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Reply to: Peter Murphy

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Date: 7 March 2008

Ben Vinter
London Borough of Hackney
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Mare Street
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Dear Ben Vinter,

HEALTHCARE FOR LONDON : CONSULTING THE CAPITAL

I set out below the observations of the Council's Overview Committee for submission to the JOSOC:

- The consultation document did not give any indication what the proposals would mean to the residents of Islington and how the introduction of polyclinics would lead to the closure of GP surgeries
- The proposals were a vision for healthcare in London and the Joint Committee of PCT's would be considering these at the beginning of June - it was anticipated that proposals for implementation across London and LBI would be considered in 2009
- Darzi was recommending that there should be a polyclinic on each hospital site - the polyclinic model may not be feasible in the short term given the lack of space available –the idea of a polyclinic was to bring GP's together to work more flexibly and provide more services but this proposal was less robustly based on evidence than the other proposals in the Darzi report and would need more debate
- The underlying weakness of the proposals appeared to be that the spacial dimension had not been considered – the 3/4 polyclinics proposed were likely to be on existing NHS sites and locating them in a hospital rather than the community did not seem to be fundamentally different – in addition would the culture of people and how they felt toward their GP's and their long term relationship change if there were large groupings of GPs in this way
- Concerns were expressed about how the public ethos of the NHS proposals would be affected and whether it would lead to privatisation of GP services
- There was also a debate that needed to take place as to where people would like to be registered – where they work or where they lived - Darzi had not addressed this

- There needed to be more thought given to the problems of access and the availability of transport for the young and the elderly
- The proposals seemed to be against the retention of single handed GP practices and whilst there may be savings from shared premises, IT etc. this may be at the expense of providing easy access to medical care
- It was difficult to express a view about the consultation document – most people wanted a patient led NHS whereas the proposals appeared to be mechanistic
- There needed to be assurances that the population growth in LBI had been taken into account – in addition how would polyclinics deal with mental health issues and would the creation of nationwide specialist hospitals affect the care and access for LBI patients
- Darzi had not really addressed mental health or children's services fully and more work was being done on this – there needed to be the development of an environment that promoted good mental health
- It was recognised that there appeared to be 3 core issues – access, quality of care and costing of the proposals – Darzi had identified a saving of £13.5 billion but there were huge implications on social care and costs being shifted to this as a result of the proposals and patients being treated in the community
- There were not really many examples of where polyclinics were in operation so this proposal was largely untested
- The view was expressed that bigger practices did not necessarily mean longer opening hours

Yours sincerely,

Peter Murphy
Scrutiny Manager