APPENDIX B

Haringey NHS
Teaching Primary Care Trust

DRAFT

Developing World Class Primary Care in Haringey

Haringey Teaching PCT's Primary Care Strategy

May 2008

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Foreword

In June 2007 we set out our high level plans for transforming primary and community health services in Haringey. We set out what we believed needed to change and why and how we wanted services to develop over the next 10 years.

We consulted throughout Haringey on our strategy between June and October last year, including a specific assessment of the impact of our strategy on equalities and on groups of people that we know are, or may be, disadvantaged in using health services. Our consultation drew strong views from the public and other stakeholders both for and against different elements of our vision. It gave us a clear understanding not only of what is important to our local stakeholders, such as seeing the same GP when you have an ongoing health problem, but also a very real appreciation of the difficulties faced by many people right now in getting the services they need. For example we heard how certain groups of people can find it particularly hard to negotiate appointment systems, and how some groups, such as carers, find it hard to get what they need from services, and how some services such as foot health could be made more widely available. We were, on the other hand, pleased to hear that many people currently enjoy a good relationship with their family doctor and value the services available to them. We learnt a great deal from everyone who let us know what they thought and we thank everyone who shared their views, enthusiasms and concerns. We will be doing more to listen to the views of the people of Haringey in future.

This is an **evolving strategy**. Contained in this document is the next iteration of our primary care strategy, built on what our stakeholders and the public have said, what we have learnt from other organisations who have successfully transformed out of hospital services and the national and London-wide policy context in which we operate in particular the development of *Healthcare for London: A Framework for Action,* led by Professor Sir Ara Darzi and changes in local hospital services as a result of the Barnet, Enfield and Haringey clinical strategy.

Approval of this iteration of the strategy will enable us take our planning to the next stage of development, which will involve the **testing out of our approach with stakeholders** and the working up of detailed neighbourhood plans. We will continue to consult on this strategy at each stage of its development taking a bottom up approach led by local GPs, whose services are at the heart of these proposals.

Our plans for **ongoing consultation** across each phase of the development of this strategy, planning and implementation are set out in more detail in Chapter 6 below. In summary these are:

Consultation and key next steps		
Next step	**What for?**	**By when?**
Patient experience survey	Understanding people's experience of primary care services and how they would like to see it develop.	**November 2008**
Transport modelling and analysis	Testing out and analysing transport arrangements to proposed hub and spoke model	**November 2008**
Board review	Review Primary Care Strategy in light of transport and patient experience work	**November 2008**
Development of local plans including community engagement in development	Detailed modelling of "hub and spoke" model and drawing up of specific plans for each neighbourhood led by GP Collaboratives. Ongoing development of enabling strategies	**Autumn/ Winter 09**
Formal consultation	Consultation on detailed neighbourhood plans.	**Spring 09**
Board review and final sign off	Board consideration of detailed strategy and plans in light of consultation responses	**Summer 2009**

We have set out in **Appendix 1** exactly how the feedback has informed, reshaped and clarified our strategy. In particular we have clarified and refined our plan for a "hub and spoke" approach, networking GP practices into five Neighbourhood Health Centres, picking up concerns and confusions identified in the consultation about the precise nature of the model we planned to adopt. We also noted that the term "super health centre" was not helpful. We have changed that to Neighbourhood Health Centre to better reflect the locality and community focus of each of our "hubs".

During the consultation we encountered some resistance to our proposed approach, especially from people who are currently very satisfied with the care they receive from their GP. We were pleased to hear about the high levels of satisfaction people had with primary care services in some areas and want to build on this so that all people in Haringey get this high level of service. What we cannot do is to simply carry on with the current model as we know that for many people the level and quality of service received falls far short of this. One of our core responsibilities as a PCT is to ensure we commission high quality, effective and accessible services for **everyone** in Haringey. As we set out below in our case for change:

- We know there is great variation in the range of care people receive at their GP practice in terms of the quality of care that is delivered there, the state of the building and how easy it is for people to get to see their GP
- We know that care has developed around the health and social care services that exist rather than around the people who use them.

- We know that the number of years you are likely to live varies significantly depending on where you live in the borough (up to 8 years difference between East and West) and that this is down to a complexity of factors including housing, education, income, employment and importantly the accessibility and quality of primary health care services.

"Doing nothing" is not an option as this would mean accepting the status quo where we know that a significant proportion of people are not getting the primary care services they should be and in the way that will keep them well and healthy. By doing nothing we would be failing to address some of the fundamental health issues in Haringey with health inequalities continuing if not increasing. We must address these issues and we believe strongly that the service model we set out in this strategy will provide the infrastructure to enable us to make significant improvements in the health and wellbeing of all local people.

In real terms we want to see a change from the current situation. At present many people with long term conditions like diabetes need to see a whole range of health professionals in different locations, at different times, involving various referrals and diagnostic tests available only 9am-5pm on weekdays. In the future they will be seen at a "one stop shop" either at a local GP practice – from premises that are fit for purpose and set up to deliver this care – or at their local Neighbourhood Health Centre. Opening hours will be extended to offer appointments when people need them. Clinical care will not be provided in isolation but instead be linked properly through to a range of healthy living services and relevant community groups. This would mean that effective advice and support, expert patient and computer based self-care programmes, diet and exercise groups and risk and prevention work with other family members will be available either at local GP practices or from the Neighbourhood Health Centres. Developing primary care infrastructure in this way will also provide us with a significant opportunity to work with partner organisations to build a range of services to support emotional and mental wellbeing related to ongoing health issues such as help with depression, claiming welfare benefits, employment and housing advice.

The outcome will be better, more holistic care for people in Haringey keeping them well and able to live their lives to the full. We appreciate that for some people in Haringey this is already true – we want this to be the case for **everyone** living in Haringey.

At the heart of the new service delivery model is the integration of services (health and social care in the broadest sense working together to help people be and stay healthy) around the needs of the people that use those services. However we cannot make this transformation using our current primary and community services estate. Around half of our GP practice premises are not fit for purpose and cannot physically be improved. The location of practices does not provide appropriate cover in some of our most deprived areas. Many of

our practices simply do not currently have the infrastructure, systems, clinical cover and clinical environment to provide the sort of services people in Haringey deserve. As such we have necessarily needed to consider not only what we want to see provided but also how we will be able to provide it. We need to rationalise the number of premises, invest in our remaining premises to make them fit for purpose and able to provide the wider range of services we want to commission. Where practice premises are not fit for purpose we need to work with local GPs to help them find the best solution to meet the needs of their patients – this will depend on individual practice circumstances but may include relocation into the local Neighbourhood Health Centre or other suitable practice premises. We need to link remaining practices closely to the Neighbourhood Health Centres, able to provide local access to a whole range of additional services people would usually need to go to hospital for with significant extension of opening hours and ways to access care when needed. This model is explained in greater detail in Chapter 3.

We want to be very clear that this strategy is **not about reducing the number of GPs we have or cutting costs**. It is about investing in primary care and supporting our GPs to offer the best services they can. To do this we will need to ensure that there are suitable premises and the right environment to continue to recruit young GPs and other health professionals into Haringey. **Over the next 3 years we will be investing an additional £8 million in out of hospital services to do this.** Our ambition is to develop world class primary care services for all our residents as a fundamental part of improving health and wellbeing and reducing health inequalities.

Tracey Baldwin
Chief Executive, Haringey TPCT

Richard Sumray
Chair, Haringey TPCT

Executive Summary

1. The primary care strategy sets out a framework within which primary and community health services will be developed over the next 10 years and has been produced following extensive consultation with stakeholders. The vision of the strategy is of world class, high quality, and responsive primary and community services for all Haringey residents.

   Haringey Teaching Primary Care Trust (HTPCT) will work in partnership with patients, the public, the local authority, the voluntary sector and others, to ensure that primary and community services play their full part in improving the health of local people, reducing the health inequalities that exist in Haringey and maximising independence.

   The TPCT will develop new ways of providing and commissioning services that will place primary care and community services at the heart of local communities, so that Haringey's health care contributes to and benefits from community engagement and participation.

2. This is an evolving strategy for which there will be an ongoing dialogue with stakeholders. The final strategy will be signed off by the Board in July 2009 once detailed neighbourhood plans have been developed and consulted on.

3. A clear case for change is set out in the strategy in order to meet the current and future predicted needs of Haringey's growing, mobile and diverse population and to develop sustainable and modern primary care services.

4. The future of primary care in Haringey is a new delivery model of a planned and integrated network of primary and community services. Each of the four practice-based commissioning collaborative areas in Haringey will develop a large Neighbourhood Health Centre "hub" and a number of GP practice "spokes". **The number of GPs in Haringey will not be reduced.** The number of locations from which services are delivered will reduce. The details of how individual GP practices will be affected will be developed through the implementation process described in the strategy, and will be subject to formal consultation at the local level.

5. The main benefits that this strategy will bring for Haringey are:
   - Improved access to primary care;
   - Improved quality in primary care;
   - Primary care services being better able to tackle health inequalities;
   - Improved premises for services to operate from;
   - Greater range of more integrated services available

- Opportunity for Neighbourhood Health Centres to become community resources.

6. Implementing the strategy includes some key next steps, namely developing a full programme blueprint, developing neighbourhood plans and undertaking formal consultation on these plans. A patient experience survey will be carried out in 2008 to inform this process.

   Enabling strategies are in development including transport, workforce and organisational development, commissioning, information technology and finances.

Chapter 1 Introduction, Vision and Definitions

This chapter of our strategy deals with our vision and introduces some key concepts and definitions.

1.1 Introduction

This document sets out Haringey TPCT's Primary Care Strategy. It provides the framework within which primary and community services will be developed over the next ten years. The strategy will be supplemented with detailed implementation plans. Further information about how these plans will be developed is provided in Chapter 5.

This strategy has been developed following extensive consultation by the TPCT with a range of local stakeholders. There have been a number of changes made to the strategy that was produced by the TPCT in June 2007 in order to take into account the outcome of the consultation process and the equalities impact assessment (EIA) that was carried out during the consultation period. Further information about the consultation and the EIA can be found in **Appendix 2**, the full reports from these processes can be found at www.haringey.nhs.uk.

1.2 Vision

Our vision is of world class, high quality, and responsive primary and community services for all Haringey residents.

We will work in partnership with patients, the public, the local authority, the voluntary sector and others, to ensure that our primary and community services play their full part in improving the health of local people, reducing the health inequalities that exist in Haringey and maximising independence.

We will develop new ways of providing and commissioning services that will place primary care and community services at the heart of local communities, so that Haringey's health care contributes to and benefits from community engagement and participation.

1.3 Definitions

1.3.1 What is primary care and who is it for?

Primary health care can currently be defined as services that:

- Are accessible to everyone – i.e. universal not targeted
- Are 'first level' – i.e. generalist rather than specialist
- Promote health and prevent ill health
- Diagnose and treat health conditions
- Assess for onward referral to more specialist care where needed.

This strategy focuses mainly on services provided by general practice teams, community pharmacy services and how they link with community health services such as district nursing and therapy services. It incorporates the contribution made by the local authority, community and voluntary sector to primary care and how health services can work closely with these organisations particularly around a broad-based approach to prevention of ill health. Importantly it also includes developing specialist skills in primary care to enable more services to be provided closer to home in a community setting / facility rather rather than in hospital.

It does not specifically cover General Dental services or Optometry services. Whilst we acknowledge that these services are key elements in developing world-class primary care further work needs to be done to define our strategy for these services. This will include refining our understanding of the current context for these services and our local health needs, involving local dentists and optometrists in developing the strategy and understanding the opportunities available for developing services in the context of our contractual arrangements with them.

Primary care services need to respond in a safe, effective and equitable way to:

- Well people (health surveillance, health promotion, community health)
- People with urgent care needs – including minor ailments or injuries as well as more serious illnesses
- People with acute / time limited conditions
- People with long-term health conditions (e.g. diabetes, heart failure, respiratory disease, mental health problems)
- People throughout their lives - children, young people, adults and older people.

Primary care practitioners need to know when to refer patients on for more specialist care and play an important co-ordinating role for people with more complex health needs who are in contact with lots of different parts of the health and social care system. See **Appendix 3** for more information on who uses primary care.

1.3.2 What is "world class" primary care?

The way health care is organised varies significantly around the world – with different systems having very different strengths and weaknesses. Whilst we have looked at some of the evidence about 'what works' elsewhere as part of developing this strategy it is clear that there is no one blueprint as to how services should be delivered. In setting ourselves the goal of delivering 'world class' primary care for all Haringey residents what we are aiming to achieve is clinical outcomes and patient experience comparable to that delivered by the very best services both nationally and internationally. The British primary care system at its best is widely admired across the world – when it is working at its best this admiration is well founded, but as is explored in more detail in

this document, we believe that services in Haringey are currently some way from consistently delivering world class care.

Chapter 2: Case for Change

This section of our strategy explains why we need to make changes to our current primary care and community services. It reiterates and expands on the case for change set out in the original strategy – a case which was accepted by the Haringey Overview and Scrutiny Committee.

2.1 Defining the issues

One of our core responsibilities as a PCT is to ensure we commission high quality, effective and accessible services for everyone in Haringey.

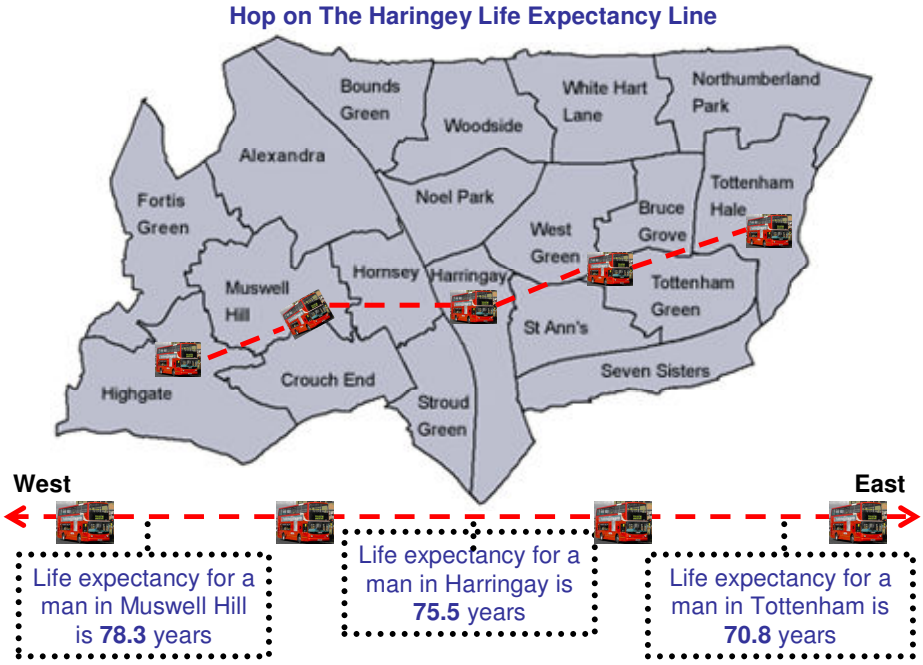
We know that:

- Our **population** will grow over the next 10 years and the profile of health needs will change
- Significant health **inequalities** exist in Haringey, demonstrated by the gap in male life expectancy, which is nearly 8 years lower in Bruce Grove (70.5 years) than in Muswell Hill (78.2 years). This is illustrated in figure 1 below.
- **Patients want** better access and continuity of care designed around their individual needs and that of their families.
- People from certain **vulnerable and disadvantaged groups** find it difficult to access the services we currently provide (see Equalities Impact Assessment www.haringey.nhs.uk)
- GP **services vary significantly** depending on which practice you are registered with – in terms of access, quality, condition of premises and range of services available.
- We need to **improve and integrate** the way our community health services work with the services provided in primary care and in hospital. In particular we need to ensure that out of hospital services complement and integrate with services delivered in hospital, taking into account the changing face of hospital-based services as a result of the implementation of the Barnet Enfield and Haringey Clinical Strategy and against the backdrop of change advocated in *Healthcare for London: A Framework for Action.*
- Our current **infrastructure and estate** is unable to support the sort of access and integration people want and need and which will give the best health outcomes to everyone in Haringey.
- We need to develop a **sustainable** approach to providing services and in particular ensure that we can **recruit** the new generation of GPs and other health and social care professionals to meet the increase need our growing population will place on services.
- We need to **invest** in our primary and community services. We also need to ensure that we make the **best use of those services and resources**. For example we know that in Haringey we are out of step with the rest of the country in terms of the number of referrals that are

made to out patient appointments and in terms of the way in which A&E services are used.

We must find a lasting solution to these issues by drawing on what we know works in primary care, taking into account the broader national strategic context. We must also ensure we develop our plans in partnership with Haringey Council in particular and in the context of the significant work that has already been done to transform services for children and families through Children's networks.

Fig. 1: The gap in life expectancy in Haringey illustrated across the No. 41 bus route.



2.2 Developing a solution – evidence and context

We have outlined above and explored in greater detail in **Appendices 4-9** the critical issues that we face locally in developing the future of primary and community services in Haringey.

In developing our solution to these issues we have taken into account of the national and London specific policy context for developing services in particular, *Our Health, Our Care, Our Say*, *Choosing Health* and *Healthcare for London: A Framework for Action*

We have also reviewed evidence of what works in primary care. The evidence is explored in more detail in **Appendix 10**.

The key messages from reviewing the context and the evidence are that we need to commission primary care services which:

- Have the flexibility and organisational structure to provide access, continuity and availability of services for all Ensure equity so that high quality primary care is available to all wherever they are registered in HaringeyHave systems for those patients who find it difficult to access the kind of care they want and need including those who may experience difficulties e.g. people with disabilities or from minority ethnic communities
- Have systems in place to make it easy for patients to express a choice of health professional.

Having set out the case for change, the next section provides the model we expect to put in place to realise our vision of world-class primary care services in Haringey.

Chapter 3: The Future of Primary Care in Haringey

Having considered why we need to change this chapter sets out our 10-year strategy to create sustainable primary and community care services for Haringey.

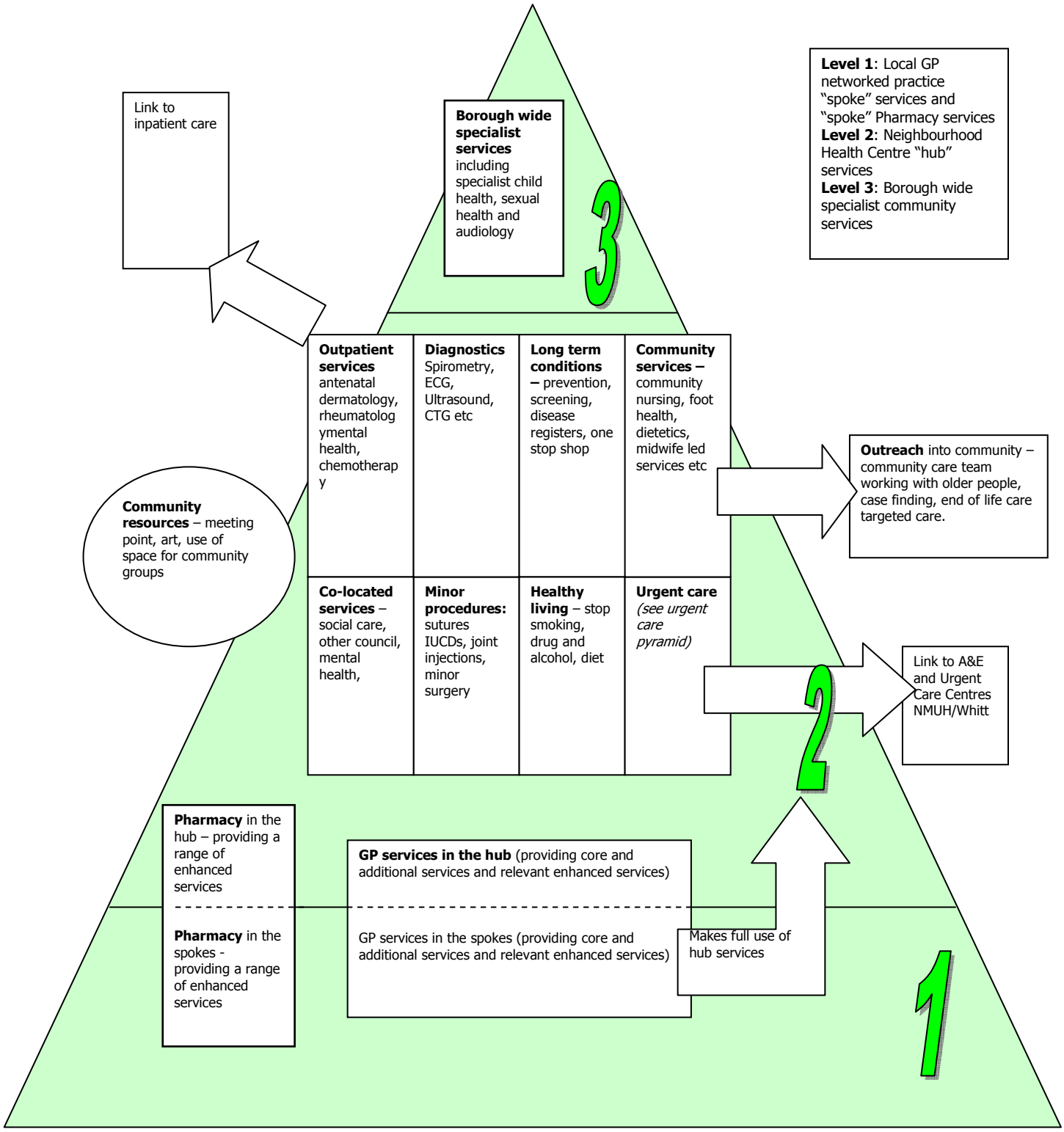
3.1 The "hub and spoke" service model

We aim to commission a planned and integrated network of primary and community services delivered from a mix of fit-for-purpose general practice "spokes" and larger Neighbourhood Health Centre "hubs". We believe this will enable us to make the most of the existing assets available to the TPCT and allow us to deliver services to the highest standard, whilst responding to the views expressed during the consultation process which preferred a hub and spoke style model to the pure model.

This is about re-organising the GPs and other services we commission in a better way NOT about reducing the number of GPs.

We believe that we need to create a service model able to serve a registered population of up to 250,000 by 2020. That service model must also be able to respond to the projected demographics, related need and potential inequalities. This model is illustrated in the diagram below (fig. 2).

Figure 2: Diagram of hub and spoke primary care model



3.2 Neighbourhood Health Centres/ hubs

The Neighbourhood Health Centre hubs will be located as follows:

- Hornsey Central – serving **West Haringey**
- Lordship Lane – serving **North East Tottenham**
- Laurels and Tynemouth Road – serving **South East Tottenham**
- Wood Green or Turnpike Lane (location to be determined) – serving **Central Haringey.**

We intend that these hubs develop over time to act not just as a focus for health services for that area, but that they can be developed by and for the local community into a valuable community resource. We have looked at the Bromley by Bow healthy living centre as an exemplar of community engagement in health services, and whilst recognising the many differences between Bromley by Bow and the different areas of Haringey, hope to learn from their experience and emulate some of their key principles which have informed their successes.

Each hub will develop in response to the identified needs of its specific local population, however it is expected that each hub will have the following main functions:

- They will provide general practice services to about half of the registered population of Haringey (a total of around 125,000 people, each hub serving about 25-35,000 registered patients).
- They will provide a base from which a wider range of services can be offered to those registered with a GP at the hub **and** to the local GP spoke practices operating around the hub. This would include blood testing and other diagnostic testing, out patient appointments usually conducted in hospital and services to support long term condition management in a "one stop shop" approach.
- They will provide a base from which other social care and voluntary services will be able to add value to health based interventions, e.g. Citizens Advice, social services linked to help at home, housing advice.
- They will provide health promotion and prevention activities and programmes.
- They will provide a base from which other specialised borough wide services such as specialist child health services, specialist sexual health services and audiology services can be accessed. Borough-wide services will be strategically located in accordance with the specific needs of the local population, transport links and other factors (for example Wood Green/Turnpike Lane would be a sensible location for sexual health services and promotion/prevention given the transport links in the borough and its attraction to young people in particular as a retail and commercial centre).
- Extended unplanned care services for the locality – e.g. walk in services, minor injuries and out of hours services over and above what

will be provided in the GP practice spokes (please see section on urgent care below for more information)
- Extended access in terms of opening hours across a range of services – for example general practice available 10-12 hours per day and Saturday opening.
- A health and community resource which will engage the local community in its health and health services.

The Neighbourhood Health Centre/ hubs will be developed around existing or planned new developments in Hornsey Central, Lordship Lane, the Laurels and Tynemouth Road. A new development will be required for Central Haringey, likely to be near Wood Green or Turnpike Lane, depending on availability of appropriate sites and to make best use of the good transport links in those locations.

3.3 GP practice "spokes"

GP and other primary care services will also be provided outside of the hubs, and will be commissioned to ensure a proper level of local access and choice. In addition to the hubs, we believe that we will need between 12-15 distinct delivery points for primary care services spread across the borough serving the remaining 125,000 population (usually between 8-15,000 registered population each). Work is underway to assess where best to locate these points in relation to transport and travel issues, and to determine the optimum number of locations. However from what we know about population density, natural and other barriers, transport routes/flows across the borough and patient flows/primary care planning across shared borders with Islington, Hackney, Barnet and Enfield, we currently believe the best location for these service delivery points is:

	GP practice spokes	Related Neighbourhood Health Centre hubs
	West	**Hornsey Central**
1	Muswell Hill	
2	Highgate	
3	Stroud Green	
	Central	**Wood Green or Turnpike Lane**
4	Bounds Green	
5	Either Green Lanes/Wood Green or Green Lanes/The Ladder	
	North East Tottenham	**Lordship Lane**
6	Northumberland Park	
7	White Hart Lane – (eastern end)	
8	Broadwater Farm	
	South East Tottenham	**Laurels and Tynemouth Road**
9	A10 towards border with Hackney	
10	West Green	
11	South of Harringay Green Lanes overland station	
12	Noel Park (South East)	

This is our preliminary view which needs to be further tested out through in particular our patient experience survey and transport modelling and analysis. Please see the map in section 3.12 (figure 4) below.

We do not set out specifically in this strategy document the future of each practice in Haringey. There will be further consultation and engagement with patients and other stakeholders before these detailed decisions are made. This process will include individual discussion with each practice according to their individual circumstances and future plans, and with the Practice Based Commissioning Collaboratives. Clearly where there is a practice or practices in the right location with good accommodation, good standards of care and an ability to operate within the network to ensure that the benefits to patients of the new model are fully realised it will make sense to retain that practice as one of the service delivery points for primary care services in the model we want to implement. Where there is a practice in a poor standard of premises that cannot be improved it will make sense to work with that practice to identify suitable premises that will enable them to meet their clear legal, contractual and professional responsibilities to their patients regarding the environment of care.

Our overarching principle will be to commission high quality accessible services that are able to play their full part in improving the wellbeing of everyone living in the borough.

We will be working with Haringey's GPs to further develop the specification for primary care provision in the GP spokes; however we want to see the primary care services that are currently provided in the best of our GP practices made routinely available across Haringey. This will include all essential and additional services and all practice-based enhanced services being made available from every spoke throughout the day – with premises open for example from 8.30am to 6.30pm. This will include services such as type 2 diabetes clinics, sexual health and family planning (level 1), and primary care mental health being available in each spoke, rather than at present only in some practices.

To reiterate this is not about reducing the number of GPs but about organising the services of GPs in the most effective way in premises that are appropriate for delivering the highest standard of care

3.4 Pharmacy

The traditional role of community pharmacy as predominantly a source of supply and advice about medicines is in the process of radical change. The new pharmacy contract and the subsequent White Paper encourages the commissioning of a wider variety of services, enhancement of the pharmacy IT structure, new clinical opportunities for pharmacists, for instance as prescribers – all contributing to a potentially very different service.

The challenge is not only to harness these changes, but to create the right environment for the services to flourish and make significant contributions to the health of the people of Haringey. With expertise and skills that are increasingly being used to provide a wider range of services to patients, it is vitally important that we fit the contribution of our community pharmacists into the wider primary care arena. We want to encourage pharmacists to work alongside doctors, nurses and other healthcare professionals to improve the health of patients in Haringey. Whether promoting healthy lifestyles and preventing disease, treating and monitoring long-term conditions, providing services to those who do not generally access primary care, community pharmacists need to be part of multi-disciplinary teams. As GPs become more involved in commissioning care for their patients, we expect them to choose pharmacists as service providers, with appropriate roles and responsibilities in well-designed pathways of care. Pharmacies will be "healthy living" centres promoting health and supporting people to care for themselves, as well as offering specific services to patient groups that have particular needs.

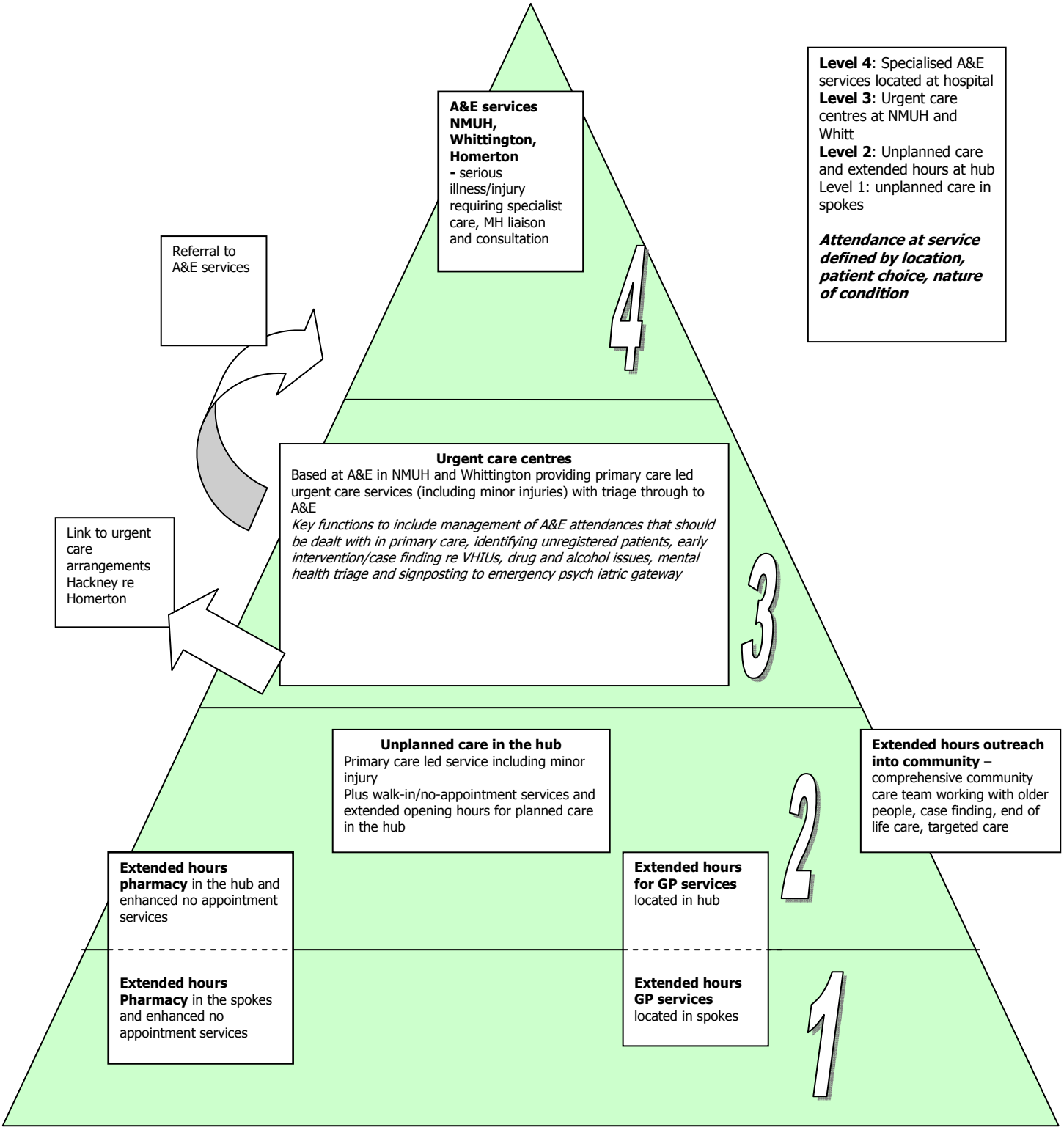
We anticipate hub pharmacies will be specially commissioned to support a range of services within the hub and elsewhere. Practice Based Commissioning groups will need to commission the same and other services from pharmacies in the spokes, ensuring equity of access to the new wider range of services that pharmacy will offer. In the future for instance, pharmacists may be charged with dealing with weight management issues for particular cohorts of patients as commissioned by the collaboratives. Diabetic patients may go to the hub pharmacy for management of their weight as it may be co-located with their diabetes clinic. Others may choose a pharmacy nearer where they live. The dispensing function of pharmacies will need to change but managing safe access to the best medicines will still remain a central function of local pharmacists.

3.5 Urgent Care

In our consultation document we referred to the development of Neighbourhood Health Centres based at North Middlesex University and Whittington Hospitals. Concerns were expressed during the consultation as to the location of these as fully functioning hubs (as described above) and the nature and scope of the services that might appropriately be based there. We are still planning to develop services at NMUH and Whittington but the focus of these services will be the provision of urgent care services(i.e. services directed to patients with urgent health care needs rather than those who have experienced an accident or trauma). These plans will be developed further as part of our urgent care strategy which will review urgent care in Haringey as a whole.

The diagram below (figure 3) illustrates how we expect to see urgent care organised, with different levels of urgent care available in the different settings.

Figure 3: Diagram showing urgent care



3.6 Children and Young People

We have made much progress in working together with Haringey Council to improve how we meet the needs of children, young people and their families in Haringey. This work is ongoing and will focus on developing an integrated model of service for health and social care as set out in the Children and Young People's Commissioning Framework.

The focus is on health promotion and early identification of problems to give children the best possible start in life, with care being providing at home or as close to home as possible, from a range of settings including children's centres, schools, special schools, and primary care settings including Neighbourhood Health Centres. Much of the work with Haringey Council has focussed on the development of multi-agency teams for children and young people who are essentially well, with provision delivered mainly from educational settings such as children's centres, as the main provider of universal services. Further work needs to be done to ensure that primary care is not only linked into this model but is an integral part of provision, and to further develop the service model for children and young people when they are unwell.

A new health-led Children and Young People's Board with multi-agency representation has been established, meeting for the first time in June 2007. This group will oversee the implementation of the Children and Young People's commissioning framework and the interface with the primary care strategy and Every Child Matters. It will be addressing as a priority long term conditions, complex care and urgent care and will be able to advise on and support the implementation of the primary care strategy to best meet the needs of children and young people.

3.7 Mental Health

Historically the main focus on many mental health services has been on crisis management and hospital-based care. We are developing services in Haringey to move towards a model based on health promotion and early intervention and that can provide a single point of access to services and a single assessment process which leads to evidence based treatment. Haringey has a local Improving Access to Psychological Therapies (IAPT) programme[1] which aims to have a simple and easy to access primary care psychological therapy service that provides the least intrusive intervention possible for Haringey residents who are suffering with common mental health difficulties (typically depression and anxiety).

The mental health strategy for Haringey is currently being reviewed, and additional work will need to be undertaken to map how the development of the hub and spoke model in primary care can best work to improve outcomes in terms of mental health and wellbeing. We are committed to delivering

[1] In discussion with the National IAPT programme re potential for Haringey service to support training of IAPT cognitive behaviour therapists.

increased access to high quality primary care mental health services and psychological therapies. This commitment has been demonstrated by implementation of the Primary Care Mental Health Local Enhanced Service, engagement of local GPs and the PBCs, and the re-shaping of services designed to increase access to areas of the borough that have previously not accessed psychological therapies. Of course there is much more to do done.

Our continued plans include:

- The further development of a Primary Care Mental Health IAPT Service to enhance partnerships, cross sector working and effective referral pathways between primary and secondary mental health services
- To ensure effective mental health interventions in primary care through clear pathways, education and training
- To Increase primary care capacity and capability to provide increased treatment and support for people with common mental health problems (such as depression and anxiety) through our Increasing Access to Psychological Therapies (IAPT) Programme and for people who have or are experiencing Severe Mental Illness (such as schizophrenia).
- Effective links and use of services that can help people get back into education and employment.
- Deliver benefits for service users through provision of appropriately trained staff, decreased waiting times, increased information and choice, reduced stigma and access to more holistic services.

3.8 Adults and older people

Long term conditions (LTCs) like diabetes, heart failure and mental health play a significant part in the ongoing health of people in Haringey. This burden is felt more acutely by people from BME communities and by deprived communities. We are currently looking at transforming the way we work with people with long term conditions to focus much more on prevention, and early and accessible community-based care that enables people to manage their conditions better and with fewer complications in the long term. This will be a key component of the new primary care model. Work to date includes developing a new service model for diabetes, with the aim of replicating the generic aspects of this model across other conditions. We are also proposing to develop the community matron, district nursing and integrated therapy teams which will help to manage long term conditions and provide rehabilitation and intermediate care services. Services for older people need to be planned appropriately, ensuring that issues around access and continuity (which were of particular importance to older people involved in the consultation on the primary care strategy) are addressed in planning primary care services.

3.9 Learning disabilities

Primary care services need to be accessible to people with learning disabilities, a series of recommendations for health services including primary care are available in the Overview and Scrutiny Committee Review of March 2007 (Healthy and Equal: Improving the health of people with profound and multiple learning disabilities). The primary care strategy will improve physical access to services by improving the physical environment, and will make healthy living activities widely and routinely available. Improved appointment systems, incorporating both booked appointments and drop-in sessions can also assist in improving accessibility for all groups. Additional work will need to be undertaken to take forward other recommendations in relation to workforce training and to assess the effectiveness of the strategy in improving access to primary care for people with learning disabilities.

3.10 Vulnerable groups

Other groups who can be vulnerable to poor health and who find it difficult to access health services include people with substance misuse problems, highly mobile people including refugees and asylum-seekers and travellers and people living in areas of high deprivation. More work needs to be done to specify the best way to take forward some of the recommendations made in our Equalities Impact Assessment to work with these groups.

3.11 Well-being

The primary care strategy will seek to improve the health and well-being of Haringey's residents, in support of the Haringey Well-being Strategic Framework.

3.12 Location of services

The map below (figure 4) show how we think services will look in 10 years time. It includes the Neighbourhood Health Centre/ hubs, both those sites already identified and the possible site in the Wood Green or Turnpike Lane area, where we think the GP practice spokes are likely to be, the location of the two local acute hospitals and the pharmacy spokes. It also shows the main roads in Haringey. As noted above, the exact location of the GP spokes remains to be determined through further negotiation and consultation including consideration of the outcome of the work proposed to analyse travel routes and times (as outlined below). Although we will have at least the same number if not more GPs and a range of additional services available in primary care we will have a reduced number of locations from which services will be provided – around 20 locations.

We have included a map of current GP practice locations at figure 5 which illustrates how the proposed GP spokes in the model relate to current GP practice "clusters" and extended provision in areas of most need where no current services.

Figure 4: Map showing proposed location of primary care services

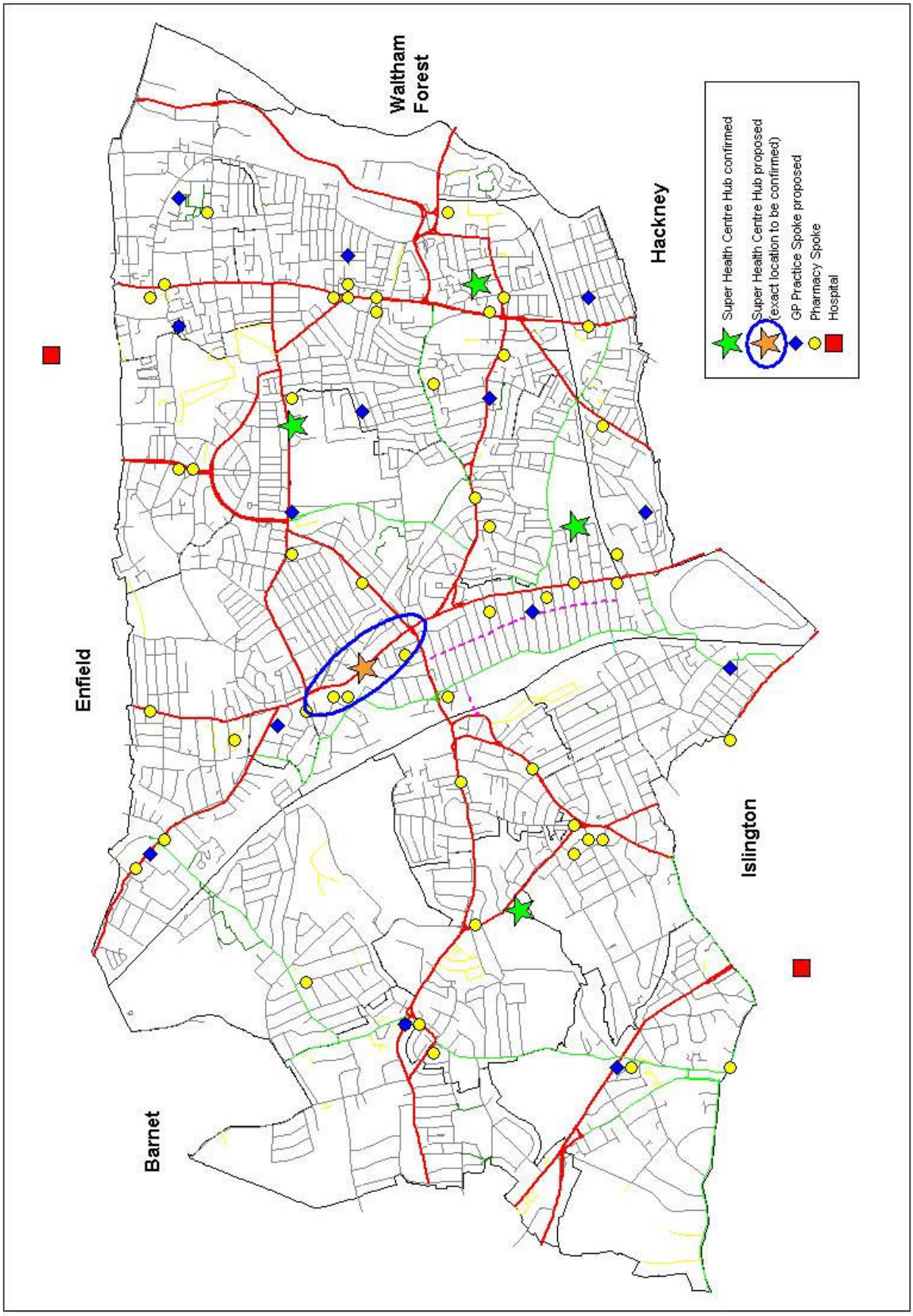
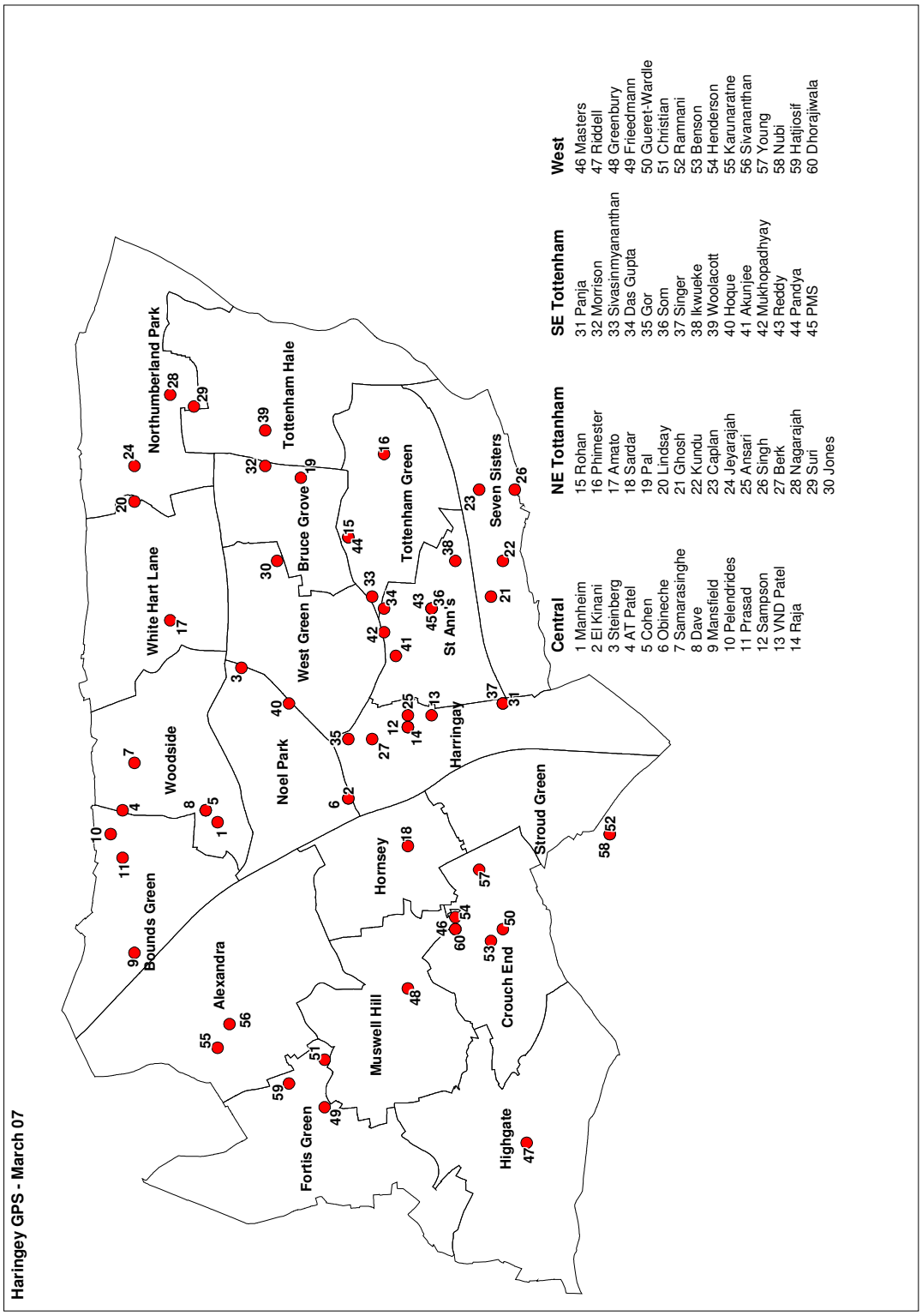


Figure 5: Current distribution of GP practices



3.13 Other existing community health premises

In the context of our Strategic Services Development Plan we are also considering the future use of all our current community premises and in particular how these might support the development of our primary and community care infrastructure. This will be worked through in more detail as neighbourhood plans are developed.

St Ann's Hospital site

The St Ann's site is owned by Barnet Enfield and Haringey Mental Health Trust (BEHMHT). We currently lease space from BEHMHT providing a number of borough wide community services from this site and also using it for our main administrative headquarters. We are actively looking to re-provide the services currently based here in more suitable locations and in more suitable quality and design of buildings. Equally we are planning in the longer term to relocate our main administrative centre in a convenient central location and one which will support closer partnership working with the Council.

As set out above we will develop a Neighbourhood Health Centre hub at the Laurels (opposite the St Ann's Site). A number of services have recently been transferred into the Laurels from the St Ann's site (including phlebotomy) as part of the move to develop more integrated person centre primary care services from that site. We are still in the process of identifying other sites, including GP practices that would work with the Laurels to provide the full range of services needed to create a local Neighbourhood Health Centre. This will include looking at how Tynemouth Road and Lordship Lane would interact with the Laurels site. It will also take into account the suitability now and in the future of commissioning services to be delivered from the St Ann's site.

Although we do not own the St Ann's site we clearly have a role in commissioning the sort of mental health services people in Haringey need. We are doing ongoing work with the Council and the mental health trust to develop the service model that will inform our commissioning decisions. In turn this will influence and shape the BEHMHT Strategic Outline Case (SOC) in terms of the premises that will be needed in the future to deliver the service we want to commission. The SOC is undergoing an extensive revision process with a view to finalising plans early 2009. Contact at Barnet Enfield and Haringey Mental Health Trust for further information about plans for the St Ann's site communications@beh-mht.nhs.uk

We like the BEHMHT are also involved with the consultation work being undertaken by the New Development for Communities around the Seven Sisters spatial development plan and linking in with the development of the St Ann's site.

Chapter 4: Benefits, trade-offs and limitations

In this chapter we talk about the benefits, trade offs and limitations of the primary care strategy. Whilst this strategy is vitally important to improving primary care services in Haringey, clearly it is not the only piece of strategic work underway to improve health in Haringey and it alone will not tackle some of the long-standing issues of health inequalities. It will however have a range of benefits for Haringey, which are described below.

4.1 Benefits

This section provides an overview of the main benefits that the primary care strategy will deliver for Haringey's residents. In addition, we will be developing a range of indicators that will enable us to measure progress against achieving these benefits.

4.1.1 Improved access to primary care

One of our key objectives in developing this primary care strategy is to improve access – and in particular to redress any inequity of access that fundamentally continues to fuel the stark health gap in the borough.

As noted in Chapter 2 above, access goes beyond travel and transport issues and includes the following dimensions:

- The resources people have to seek help from health services
- How differences between health service providers and users affect their seeking help from these services
- Availability and quality of health services
- Organisation of health services.

Merely ensuring people with equal needs are treated equally (horizontal equity) may seem fair, but will be insufficient to address the issue fully. The fact remains that those people who find it easy to find and use services will do so more often than those who do not. The equity of access we seek is to ensure that those with greater need should receive more help (vertical equity). Thus barriers to access become key and ways to reduce them for specific groups of people an important part of this strategy. Inequality of access to health services may be described as:

"*significant variations in the amount of work people with health needs have to do to reach and optimally use a service.*"

The primary care strategy will seek to ensure that all residents are able to access the right care they need, at the time they need it, in the most appropriate and convenient setting possible. Particular attention will be paid to improving access for people who currently find it difficult to access primary

care services including for example vulnerable adults and highly mobile populations.

Improved access will be achieved in the following ways:

- Providing extended opening hours: We are investing in the infrastructure in 08/09 to enable Lordship Lane and Laurels to open 12 hours a day 7 days a week and developing a Local Enhanced Service, to deliver extended hours in general practice; in direct response to the results of the national patient experience survey.
- Developing workforce skills in working with a diversity of patients so that culturally appropriate health services are made available
- Developing receptionist/health trainer role
- Providing a range of types of appointment systems to include both booked appointments and flexible opening
- Provide services in a range of settings across the borough
- Focus on improving access especially for groups experiencing discrimination and disadvantage, and developing indicators for measuring how successful the strategy is at doing this.

Also see section 4.1.3 on tackling health inequalities below.

4.1.2 Improved quality in primary care

We have set out in our case for change the variability of the quality of primary care and also the nature of the evidence about the sort of service delivery model more likely to deliver good quality care that larger practices appear to be better for clinical quality and poor quality is associated with deprived areas. We have very deprived areas in Haringey, where the health gap is most acute and which are often served by small practices which struggle for a whole range of reasons to provide the extra level of care needed to achieve improve health outcomes for people in those areas.

We want to see improved quality in primary care services across Haringey so that all services are providing the optimum levels of care for the community they serve. This means a quicker pace of improvement for some areas which are currently performing less well than others, who are already achieving high levels of clinical quality and outcomes.

This will be achieved by creating the Neighbourhood Health Centre hubs, which will develop as centres of excellence within Haringey that will enable the development and sharing of specialist skills within our primary and community services. This will happen in a number of ways including through:

- Greater opportunities, environment and infrastructure for peer and multidisciplinary team learning – including shared learning with social care and voluntary sector colleagues collocated at the hub. The opportunities provided by having the space to host learning events and the flexibility of clinical cover afforded in a larger centre to enable attendance by frontline workforce will transform the quality of professional development from current arrangements. Equally, drawing

expertise from hospitals, nurse consultants and practitioners with special interests into the larger centres to provide outpatient care will provide much greater opportunities for skills development in primary and community care.

- Greater standardisation and consistency of quality. In part this will arise from peers working with and learning from each other but the reduced number and complexity of the primary care service delivery model will also enable more focussed quality and performance management processes to be developed. It should also make the take up of improved ways of working and most clinically effective approaches faster and more consistently implemented and reviewed. For example it will be significantly easier to agree and implement care pathways in larger centres and the integrated GP practice spokes.
- Encouraging the next generation of doctors and other health professionals into Haringey, bringing the up to date skills and new ways of working into an environment that promotes peer and multidisciplinary learning.

4.1.3 Tackling health inequalities and improving health

The primary care strategy will not on its own improve health and deliver greater health equality but it will provide the core infrastructure through which we and our partners will be able to make a step change in how tackle these issues. We need to ensure that primary care services fulfil their potential to contribute fully to improving health and tackling health inequalities.

Primary care services will be better placed to **tackle health inequalities** working within the model we have set out above for a number of reasons:

- Wherever a Haringey patient is registered they will have available to them the same core range of services and standards of accessibility whether they are registered with a GP in a hub Neighbourhood Health Centre or at a GP spoke practice. In particular we will be able to address many of the issues identified in the Equalities Impact Assessment about the importance of the quality of the "front of house" services.
- Each Neighbourhood Health Centre hub and related GP practice and pharmacy spokes will form a network providing services tailored to meet the needs of the population in that area and geared up to target health inequalities. For example, language or culture specific services for long term conditions and health living advice might be focused in areas where this met population need most effectively.
- Instead of an historical, patchwork of primary and community services we will be developing a detailed blueprint of services in each locality, that have been drawn from and tested through consultation with local stakeholders and the public and informed by the new Joint Strategic Needs Assessment (in collaboration with Haringey Council). This will provide us with not only the desire to tackle health inequalities but also

an evidence based and carefully planned way forward to transform the way in which we address the health gap over the next 10 years.

- At present many of the "health improvement" services we commission and provide are not part of mainstream primary care service provision. Indeed, this was raised a number of times in our consultation, in particular in the context of health inequalities. The coherent and focused service delivery model set out in this strategy will provide the platform from which these and other interventions can be more effectively made available to everyone in Haringey.
- The opportunity for co-locating council, voluntary and community services will enable us to build truly integrated and effective healthy living services.

For further information about our strategic and joint plans around tackling health inequalities see Haringey Strategic Partnership Life Expectancy Action Plan, Infant Mortality Plan, and HTPCT Commissioning Investment Strategy 2008-11 (www.haringey.nhs.uk)

We will ensure that equalities and the learning from the Equalities Impact Assessment is at the very heart of our planning, implementation and monitoring of the new service model in particular by identifying a senior manager equalities lead as part of the core planning team and programme board (see section 5.1.1 below) and ensuring that we develop key equalities markers/indicators as the programme is rolled out. We will also use the information gathered in our patient experience survey (see 5.1.3 below) to further inform our planning and development in specific localities.

There is a growing body of evidence on how health promotion methods can significantly **improve health** status of populations over the medium to long term (Wanless Report 2004). Using this evidence we plan to invest over the next three years in a strategic programme of focused work to engage people proactively in the management and promotion of their own health and empowering communities in their efforts to do so. This programme will include social marketing targeting health messages at vulnerable and excluded groups, working to ensure services are delivered effectively for example through training local people as community wellbeing workers and tackling the worklessness agenda as well as ensuring equitable spread of health promotion services.

The development of Neighbourhood Health Centres as hubs for health and wellbeing provide a significant opportunity to place health promotion at the heart of the service delivered at the hub. We are currently looking at how we might transform the function of front of house services so that reception staff, for instance, can ensure people are signposted to appropriate information resources and other health promotion facilities (eg leisure, libraries). We are also looking at developing and expanding the centre manager role to include specific responsibilities around health promotion.

4.1.3 Improved premises

The quality, accessibility and design of all of our primary and community services premises will improve significantly as a result of implementing our primary care strategy. This does not just mean that we will develop "flag ship" Neighbourhood Health Centres but also that we will ensure that the spoke GP practices are all fit for purpose and fully accessible. This will involve making the best use of the fit for purpose estate we own as well as working with GP practices to relocate to new or improve current premises. The focus of the strategy is to ensure everyone living in Haringey is treated in clinically appropriate, accessible and health promoting environments that are fully accessible and compliant with disability discrimination legislation.

However, the primary care strategy is more than bricks and mortar. Each Neighbourhood Health Centre hub and GP spoke practice will work more effectively for people using and accessing services. This means that we will rethink/redesign reception and "front of house" services, appointment systems, how patient information is made available to health professionals, how, when and where to locate services and how service users, staff and the community more generally use the buildings to best effect.

4.1.4 Greater range of more integrated services available

The new model of provision is intended to provide a more holistic approach to people's health, recognising that as health is influenced by a wide range of determinants, so the services required to promote and improve health are wide-ranging. The new model will provide an opportunity for improved joint working across health and social care, and potential for co-location of health, social care and other related services provided by the voluntary and community sector.

4.1.5 Community resource and involvement

We are keen to see the Neighbourhood Health Centre/ hubs develop as a community resource, providing a focal point for health services in each locality and enabling the integration of a range of health-related activities to take place. It would, for example, include the use of Neighbourhood Health Centre space and potentially other resources by community and voluntary groups and bringing about a much closer relationship between health and community and voluntary groups engaged in the wider wellbeing agenda.

We have looked at the success of the Bromley-by-Bow Healthy Living Centre and hope to bring some of the innovative approaches and community engagement found in that centre to Haringey. The Neighbourhood Health Centre/ hubs are intended to be a community resource, an asset for the local community to use and to contribute to. We will need to find new ways of working with our local population to engage them fully in their health and their health services (see section 5.2.1 below on community engagement)

4.2 Measuring benefits

Given the level of funding, time, resource and public interest and engagement in this strategy it is vital that we are able to clearly and quickly demonstrate the benefits inherent in our primary care strategy.

We already have a robust performance management framework that tracks national and local targets as well and joint performance management with the Council to deliver and track delivery of local area agreement targets. Some of these targets map directly to some of our key benefits in implementing the primary care strategy (for example GP access targets and mortality rate targets).

In developing the strategy we wanted to keep at the forefront of our thinking what any changes would mean in real terms for people who use health services in Haringey. We have developed the following outcome statements[2] (see table below) that aim to capture the essence of what we are trying to achieve from a patient perspective. These statements should apply to all Haringey residents and those using Haringey primary care services.

We plan to use these outcome statements as the basis for developing a set of key performance indicators against which we will measure and monitor the implementation of the primary care strategy. We will need to develop these indicators for each locality based on the needs and priorities of local people and we will need to be accountable to local people in each locality for the performance of each locality network against the identified standards. We are particularly keen to ensure that these indicators reflect the concerns around access highlighted in the Equalities Impact Assessment.

So that we can measure improvements in services we need to identify baseline information. We are planning to undertake a detailed patient experience survey that will provide us with the baseline against which we will be able to demonstrate the improvements to services we want to make. The patient experience survey will be undertaken in summer 2008 (see section 5.1.2 below for further details)

[2] A number of these statements are drawn from the Department of Health consultation document on the future of urgent care services.

Patient outcome statements	
1	*I can register with a local GP practice of my choice – **whoever I am and wherever I live in Haringey***
2	*The care I receive meets **my needs and that of my family**.*
3	*I can rely on getting the right care **whenever** I need it and **whoever** I am.*
4	*I can easily access advice, support and screening to **keep me well***
5	***My opinions** are clearly heard and taken into account.*
6	*I know what to do when I or my family need **urgent care***
7	*In an emergency I can get care **quickly and simply.***
8	*Providing the **best care** is important to everyone who cares for me.*
9	*I can access (planned) care **at a time that suits me**.*
10	*In most **non-urgent** situations I can see a clinician who is familiar with my health history, situation and circumstances.*
11	*If I have a more complex or long-term health need, my care will be **agreed and co-ordinated** with my clinicians. Care will be provided in a way that is as convenient for me as possible.*
12	*I can book a **longer appointment** with my doctor or primary care clinician if I need it.*
13	*I have a relationship of **mutual respect** with my clinicians and care givers. I feel comfortable and receive respect for my cultural identity and my clinicians and care givers are aware of how my gender and age might affect how I access health care.*
14	*I am able to have **diagnostic and specialist treatment** (for some conditions) in primary care rather than having to visit hospital*
15	*In consultations with my clinicians and care givers I am **listened to and my concerns are respected,** whatever my age or background.*
16	*The services I use try to make it **easy for me to access** them*

4.3 Limits of strategy – links with other strategic developments

This strategy will not on its own deliver the sustained improvement in health and wellbeing that we want to see in Haringey. It needs to be seen within the context of the range of strategic activity underway in Haringey, including joint work with Haringey Council on life expectancy, wellbeing, and through Children's Networks, and other developments in services for adults and older people, mental health and other vulnerable groups focusing on early intervention and prevention as well as our investment planning over the next 3 years to support and extend these developments. What this strategy does is set out the improvements and investment in primary care that need to be made so to enable these strategic developments to play a full role in tackling health inequalities and in meeting the needs of all Haringey's residents.

4.4 Understanding the trade offs

In our original strategy document we were explicit that the Neighbourhood Health Centre model would involve a "trade off" between having further to travel to get to primary care services for some people and a wider range of better quality services in better premises and at more convenient times.

The consultation process provided no clear consensus as to the perceived benefit of this trade off. Although many concerns were expressed about the increased travel, others could see the benefits of the proposed model.

We feel strongly that the benefits of our proposed model will be worth the longer journey that some people will need to make. This is in part because we predict that fewer journeys will be needed due to the provision of more integrated services in a one-stop shop approach and that journeys currently made to hospital-based services will no longer be needed as many of these services are brought into primary care. In addition, the hub and spoke model we propose above allows for a good geographical spread of premises, closely mirroring current "clusters" of GP practices in many instances and providing additional points of access in areas currently under served (for example Northumberland Park) that should mean no one will have too far to travel to get to their nearest service. We also believe that the comprehensive community nursing services that we are looking to commission (including outreach, work with very high intensity users and case management for complex care), the delivery of a range of services in novel settings designed to maximise take-up/effectiveness (for example mental health work in local libraries, services for children and young people delivered from extended schools and children's centres) and the range of enhanced services being developed in local pharmacies will provide both the reach into communities (particularly for the most vulnerable) and an additional level of local access that will significantly enhance and complement the hub and spoke model described in this document.

We know that we have much work to do to ensure that the impact of this trade-off is managed and reduced as far as possible, particularly for older

people and other disadvantaged and excluded groups. This work will include "testing out" the location of the hubs and spokes through the patient experience survey and through the transport analysis we are commissioning (see sections 5.1 and 5.2.1 below), refining the locations as informed by this work and then working with Transport for London (TfL), Haringey Council and others to ensure that the transport options and routes to primary and community services are maximised.

Chapter 5: How will we make the strategy a reality?

In this chapter we will look at the range of activities and planning that we need to put in place to implement the primary care strategy.

5.1 Implementation planning

5.1.1 Programme management

We will be adopting a programme management approach to ensure that we maintain our focus clearly on delivering the benefits of this strategy for people in Haringey. Programme management provides a detailed framework through which to coordinate, direct and oversee the full range of interrelated work streams that will be involved in transforming primary care. It will also involve the development of a programme blueprint identifying in detail how services will look in the future covering in particular working practices, processes, organisational structure and technology and information needed to support implementation. The programme will be monitored by a high level programme board including membership from Haringey Council.

5.1.2 Development of neighbourhood plans

Building on the response we had to the consultation on the primary care strategy, we plan to undertake a detailed patient experience survey in each of the Neighbourhood Health Centre localities (e.g. West, Central, South East and North East) to report to our Board November 2008, which will include face to face interviews with a representative cross section of the local population looking at where we are now and what people want from their local primary care services. It will plan to pick up specific access and transport issues and help us to set meaningful performance indicators that we can measure against the patient experience survey baseline. Clearly this will need to link in, in the West, with ongoing community involvement in the design and development of Hornsey Central.

We also plan to undertake detailed engagement with general practice (and other independent contractors) over the summer to discuss with them the wide ranging issues relating to the implementation of the primary care strategy. This will be over and above the ongoing discussions we are already having at a collaborative and individual practice level.

The Practice Based Collaboratives in each of the four localities will take the lead in the development and design of the service model in each of the respective areas. The aim is for these plans to be developed with the focus on clinical leadership and stakeholder engagement.

We will use information from both to develop, together with information from our transport modelling and analysis (see 5.2.2 below), four detailed neighbourhood plans during the autumn which will be presented to our Board in January 2009. These will form a key part of our programme blue print.

5.1.3 Formal consultation on neighbourhood plans

The aim is for there to be a period of formal consultation in Spring/Summer 2009 on the neighbourhood plans, led by general practice, which services and the changes envisaged to these services stand at the heart of the transformation of out of hospital care. Again the focus will be on a bottom up approach.

The consultation timing will to a certain extent need to be informed by Strategic Health Authority assurance processes. We will be working closely with the Council and Overview and Scrutiny Committee in ensuring that this consultation process is as inclusive as possible.

In the mean time we are still responsible for ensuring that we commission high quality, integrated and accessible services for people in Haringey. We will continue to develop the range of community and primary care based services in the light of the clear mandate from the consultation in terms of improving access to services such as phlebotomy and non-medical foot health and extending the range of services and opening hours in our emerging Neighbourhood Health Centre hubs such as the Laurels and Lordship Lane.

5.2 Enabling strategies

5.2.1 Community engagement

Our consultation has shown us that we still have much to do to engage local people in our vision for better primary and community services. We need to ensure that the views, ideas and preferences of local people are an integral guiding force in the way that we develop facilities to become health and wellbeing resources at the heart of local communities.

Building community engagement is more than putting on a series of public events and sending out newsletters (although these have their place). It is about investing in a community engagement infrastructure that is able to stimulate interest, garner involvement and develop lasting working relationships between the PCT and local people and the communities they belong to in the development of better health services and better health and wellbeing.

In our 2008/9 commissioning investment we are considering proposals to develop a strategic and evidence based community development infrastructure, learning from successful models elsewhere (in particular the Bromley by Bow Healthy Living Centre model). The infrastructure being considered includes the investing in community development workers aligned to each Neighbourhood Health Centre locality, developing the role of centre manager and front of house staff and developing the governance structures to ensure that stakeholder and community engagement has a clear voice in decision-making processes.

5.2.2 Transport

One of the key concerns raised by people during the consultation was that the journey to see a GP for some people would either take longer or be more difficult as the number of sites from which GP services are delivered reduce from to about 20 (including hubs and GP spokes).

We have given very careful consideration to this issue in identifying the location of the Neighbourhood Health Centre hubs and in particular the proposed location of general practice spokes. We have looked at main transport routes and natural/other barriers as well as population density. Additionally we have considered the issue of deprivation and population growth that are currently poorly provided for. We have also looked at cross-borough patient flows, how and why practices are currently clustered in certain areas and what that tells us about current patient flows and how access should be improved.

We have referred to the high level modelling conducted in the *Healthcare for London: Framework for Action* document. Based on average population densities at borough level this indicated that a vast majority of Londoners would be within 1 or 2 kilometres of a "polyclinic" serving a population of 50,000. In our model we are looking at 5 Neighbourhood Health Centres (3 large and two smaller centres) providing GP services to 125,000 people in total, together with additional GP practice spokes located in 12-15 other locations.

However, we recognise that we need to do much more detailed modelling and testing out of the model we want to implement. As such we have commissioned a detailed transport modelling and analysis from one of the leading transport and accessibility agencies in the country.

We have asked them to:

- Determine what transport is currently available to Haringey residents when travelling to primary care and other health services
- Determine what may be a reasonable distance for residents to travel to different primary care and other health services
- Carry out accessibility mapping to determine how far people are able to travel within the distances defined by the various modes of transport available in order to access the Neighbourhood Health Centre hubs and proposed GP practice spokes
- Determine improvements that could be made to enhance access to primary care services (whether in terms of identifying better hub or spoke locations -insofar as these are not already "givens" – or in terms of joint or other work to develop transport in the community with Transport for London and other local organisations).

This work will be supported by the travel time analysis modelling that will be made available by NHS London and Transport for London (TfL) to provide

information on travel times using different modes of transport to health services, and the impact of changing the location of services on travel times.

But we also want to go beyond this analysis and obtain a greater insight into why people decide to go to one GP rather than another and how we can accommodate and cater for those preferences in the model we are looking to implement. For example we know from a detailed analysis of practice registration lists that patients will travel further to see a GP of their choice rather than the most local GP. The reasons why are likely to be bound up in a whole range of issues around language, culture and the sense that the GP "understands" the patient. We are particularly interested in unpicking these issues because we believe they are closely related not only to how far people travel but also the sort of patient outcomes that are possible where the health professional and patient share a common understanding of the issues of importance to a patient. For example, compliance with medication may be significantly improved where the GP understands the family background and cultural context against which the patient will be taking the medication.

These issues will be explored further in the detailed patient experience survey planned for summer 2008 as described above.

The outcome of both of these processes will inform a community transport strategy to be developed with Haringey Council and TfL. We will particularly focus on improving transport routes/methods to our known sites, e.g. Hornsey Central, Lordship Lane, Laurels and Tynemouth Road.

5.2.3 Workforce

In order to deliver the service model set out in this strategy we need to ensure that we have the right workforce in place. There are a range of issues that need to be considered in order to develop a workforce strategy that will underpin the proposed changes in primary care.

NHS London is developing a workforce strategy to support the recommendations in *Healthcare for London,* this is expected to be available in September 2008 and will inform developments at a more local level. We know that out of our existing primary care workforce, more than one third of our GPs are aged 55 or over so clearly we need to think about succession planning. As well as ensuring we plan for the right numbers of workforce in the future we will also need to think about new roles, new ways of working and new skills that will be needed. Key issues for workforce development include:

- Changing workload and case mix for primary care practitioners
- Supporting clinical leadership development
- Multi-disciplinary education for the primary care teams
- Significant recruitment of Practice Nurses
- Enhancement to the role of Practice Manager.

It will be through the development and skill of the workforce that we will be able to deliver our outcome statements set out above. We will need to ensure that the services provided meet the needs of our diverse population and are culturally sensitive. Haringey TPCT will continue to develop its capability to ensure that it is an organisation fit for its purpose. Equally we must ensure that in developing our workforce we make fundamental changes in the way in which we respond as services and as individuals to vulnerable and disadvantaged people. This was a key concern highlighted in the Equalities Impact Assessment.

We must also ensure that we retain and build upon what is already world class in our workforce. We must not forget the unique role that GPs play in treating the whole person and their family, in caring for people in a holistic way and ensuring continuity of care across a wide range of interventions and services. Implementing the primary care strategy is intended to support and amplify this significant role placing GPs in a much better position to offer holistic, integrated care closer to home supported by a full range of wellbeing and social care services.

5.2.4 Organisational Development

We are well aware that simply re-housing our local health workforce in better accommodation will not create the sort of integrated multi-disciplinary care and wellbeing network we want to see in Haringey.

This must be underpinned by an intensive and co-ordinated organisational development plan that is able to exploit fully the opportunities for transforming how we work together around the needs of our population and to create a learning organisation.

This will need to encompass:

- Developing people into new roles and as members of new and different teams including teams with other agencies
- Working as teams across new boundaries and as joined up care networks across a locality
- Improving the range and flexibility of responses and systems to ensure that vulnerable and disadvantaged people are able to access services in the fullest sense.
- Stakeholder engagement.

5.2.5 Commissioning

The TPCT believes that to secure the best possible services for patients from available resources we need to support the development of a good range of strong, effective and responsive health provider organisations locally. In addition to working with existing providers to ensure that they are able to deliver demonstrably clinically effective, high quality, value for money services the TPCT is also keen to support a range of new service providers, particularly in areas where it is assessed that current providers do not have a particular

interest or expertise or where current service provision is assessed as poor quality or value for money.

Additionally there is much greater potential for the TPCT to work with community and voluntary organisations to support delivery of improved health for local residents and our commissioning strategy should actively consider how we can build stronger relationships and a stronger 'third sector' in partnership with the local authority and building on existing commitments made in the Haringey Compact.

The TPCT believes that 'contestability' (competitive tendering of services against an agreed specification) is an important vehicle for securing best value and expect it to play an increasing part in how we seek to maximise health benefits from our commissioning spending future. We do recognise that there are potential pitfalls in this approach and we will seek to develop mechanisms to ensure that local providers are not disadvantaged in any competitive tendering processes.

What we commission in general but particularly in the context of developing primary and community services must be directly influenced by local people and local clinicians. Practice Based Commissioning (PBC) provides the main tool to ensure local GPs have a direct say in what services are commissioned for their patients and for patients in their locality through the 4 Practice Based Commissioning Collaboratives. Haringey TPCT GP practices are aligned into four PBC Collaboratives. Each collaborative is lead by a Clinical Director (local GP) and covers a population between 55,000 to 85,000 patients and is broadly associated along geographical and main provider lines.

Practice Based Commissioning Collaboratives are currently having active discussions, for example, about developing new forms of GP practice led provider organisations based around consortiums of local practices/clinicians. GPs will increasingly expect to be given the opportunity to provide a wider range of services than are currently included within the core GP contract framework. This would build on existing 'local enhanced services' models and would need to be carefully managed but is an approach that the TPCT welcomes in principle.

5.2.6 Information Technology (IT)

Communication and managing information will be vital to the success of our vision. We will develop an Information Management and Technology Plan that will set out how this will be achieved in more detail but the headline work that we have undertaken and planned to date to enable the model we set out above is as follows:

Hornsey Central: Haringey IT are working closely with Connecting for Health (CfH) and the London Program for IT (LPfIT) in order to develop a solution that will provide integration between the GP Systems, RiO

Community System (see below), local clinical systems and Pharmacy Systems to be deployed at the site.

This is a high profile project focused primarily on the patient experience and all aspects of the patient journey. This project will provide the blueprint for local health centre IT and potentially throughout the country.

RiO: Work has begun on implementing the Care Records System, RiO in community services. This is one of the largest IT projects undertaken by the TPCT and will transform the way in which we provide healthcare services in Haringey. Workshops with individual services will begin in May 2008 and will look at how RiO can be used to best effect and support new ways of working.

Desktop Upgrade: Current operating systems are outdated. The HIS have developed a new desktop environment called Fusion, which uses much newer technologies facilitating remote working, enhanced security and greater resilience. HTPCT will be exploring the migration to this new environment with the Haringey Information Service in order to facilitate the introduction of RiO.

Map of Medicine: The Map of Medicine (MoM) is a web based tool supporting evidenced based medicine. First developed at the Royal Free Hospital in 1999, it is now managed by Informa Healthcare, and under national procurement by Connecting for Health, has been licensed for use by the NHS. This means that it is free to all organisations and users of the NHS.

The path provides 393 pathways across 27 specialities all supported by up to date clinical evidence including the Cochrane Collaboration and NICE guidance and all updated on an annual basis. All pathways can be viewed on a national as well as international basis.

Haringey TPCT has adopted the Map of Medicine as a key tool for developing clinical pathways and best practice and will have its own section on the map. The first local pathways being developed cover gynaecology.

Other IT Projects: Sexual Health, Contraception and Reproductive Services are implementing an integrated Electronic Patient Record (EPR) to be utilised across the service in Haringey including all satellite services. This will enable the service to access patient records from any site enabling seamless care for patients. It is also a key service development in its work towards developing a managed service network for sexual health across Haringey. Currently the Palliative Care Team is dependent upon manual systems and is implementing the nationally recognised PALL CARE system. Amongst the many benefits is the opportunity to link with other service providers who are also using Pall Care and provide out of hours cover (The North London Hospice and Enfield community team, for example, are already using this system).

5.2.7 Finances

Detailed financial modelling will be undertaken to facilitate the development of the service model above. Essentially the TPCT is expecting to invest significantly in primary care services and community based "out of hospital" services over the next three years as part of its overall commissioning investment strategy. This will include significant investment in the infrastructure required to support delivery of the strategy.

5.3 Next Steps

Consultation and key next steps		
Next step	**What for?**	**By when?**
Patient experience survey	Understanding people's experience of primary care services and how they would like to see it develop.	**November 2008**
Transport modelling and analysis	Testing out and analysing transport arrangements to proposed hub and spoke model	**November 2008**
Board review	Review Primary Care Strategy in light of transport and patient experience work	**November 2008**
Development of local plans including community engagement in development	Detailed modelling of "hub and spoke" model and drawing up of specific plans for each neighbourhood led by GP collaboratives. Ongoing development of enabling strategies	**Autumn/ Winter 09**
Formal consultation	Consultation on detailed neighbourhood plans.	**Spring 09**
Board review and final sign off	Board consideration of detailed strategy and plans in light of consultation responses	**Summer 2009**

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