

Report for: Health and Wellbeing Board – 8 December 2016

Title: Primary Care Estates Update

Organisation: Haringey Clinical Commissioning Group (CCG)

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1. Describe the issue under consideration

- 1.1 On 24 September 2015, it was agreed that the Health and Wellbeing Board would review Primary Care capacity in the borough on an annual basis. This paper provides an update to the Board and describes progress which has been made during the year in meeting capacity demands. It finally describes the required actions for the following year to maintain a proactive approach.
- 1.2 Of particular note is the opening of the Hale Village temporary site in August 2016. At the time of writing this report the practice, which opened with no patients on its list, now has over 800 patients. In addition, Haringey CCG has been provisionally awarded £11.6 million for three estates developments in areas previously identified as having particular capacity needs; Tottenham Hale, Wood Green and Green Lanes. Whilst there is still a long process to successfully access these funds, it is extremely positive for Haringey that provisional approval has been given.

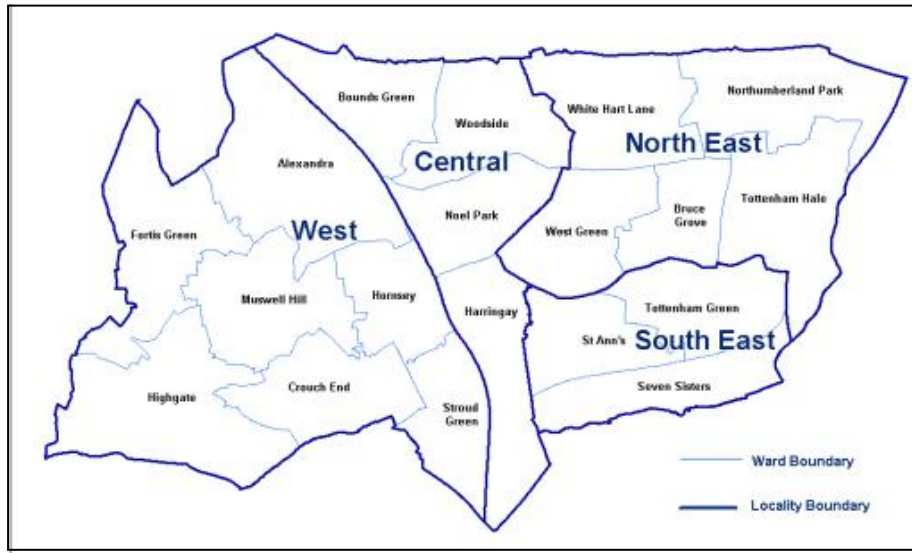
2. Recommendations

- 2.1 That the Health and Wellbeing Board:
- a) Notes and comments on the progress of primary care capacity and developments.
 - b) Provide feedback in relation to the Draft Guiding Principles document.

3. Background

The Area's current need, progress to meet that need and ongoing challenges

- 3.1 This information is described by CCG Collaborative. Wards within each collaborative are shown in the map below (a practice map is included in Appendix 1):



3.2 North East Collaborative

3.3 Current need: there are 10 GP surgeries within the NE collaborative, with a total registered patient list size of 87,432. Of the 10 practices, 8 are rated red/high or amber/significant non-statutory property compliance. Four out of the five wards in the area exceed the average list size (1,800) per GP.

3.4 The Haringey Strategic Development Plan (HSDP) presented to Health and Wellbeing Board in June 2015, identified Tottenham Hale as having a current shortfall of 10.4 GPs (2015 >9,700 patients shortfall) and future shortfall in capacity in 2020 of 17,234 and in 2025 of 19,895. It further identified Northumberland Park as having a current shortfall in capacity of 3850, expanding to 6190 by 2020 and to 17,880 by 2026.

3.5 Other pressures in the system include that Tottenham Health Centre will soon be under a compulsory purchase order which will require a move within the next 5 years. Charlton House has a limited lease (2 years) and will require a move at that time. Dowsett Road's premises are not CQC compliant but it would not be practical or cost effective to improve this small practice.

3.6 Progress and Ongoing Challenges

3.7 Tottenham Hale

3.8 A new zero list practice was opened in Hale Village in August 2016. The practice now has over 800 patients and is continuing to expand. Due to the small list size they currently have limited opening hours but patients are able to access GP appointments at Lawrence House who manage this temporary GP contract. This was agreed as part of the negotiated contract. As the list size increases, the opening hours will be extended.

3.10 The estates and technology transformation fund (ETTF) bid for a new health facility at the Welbourne Centre which would accommodate the temporary practice was provisionally successful. It has the capacity to provide GP provision for up to 20,000 patients and also provide flexible space for a range of health and care services. Funding is currently identified of £3,790,080. All bids are now subject to a lengthy approval process. Quotes have been submitted to NHSE to secure a PID, Outline and Full Business Case writer. At the same time work is progressing with the developer to outline the needs of the site in relation to facilitating a GP practice.

3.10 Northumberland Park

3.11 A partial, shorter term solution for Northumberland Park was an ETTF bid to expand Somerset Gardens Medical Practice. Unfortunately, this was not successful. Discussions have been initiated with the practice to consider other options for progressing the work. Part of the purpose of ETTF bids was to mitigate the ongoing increases to revenue costs for the CCG with new or expanded buildings in order to maximise what is affordable. The next step for the CCG is to consider whether an increase in practice capacity on this site would be affordable in terms of rental reimbursements.

3.12As much of the population increase in Northumberland Park is after 2020, there have been limited plans for future expansion at this stage, however, the CCG is part of discussions with the Tottenham Regeneration Team to ensure that adequate provision for health is part of the planned developments.

3.13South East Collaborative

3.14Current Need: There are 9 practices within this collaborative, with a registered patient list data of 59,411. Of the 9 practices, 8 are in red/high or amber/significant rated properties for non-statutory property compliance, the highest percentage across the four collaboratives at 82%. One of the three wards exceeds the average list size (1,800) per GP.

3.15In addition one small practice has closed, St John's in this financial year and another, Philip Lane, is due to close at the end of the financial year. West Green Surgery is a practice which is expanding quickly and is now struggling with capacity.

3.16Progress and Ongoing Challenges

3.17Two medium sized practices, Chestnuts Park and Laurels came up for re-procurement in the last year and are currently under caretaking arrangements. Both practices are in the same location (Laurels Healthy Living Centre) and, as a result, there is an opportunity to re-procure these 2 practices as one new practice. This

provides an opportunity to secure better use of space and expanded capacity. The new contract will be re-procured in July 2017.

3.18 This area is also likely to benefit from the developments at Tottenham Hale, Wood Green and Green Lanes, described below.

3.19 Central Collaborative

3.20 Current Need: There are 10 practices within this collaborative, with a registered patient list data of 64,725. Of the 10 practices, 7 are in red/high or amber/significant rated properties for non-statutory property compliance. One of the four wards exceeds the average list size (1,800) per GP.

3.21 The HSDP identified that Wood Green/Noel Park had a current shortfall of GP capacity for 5500 patients and expected future shortfall in capacity in 2020 of 11,000 rising to 14,500 in 2025. This did not account for the current practice closures.

3.22 This year, three small practices have closed with a combined list size of c.3500 patients with another of c.2000 patients considering their future options as they have outgrown the current premises. The West Green Surgery is also close to Green Lanes. On the north side of the area one branch practice has requested closure due to the challenges of managing a small site. Westbury Medical Centre is experiencing lease issues and has been considering options to relocate.

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

3.24 Progress and Ongoing Challenges

3.25 The ETTF bid for a new health facility on the Hawes and Curtis site was provisionally successful. This can provide capacity for around 15,000 patients but would also accommodate a current practice list. Funding is currently identified of £2,683,676 but is subject to the approval processes described above.

3.26 An additional ETTF bid for the Iceland site in Wood Green was also successful to the value of £5,161,200 which can provide GP provision for around 15,000 patients.

3.27 Two improvement grants, supported by the CCG, were submitted to expand the capacity of Hornsey Park surgery by 1 consulting room and Bounds Green Group Practice by 3 consulting rooms. The CCG is awaiting the outcome of these bids.

3.28 The ETTF bid for Westbury Medical Centre to move to Waltheof Gardens was not successful. Work is now ongoing to consider whether this move can be supported without ETTF funding.

3.29 West Collaborative

3.30 Current Need: There are 11 practices within this collaborative, with a registered patient list data of 85,100. Of the 11 practices, 8 are in red/high or amber/significant rated properties for non-statutory property compliance. Across the seven wards within the west collaborative there is a planned 5,785 population increase from 2011 – 2026. However, there is a modern, fit-for-purpose LIFT development at Hornsey Central Neighbourhood Health Centre, located in Muswell Hill ward; the site of the second highest population increase within this Collaborative.

3.31 In Muswell Hill, there are current capacity challenges and the population is understood to be likely to increase by at least 2000 in the next few years. There are 3 practices which are wishing to merge, with 2 of these who may choose to retire with their buildings going out of the system within the next 5 years. No site has currently been confirmed for the potential merger and expansion which would need to accommodate at least 25,000 patients.

3.32 A small practice has closed in Crouch End and another has expressed a wish to retire, however this area currently has adequate capacity and it is likely that these practices would not be re-procured as individual practices.

3.33 Progress and Ongoing Challenges

The ETTF bid for a site at Muswell Hill was not successful. Ongoing work is now required with the council to identify an appropriate site and consider what would be financial viable.

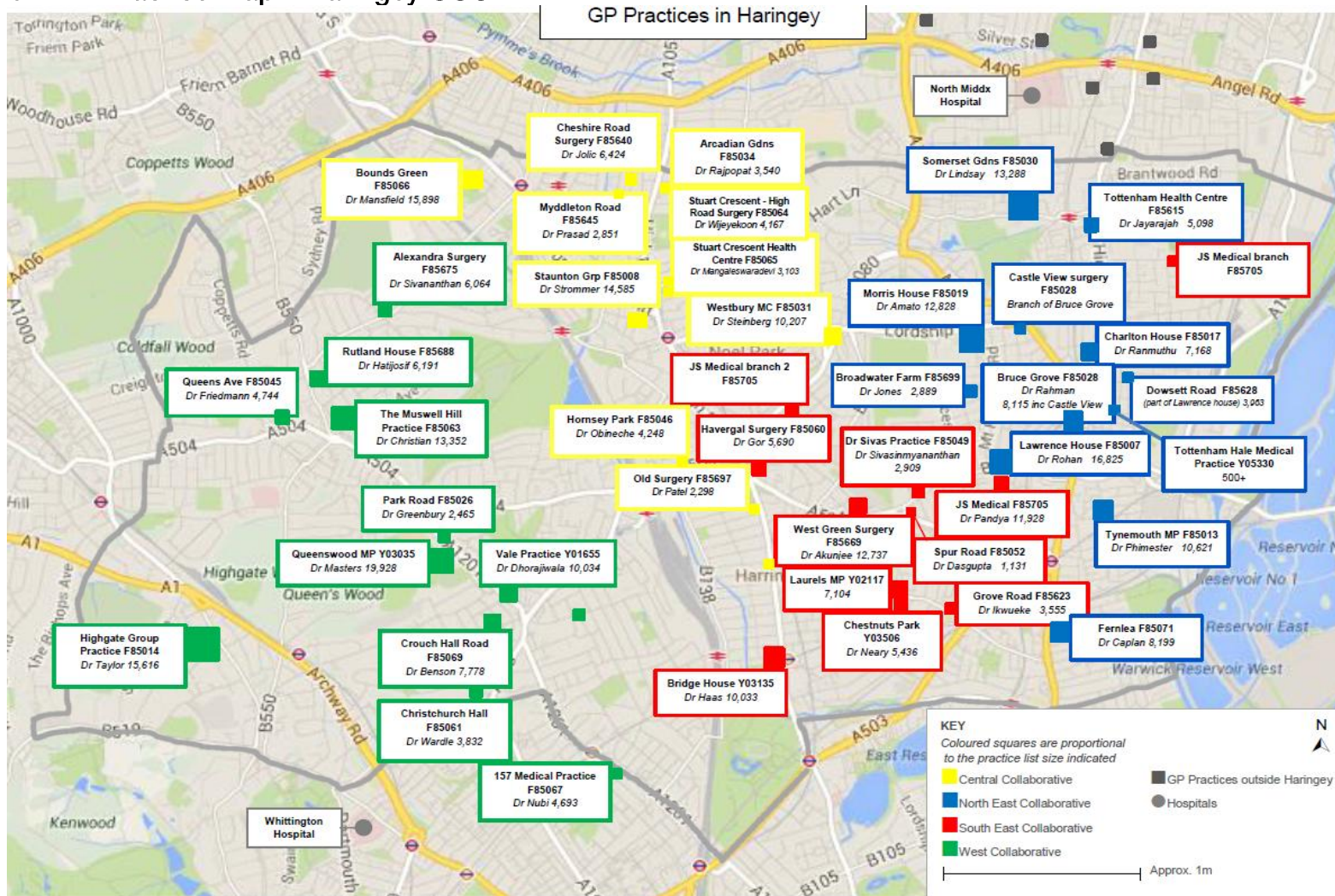
4 Other ongoing work

4.1 As part of the successful bids which were submitted by Haringey CCG, it is now necessary to conduct a process to identify which practices will move into new sites. These GPs will also need to support the design process. A draft document is attached in Appendix 2 which describes the principles considered when prioritising practice developments. This includes a description of the sort of practice which would be likely to be successful in moving into a site. It is important to note that these are guiding principles rather than firm rules and will help secure the best type of premises for Haringey with the most sustainable practices working within them. This draft document has been discussed with local GPs and will be subject to further community engagement. HWBB are asked to comment on these principles and provide any comments.

5 Timings

5.1 It is proposed that Primary Care Estates work continues to be reviewed annually by the Health and Wellbeing Board.

Appendix 1 – Practice Map – Haringey CCG



November 2016

Appendix 2 – Guiding Principles for Premises Development Draft

Haringey CCG is committed to ensuring that every patient has access to high quality primary care. In order to achieve this we believe that it is necessary to support the further development of larger practices which can offer a range of services provided by a group of clinicians with different skills. This document describes the type of estate which Haringey CCG proposes to prioritise for premises development and the sort of practice which is most likely to be able to support for Primary Care provision as part of the Primary Care Estates Strategy.

- A building which is fit for purpose as set out in CQC guidance (including fully DDA compliant). This is likely to be purpose built. New estate would not be supported in a converted terraced house.
- A building that meets a specific need (significant improvement from existing estate or supports development of a strategic goal, such as multidisciplinary working, at scale service provision, offering a wider range of services) or meets a capacity need in the local area, including where there are new housing developments.
- The building is in a location that is well served for transport (described as having a high PTAL score)
- The building is of an appropriate size to house a 'viable' practice. A viable practice is defined as:
 - A practice (or combined merged practices) going into a new building should have or be actively moving towards a list size of at least 6,000 patients.¹
 - Where more than one practice plans to move into a new site, they would become a single practice.²
 - A practice which is able to demonstrate positive patient experience, GP Outcome Standards and meeting CQC standards, and is able to demonstrate a positive approach to making improvements.
 - A group practice: to reduce the risk of retirement leading to practice closure and ensuring continuity of patient care.
 - A practice able to deliver a range of services consistent with the STP Vision
 - A training practice or actively moving towards being a training practice
- The building is able to accommodate new ways of working including 7 days 8am-8pm, offering a range of services and a flexible use of space.
- The building is in a location which maintains or increases the number of patients who have a practice within a reasonable distance from their house. It is recognised that a reasonable distance may be different for the area under consideration, but at the least, it should be within a mile and require only an easy travel journey on one mode of

¹ A 6,000 list size is the figure used by NHS England in their standard London APMS contract to denote financial viability

² Where contractual rules prevent two contracts being formally merged – practices would operate as one practice, having one staff team, one reception and one waiting room etc.

transport. Consideration would be given to shorter distances for areas of high deprivation (IMD score within highest 20% nationally).