noted that Haringey has already experienced population growth of c12,500 and data suggests a significant growth in the lists of Haringey GP Practices since 2011. This growth in lists will have been accompanied by an increase in funding for local GP practices of circa £1,500,000. Some of the additional 16.76 WTE GPs should therefore already have been provided however the absence of baseline GP WTE data for 2011 and the complete freedom that GP Practices have to utilise contractually paid funds means that it is difficult to establish accurately how many additional WTE GPS will be required between 2015 and 2020.

[i] One ward in Haringey, the borough, is also called Harringay, although the spelling of the two are different

When this is translated into space required, high level modelling in Figure 13 shows that the following number of Primary Care clinical rooms would be required for 16.76 WTE GPs:

Consulting Hours	Number of Clinical Rooms[i]
8 hours per day	24
10 hours per day	19
12 hours per day	16

Figure 13: Number of Consulting Rooms Req. based on a population increase of 30,170

Although the direction of Primary Care is towards a seven day working week, the current five day working week has been modelled for current capacity, as the existing GMS and PMS contracts for GPs offer no control on days worked. The introduction of new APMS contracts will allow the commissioners to have a greater contractual control over such initiatives. High level modelling on the 20 practices was undertaken using current working practices of:

- 2 sessions of 4 hours per day
- 5 days per week
- 50 weeks per year
- Average appointment 12.5 minutes
- Average appointment of 20 minutes for nurse treatment
- An administration percentage of 10%
- 80% utilisation
- 6 contacts per patient per annum
- List sizes based on weighted data, unless raw data provided through proforma.

The full capacity report is attached at Appendix 7.

4.1.3 Sensitivity to capacity planning

The capacity planning has been undertaken on current working practices. Using a sensitivity analysis to the relationship of appointment times and growth is shown further in Figure 14 and 15.:

[i] based on 5 days per week, 50 weeks per year, average appointment of 12.5 minutes, 80% utilisation (an administration percentage of 10% has not been applied here as it is assumed that new ways of working will be adopted in the new building)

	TOTAL		
	10min appoints	12.5min appoints	15 min appoints
Population Increase 2015 deficit[i]	28,518[ii]		
No of GPs FTE (population increase / 1,800)	16		
No of C&E Rooms:	14	18	22
No of Treatment Rooms	18	18	18
GIA required (m2)	2870	3185	3499
Population Increase 2015	17,263		
No of GPs FTE (population increase / 1,800)	10		
No of C&E Rooms:	9	10	13
No of Treatment Rooms	11	11	11
GIA required (m2)	1737	1928	2118
Population increase 2020	13,596		
No of GPs FTE (population increase / 1,800)	8		
No of C&E Rooms:	7	9	10
No of Treatment Rooms	10	10	10
GIA required (m2)	1369	1518	1667
Population increase from 2026	10,851		
No of GPs FTE (population increase / 1,800)	6		
No of C&E Rooms:	6	7	8
No of Treatment Rooms	7	7	7
GIA required (m2)	1093	1211	1332

Figure 14; Sensitivity analysis on appointment time across Haringey

[i] The population increase 2015 deficit, accounts for the difference between 2015 population projection and registered list population figures

[ii] Accounts for 7,689 for Northumberland Park, 18,686 for Tottenham Hale and 2,143 for Green Lanes Deep Dive areas.

	TOTAL		
	10min appoints	**12.5min appoints**	**15 min appoints**
TOTAL Population increase[i]	70,228		
TOTAL No of GPs FTE (population increase / 1,800)	39		
TOTAL No of C&E Rooms:	**36**	**44**	**53**
TOTAL No of Treatment Rooms	**46**	**46**	**46**
TOTAL GIA required (m2)	**7069**	**7842**	**8616**
Sensitivity Test - Population increase for 2015 deficit only- PLUS 10%	31,370		
No of GPs FTE (population increase / 1,800)	17		
Total No. of C&E Rooms:	15	19	23
Total No. of Treatment Rooms	20	20	20
Total GIA required by m2	3,157	3,502	3,849
Sensitivity Test - population increase for 2015 Deficit ONLY - MINUS 10%	25,666		
No of GPs FTE (population increase / 1,800)	14		
Total No. of C&E Rooms:	12	16	19
Total No. of Treatment Rooms	16	16	16
Total GIA required by m2	2,582	2,866	3,150

Figure 15; Sensitivity analysis on growth across Haringey

The sensitivities on these should be reviewed at the time of implementation of strategy to determine both the Primary Care appointment assumptions, and the impact of growth projections, given the 18% variance in GIA requirements.

[i] Accounts for 2015 deficit and future population projections up to 2026. No 2015 deficit for Noel Park Deep Dive and West Collaborative.

4.1.4 Patient data analysis for Capacity Plan

From 5th January 2015, all GP practices in England are free to register new patients who live outside their practice boundary area. This means that you are able to register with practices in more convenient locations, such as a practice near your work or closer to your children's schools, providing a greater choice and aims to improve the quality of access to GP services.[i]

As a sensitivity analysis to ascertain what impact the above is having and using data analysis provided by NHS England [ii] looking at the Wards within the Deep Dive areas out of 156,357 registered patients, 3,144, or just over 2%, Haringey residents go to GP practices in Enfield. This data shows us that although patient choice is active the majority of residents are registered within the Borough.

It should be noted though that some patients who live in the area, and are registered at a GP practice, may not be picked up through the GLA population data as the transient nature of Borough allows for people to access services without having registered through the electoral system. Therefore it can be assumed that there are more people accessing services than what the GLA population prediction data shows us.

4.1.5 Options Appraisal

With the overarching principles of patient activity and the capacity requirements needed to address the growth, the Task and Finish Group met on 20th March 2015 to agree a set of criterion and scoring mechanism to address how Solution Development can be measured and ranked for priority.

The group agreed for four pre-qualification questions which had to be met prior to further scoring being undertaken, these were;

1) Able to accommodate appropriate practice size[iii].
2) Value for Money (to the best of knowledge at time of scoring).
3) Fit for Purpose (according to NHS Standards i.e disabled access, room sizes, appropriate IT).
4) Able to get suitable planning permission.

[i] http://www.nhs.uk/nhsengland/aboutnhsservices/doctors/pages/patient-choice-gp-practices.aspx
[ii] Enfield_Haringey_analysis_27 03 2015.xls
[iii] As at 20th March 2015 this is a minimum of 6,000 patients

The Option was then to be scored against four key themes of;

1) Accessibility
    i. Accessible for required population – within a 15 min walk or a 5 or more in a PTAL[i] assessment
    ii. Is it accessible 08:00 – 20:00 7 days a week
    iii. Potential for disabled parking
2) Design
    i. Flexibility of design to meet future needs
3) Deliverability
    i. Available at the right time
4) Strategic Fit
    i. Able to integrate with other community services

Each site option has been scored on the basis of the criteria above 1-3 as per rating below;

3 – High preference
2 – Medium preference
1 – Low preference

An example of this Option Appraisal Criteria is attached at Appendix 8.

4.1.5.1 Planners Brief – GP Design Requirements

To support NHS further through selecting the right Option, a full and comprehensive planning brief is included at Appendix 9 which includes reference to the following:

- Design Standards
- NHS Requirements
- Design Life
- Siting of building and landscaping/external works
- Accessibility
- Functionality
- Environment and sustainability
- Security and safety

[i] Public Transport Accessibility Level

- Privacy and dignity
- Flexibility, adaptability and futureproofing
- Control of Infection
- Lighting and ventilation

This document should be used as a guide to support decision making of Options, and will need to be tailored to individual development.

4.1.6 NHS England Approval Process

A key part to progressing a Solution Development is centred on the approval system for NHS England; the commissioning body for GP contract services. NHS England National Support Centre has recently announced a four stage process for construction / refurbishment capital investment and project activity. This is shown further in Appendix 10.

4.2 Hypothesis; North East collaborative (Northumberland Park deep dive)

4.2.1 Overview

The North East collaborative is made up of the following wards, all of which have been reviewed as part of the four Deep Dives. We also know through work undertaken at Stage One that this part of the borough has the highest deprivation levels, not only against the Borough, but are among the highest deprived wards nationally. See Figure 16 below;

Ward	Population projection for 2015	Ward rank out of 19	National deprivation rank out of 7,679 wards
Northumberland Park	15,170	1	83
White Hart Lane	13,958	2	160
Tottenham Hale	17,322	5	281
Bruce Grove	15,032	6	296
West Green	14,026	8	417
Total	**75,508**		

Figure 16; population and deprivation levels for North East Collaborative

There are 10 GP surgeries within the collaborative, with a registered patient list data of 76,352. This would appear to suggest that the majority of the local resident population (c99%) are registered with a local GP practice in the area.

4.2.2 Current capacity

The wards within the Deep Dive areas being reviewed span across three Deep Dive areas for this collaborative; Northumberland Park, Tottenham Hale and Noel Park. In order to provide some focus to this Collaborative hub, Northumberland Park has been used only, shown further in Figure 17 below.

Deep Dive Area	GP Code	Ward	List Size		Enfield Patients	Number of Rooms	No. of GPs	GPs Over 60	Condition (RAG)	Infrastructure Fund Preliminary Granted	Pro forma returned?
			Total	S/M/L							
Northumberland Park	F85030	White Hart Lane	12,900	L	544	12	8	1	Red	Y	Y
	F85615	Northumberland Park	4,500	S	985	5	4	2	Amber		Y
	F85660		2,510	S		3	4	1	Red		Y

Figure 17: Northumberland Park data overview

From the data received and using the modelling methodology, there are;

- 24 available clinical rooms in the area,
- 19 rooms required,
- Current surplus in the current estate of 5 clinical rooms,
- This suggests that this area would be able to accommodate some growth in population.

The population projection in 2015 is 29,128 people. The registered list sizes of the GP practices in this area are 19,910. This shows a deficit of 9,218 patients. Patient distribution maps also show that 1,529 of the Northumberland Park residents use GP services in Enfield; the highest amount across the Deep Dive areas. If it is assumed that the remaining population requires registration within area this deficit of 7,689 patients would require 4.3 WTE GPs (based on 1,800 patient to WTE GP ratio). However residents may be registered elsewhere, and indeed the evidence provided in 4.2.1 suggests that patients are registered with other practices within the collaborative, although residents' survey results in the Healthwatch Report implies a limited choice than patient choice of local Primary Care options.

In addition to this, one of the practices has preliminary been granted an extension through the Infrastructure Fund to part of their property with a third storey to increase clinical capacity further.

In this Deep Dive area, all three practices that were focussed on have GPs over the age of 60, although none of these practices are single handers and therefore the retirement of these individuals should be planned through normal succession planning within the individual practices. We have not therefore included this impact as part of the capacity planning.

4.2.3 Growth capacity

The Northumberland Park Deep Dive area has a planned 3,690 population increase from 2011 – 2026, as shown in Figure 18 below although some of this growth in population (c30%) has already taken place

	Population Projection				
	2011	**2015**	**2020**	**2026**	**2011-2026**
White Hart Lane	13,504	13,958	13,998	14,501	997
Northumberland Park	14,522	15,170	16,371	17,215	2,693
Total	**28,026**	**29,128**	**30,369**	**31,716**	**3,690**

Figure 18: Population increase from 2011 – 2026 for Northumberland Park Deep Dive.

Figure 19 shows the potential impact of these increases and the potential extra space required (taken from the NHS England PID Space Estimator) assuming that the strategic objective is to allow for the re-registration of residents with a more local GP practice as well as cater for expected population growth.

	2015 deficit	2015	2020	2026	Total	Notes
Difference between population and registered population	7,689					
Population growth		1,102	1,241	1,347		
Single handed practice retirements		0	0	0		
TOTAL GROWTH	**7,689**	**1,102**	**1,241**	**1,347**	**11,379**	
No of WTE GPs required	4.3	0.61	0.69	0.75	**6**	Assume 1,800 people per GP
No of C&E Rooms required	5	1	1	1	**8**	NHS England PID estimator
No of Treatment Rooms required	5	1	1	1	**8**	NHS England PID estimator
GIA required	859m^2	123m^2	139m^2	150m^2	**1,271m^2**	NHS England PID estimator

Figure 19: Projected population growth from 2011-2026 against WTE GPs and extra space required for Northumberland Park Deep Dive

An analysis of the information provided by the practices in the Deep Dive Area (3 returned out of 3) show that some of the clinical rooms are not used by clinicians for two sessions per day, five days per week. If these clinical rooms were fully utilised, capacity exists for approximately 2,104 patients (based on each session being a three-hour face-to-face session; 10 minute GP appointments and 20 minute nursing appointments).

It was noted that some surgeries are closed on a Wednesday or Thursday afternoon and that capacity in primary care is also dependent upon:

- List sizes remaining open for registration
- The practices identified being willing to take on new patients
- Availability of resources/workforce
- Length of consultation times
- Practice opening hours
- Retirement age of single handed practice GPs

The next step is for NHS England to have discussions with the existing practices in order to understand how much capacity they have and their ability and willingness to absorb the increase in population. Additionally, decisions will need to be made regarding the impact of retiring GPs

4.2.4 Solution development

Out of 10 practices in this collaborative, 9 are rated Red/High or Amber/significant properties for non-statutory compliance, coupled with four out of the five wards exceeding the average list size (1,800) per GP by ward shows an estate that is in need of investment and practices which need to be supported to recruit a larger clinical workforce.

A recommendation to further define the Solution for this area would be to engage with each GP practices to understand their willingness and ability to absorb the growth; their business plans and potential for changes in the way primary care services are provided in the future. From this, a clearer gap analysis can be developed to identify trends in practice list growth and spread, being able to fully understand the impact on local primary care services and the infrastructure requirements.

Engagement with stakeholder partners to determine estate solutions for the short, medium and long-term are taking place through the Task and Finish Group along with wider stakeholders including NHS Property Services. Although discussions on such land/building opportunities have taken place, no such opportunities present themselves for an immediate solution to the capacity issue, aside from the Infrastructure Fund application.

Although a long-term fully integrated development is aspirational, the basis to bringing these parties together should commence early, so the Planning of service and space requirements can feed-in at an early stage. An immediate solution development from a service perspective recommendation for this area, would be to focus on developing the pilot works of the collaboratives across the Borough and utilise telecare appointments and developing wider patient record sharing to reduce the need for patients to physically visit a GP practice. Further pilots for better access to Public Health in high visible locations, such as unoccupied shop units in local district centres should be developed. Given the proximity and transport links of this area to the acute hospital at North Middlesex University NHS Trust in bordering Enfield, development of ideas with these partners for Urgent Care, Ambulatory service pathways and sharing of patient notes would support the longer term management of patient care.

Recommendations would be for the Task and Finish Group to continue engagement and identify opportunities through partner organisation scoring estate/land opportunities (such as the suggestion of council owned land near the Spurs site), on the Options Appraisal criteria. Discussion should also focus on how the space allocation will be split, and whether all the growth requirements (1,271m^2) are needed. In particular establishing the probability and implications of re-registration. Having a more detailed assessment of the growth requirements discussions will need to be focussed on how the space requirements are met for example establishing a new surgery space that could be occupied by either a new practice or provide additional space for existing practices, or developing existing practice sites so that they can accommodate more registered patients.

4.3 Hypothesis; South East collaborative (Tottenham Hale deep dive)

4.3.1 Overview

The South East collaborative is made up of the following wards, two of which have been used as part of the Tottenham Hale Deep Dive. We also know through the work undertaken at Stage One that this part of the borough has two of the most deprived wards in the borough, which are also among the highest deprived wards nationally. See Figure 20 below;

Ward	Population projection for 2015	Ward rank out of 19	National deprivation rank out of 7,679 wards
Tottenham Green	15,924	3	240
St Ann's	16,123	7	387
Seven Sisters	16,627	10	638
Total	**48,674**		

Figure 20: population and deprivation ranking for South East Collaborative

There are 11 practices within this collaborative, with a registered patient list data of 56,508, equivalent to16% more people registered with the practices than the local resident population.. This shows again, that even though the collaborative includes a highly deprived collection of wards the practices within the collaborative appear to be registering and providing services to the resident population albeit not necessarily providing services to patients within the wards that they are resident. The excess of registered over resident population could be due to the highly transient population in Haringey, or patients have moved outside the immediate ward catchment and continue to travel to their previous practice. Recommendation would be to review patient surveys, discuss access with patient panel groups and further engage with practices in the locality to ascertain how current provision of services could be improved.

4.3.2 Current capacity

Tottenham Hale Deep Dive area straddles both the North East[i] and South East[ii] GP Collaborative areas. Tottenham Hale Deep Dive area encompasses the Wards of Tottenham Hale, Tottenham Green and Bruce Grove.

The wards within the Deep Dive areas being reviewed spans across two Deep Dive areas for this collaborative; Tottenham Hale and Green Lanes. In order to provide some focus to this Collaborative hub, Tottenham Hale has been used and is shown in Figure 21 below;

[i] North East Collaborative area covers the Wards of Northumberland Park, White Hart Lane, Tottenham Hale, Bruce Grove and West Green. North East Collaborative Health Profile 2012. Page 8.

[ii] South East Collaborative area covers the Wards of Tottenham Green, St Ann's and Seven Sisters. South East Collaborative Health Profile 2012. Page 8

Deep Dive Area	GP Code	Ward	List Size		Enfield Patients	Number of Rooms	No. of GPs	GPs Over 60	Condition (RAG)	Infrastructure Fund Preliminary Granted	Pro forma returned
Tottenham Hale	F85628	Tottenham Hale	3,150	S	372	3	2	0	Amber	Y	Y
	F85013	Tottenham Green	10,294	M	102	10	3	1	Amber		N
	F85017	Bruce Grove	6,800	M	245	6	6	1	Amber		N
	F85028		8,630	M		4	2	1	Amber		N

Figure 21: Tottenham Hale data overview

From the data received and using the modelling methodology, there are;

- 23 available clinical rooms in the area,
- 26 rooms required,
- Current deficit of 3 clinical rooms,
- This suggests that this area would be unlikely to be able to accommodate any growth in population.

The population projection in 2015 is 48,278 people. The registered list sizes of the GP practices in this area are 28,873, suggesting a deficit of 19,405 patients. Patient distribution maps also show that 719 of the Tottenham Hale residents use GP services in Enfield. If it is assumed based on the collaborate overview in paragraph 4.3.1 that the remaining population are already registered with practices within the Collaborative, outside of the Deep Dive Area. (This is further supported by specific additional research undertaken by NHS England). If the strategic objective is resident registration within their ward of residence then such a deficit of 19,405 patients would require 10.8 WTE GPs (based on 1,800 patient to WTE GP ratio). Access issues identified as part of the report undertaken by Healthwatch in September 2014 which focussed on Tottenham Hale ward supports action to address this deficit

In support of combating the deficit, NHS England plans to establish a new practice in the Tottenham Hale area, which will initially be based within a temporary demountable facility. This will be in advance of finding a permanent site solution within the regeneration in the area within 3 to 5 years, and will provide fully compliant additional clinical capacity for the residents**.** This facility will also allow NHS England to test their assumptions of Primary Health Care need and willingness of residents to re-register with local practices.

In this Deep Dive area, three out of the four practices have GPs over the age of 60, although none of these practices are single handers and therefore the retirement of these individuals should be planned through normal succession planning within the individual practices. We have not therefore included this impact as part of the capacity planning.

4.3.3 Growth capacity

The Tottenham Hale Deep Dive area has a planned 10,909 population increase from 2011 – 2026, as shown in Figure 22 below. This is the largest expected population increase across the four Deep Dive areas;

Ward	Population Projection				
	2011	2015	2020	2026	2011-2026
Tottenham Hale	15,140	17,322	20,270	20,729	5,589
Tottenham Green	14,661	15,924	17,074	18,590	3,929
Bruce Grove	14,573	15,032	15,278	15,964	1,391
Total	**44,374**	**48,278**	**52,622**	**55,283**	**10,909**

Figure 22. Population increase from 2011 – 2026 for Tottenham Hale Deep Dive.

Figure 23 shows the potential impact of these increases and the potential extra space required (taken from the NHS England PID Space Estimator).

	2015 deficit	2015	2020	2026	Total	Notes
Difference between population and registered population	18,686					
Population growth		3,904	4,344	2,661		
Single handed practice retirements		0	0	0		
TOTAL GROWTH	**18,686**	**3,904**	**4,344**	**2,661**	**29,595**	
No of WTE GPs required	10.4	2.17	2.41	1.48	**16**	Assume 1,800 people per GP
No of C&E Rooms required	12	2	3	2	**19**	NHS England PID estimator
No of Treatment Rooms required	12	2	3	2	**19**	NHS England PID estimator
GIA required	2,087m^2	436m^2	485m^2	297m^2	**3,305m^2**	NHS England PID estimator

Figure 23: Projected population growth from 2011-2026 against WTE GPs and extra space required for Tottenham Hale Deep Dive

However, dialogue will need to be undertaken with the existing practices in order to understand how much capacity they have and their ability and willingness to absorb the increase in population.

An analysis of the information returned by the practices (1 returned out of 4) show that some of the clinical rooms are not used by clinicians for two sessions per day, five days per week. If these clinical rooms were fully utilised, capacity exists for approximately 510 patients (based on each session being a three-hour face-to-face session; 10 minute GP appointments and 20 minute nursing appointments). It was noted that some surgeries that failed to return information close on a Thursday afternoon which suggests that this is an underestimate of potential clinical room capacity available. One of the action points arising from this report is will be to secure information from all 4 practices.

It should also be noted that capacity in primary care is also dependent upon:

- List sizes remaining open for registration
- The practices identified being willing to take on new patients
- Availability of resources/workforce
- Length of consultation times
- Practice opening hours
- Retirement age of single handed practice GPs

4.3.4 Solution development

Out of 11 practices in this collaborative, 9 are in Red/High or Amber/significant rated properties for non-statutory compliance; the highest percentage across the four collaboratives at 82%, coupled with one out of the three wards exceeding the average list size (1,800) per GP by ward shows an estate that is in need of investment and practices which need to be supported to recruit a larger clinical workforce.

A recommendation to further define the Solution for this area would be to fully engage with each of the GP practices to understand their willingness and ability to absorb the growth; their business plans and potential changes in the way in which they expect to deliver primary care services are provided in the future. From this, a clearer gap analysis can be developed to identify trends in practice list growth and spread, being able to fully understand where growth can be absorbed and the impact on local primary care services and the infrastructure requirements.

A further recommendation is the engagement of stakeholder partners to determine estate solutions for the short, medium and long-term through the Task and Finish Group along with wider stakeholders including NHS Property Services. The short term Solution Development is to support practices with Primary Care Infrastructure Fund Grants and to ensure the temporary demountable solution in Tottenham Hale provides appropriate primary health care services in a suitable environment for patients. The Task and Finish Group recognise that this is a clear opportunity to support better access to Primary Care in an area of high deprivation, and growth change.

In addition to this Haringey Council have also presented an opportunity as part of the medium to long term solution through the development of a new Health Centre site at the former Welborne Centre. This could provide a permanent site for the practice established using the temporary demountable solution described above . This opportunity also presents wider patient and resident benefits to integrate multi-disciplinary services provided by public sector partners and create more of a Health and Wellbeing centre. The Task and Finish Group tested the Options Appraisal criteria on this long-term opportunity as part of the workshop held on 20th March 2015 which aside from scoring a 1 (Low) on the Deliverability criteria of being available at the right time, scored maximum (3 / high) throughout all other criterions.

An opportunity at the Hale Village Tower as part of the regeneration plans within Hale Village also presents a long-term solution, and greater opportunity for stakeholder partners to come together. This is being managed through a third party developer; Lee Valley Estates.

The recommendation for this Deep Dive area would be to pursue the immediate short-term solution for a new practice in a temporary, demountable facility in Tottenham Hale and for NHS England to work jointly with Haringey Council on securing the site of the former Welborne Centre for future use as the permanent solution as a Health and Wellbeing Centre.

4.4 Hypothesis; Central GP collaborative (Noel Park and Green Lanes deep dive)

4.4.1 Overview

The Central collaborative is made up of the following wards, three of which have been used as part of the Noel Park and Green Lanes Deep Dive. We can also see that two wards are amongst the most deprived wards in the borough, and are also among some of the highest deprived wards nationally. See Figure 24 below;

Ward	Population projection for 2015	Ward rank out of 19	National deprivation rank out of 7,679 wards
Noel Park	14,686	4	271
Woodside	15,387	9	570
Harringay	14,079	11	675
Bounds Green	14,417	13	969
Total	**58,569**		

Figure 24: population and deprivation ranking for Central Collaborative

There are 14 practices within this collaborative, with a registered patient list data of 68,247, or equivalent to17% more people registered with the practices than the local resident population. This shows again, that even though the area includes a highly deprived collection of wards the practices within the collaborative appear to be registering and providing services to the resident population albeit not necessarily providing services to patients within the wards that they are resident. The excess of registered over resident population could be due to the highly transient population in Haringey, or patients have moved outside the immediate ward catchment and continue to travel to their previous practice. Recommendation would be to review patient surveys, discuss access with patient panel groups and further engage with practices in the locality to ascertain how current provision of services could be improved.

4.4.2 Current capacity

Noel Park Deep Dive area encompasses the Wards of Noel Park, Woodside and part of West Green; two of which feature within this Collaborative. The Green Lanes Deep Dive area encompasses the wards of Harringay, St Ann's and part of West Green. Although the Green Lanes Deep Dive does not fit into any Collaborative completely, the ward of Haringey is seen as a significant part of the Central Collaborative, and therefore has been included in this Central Collaborative review.

These two Deep Dive areas has focussed on 13 practices with a combined list of 75,581 shown further in Figure 25 below

Deep Dive Area	GP Code	Ward	List Size		Enfield Patients	Number of Rooms	No. of GPs	GPs Over 60	Condition (RAG)	Infrastructure Fund Preliminary Granted	Pro forma returned
			Total	S/M/L							
Noel Park	F85031	Noel Park	9,008	M	178	7	6	1	Amber		Y
	F85643		4,017	S		3	2	1			Y
	F85046		3,527	S		3	5	1	Red		Y
	F85008	Woodside	15,114	L	479	23	4	0	Red		N
	F85064		3,755	S		3	1	1	Amber		N
	F85060	West Green	5,279	S	96	7	5	0	Amber		Y
Green Lanes	F85669		9,161	M		5	3	1	Amber	Y	N
	Y03506	St Ann's	7,500	M	101	5	6	3	Amber		Y
	Y01655		4,643	S		6		0	Amber		N
	F85697	Harringay	2,192	S	42	2	2	0			N
	F85632		2,000	S		1	1	1	Red		Y
	Y03135		8,699	M		6	3	0	Red		N
	F85708		686	S		1	1	0			N

Figure 25: Noel Park and Green Lanes data overview

Noel Park

From the data received and using the modelling methodology for Noel Park, there are;

- 46 available clinical rooms in the area,
- 38 rooms required,
- Current surplus of 8 clinical rooms, however one practice has a surplus of 10 rooms, otherwise the area would have a current deficit of 2 clinical room.

The current population in 2015 is 37,086 people. The registered list sizes of the GP practices in this area are 40,700. This shows that there appears to be sufficient primary care capacity within the Deep Dive Area for the resident population, furthermore an additional 3,614 out-of-area patients are registered with these practices. Patient distribution maps also show that 178 of the Noel Park residents use GP services in Enfield.

There are no current plans to improve the premises for practices in this Deep Dive Area.

In the Noel Park Deep Dive area, four out of the six practices have GPs over the age of 60, although only one is a single handed practice (i.e. practice with a single GP owner and contract holder), which will impact 3,755 patients. This has been considered as part of the Capacity review although it should be noted that this GP may make his own succession arrangements, which is not uncommon

Green Lanes

From the data received and using the modelling methodology for Green Lanes, there are;

- 28 available clinical rooms in the area,
- 32 rooms required,
- Current deficit in the current estate of 4 clinical rooms.
- This suggests that this area would be unlikely to be able to accommodate any growth in population, but would need to be confirmed with the relevant practices.

The population prediction in 2015 is 37,215 people and the registered list sizes of the GP practices in this area are 34,881, a deficit of 2,334. Patient distribution maps show that 191 of the Green Lanes residents use GP services in Enfield. If it is assumed that the remaining population requires registration within area, this deficit of 2,143 would require 1.2 WTE GPs (based on 1,800 patient to WTE GP ratio). However residents may be registered elsewhere, for example, near place of work.

28% of GPs in this area are over the age of 60 (5 out of 18), so retirement may become an added issue in the coming years. In order to model this added pressure we have assumed the potential retirement of a single handed GP practice, with an average list size of 2,000 to redistribute added to Figure 27.

4.4.3 Growth capacity

The Noel Park area includes the three ward areas of Noel Park, Woodside and West Green. Please note that the ward of West Green spans two areas of review, Green Lanes and Noel Park, so the population growth in each ward has been divided equally between both areas to avoid double counting population increase.

The Noel Park Deep Dive area has an expected 10,785 population increase from 2011 – 2026, as shown in Figure 26 below. This is the second largest population increase across the four Deep Dive areas, with a substantial proportion of the expected growth (83%) yet to materialize.

Ward	Population Projection				
	2011	2015	2020	2026	2011-2026
Noel Park	14,009	14,686	18,515	21,953	7,944
Woodside	14,594	15,387	16,870	16,959	2,365
West Green	6,725	7,013	7,194	7,201	476
Total	**35,328**	**37,086**	**42,579**	**46,113**	**10,785**

Figure 26: Population increase from 2011 – 2026 for Noel Park Deep Dive.

The Green Lanes Deep Dive area has an expected 4,786 population increase from 2011 – 2026, as shown in Figure 27 below; However a large proportion (50%) of that expected growth has already taken place.

Ward	Population Projection				
	2011	2015	2020	2026	2011-2026
Harringay	13,348	14,079	14,756	14,826	1,478
St Ann's	14,717	16,123	16,198	17,549	2,832
West Green	6,725	7,013	7,194	7,201	476
Total	**34,790**	**37,215**	**38,148**	**39,576**	**4,786**

Figure 27: Population increase from 2011 – 2026 for Green Lanes Deep Dive.

Figure 28 shows the potential impact of these increases and the potential extra space required (taken from the NHS England PID Space Estimator) for Noel Park Deep Dive, and following with Green Lanes.

	2015	2020	2026	Total	Notes
Population growth	1,758	5,493	3,534		
Single handed practice retirements	3,755				
TOTAL GROWTH	**5,513**	**5,493**	**3,534**	**14,540**	
No of WTE GPs required	3.06	3.05	1.96	**8**	Assume 1,800 people per GP
No of C&E Rooms required	3	3	2	**8**	NHS England PID estimator
No of Treatment Rooms required	4	4	2	**3**	NHS England PID estimator
GIA required	616m^2	613m^2	395m^2	**1,624m^2**	NHS England PID estimator

Figure 28: Projected population growth from 2011-2026 against WTE GPs and extra space required for Noel Park

This assessment assumes that the local area will lose the use of the primary health care facility when the single-handed GP retires.

An analysis of the information returned by practices (4 returned out of 6) show that some of the clinical rooms are not used by clinicians for two sessions per day, five days per week. If these clinical rooms were fully utilised, capacity exists for approximately 4,080 additional patients (based on each session being a three-hour face-to-face session; 10 minute GP appointments and 20 minute nursing appointments). It was noted that some surgeries are closed on a Thursday afternoon.

	2015 deficit	2015	2020	2026	Total	Notes
Difference between population and registered population	2,143					
Population growth		2,425	933	1,428		
Potential single handed practice retirements		2,000	0	0		
TOTAL GROWTH	**2,143**	**4,425**	**933**	**1,428**	**8,929**	
No of WTE GPs required	1.2	2.46	0.52	0.79	**5**	Assume 1,800 people per GP
No of C&E Rooms required	1	3	1	1	**6**	NHS England PID estimator
No of Treatment Rooms required	1	3	1	1	**6**	NHS England PID estimator
GIA required	239m^2	494m^2	104m^2	159m^2	**996 m^2**	NHS England PID estimator

Figure 29: Projected population growth from 2011-2026 against WTE GPs and extra space required for Green Lanes

An analysis of the information returned by practices (2 returned out of 7) show that some of the clinical rooms are not used by clinicians for two sessions per day, five days per week. If these clinical rooms were fully utilised, capacity exists for approximately 1,275 additional patients (based on each session being a three-hour face-to-face session; 10 minute GP appointments and 20 minute nursing appointments).

Three of the seven surgeries are closed on a Thursday afternoon. It should also be noted that capacity in primary care is also dependent upon:

- List sizes remaining open for registration

- The practices identified being willing to take on new patients
- Availability of resources/workforce
- Length of consultation times
- Practice opening hours
- Retirement age of single handed practice GPs

The next step is for NHS England to have discussions with the existing practices and complete the information set (for the 7 deficient practices) so that a full picture of potential capacity within existing practices can be determined and in order to understand how much capacity they have and their ability and willingness to absorb the increase in population. Additionally, decisions will need to be made regarding the impact of the retiring GP and any others who may be planning to retire in the near future.

4.4.4 Solution development

Out of 14 practices in this Central collaborative, 10 are in Red/High or Amber/significant rated properties for non-statutory compliance, coupled with one out of the four wards exceeding the average list size (1,800) per GP by ward shows an estate that is in need of investment and practices which need to be supported to recruit a larger clinical workforce.

Only one practice within the very north of the Collaborative has been provisionally accepted as part of the Primary Care Infrastructure Fund Bids

The Collaborative also has the highest growth projection, within the Noel Park ward, from across the Borough with an anticipated 7,944 additional persons between 2011 – 2026.

Engagement with stakeholder partners to determine estate solutions for the short, medium and long-term will need to take place through the Task and Finish Group along with wider stakeholders including NHS Property Services. A short terms solution proposed by NHS Property services at a shop unit has already been dismissed given its close proximity to a GP practice who have been provisionally awarded additional resources for premises improvements as part of the Primary Care Infrastructure Fund Bid process. This practice had been included in the adjacent Deep Dive area of Green Lanes (Central collaborative), as part of the West Green split.

Haringey Council own a library on High Road, Wood Green which is a 3minute walk from Wood Green tube station. The Council have indicated that office space is available above the library, but would offer patients additional benefits for co-location of public services. The area of this space is unknown.

Another short term solution is 250-500m² over two floors of office space which is available through a third party letting agent further down on the High Road, Wood Green, being a 5 minute walk from Wood Green tube station. This solution would require refurbishment, but is serviced by two 8 passenger lifts. This location benefits by being within the heart of the local shopping district.

The Deep Dive area of Noel Park has a LIFT development within at Lordship Lane Primary Care Centre (West Green ward), providing a range of services from Whittington Health NHS Trust such as Speech & Language Therapy, Health Visiting and District Nursing, Foot Care, Physiotherapy, Foot Biomechanics and the Dietetic service. A modern fit-for-purpose fully maintained and lifecycled property, which may have clinical room capacity that can be released for Primary Health Care use.

The recommendation for this Deep Dive area would be to undertake a utilisation review at Lordship Lane Primary Care Centre, and explore the space at the library with Haringey Council. Long term solutions should be developed in connection with the Council once the housing development sites are secured and Section 106 negotiations commence.

4.5 Hypothesis; West GP Collaborative (no deep dive area)

4.5.1 Overview

The West collaborative is made up of the following wards, none of which were reviewed as part of the Deep Dive Capacity Analysis. This collaborative covers areas with the lowest deprivation in the borough and highly positioned in national rankings of relative affluence. See Figure 30 below;

Ward	Population projection for 2015	Ward rank out of 19	National deprivation rank out of 7,679 wards
Hornsey	13,098	12	916
Stroud Green	12,227	14	1442
Crouch End	12,785	15	2535
Muswell Hill	11,074	16	2749
Alexandra	12,052	17	2925
Fortis Green	13,009	18	3006
Highgate	12,119	19	3088
Total	**86,364**		

Figure 30: population and deprivation ranking for West Collaborative

There are 13 practices within this collaborative, with a registered patient list data of 82,636, or the equivalent of 4% of residents not being able to register with a practice within the collaborative. This position is in direct contrast to the other Collaboratives which shows a higher level of registration compared to resident population..

4.5.2 Current capacity

The wards within the Deep Dives, did not include any within the West Collaborative because the West Collaborative is not perceived to have any current capacity issues

4.5.3 Growth capacity

The West Collaborative, although not the focus of Areas of Growth or Change, and the lowest across the four Collaboratives, still has pockets of growth, as shown in Figure31 below;

Across all seven wards within the west collaborative has a planned 5,785 population increase from 2011 – 2026, as shown in Figure 31 below.

Ward	Population Projection				
	2011	2015	2020	2026	2011-2026
Hornsey	12,745	13,098	13,601	13,591	846
Stroud Green	11,829	12,227	12,076	12,567	738
Crouch End	12,478	12,785	12,905	12,951	473
Muswell Hill	10,845	11,074	11,712	11,861	1,016
Alexandra	11,876	12,052	12,086	12,312	436
Fortis Green	12,569	13,009	13,078	13,258	689
Highgate	11,703	12,119	12,491	13,290	1,587
Total	**84,045**	**86,364**	**87,949**	**89,830**	**5,785**

Figure 31: Population increase from 2011 – 2026 for West Collaborative.

This growth is equated to number of additional GPs and space requirements, as shown in Figure 32 below;

	2015	2020	2026	Total	Notes
Population growth	2,319	1,585	1,881	**5,785**	
Potential single handed practice retirements	0	0	0	**0**	
TOTAL GROWTH	**2,319**	**1,585**	**1,881**	**5,785**	
No of WTE GPs required	1.29	0.88	1.05	**3.22**	Assume 1,800 people per GP
No of C&E Rooms required	1	1	1	**3**	NHS England PID estimator
No of Treatment Rooms required	1	1	1	**3**	NHS England PID estimator
GIA required	259m^2	177m^2	210m^2	**646 m^2**	NHS England PID estimator

Figure 32 Growth in relation to number of additional GPs and space requirements.

4.5.4 Solution development

10 out of the 13 practices in the West Collaborative are Red/High or Amber/Significant rated for non-statutory compliance; the second highest proportion across the four Collaboratives at 77%. The West Collaborative though, has a modern, fit-for-purpose LIFT development at Hornsey Central Neighbourhood Health Centre, located in Muswell Hill ward; the site of the second highest population increase within this Collaborative.

Engagement with stakeholder partners to determine estate solutions for the short, medium and long-term are taking place through the Task and Finish Group along with wider stakeholders including NHS Property Services. The West Collaborative has had two Primary Care Infrastructure Fund applications provisionally awarded, which will support a short-term solution.

For a medium to long term solution we understand from our stakeholder partners at Community Health Partnerships that there are six clinical exam/consult rooms, a treatment room, auxiliary space such as clean and dirty utility, waiting area and storage which are currently classified as bookable space at Hornsey Central Neighbourhood Health Centre . There is also space classified as void allocated for space for a minor treatment room and recovery unit, along with further auxiliary space of storage, clean and dirty utility and changing facilities. It would be recommended to undertake a utilisation study to determine whether further bookable/void space is available, which when the bulk of the growth in this ward is planned in 2020 will support the delivery of continuity of services.

5 Recommendations

Haringey is faced with two entwined issues of poor quality estate and high levels of deprivation. The quality of GP premises in Haringey is poor, with 79% Red or Amber rated for non-statutory compliance which coupled with a predicted increase in population of 37,329 between 2011 – 2026 across the borough will put strain on an already poor estate. When examined in a national context all 19 Haringey wards rank in the top half of 7,679 wards nationally. In addition, 8 of Haringey's wards are in the top 500 most deprived wards nationally. However, this is only part of the current issue, as a Capacity Review on key wards within the borough has identified existing capacity pressures and a need to plan for retiring GPs. The focus of patient choice rather than limited choice should be a driver for change, and improving engagement through stakeholders organisations and patient panels will better support the implementation stage.

The recommendations within this strategy are to pursue with the current Primary Care Infrastructure Fund Bid applications to support the estate and access for patients in the immediate to short-term. Analysis has shown that currently some capacity is available across the system that could be utilised and additional patients that could be accommodated by fully utilizing existing clinical rooms. However, dialogue will need to be undertaken with the existing practices in order to understand how much capacity they have and their ability and willingness to absorb the increase in population, otherwise an estimated 7,842m² of space would be required across the borough by 2026. Using a hub model this is summarised by GP practice collaborative in Figure 33 below;

Collaborative	Growth (inc. 2015 deficit and retiring single handers)	WTE	Area (m²)	Short/immediate term options under consideration	Medium/long term option
North East	11,379	6.3	1,271	PCIF bid for extension	Undefined
South East	29,595	16.4	3,305	PCIF bid for new practice demountable	Site of the former Welborne Centre
Central	14,540	8.1	1,624	Haringey Library LIFT utilisation	Undefined
	8,929	5	996		
West	5,785	3.2	646	PCIF bid for extra clinical capacity	Utilise surplus in LIFT development
TOTAL	**70,228**	**39**	**7,842**		

Figure 33: Overview of Collaborative requirements, for growth, WTE, area and options

Coupled with this, NHS England and Haringey CCG are encouraged the merger of small GP practices and review wider options of federation, co-location and integration supporting the Collaboratives to working within a hub structure.

Joining up healthcare requires better IT infrastructure and agreements for records sharing. Encouraging more self-care management through pilots such as telehealth, coupled with better access to Public Health through vacant shop units initiatives, and building on the partnerships evolved through the Task and Finish group will embed the ethos of joined up healthcare across general practice, community services and hospitals resulting in a better experience, improved results and better value for money.

ENDS

6 Appendices

6.1 Appendix 1 – National Deprivation Rankings – Haringey Wards

1 - National Deprivation Rankings

6.2 Appendix 2 – Haringey SSDP

2 - Haringey SSDP June 2015 Final.pdf

6.3 Appendix 3 – Property Data Master

3 - Haringey PDM v0.08 190515.xlsx

6.4 Appendix 4 – Summary of preliminary granted Infrastructure Fund applications

4 - Summary of preliminary granted Ir

6.5 Appendix 5 – Haringey Growth by Ward

5 - Haringey growth by ward.pdf

6.6 Appendix 6 – Haringey Housing Trajectory by Ward 2015 – 2026

6 - Haringey housing units by ward 2015-2

6.7 Appendix 7 – Haringey Capacity Planning Report

7 - Haringey Capacity Planning Fin

6.8 Appendix 8 – Options Appraisal Criteria

8 - Option Appraisal Criteria.pdf

6.9 Appendix 9 – Planning Brief

9 - Planning Brief.pdf

6.10 Appendix 10 – NHS England Approval Process

10 - NHS England Approval Process.pdf