

<b>REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION</b>		
<b>GP and Primary Care Premises Review</b>	Classification <b>Public</b>	Enclosures <b>Appendix 1</b>
	Ward(s) affected <b>All</b>	
Overview and Scrutiny Board 14 <sup>th</sup> March 2007		

**1. FOREWORD BY THE CHAIR OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION: COUNCILLOR PATRICK VERNON**

The Health in Hackney Scrutiny Commission has over the last four years successfully undertaken a range of reviews such as considering Sexual Health Services and Coronary Heart Disease. The Commission has played an influential role analysing the evidence and providing recommendations to the Council, local NHS Health Trusts and stakeholders that are represented at Team Hackney particular on public health and health inequalities.

The review of the future development proposals of GP premises has been one of considerable interest and has been challenging to scrutinise on many levels. We hope our recommendations will be considered seriously by the City and Hackney Teaching Primary Care Trust, Hackney Council, Homerton Hospital NHS Foundation Trust as we believe that we have engaged and listened to the views of the health professionals, patients, community organisations, elected representatives and officers.

Our focus as a Commission in this exercise has been to examine the future location and delivery of primary health care services and whether this will meet the needs of the growing and cultural diverse population for the next 15 to 20 years.

The plans of CHtPCT are ambitious and forward thinking, however they need to be considered in the context of the Council's plans around 'Service First' and Team Hackney's 'Public Sector Promise' where the public sector will share, co locate services and jointly commission services. In addition, the Commission considered CHtPCT's plans taking account of the possible opportunities from the Olympics, regeneration and neighbourhood developments in Hackney over the next several years.

Changes in the delivery of health care are always potentially challenging and may appear threatening particularly for older people, families with young children and individuals who have long term conditions especially people who have developed a relationship with the GP and the practice staff over years.

It's important that the patient and doctor relationship is not undermined but enhanced as part of CHtPCT's proposals around accessibility of services and transportation links. In addition, we want to ensure that our local hospital service will continue to deliver excellent clinical services as part of the local health economy. Thus ongoing dialogue and communication between the health sector,

patients and the public will be important if we are going to provide this with the confidence that primary care services will continue to improve in the future.

Finally, we support the work towards a locally delivered health service which young people can engage with as they will be the future beneficiaries of CHtPCT's plans to be Bigger Brighter Better.

On behalf of Members of the Commission I would like to thank officers from the Council, CHtPCT, The Learning Trust, Homerton Hospital, practice staff and community organisations for their support in providing information and evidence. We appreciate the honest and open feedback about your concerns and aspirations regarding the future of primary care premises.

## **2. INTRODUCTION**

**2.1** The Health in Hackney Scrutiny Commission were approached by the City and Hackney Teaching Primary Care Trust (CHtPCT) to fulfil its role as a statutory consultee in relation to its already planned consultation on GP and Primary Care Premises. In addition to fulfilling such a role Members believed that they could undertake a more substantive piece of work which could assist and support the PCT in delivering a more effective strategy.

The Government (Department of Health, DOH) conducted a consultation to ascertain public views about how improvements could be made to their local health services. Following this consultation a White paper was published called 'Our health, our care, our say'. The White paper recognised the NHS and Social Care Services should work more closely together and identified how delivery of these services could be adapted to provide individuals with the health and social care services they need closer to their homes by shifting focus from acute hospital care to preventative services to help reduce the effects of ill health.

From the formation of the strategy and implicit to their participation in the consultation exercise the Health in Hackney Scrutiny Commission has sought to support the PCT by capturing the views and helping to voice and reflect the concerns of the community to as to ensure the policies and services implemented meet the needs of the people in Hackney.

**2.2** As a result of such initiatives (DoH) there is an onus on Primary Care Trusts (PCT) to develop strategic delivery plans which will better support the required flexible accommodation necessary for the successful implementation of multi-disciplinary working.

The Government expects to see a shift in focus from hospital care to preventative services, health promotion and treatment in community settings. This will be achieved through delivery of more health services in the community and making services more accessible to local people. The healthcare services provided are expected to not just focus on health but have more co-location of partner' services, for example, the inclusion of Social Services, Community Nurses and Pharmacists. Such changes would see other health professionals like Physiotherapists or Community Nurses and experienced Clinicians, including those patients currently seen in a hospital, bringing their service to the patient

instead of the patient going to the hospital. Services provided will all need to meet the same quality standards as hospital services.

Implicit in responding to such challenges are the need for the PCT and its partners to develop the core essentials enquired for effective joint working between statutory agencies and the need for joint development of appropriate infrastructure and identification of appropriate space for the provision of such services.

Approximately 270,000 citizens live in Hackney and the City and the population is expected to increase in the future, especially when considering the pending Olympic Games development and the East Thames corridor.

The CHtPCT is responsible for ensuring the right amount; range and quality of services are available to meet the needs of the local people in Hackney. Following the publication of the White Paper 'Our health, our care, our say' the CHtPCT reviewed the current health services for primary and secondary healthcare and formulated a strategy which they consider would best meet the needs of the local community in Hackney – it is this vision that is now being consulted upon

- 2.3** The GP and Primary Care Premises consultation aimed to not only review services moving into primary care but also to review the premises and establish if the services proposed for transition can be effectively provided in current buildings or if there was a need to relocate. Such work is being undertaken in the presumption that the premises required to implement the vision need to be larger, better equipped and able to welcome and serve more people.

The CHtPCT recognise the importance of hospital care in providing a key part of local healthcare services, but it should be accepted that many people no longer need their care to be provided in a hospital. Therefore this consultation was not just about the services being provided by GPs but sought to also establish the services which can realistically be delivered. CHtPCT has an aim that effective service provision in the future will not be delivered by GPs working alone but as part of a local team; albeit with examples of independent working continuing but with higher levels of inter-working underpinned and supported by sharing the same building.

Throughout the review the Commission has sought to understand challenges facing CHtPCT, the services included within the consultation and the premises. In addition to the wider NHS agenda and the recent financial constraints facing all health bodies in London.

For this review into the GP and Primary Care Premises Strategy the Health in Hackney Commission met five times between September 2006 and January 2007 and conducted a number of site visits to 10 GP Surgeries seeing premises described as 'ideal to not suitable' and heard views from a number of GPs affected by the proposals.

## **2.4 The Terms of reference for the Commission's investigation were:**

Review of the services offered, available and promoted, within the Hackney area, in relation to the provision, location and population coverage of Primary Care and GP premises and assessing their impact upon the local populations';

- Health and well-being,
- Social care

Establishing ways in which the Council and its statutory partners might better act to support the development of policies, practices and strategies which embed and support the development of the inter-agency working resulting in the enhancement of local infrastructure delivering shared outcomes.

In considering such issues the Commission will take into account the following themes;

- Workforce and service development
- Equality and Diversity
- Community and patient Involvement

### 3. SUMMARY & RECOMMENDATIONS

In conducting this Scrutiny Investigation the Health in Hackney Scrutiny Commission heard from a number of partner organisations as well as the PCT itself in order to hear a variety of view points on the proposals, the challenges faced and issues to be considered. Members were conscious of the need to get out of the Town Hall and better understand the issues of specific locations and ensure the views of the residents were adequately captured.

As a result of such aims the Commission visited a number of GP premises; the premises chosen reflected a range of examples from future model premises for size and capacity of services and patient size to premises considered not suitable for basic General Medical Service (GMS)

Throughout the course of its evidence gathering the commission felt it was important to reflect a number of priority areas in its work; such as

- Patient and Public engagement and involvement
- Diversity
- Workforce – staff structure, more GPs etc.

This Commission recommends;

#### **Recommendation 1**

During the course of its investigation the Commission heard some concerns relating to the Government desire to see the major shift in care from secondary to primary care as encapsulated by CHtPCT's proposals. An argument can be made that more evidence is required to establish the real impact on services and how such changes would be communicated to the local population. As part of such challenges the Commission believes that the following areas require consideration:-

- effective promotion of the range of services offered by practices;
- staff development and training;
- sufficient staff levels and expertise
- meeting the work needs following expansion of services

#### ***Recommendation***

**The Commission seeks assurances from CHtPCT that standards of secondary care services delivered in the Resource Centres will match those currently provided within a hospital setting. The Commission wishes to see the development of a clear communication strategy to reach all communities regarding the proposed services alterations including clear, targeted and published implementation time-scales.**

**The Commission wants to be advised by June 2007 how this will be achieved.**

## **Recommendation 2**

Taking into account competing demands in health services, the need to modernise premises and finding space in a densely populated area like Hackney. The Commission heard during its primary care site visits to GP practices a number of staff express concern regarding CHtPCT proposals for relocation to the Resource Centre. The Commission recognises the critical importance of the inter relationship between the patient and the GP and believes the positive aspects of this relationship must be captured and not reduced or eroded as part of modernisation of delivery of primary care in Hackney.

### ***Recommendation***

**The Commission recognises it is difficult to establish a balance of where premises should be located; but believes when relocation is identified CHtPCT has an obligation to ensure rigorous and comprehensive communication is undertaken with both GPs and practice population.**

**The Commission wants to be advised by June 2007 how CHtPCT will achieve this.**

## **Recommendation 3**

CHtPCT have undertaken public consultation with a wide range of stakeholders on their plans and proposals which the Commission applauds. However the Commission believes such an approach must be sustained and should be part of an ongoing process and continued dialogue. CHtPCT should, either through its 'premises strategy' special project group or through the proposed LINKs service or a user/community forum (e.g. patient forum groups), establish what they consider to be the most appropriate mechanisms for this to happen.

### ***Recommendation***

**a) The proposed LINKs service and other mechanisms (e.g. patient forum groups) relating to the patient and community involvement agenda should be supported and used effectively as part of every consultation process conducted by CHtPCT. The Commission wishes to be advised how CHtPCT will engage with patients and the community.**

**b) The Commission recognises the role the Local Authority has in establishing the LINKs service, and wish to be advised by September 2007 how and when LINKs will be established by LBH.**

## **Recommendation 4**

The Commission throughout the course of this consultation coupled with feedback from estate committees and neighbourhood forums heard concerns regarding CHtPCT plans that the nearest practice will be located within 20 minutes of a patient's home. In light of Hackney's demographics including a large number of families and elderly people and in addition to low levels of car ownership Health in

Hackney believes greater consideration is required to ensure new premises are accessible. The Commission notes CHtPCT intend to carry out further detailed analysis about distances of premises in relation to intended new provisions.

***Recommendation***

**The Commission believes the premises need to be accessible and where ever possible the distance travelled should be within a walking distance comparable to the current location of the existing GP practices.**

**The Commission request CHtPCT advise by June 2007 on the results of this detailed analysis.**

**Recommendation 5**

The Commission heard about NHS LIFT arrangements and how they will provide assistance to the GP and Primary Care Premises Proposals. The Commission also noted from site visits the concerns raised by staff about the lack of consultation with them concerning the design or refurbishment of the premises highlighting their views about appropriate facility layout etc was not sought and should be. The Commission recognises consultation is carried out by the health trust responsible for the development. It remains unclear if and how this information is translated to requirements planned upon the LIFT Company developing the scheme. The Commission believes the views of the local community and stakeholders most impacted by the development are important. The Commission intends to explore further with local partners and neighbouring boroughs how and if such matters are communicated when commissioning LIFT arrangements.

***Recommendation***

**The Commission propose to work with the LBH Cabinet to ensure community views obtained through consultation conducted by health trusts are reflected in commissioned LIFT projects.**

**The Commission propose LIFT and CHtPCT working practices (project planning working group) ensure the views of patients captured through consultation are taken into account when designing premises.**

**Recommendation 6**

During its review the Commission heard from LBH Neighbourhood and Regeneration - Planning how the Planning Obligation 106 Supplementary Planning Document (SPD) could be used to provide funds from section 106 (s106) payments to support the development of premises for community provisions such as new health centres or large multi purpose premises. However it was felt more evidence would be required concerning CHtPCTs 'premises strategy' to establish whether and how to match the Planning Obligation 106 SPD criteria to maximise possible funding assistance.

***Recommendation***

**The Commission believes LBH Planning should provide CHtPCT with designated planning advice to assist with the provisions of community**

**facilities. The Commission wishes to hear from the Directorate of Neighbourhoods and Regeneration how it will work in partnership with CHtPCT to access funding assistance from s106 payments to assist with development of health service provisions.**

**The Commission wants to be advised by June 2007 how this will be achieved.**

### **Recommendation 7**

The Commission heard how the aspiration of LBH's Service First initiative is to act as a doorway to public services in Hackney. The Service First strategy aims to deliver high quality services focused around the needs of the customers. Providing staff equipped with the managerial, technical and professional skills, and the knowledge needed to be able to help people distinguish between primary health care and social care. Service First has started a dialogue with CHtPCT about co-location of staff especially jointly appointed positions within the major premises development planned under the Service First Project. Further discussions are pending subject to the reorganisation of the London Strategic Health Authority and the impact on PCTs. Such work coupled with the long term aspirations of Team Hackney's 'Public Sector Promise' for co-location of services (with partner organisations) and the Mayor's priorities.

#### ***Recommendation***

**In light of LBH's 'Service First' initiative the Commission believes significant potential exists for integration and development of shared services (public health commissioning, back office, customer interface, co-location and information sharing). The Commission recommends the plans for the implementation of Service First either be developed to implicitly include joint working between Team Hackney statutory agencies or Members be advised via another means by the Cabinet Member for Community Services and Customer and Corporate Services; how and when and by whom such matters will be tackled.**

**The Commission wants to be advised by September 2007 how this will be achieved.**

### **Recommendation 8**

The investigation highlighted that joint working groups had been established and was operating between LBH and CHtPCT regarding property and premises. The Commission commends such working arrangements and hopes consideration would be given to maximising opportunities presented, for example, from the pending Olympic Games and Woodberry Down Regeneration developments. However the Commission acknowledged the conflicting views from partners about the operation of these joint working groups.

#### ***Recommendation***

- a) **The Commission request LBH Community Services, Customer and Corporate Services and Neighbourhoods and Regeneration Directorates in partnership with CHtPCT review the design and**

**planning proposals for all appropriate regeneration schemes so as to identify opportunities for service provision co-location and joint working.**

**The Commission wants to be advised by June 2007 how this will be achieved.**

- b) The Commission wishes to receive confirmation from LBH Neighbourhood and Regeneration, The learning Trust (TLT) and CHtPCT the working groups are fully operational and meet regularly.**

**The Commission wants to be advised by June 2007.**

### **Recommendation 9**

Evidence submitted to the Commission aired concerns that premises and services operated and delivered by the CHtPCT need to be reflective and responsive to the local population and the growing ethnic, cultural and faith dimensions implicit there in.

#### ***Recommendation***

- a) The Commission believes that appropriate LBH Directorates (Neighbourhoods & Regeneration) should carry out an health impact assessment and liaise with CHtPCT in order to support and ensure that CHtPCTs 'premises strategy' is strengthened so that it clearly reflects the possibilities of changes in Hackney's demographic and health make up.**
- b) The Commission would wish to see CHtPCT conduct an equality impact assessment undertaken as part of the development and implementation for service expansion.**
- c) The Commission wishes to receive an undertaking from CHtPCT that it will facilitate the implementation of training relating to cultural sensitivities and race/faith awareness for reception and administrative staff so that they may have a better understanding of the patients they serve.**

### **Recommendation 10**

The Commission considered a wide range of initiatives being under taken within the borough relating to Children and Young People Services including the development of four new schools and the development of a number of Children Centres which have the potential to bring local services together through co-location and joint service development. The Commission also heard from the BSF project who advised the delivery of integrated services was not included in the plans and would require separate investment to be identified.

#### ***Recommendation***

**LBH Children and Young People Services Directorate meet with CHtPCT in order to explore how its 'premises strategy' maybe fully integrated and the**

**potential realised of the present unique opportunity offered via the development of:-**

- **Children Centres**
- **Building Schools for the Future Project**
- **Academy Schools**

**The Commission acknowledges all these projects have financial constraints however missing the opportunity for development and delivery of integrated and co-located services is a wasted opportunity; it is therefore imperative CHtPCT is given every opportunity to tackle the boroughs health needs in partnership and in tandem with such projects.**

**The Commission wishes to be advised by LBH Directorate Children and Young People Services and the Borough's Chief Education Officer by June 2007 of the results of such discussions.**

### **Recommendation 11**

An argument can be made that more evidence is required to establish the real impact on acute services and how such changes would be communicated to the local population. As part of such challenges the Commission believes that the following areas require consideration:-

- effective promotion of the range of services offered by practices;
- staff development and training;
- sufficient staff levels and expertise
- meeting the work needs following expansion of services

### ***Recommendation***

**The Commission wishes to be advised by the Homerton Hospital of an assessment of how the proposals will impact on acute secondary services provision after implementation of CHtPCT's proposals and how they will manage such challenges. The Commission believes development of a clear communication strategy to reach all communities regarding the service provision would be appropriate.**

**The Commission request the Homerton Foundation Trust present this information to the Commission by June 2007**

### **Recommendation 12**

Based on visits to a number of GPs premises Commission Members became aware of concerns relating to the apparent varying quality of standards in the GP and primary care premises. In light of the drive for increased standards of hospital cleanliness (MRSA etc) the Commission believes that CHtPCT should champion a similar focus in relation to its primary care premises particularly when considering proposals for the delivery of more secondary care and specialist services in the community. The Commission understands CHtPCT may not have complete control of all cleaning contracts for GP premises, but hopes CHtPCT will take the

lead in setting the standards for primary care hygiene equivalent to that found in hospitals.

***Recommendation***

**The Commission requests CHtPCT should seek to facilitate the immediate review of cleaning services contracts for primary care premises and develop protocols and systematic monitoring records to ensure the cleanliness, hygiene and patient safety is equivalent to the minimum or higher standard applicable to acute trusts.**

**The Commission wants to be advised by September 2007 how this will be achieved.**

**Recommendation 13**

The Commission recognises the long term government objective for community group integration to be realised through the increased use of the English Language. Taking into account the current financial situation of CHtPCT the Commission is mindful of the need to ensure the continual improvement of translation and interpretation services, in particular for designated community languages and advocacy services for refugee and disabled people.

***Recommendation***

**As part of the drive for increased accessibility through development of the new Resource Centres, the Commission believes that resources and joint working arrangements for advocacy, translation and interpretation services should be reviewed to ensure that excluded communities have greater access as is intended.**

**The Commission wants to be advised by September 2007 how this will be achieved.**

**Recommendation 14**

Members felt it would be useful to see examples of premises determined by CHtPCT to be suitable and unsuitable and also wanted to ascertain the views of GPs and staff. During the investigation Members undertook GP site visits and asked the GP and staff available about their views on CHtPCTs proposals for each site. CHtPCT advised they had received a petition in support of (disagreement to the proposals for a specific premises) the views expressed by Trowbridge Practice GP and Councillor Maureen Middleton. The Commission felt it would be beneficial to monitor the final decision made in relation to Trowbridge Practice.

***Recommendation***

**The Commission request CHtPCT advise the Commission by no later than September 2007 of the decision taken about the currently proposed relocation of Trowbridge Practice.**

### **Recommendation 15**

The Commission heard in evidence received from CHtPCT one of the reasons for the proposed modernisation and improvement of services provided to the community is the potential for enhanced quality of service provided.

The GP site visits highlighted to the Commission concerns relating to the adequacy of assessments for patient and staff safety such matters were raised relating to new premise developments, however such issues would be relevant for all properties covered by CHtPCTs 'premises strategy'. The Commission believes all aspects of community safety for patients and staff should be considered when designing and planning health service provision.

Such issues are of heightened importance when considering it is hoped that the 'premises strategy will maximise opening hours and flexibility of appointments offered to patients.

#### ***Recommendation***

- a) **The Commission seeks assurance from CHtPCT that appropriate risk assessments for all premises covered by its 'premises strategy' are and will be undertaken and that such matters are given consideration by Neighbourhoods and Regeneration Directorate when developing the borough's major and over arching regeneration schemes.**

**The Commission believes such work will be enhanced through continued joint working between CHtPCT and the Metropolitan Police when conducting risk assessments for premises.**

- b) **Matters of staff and patient welfare and safety become all the more pronounced when considering Walk in Centre model and purpose built premises included in regeneration programmes. Therefore the Commission recommends that all parties consider locating facilities of this nature in a prime location within the regeneration area, so that access may be maximised and wishes to be advised how LBH Planning policies may be amended to both reflect and promote this.**

### **Recommendation 16**

Following its investigation the Commission felt CHtPCTs proposals in relation to the move of services from secondary care to primary care should be reflected in the commissioning strategy 2008/09 for CHtPCT and the Homerton Hospital. The Commission felt clarification of the impact of the proposals on the workforce should be outlined by both health trusts in their Commissioning Strategy; which in 2006/07 was presented by CHtPCT to Health in Hackney Scrutiny Commission.

***Recommendation***

- a) **CHtPCT 2008/09 Commissioning Strategy should explicitly take into account timescales and implications of the move of services from secondary to primary care.**
- b) **The Homerton Hospital should explicitly detail service provisions and timescales for implementation of changes to the acute trust.**
- c) **The Commission wishes to see details of workforce implications included in CHtPCTs commissioning strategy and Homerton's appropriate service plan for 2008/09.**

**Recommendation 17**

The Commission recognises accessibility is a major issue which may be alleviated through effective provision of public transport. CHtPCT cannot solve these issues alone. Greater consideration and planning is required to establish how the provisions of new and additional transport links possibly including bus routes might assist the local population particularly for the elderly and young families. In light of the issues raised around public transport consideration should also be given to opportunities to promote and use cycle routes, walking and car sharing opportunities.

***Recommendation***

**CHtPCT, Homerton and LBH together explore with Transport for London (TFL) and Community Transport how such challenges maybe resolved. The Commission believes the provision of a Hopper bus service may be one such approach.**

**The Commission wants to be advised by LBH Directorate Neighbourhoods and Regeneration in June 2007 how this will be achieved.**

**Recommendation 18**

During the review the Commission noted CHtPCT were aware that some people have difficulty getting on a GP practice list and it is hoped this strategy will do two things:

- Alleviate pressures on GP lists by increasing the number of GPs and creating the potential for GPs to take on new patients.
- If fully realised the 'premises strategy' will result in more than one GP practice covering a patient's street, offering patients a real choice.

The Commission expect CHtPCT to undertake a GP list rationalisation and transition activity. Members felt patients needed to be guaranteed a place at the new location of their GP practice (if moved) if desired. However it was felt CHtPCT need to ensure patients will be provided with support to obtain a place on a GP list if they prefer not to move to the new location i.e. patient is allowed to list break and not be left to fend for themselves.

***Recommendation***

**The Commission wishes to receive an undertaking that CHtPCT guarantee all patients who wish to transfer with their GP to the new location can do so. Patients who do not wish to transfer to the new location receive designated assistance from CHtPCT to obtain registration with a new GP.**

## 4 FINANCIAL COMMENTS

A number of the recommendations contained within this report may have a financial impact on the Council but at this stage the impact is not known.

The Commission has requested that it be advised of how the agencies will take forward their recommendations and for those affecting Council department's consideration of the financial implications will be carried out in the report back to the Commission.

## 5 COMMENTS OF THE MONITORING OFFICER

- 5.1 The Report before members details the Health in Hackney Scrutiny Commission statutory response to City and Hackney Teaching Primary Care Trust proposals to review GP and Primary Care Premises in the Borough. The Report also goes wider than its statutory remit by considering the Government Proposals detailed in the White Paper "Our Health, our care, our say, a New Direction in Community Services" published by the Department of health in 2006.
- 5.2 The White Paper issued by the Department of Health in 2006 aims to reform and improve community services to create health and social care services which focus on prevention and promoting health and well being. The strategy supports the delivery of care in more local settings to deliver services which are integrated and responsive to peoples' needs and wishes. The widening of this review by the Commission to take into account the Government proposals in the White Paper which in due course will become new legislation will support CHtPCT and Council to fulfil responsibilities which may become law in the future.
- 5.3 **Legislative Framework**  
The Local Authority (Overview and Scrutiny Committee Health functions) Regulation 2002 provide that an Overview and Scrutiny Committee may review and scrutinise matters relating to the planning, provision and operation of health services in the area and make recommendations to local NHS bodies.
- 5.4 Regulation 4 provides that where a local NHS body are considering any proposal for a substantial development of the health service in the area of a local authority or for a substantial variation in the provision of service, it must consult the Overview and Scrutiny Committee of that authority.
- 5.5 In accordance with the regulations, following consideration of this Report by the Commission, the CHtPCT or any other local NHS body to whom the Report has made recommendations must respond in writing to the Commission within 28 days of the request.
- 5.6 As the recommendations contained within this Report go wider than the statutory requirements for the review, the Commission have detailed a timescale for a response by the various statutory agencies

## 6 FINDINGS

### 6.1 Proposals

6.1.1 The CHtPCT's strategy aims to provide modern surgeries and health centres to improve access to GPs and the range of primary health care services. The strategic intent proposes the enhancement for local provisions and bringing together GP's serving the locality with improved capacity to deliver a range of treatment and service options. As such the proposals brought before the Commission explore the opportunities for providing expanded community services from GP premises, and specially designed premises with good quality facilities, housing a range of different services at one premise. The CHtPCT also want to develop one stop healthcare centres called Primary Resource Centre. They plan to have four large Primary Care Resource Centres in the borough one in each 'patch' or neighbourhood i.e. North East, North West, South East and South West. Two of the Resource Centres will house specialist diagnostic and treatment centres which will be run by the NHS and the independent sector working together. It is proposed to have two specialist Resource Centres one will be based in the north the other in the south of the borough. It is anticipated that the premises will offer services like X-ray, ultra sound scans for pregnant mothers, cardiograms for patients with heart complaints as well as hearing assessments for children and adults. These proposed Primary Resource Centres will:

- house a number of GPs, Dental Practices Community Nurses etc;
- provide walk-in services for people with no GP
- Offer diagnosis, advice and treatment for conditions managed previously at hospitals such as blood clotting disorders,
- Provide service for those with skin complaints, back and joint pains and ante-natal care with specialist midwifery services.
- Providing specialist dental treatment from within the community.

#### ***Recommendation one***

**The Commission seeks assurances from CHtPCT that standards of secondary care services delivered in the Resource Centres will match those currently provided within a hospital setting. The Commission wishes to see the development of a clear communication strategy to reach all communities regarding the proposed services alterations including clear, targeted and published implementation time-scales.**

**The Commission wants to be advised by June 2007 how this will be achieved.**

6.1.2 There are currently 49 GP practices operating from 46 premises in City and Hackney area. At present four premises accommodate a total of 12 practices, the CHtPCT consider such practices co-location to be model premises arrangements for future provision within the borough. If extrapolated such a presumption would see Hackney move from having 50 premises to approximately just over 30 premises.

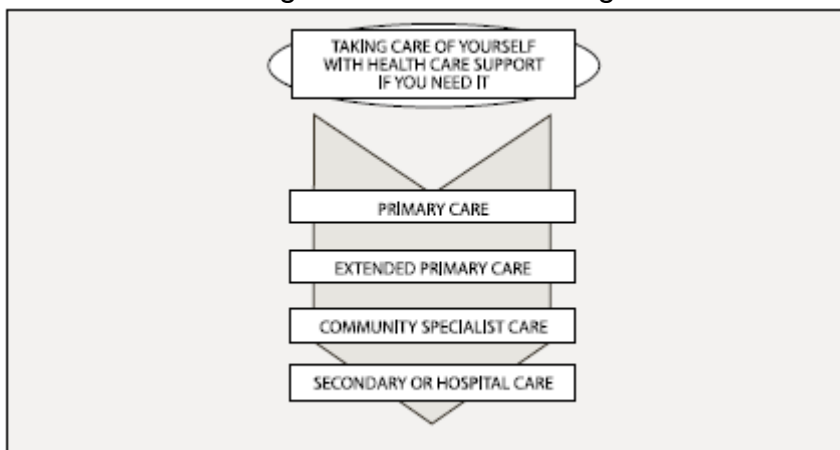
In order to achieve this, the CHtPCT aim to either improve existing premises or move practices to new premises nearby. In some cases proposals have been made to relocate to premises more than 100 metres away from the old premises. 12 practices out of 49 were identified as being involved in a 'significant relocation'.

### ***Recommendation two***

**The Commission recognises it is difficult to establish a balance of where premises should be located; but believes when relocation is identified CHtPCT has an obligation to ensure rigorous and comprehensive communication is undertaken with both GPs and practice population.**

**The Commission wants to be advised by June 2007 how CHtPCT will achieve this.**

The Commission felt considering the patient's journey to a service and the corresponding accessibility was paramount to its review and enabled Members to consider the needs of the patient overall and not just the point of service delivery. The diagram below is a visual illustration of a patient's journey from the first point of contact and seeking treatment to obtaining care.



CHtPCT advised the Commission they had held various public consultation meetings as follows:-

- Eight public meetings
- 4 Neighbourhood Committee/Forums
- Older People Reference Group
- Disability Forum
- Black and Ethnic Minority Working Group
- Meetings with various community groups – e.g. voluntary organisations, Orthodox Jewish community and Turkish and Kurdish Community association.

In addition the CHtPCT held meetings with key stakeholders as follows:-

- Homerton Board of Governors
- Patch-based meetings for GPs and Pharmacists to discuss key issues and specific projects
- Local Medical Committee
- Local Pharmaceutical Committee

- Local Dental Committee
- Local Optometric committee

### ***Recommendation three***

- **The proposed LINKs service and other mechanisms (e.g. patient forum groups) relating to the patient and community involvement agenda should be supported and used effectively as part of every consultation process conducted by CHtPCT. The Commission wishes to be advised how CHtPCT will engage with patients and the community.**
- **The Commission recognises the role the Local Authority has in establishing the LINKs service, and wish to be advised by September 2007 how and when LINKs will be established by LBH.**

## **6.2 Premises**

For the desired provision of community healthcare services to be implemented successfully, the CHtPCT need to identify and operate premises that can accommodate the wider range of services, as previously referred to and fit for meeting the demands of modern health care. Correspondingly it is therefore evident that the biggest challenge for the CHtPCT is identifying and developing suitable premises in Hackney.

Prior to consulting on its strategy intentions the Commission was advised that CHtPCT undertook assessments on the current range of premises against a virtual portfolio that it believes would be required to ensure the provision of modern approaches as outlined above and through such an assessment have determined that over half the premises would fall short of the required standard. Some premises were not up to the national standards i.e. no disability access and so therefore need to be closed and services relocated to alternative premises.

In considering the future means for delivery of local healthcare and how best to meet those challenges identified, the CHtPCT also need to ensure that their proposals take into account GPs and Pharmacists who have invested their own funds into setting up their surgery or shop. E.g. Pharmacists may have chosen their site because it is near a GP surgery and if the surgery is relocated it could mean they face loss of revenue to their business. The challenges CHtPCT face are not easy to resolve, however just as with every large operation the retention of valued staff and people who understand local circumstances is crucial. The Commission is therefore of the view that impact of the proposals on the workforce should be outlined by CHtPCT in their commissioning strategy.

## **6.3 Access**

CHtPCT propose premises identified as requiring relocation will be relocated to a premises within a 20 minutes walk from the patient's home. CHtPCT are currently consulting with GPs and patients about proposals for premises highlighted for possible relocation. In their consultation CHtPCT requested consideration be given to travelling further if the patient would be able to access, for example,

additional services and longer opening hours and hoped this might compensate for the inconvenience of travelling further.

Concerns were raised during the Commission meetings and from various other consultation meetings (CHtPCT operated) about such proposals. It was felt that potentially 20 minutes walk was too long for some patients and little provision or consideration had been given to the ability of the elderly, very sick, mothers with young children and disabled people getting to a premises based approximately 20 minutes walk away. However whilst sympathetic to individual circumstances the Commission is aware of the competing, and often difficult to reconcile, demands CHtPCT face in such a rationalisation exercise. However in supporting the direction and ambition set out by CHtPCT the Commission does not believe that a potentially small number of individual cases should be allowed to impede the longer term benefits for the whole community.

#### ***Recommendation four***

**The Commission believes the premises need to be accessible and where ever possible the distance travelled should be within a walking distance comparable to the current location of the existing GP practices.**

**The Commission request CHtPCT advise by June 2007 on the results of this detailed analysis.**

Members considered it important to not only consider the proposals of CHtPCT as presented to them but to also to form their own views as Councillors and also as representatives of the community; to assess the adequacy of consultation, how the PCT were responding to and taking into account such views. But also how partners felt about the proposals and were being consulted with before coming to their own conclusions

## **6.4 Finance**

- 6.4.1 The NHS Local Improvement Finance Trust (LIFT) was established in 2000 as a means of modernising primary care premises. A new Partnership for Health (PfH) was established between the Department of Health and Partnerships UK, to bring investment money into NHS LIFT and attract private funding. A local LIFT is a public private partnership (PPP) which is a limited company set up with the local NHS PfH and the private sector as shareholders. LIFT's are designed to help address the legacy of under investment in the NHS and primary care premises. The idea behind the partnership is that the NHS brings the schemes for development; and the finance organisation brings the skills to raise the finance and build the premises.
- 6.4.2 In such circumstances the local LIFT will own the premises built or refurbished for primary care provisions and lease to other parties e.g. GPs, Chemist etc. The LIFT organisation will own the freehold of the premises developed and provide the NHS with a lease for 25 years and maintenance to the premise. After the 25 years the NHS would be given the option to retain the building for another lease period, however the freehold would be retained by the Local LIFT.

The Commission heard that as the NHS does not have additional funding for such investments, it needs to use this form of investment to build new premises schemes to allow for the delivery of enhanced service developments. Costs associated with investments are limited as much as possible by ensuring there are no extra rental costs for premises encountered by GPs being relocated. This would be achieved by including this as specifications in the scheme build arrangements i.e. rental charge to remain at present level.

***Recommendation five***

**The Commission propose to work with the LBH Cabinet to ensure community views obtained through consultation conducted by health trusts are reflected in commissioned LIFT projects.**

**The Commission propose LIFT and CHtPCT working practices (project planning working group) ensure the views of patients captured through consultation are taken into account when designing premises.**

- 6.4.3 The Commission heard the proposals could possibly have access to funding assistance from use of the Planning Obligation 106 Supplementary Planning Document (SPD) which would allow for funds to be provided from developers undertaking other projects within the borough by using such a clause to fund community provisions such as new health centres or large multi purpose premises. The Commission noted similar successful contributions had been achieved in Tower Hamlets London Borough Council for planned PCT premises developments.

***Recommendation six***

**The Commission believes LBH Planning should provide CHtPCT with designated planning advice to assist with the provisions of community facilities. The Commission wishes to hear from the Directorate of Neighbourhoods and Regeneration how it will work in partnership with CHtPCT to access funding assistance from s106 payments to assist with development of health service provisions.**

**The Commission wants to be advised by June 2007 how this will be achieved.**

During the course of its investigation the Commission heard that LIFT arrangements would apply to GPs who did not own their premises. 12 practices within LBH were identified as falling into such categories for significant relocation to new premises or improvements or redevelopment of the existing premises.

## **6.5 London Borough of Hackney Position**

During the course of its review the Commission recognised that the views of a number of statutory partners were integral to success or otherwise of the proposals. LBH is one such partner but formed of a number of differing part with differing potential view points (detailed below). However during the process of collating its evidence the Commission surmised that LBH welcomed the opportunity for co-location of services and saw this as a means toward satisfying the needs of a growing population. CHtPCTs proposals to improve the health provisions within the community support the Mayor's priority of making Hackney a better place, perhaps most specifically improving services and opportunities for all, and to raise the life chances of the most disadvantaged.

One of LBH's current priorities is focusing on providing customer focus services where by where ever possible the services are brought to the customer as opposed to the customer going to the services.

### **6.5.1 LBH Community Services**

The LBH Directorate Community Services is the Council Directorate that incorporates Social Services (adult provisions) and Culture and Leisure facilities. Key services range from community care, residential and support, particularly for vulnerable and disadvantaged people, to a range of arts, sports and library facilities and annual events. A large proportion of the service provision provided by LBH Community Services depends upon partnership working with local health trusts and the voluntary sector.

The Commission heard during the investigation that LBH Community Services believed CHtPCTs 'premises strategy' presented an opportunity to extend joint and integrated provision of services and further development of partnership, for example, through greater integration between partners in relation to Children Centres, the Woodberry Down Regeneration and the Olympics ensuring all such projects realises appropriate health and social care benefits. LBH Community Services hopes CHtPCT's proposals would meet the criteria to utilise s106 payments helping them to more easily provide facilities to meet the developing needs of the population.

### **6.5.2 LBH Service First**

The Council's corporate vision is to make Hackney a better place; to live in and to do business in addition to becoming a customer focused organisation. This is to be achieved through a range of projects one of which is called Service First.

The aspiration of LBH's Service First is to act as a doorway to public services in Hackney. The Service First strategy aims to deliver high quality services focused around the needs of customers. The key projects within the Service First Programme to help the Council refocus its services around customers' needs are as follows:

1. Single Front Office
2. Organisational Culture

3. Accommodation Strategy - becoming a customer focused organisation with buildings that support the delivery of accessible, customer-focused and integrated services.
4. All underpinned by Equalities, Communication and Finance

The authority believes these improvements will not just be about the front facing aspects of services, but will look at the whole process of servicing customers so as to ensure that it is as efficient and effective.

Throughout its investigation the Commission heard customers will have access to services through a wide range of channels; telephone, the website, face to face, kiosks, mobile phones and digital television. Therefore Service First aims to provide staff equipped with the managerial, technical and professional skills to deal with the challenges emerging from a complex organisation. Service First has begun a dialogue with CHtPCT about co-location of staff especially in relation to jointly appointed positions within the major premises development planned under the Service First Project. Further discussions are pending subject to the reorganisation of the London Strategic Health Authority and the fuller clarification of any knock-on impact on PCTs.

The Service First project has identified working with the Primary Care Trust as being critical to getting health and social care systems working together to the benefit of customers and patients and resolving many of the challenges customers/patients might have in distinguishing between primary health care and social care. Correspondingly it is anticipated that Service First will ensure the Hackney Service Centre has appropriate knowledge to be able to help people's journey through the health and social care system. In keeping with such initiatives Service First hopes to work with CHtPCT to integrate services such as 'Find a Doc' and proactive services like appointment reminders by text messages and information about care package satisfaction, within the operations of the Hackney Service Centre. Integration of services will assist CHtPCT 'premises strategy' enabling co-location of services helping CHtPCT find premises often difficult to locate in a densely populated area like Hackney. Provision of joint services will assist the health organisations for example to reduce their do not attend (DNA) rate and help reallocate cancelled appointments more swiftly.

#### ***Recommendation seven***

**In light of LBH's 'Service First' initiative the Commission believes significant potential exists for integration and development of shared services (public health commissioning, back office, customer interface, co-location and information sharing). The Commission recommends the plans for the implementation of Service First either be developed to implicitly include joint working between Team Hackney statutory agencies or Members be advised via another means by the Cabinet Member for Community Services and Customer and Corporate Services; how and when and by whom such matters will be tackled.**

**The Commission wants to be advised by September 2007 how this will be achieved.**

### 6.5.3 LBH Neighbourhoods and Regeneration (Property Services)

LBH Directorate Neighbourhoods and Regeneration key role is to:-

- Carry out physical and economic regeneration
- Improve employment and lifestyle opportunities
- Reduce crime and anti-social behaviour
- Work in partnership
- More choice of affordable, decent housing
- Reduce reliance on temporary accommodation
- Invest in local street scene
- Improve cleansing, waste and recycling
- Increase sustainable transport

The Commission's review found that two partnership working groups met on a regular basis to discuss the property requirements of the CHtPCT, LBH and The Learning Trust (TLT). The management teams identified a need to establish a forum in which to share information, progress property and planning issues and explore the possibilities of joint property initiatives. The forum looks at progressing, any property and planning issues between LBH, CHtPCT and TLT.

The Commission was informed of the following property requirements and resolution being discussed and/or progressed by the working group:-

**PCT North East Resource Centre** - Three sites are under consideration one is private ownership, two are LBH owned. One premise, the Stamford Hill Library, is being considered in conjunction with the library strategy and the other is Somerford Grove.

**PCT North West Resource Centre** – A replacement is required for the John Scott Centre and expected to include Sure Start. A premise is to be provided in the Woodberry Down Estate regeneration.

**PCT South East Resource Centre** – Premises proposal is Hackney Hospital site which is PCT owned.

**PCT South West Resource Centre** – Premises proposal is St Leonard's Hospital which is PCT owned

All possible property owned by any of the three organisations is considered when seeking accommodation to house a service provision. As demonstrated by the current development of a new Integrated Disabled Children's Services (expected operationally early 2008) which is a partnership with LBH, PCT and TLT. The premises will be based at Kingsland School. The new centre will replace the Donald Winnicott Centre which needed to be replaced due to poor location and out dated facilities. A new building will be designed to support specialist provisions for children with complex needs and developmental delay, making it easier for multi agency staff to work together with families. Bringing staff from different agencies, health, social care and education together to more easily plan and care for the child.

***Recommendation eight***

- a) **The Commission request LBH Community Services, Customer and Corporate Services and Neighbourhoods and Regeneration Directorates in partnership with CHtPCT review the design and planning proposals for all appropriate regeneration schemes so as to identify opportunities for service provision co-location and joint working.**

**The Commission wants to be advised by June 2007 how this will be achieved.**

- b) **The Commission wishes to receive confirmation from LBH Neighbourhood and Regeneration, TLT and CHtPCT the working groups are fully operational and meet regularly.**

**The Commission wants to be advised by June 2007.**

6.5.4 LBH Neighbourhoods and Regeneration (Planning)

The Commission heard partnership working already existed between CHtPCT, LBH Property Services and TLT. During its review the Commission heard from LBH Neighbourhood and Regeneration - Planning and they informed the Commission CHtPCTs proposals provided LBH Planning with a good indication of the evolving health policies and how these policies might be reflect spatially in Hackney.

***Recommendation nine***

- a) **The Commission believes that appropriate LBH Directorates (Neighbourhoods & Regeneration) should carry out health impact assessment and liaise with CHtPCT in order to support and ensure that CHtPCTs 'premises strategy' is strengthened so that it clearly reflects the possibilities of changes in Hackney's demographic and health make up.**
- b) **The Commission would wish to see CHtPCT conduct an equality impact assessment undertaken as part of the development and implementation for service expansion.**
- c) **The Commission wishes to receive an undertaking from CHtPCT that it will facilitate the implementation of training relating to cultural sensitivities and race/faith awareness for reception and administrative staff so that they may have a better understanding of the patients they serve.**

The Commission was advised about the new Planning Obligation 106 Supplementary Planning Document (SPD) and the possibility of providing funds to assist with development costs from s106 payments for community provisions such as new health centres or large multi purpose premises. However LBH Planning considered more information would be required concerning CHtPCT's 'premises strategy' to establish how and whether it would match the Planning Obligation 106

SPD criteria to enable possible funding assistance. Part funds from s106 payments could be made available to assist community provisions such as the proposal being considered by the working group to rebuild Stamford Hill Library and improve the facilities to include health centre facilities. The Commission was advised it would assist the contributions process (s106 agreements) if the criteria for GP Premises was included in CHtPCT 'premises strategy'.

This Commission was again advised that CHtPCTs consultation on its strategy provided LBH Planning with an indication of the possible planning requirements for CHtPCT and LBH Planning was pleased CHtPCT recognised the importance of the physical location of services, and the need for premises that could accommodate a wider range of services. However, LBH Planning expressed the need to discuss further and clarify with CHtPCT public transport accessibility especially with the proposal for premises to be located within a 20 minute walk. The Commission was informed the emerging Local Development Framework (LDF) is expected to require consideration of public transport access to community facilities and CHtPCTs 'premises strategy' was felt by some to not adequately outline this as a criterion in site selection. Similarly LBH Planning felt an accessibility criteria should be established for more extensive primary care or community specialist care services provided by the proposed Resource Centres.

The Commission also heard that LBH Planning considered CHtPCT strategy could be strengthened if it clearly reflected the possibilities of change in Hackney's demographic make up and locating premises in good accessible areas like town centres, e.g. Dalston and Hackney Central (classified as major town centres) and Stoke Newington High Street and Stamford Hill (classified as district town centres).

#### 6.5.5 LBH Children and Young People Services (C&YP)

The LBH Children and Young People Services (C&YPS) Directorate has the lead area responsibility of achieving a number of the Government's key targets which include delivery of service integration; preparing for Joint Area Reviews; successful delivery of Building Schools for the Future, Children's Centres and the Academies programme. The education services are provided by The Learning Trust (TLT) monitoring processes and a strong working relationship are in place between TLT and LBH Directorate Children and Young People Services. The main functions of LBH Children and Young People Services are:-

- Children's Services Authority
- Education
- Children and Young People Social Care
- Early Years provision
- Youth Services
- Youth Offending Team
- Relevant Community Health services

The review found that joint working with CHtPCT is taking place to more closely align children's primary healthcare, and consideration being given to building this into the development of the 6 integrated Children's Centres. LBH C&YPS advised for young people a close location is less significant, but it was more important to have centres that young people would feel confident to use, which LBH C&YPS felt this was not specifically addressed in the proposals. During the investigation

the Commission heard evidence that young people were reluctant to use surgeries and health centres. The Commission also recognised there were some serious challenges in meeting the health needs of young people these include sexual health in all its facets, mental health, drug misuse and obesity.

LBH C&YPS and the Commission hoped the planning for the 4 Primary Resource Centres would consider the needs of young people both in the design and delivery of the service. Work by CityZen using mystery shopping showed while staff in surgeries may be sympathetic there are considerable obstacles for young people to feel confident enough to get early advice through surgeries and health centres.

LBH C&YPS Directorate informed the Commission they requested new health centres and surgeries provide a welcoming child and parent friendly setting with things for young children to do and plenty of space for pushchairs and hoped modernisation and investment in both would provide a better quality environment for many more parents and young children.

LBH C&YPS Directorate expected GP services to continue to be delivered from health centres and surgeries, but considered an opportunity had arisen for some health services, particularly monitoring, advice and guidance by health visitors and midwives to be delivered from Children's Centres. LBH C&YPS see the improved development of Children's Centres, as reducing the impact for parents with young children.

#### 6.5.6 Building Schools for the Future (BSF)

The Commission also heard from the BSF project who advised delivery of integrated services was not included in the plans and would require separate investment to be identified. All BSF schools would have some facility to provide more extended services including healthcare. Each school would have a medical / therapy room which could be used by some NHS service providers (e.g. immunisation and vacs, physiotherapy and so on). All schools would provide a range of small meeting rooms, e.g. for case conferences, soft consultation etc.

Such facilities would enable schools to be used as the base for all anticipated stand-alone or integrated health services provision in the absence of any co-investment to secure additional or co-located services at present there are no plan to develop a GP surgery on the campus of the first three Hackney BSF schools namely – Hackney Free, Clapton Girls, Stoke Newington.

### 6.6 **The Learning Trust**

The Learning Trust (TLT) is a not-for-profit company which runs all the education services for LBH. The TLT is responsible for Hackney schools, day nurseries, play service and adult education. The TLT felt the proposals and opportunities for joint and integrated services would be best achieved through the development of Children Centres. The Children Centre core objectives are to provide:-

- Early education integrated with childcare for children under 5 years old
- Child and family health services including pregnant women

- Family support services, including services to support parents with parenting to help children achieve their full potential
- Community outreach services including supporting parents back to employment
- Links with childminders

The Commission heard decisions about service provisions within Children Centres was provided through Early Years and Primary Strategic Management Group. Following recent changes in legislation, decisions about Children Centres would now be taken by the Local Authority. The Local Authority is now responsible for spend and has responsibility to ensure the appropriate outcomes for service provisions. Therefore TLT was reviewing the work proposals and hoped to progress with the planned areas of service improvements previously agreed. The Children Centres currently has partnership links for provision of services with Midwives. The Children Centres would consider partnership possibilities with GP's following the proposals in this strategy.

***Recommendation ten***

**LBH Children and Young People Services Directorate meet with CHtPCT in order to explore how its 'premises strategy' maybe fully integrated and the potential realised of the present unique opportunity offered via the development of:-**

- **Children Centres**
- **Building Schools for the Future Project**
- **Academy Schools**

**The Commission acknowledges all these projects have financial constraints however missing the opportunity for development and delivery of integrated and co-located services is a wasted opportunity; it is therefore imperative CHtPCT is given every opportunity to tackle the boroughs health needs in partnership and in tandem with such projects.**

**The Commission wishes to be advised by LBH Directorate Children and Young People Services and the Borough's Chief Education Officer by June 2007 of the results of such discussions.**

**6.7 Homerton**

The Homerton University NHS Foundation Trust Hospital is based in East London and provides secondary healthcare service provisions to the City and LBH community. They provide general hospital services and specialist care in obstetrics, neonatology, foetal medicine, laparoscopic surgery, fertility and neuro rehabilitation across East London and beyond. They were one of the first 10 NHS foundation trusts in England. The proposed changes by CHtPCT would impact on the current level of services provided.

The Commission was informed the Homerton support the concept of the proposals by the PCT but felt the consultation document needed to clarify more clearly to

patients how the proposals impacted on the services provided by acute trusts and therefore who was responsible for providing treatment in what areas – otherwise many of the anticipated benefits might not be realised. The Homerton indicated this was an area of importance especially for patients and needed to be communicated to the community.

The Homerton advised the proposals will impact on the income and service provisions of the acute trust resulting in questions about the future viability of the hospital. The Homerton are of the opinion the hospital and CHtPCT should work in partnership to serve the community and safeguard the local hospital and its services.

#### ***Recommendation eleven***

**The Commission wishes to be advised by the Homerton Hospital of an assessment of how the proposals will impact on acute secondary services provision after implementation of CHtPCT's proposals and how they will manage such challenges. The Commission believes development of a clear communication strategy to reach all communities regarding the service provision would be appropriate.**

**The Commission request the Homerton Foundation Trust present this information to the Commission by June 2007**

### **6.8 East London and City Mental Health Trust**

At the time of the review the East London and City Mental Health Trust (ELCMHT) were applying for Foundation Trust Status and conducting consultation with key stakeholders and the community about their proposals.

The ELCMHT did not formally present their views to the Scrutiny Commission during the 5 meetings, but dialogue between the Commission and ELCMHT continues.

### **6.9 Site Visits**

The Commission heard the views of partner organisations impacted by the proposals, but also wanted to establish the views of the GPs and staff. Members of the Commission felt they would also benefit from actually seeing examples of the types of premises outlined by CHtPCT in its strategy.

Two separate site visit activities were conducted on 15<sup>th</sup> December 2006 and 12<sup>th</sup> January 2007 and the following GP premises were visited:-

- Fountayne Road Health Centre (3 GP Surgeries in this building)
- 154 Upper Clapton Road (1 GP Surgery)
- Tollgate Lodge (1 GP Surgery and a Walk-in Centre)
- Ruston Street (3 GP Surgeries)

- Trowbridge (APM Contract owned by a consortium of GPs)
- Queensbridge (1 GP Surgery large partnership)

As the Commission Members attended the GP site visits they noted the varying standards of hygiene within each GP practice.

Evidence suggested maintenance of a specific hygiene standard varied from practice to practice as such members queried the frequency by which each premises was cleaned. It was noted that GP practices were cleaned by a cleaner from as little as once a week to five times a week. It became evident there was no consistent minimum standard for GP hygiene maintenance.

***Recommendation twelve***

**The Commission requests CHtPCT should seek to facilitate the immediate review of cleaning services contracts for primary care premises and develop protocols and systematic monitoring records to ensure the cleanliness, hygiene and patient safety is equivalent to the minimum or higher standard applicable to acute trusts.**

**The Commission wants to be advised by September 2007 how this will be achieved.**

**6.9.1 Fountayne Road Health Centre**

<b>Practice</b>	<b>Date/Time</b>	<b>Who the GPs are</b>	<b>Number of Staff</b>	<b>Patient Size</b>	<b>Services Currently Provided</b>
Dr Shariff Surgery, Fountayne Rd Health Centre 1a Fountayne Road	15/12/06 12.00	Dr Shariff Locum Monday & Friday	1 Practice Manager 2 Admin Staff 1 Practice Nurse	2500	All normal GMS Contract, Enhanced Services including Diabetes, Asthma, Hypertension, TB, Smoking, Do not do minor surgery, antenatal, or child health
Ghadvi Practice Fountayne Rd, Health Centre, 1a Fountayne Road	15/12/06 11.30	Dr M Ghadvi Dr N Ghadvi Dr A Pathan	1 Practice Manager 1 Practice Nurse 9 Admin Staff	5300	All GMS contract Enhanced Services, incl. Minor surgery, sexual health, baby clinic, pre-conception Post natal, asthma,

Practice	Date/Time	Who the GPs are	Number of Staff	Patient Size	Services Currently Provided
					diabetes, blood tests
Elm Practice, Fountayne Rd, Health Centre, 1a Fountayne Road	15/12/06	Dr Kiernan Dr D Hosein	1 Practice Manager 3 Admin Staff 1 Practice Nurse	3000	All GMS Contract, and Enhanced Services except Child Health Surveillance

It is proposed to move one GP practice into the North East Resource Centre once build has been completed to allow the remaining two practices the ability to expand and provide more services.

One GP at the Fountayne Road health centre is part of the City and Hackney East London Integrated Care (ELIC) organisation. ELIC is a new not for profit social enterprise which is owned and run by local residents and health professionals. It was set up to serve the local people of Hackney and the City of London. It aims to improve health services by GPs working together to give people the right services at the right place at the right time. Changing the way people think about their own health, needs and services. The GP explained the practices based in Fountayne Road are willing to expand the services they provide but recognise their present premises facilities will not accommodate this. All GP practices based in health centre expressed their desire to remain in the current premises and did not wish to move to the North East Resource Centre.

Fountayne Road Health Centre has been in existence since 1979 and one GP has operated his practice at the health centre since it was first built. The premises had been refurbished recently but it was felt that not enough consideration was given to the requirements of practices 10 years into the future. Therefore the improvement grant awarded for Fountayne Road completed a refit in-house but concern was raised as to whether the future needs of the GP practices or growth of the practices had been taken into account. Staff felt improvement works to the health centre were approved without adequate staff and patient's consultation and felt if staff and patients had been fully consulted about the improvement more beneficial facilities would have been provided. Issues were raised about outstanding problems identified that had not been addressed 1 ½ years after the work was completed e.g. the premises did not display a sign outside the premises notifying patients what GP practices or services were available at the health centre. Patients would only be aware of the services provided if they already attended the health centre.

Staff felt their working conditions were cramped mainly due to the large storage needs for patient records. However it was hoped this would improve once patient records became fully electronic making GP surgeries a paperless environment.

Members pondered if the volume of space occupied by PCT staff for (district nursing and health visitors) needed to be based at the health centre. There is the

view that as the staff go out to see their patients, to enable more space availability for the GP practices the possibility of co-locating PCT staff in Council premises should be considered.

A GP at this premise felt the introduction of the salaried GPs scheme would potentially have a long term affect on the continuity of care provided at GP practices, as GPs would no longer be tied to a practice and could opt to move to another practice on a regular basis.

### 6.9.2 154 Upper Clapton Road

Practice	Date/Time	Who the GPs are	Number of Staff	Patient Size	Services Currently Provided
154 Upper Clapton Road, London E5	15/12/06 12.30	Dr R Goel Dr Sohal	2 GPS, 3 Admin Staff 1 Practice Nurse	3200	All normal GMS Services, Enhanced Services, except drug misuse, coil fitting and minor surgery

This premise was chosen as an example where CHtPCT felt difficulties existed in providing what they termed to be 'basic standards'. CHtPCT propose to relocate the practice to Theydon Road in a new premises being built on Latham Timber Yard.

The GP practice is based in a formally residential property. Although the GP owns the practice business he does not own the premise and is reliant on CHtPCT to find suitable alternative facilities. The premise has poor facilities, with no access for disabled patients coupled with health and safety issues. The proposals would relocate the GP practice out of the current patient catchment area, but finding premises within a densely populated area like Hackney was acknowledged by staff to be a sometimes impossible challenge for CHtPCT.

The GP was concerned about transport links to any new premises and relocating a significant distance from the current location, but felt relocation to improved facilities would compensate for the concerns raised earlier and offer more opportunities for the practice to expand services provided.

### 6.9.3 Tollgate Lodge Practice and Walk in Centre

Practice	Date/Time	Who the GPs are	Patient Size	Number of Staff	Services Currently Provided
<b>Tollgate Lodge 57 Stamford Hill N16 5SR</b>	12/1/07 10.15	Dr Amanan Dr Mamoud	1000	Practice Manager 5 Admin staff 1 PN	Walk in Centre – Minor Ailments All GMS Contract Services Blood Test Baby Imms Travel Vaccine

The proposal is to move this GP practice and Walk in Centre to the North East Resource Centre once completed.

Tollgate Lodge opened on 1<sup>st</sup> August 2006, offering a GP practice and Walk in Centre with opening hours as follows:-  
Monday - Friday 8am – 6.3pm (Both)  
Saturday 10am -6pm  
Sunday 10am -6pm (Walk in Centre only)

The GP practice and Walk in Centre are currently occupying temporary accommodation in Stamford Hill as an interim measure.

The GP practice covers quite large catchment area and has varied ethnicity. The practice offers a female Doctor Monday – Wednesday and a male Doctor Thursday – Friday.

The Walk in Centre provides treatment for any minor illness and injury regardless of whether the patient is registered with a GP or not. If the patient has an illness where full treatment cannot be provided, they will stabilize the patient and call an ambulance and refer the patient to hospital.

### 6.9.4 Ruston Street Practices

Practice	Date/Time	Who the GPs are	Patient Size	Number of Staff	Services Currently Provided
<b>10 Rushton Street London N1 5DR</b>	12/1/07 11.00 AM	Dr. Jim Boddington Dr. Ceri Idris-Evans Dr. Paul Kelland Dr. Lucy O'Rourke  FCS GP - Dr Kate Adams	5183	Practice Manager 9 Admin Staff 2 PN	All treatment room service, family planning, cervical cytology, travel and baby immunisation, minor surgery, counselling from FWA, Derman and CHYMES for under 5's, and most DE and LE

<b>Practice</b>	<b>Date/Time</b>	<b>Who the GPs are</b>	<b>Patient Size</b>	<b>Number of Staff</b>	<b>Services Currently Provided</b>
					services.
<b>14 Rushton Street London N1 5DR</b>	12/1/07 11.30 AM	Dr Choudhury	1714	3 Admin staff 1 PN	All GMS Contract, Diabetes, Ethnicity, STD, Patient at Risk, Yellow Fever, Smoking Cessation, Travel Clinic, Hypertension, Coronary Heart Disease, Asthma, Family Planning, Child Imms, Contraceptive check
<b>12 Rushton Street London N1 5DR</b>	12/1/07 12.00 PM	Dr A Foreman Dr J Sharman Dr A Kumar Dr J Darkwah Dr A Kassey, Salaried GP	5400	1 Practice Manager 8 Admin Staff 2 Practice Nurse 1 Health Care Assistant 1 Counsellor	All GMS Contract services, Enhanced Services, incl. Anticoagulation, minor surgery, IUCD, Diabetes, Depression, Drug Abuse, Diabetes, TB,

This premise was chosen to demonstrate a purpose built premise with extended service provisions and the capability to house a number of GP practices and how they could all work collectively but retain an independent identity. Each GP practice has its own entrance.

The premise was built and opened in 1996. The building previously housed 5 GP practices, but now currently has three GP Practices and is expected to remain this way for the foreseeable future. The patient list for the other 2 surgeries was merged into 10 Ruston Street and 12 Ruston Street.

The building was developed under private investment arrangements and is owned by private developers. The PCT own the head lease and sub lease the premise to the GPs.

The practices based at these premises provide a varied range of extended services as stated above and have a treatment room for minor surgery.

### **10 Ruston Street**

Patient ethnicity is varied and the practice has a Turkish advocate, but this service has recently been reduced to once a week, when service is required on other days as an alternative they make use of the language line. The practice felt the use of a Turkish Advocate had been an invaluable service which due to financial constraints has been reduced.

### ***Recommendation thirteen***

**As part of the drive for increased accessibility through development of the new Resource Centres, the Commission believes that resources and joint working arrangements for advocacy, translation and interpretation services should be reviewed to ensure that excluded communities have greater access as is intended.**

**The Commission wants to be advised by September 2007 how this will be achieved.**

This practice serves quite a large catchment area and took on the patients from other practices that closed. To manage the increased work load, the GP practice opted to employ a salaried GP.

The opening hours are Monday – Friday 8-6pm (closed between 1-2pm each day) and confirmed they have emergency appointments on the day and access to next day appointments.

The premise was undergoing refurbishment work which created a lot of dust and an unclean presence. However Members felt the surgery had a less than acceptable hygiene standard when considering the extended services provided by the practice. It was clarified the GP's were responsible for maintaining hygiene standards in the consultant rooms and confirmed the GP practice cleaner cleaned the premises 3 times a week.

### **14 Ruston Street**

This practice is the smallest of the three and covers the EC1 and EC2 area. The practice is opened Monday – Friday but closed on Thursdays and the staff have a smaller working area than in other practices.

It was confirmed the practice was cleaned once a week on Thursdays when closed but the staff did general cleaning to keep the surgery tidy.

### **12 Ruston Street**

This practice had a prescribing doctor employed by the PCT who was based at this practice part time. The purpose of the prescribing Doctor was to help patients get the best from their medication. Prescribing Doctors are specifically trained with knowledge and experience about drug prescribing therefore can alter the dosage of a patient's medication to reduce the number of pills taken the different times they are taken etc to suit the patients needs.

During the visit the Commission was informed approximately £26 million is spent on drugs in Hackney per year and it is estimated 25% of the volume of drugs prescribed are non generic.

### 6.9.5 Trowbridge Practice

Practice	Date/Time Will be Greeted By	Who the GPs are	Patient Size	Number of Staff	Services Currently Provided
<b>Trowbridge Surgery 18 Merriam Avenue Hackney Wick D9 5NE</b>	12/1/07 12.30PM	Dr Radwan Dr Lebbe Dr Choudhury 2 Drs on a Saturday Dr S Choudhury Dr S Green	2012	Head of operation 4 Admin 1 Practice Nurse	All GMS contract, In house Counsellor All Enhanced Services incl minor surgery, Child Surveillance

The proposal is to relocate to a new site at Homerton Hospital, but the GPs would prefer to stay at their current premises. With it being their view that the building could quite comfortably accommodate 4000 – 5000 patients without the need to consider relocation and patients are just getting used to this new location.

This practice opened to new patient registration in April 2006. Since opening in April their patient list has increased by 800. This practice is an Alternative Personal Medical Services (APMs) contract – which is a private company owned by GPs. This private company owns other GP practices in Lambeth, Bromley and Kensington & Chelsea Boroughs.

This practice is one of a few GP surgeries that open on Saturdays. The opening times are:-

8am – 6.30pm Monday – Wednesday and Friday

8am – 3.30pm Thursday

9am – 11.30am Saturday

Practice closed between 1-2pm Monday – Friday.

The premise has a large working area for staff. This practice provides some extended services such as minor surgery and blood tests on site. They also provide a range of counselling services including drug counselling. The practice also has the flexibility to expand services and increase GPs.

In response to Members querying how often the surgery was cleaned, they were advised 5 days a week.

#### ***Recommendation fourteen***

**The Commission request CHtPCT advise the Commission by no later than September 2007 of the decision taken about the currently proposed relocation of Trowbridge Practice.**

## 6.9.6 Queensbridge Practice

Practice	Date/Time	Who the GPs are	Patient Size	Number of Staff	Services Currently Provided
<b>Queensbridge Road Practice 24 Holly Street E9 3XP</b>	1.00PM 12/1/07	Dr A Pilkington Dr Kirton Dr S Perera Dr L Caplin Dr G Kelvin 2 FT Doctors 1 Registrar 2 Retainers	7040	4 Admin Staff 2 Practice Nurse	All GMS Contract Most Enhanced Services, not Minor Surgery

This premise provided the Commission with an improved understanding of the potential for purpose built premise development in partnership with a regeneration programme (Holly Street). The practice was quite large with 5 consulting rooms and 1 treatment room. The practice management are content with the services provided.

The Commission wanted to know if having the GP practice as part of a regeneration programme was beneficial or if lessons could be learnt from this experience. The GP felt consideration should be given to the fact that any problems on the estate impacted on the workload of the practice. Highlighting if a serious incident occurred on the estate the practice often saw an increase in prescriptions for depression or requests to support a house move from patients.

The practice reported that it has experienced ongoing difficulties with crime and anti social behaviour which impact on the safety of staff and patients who feel unsafe and only want to attend at early appointments times.

It was expressed consideration should be given to conducting detailed risk assessments for safety of staff working in premises of these type. Noting if the problems or concerns of the local community were not resolved it would impact on the workload of the practice.

### ***Recommendation fifteen***

- a) **The Commission seeks assurance from CHtPCT that appropriate risk assessments for all premises covered by its 'premises strategy' are and will be undertaken and that such matters are given consideration by Neighbourhoods and Regeneration Directorate when developing the borough's major and over arching regeneration schemes.**

**The Commission believes such work will be enhanced through continued joint working between CHtPCT and the Metropolitan Police when conducting risk assessments for premises.**

- b) **Matters of staff and patient welfare and safety become all the more pronounced when considering Walk in Centre model and purpose built premises included in regeneration programmes. Therefore the**

**Commission recommends that all parties consider locating facilities of this nature in a prime location within the regeneration area, so that access may be maximised and wishes to be advised how LBH Planning policies may be amended to both reflect and promote this.**

## **6.10 Consultation Feedback**

Throughout the course of the review CHtPCT listened to the concerns, queries and issues raised at each Commission meeting. CHtPCT analysed the initial feedback received from Commission meetings and from the consultation meetings they held to provide the Commission with their response to the matters raised.

Upon analysis CHtPCT informed comments broadly covered the areas of:-

- Accessibility
- Transport
- Relocating services from secondary care to primary care and the type of services

CHtPCT recognise some services provided by hospitals could not be commissioned in another setting; but their objective, in line with that set out by the Government, is to offer more primary care in the community and less in hospitals as is set out in the guidance received following the publication of 'Our Health, our care, our say'.

To ensure services can be safely transferred from secondary to a primary care setting CHtPCT will work in partnership with the Homerton University Hospital and Consultants in the appropriate specialties to provide clinical oversight. Each service will be commissioned on the basis of an agreed service specification including audit requirements.

During the investigation it was noted a number of services were already provided at extended primary care facilities. These services include:-

- Counselling, psychological therapies and support services such as Family Welfare Association (FWA) support workers;
- Management of chronic diseases through annual reviews for people living with diabetes, coronary heart disease and asthma for majority of people whose conditions are stable;
- Minor surgery for small range of condition that only require some form of local anaesthetic.

The range of services CHtPCT propose to move to primary care setting have been categorised as follows:-

- Core Primary Care provision
- Extended primary care
- Community specialist care

CHtPCT is proposing to increase the range of services previously provided in a hospital setting now to be commissioned from general practice primary care environment:

- Monitoring of patients on anti-blood clotting drugs (anti-coagulation therapy)

- - 40% of anti-coagulation monitoring now takes place in primary care;
- Management of skin conditions (dermatology) - 60% of referrals are now managed in primary care by GPs with a Special Interest in dermatology;
- Management of Ear, Nose and Throat conditions - a new service starting in December also based on referrals being managed by a GP with Special Interest in ENT;
- Specialised sexual health services providing screening, advice and treatment for patients with suspected sexually transmitted infections such as Chlamydia, hepatitis B and HIV;
- Management of back pain and joint problems through the PCT's physiotherapy service from practitioners with extended training - 60% of rheumatology work now covered by this service.
- Monitoring of patients on anti-blood clotting drugs (anti-coagulation therapy) - 40% of anti-coagulation monitoring now takes place in primary care;
- Management of skin conditions (dermatology) - 60% of referrals are now managed in primary care by GPs with a Special Interest in dermatology;

It is also anticipated through planned collaboration between primary and secondary care clinicians (as partnership between the GP and hospital consultant) to review increasing services to include:

- Certain gynaecological problems
- Management of patients with suspected heart failure
- Ophthalmology (eye conditions) by drawing on expertise of GPs and Community optometrists in the management of stable glaucoma, assessment of cataract referrals and minor eye ailments
- Management of a number of other conditions through direct access to
- Diagnostics tests - for example, DEXA scanning for osteoporosis.

Some GPs will have additional specialist training e.g. dermatology (skin problems) other additional services will be from other health professionals like Physiotherapists or Community Nurses. Patients would retain the choice to see a consultant at the hospital if they did not want to see the GP providing the specialist service. Complex cases would be referred to the consultants in the hospital for treatment. GP's would have telephone access to the specialist consultants and have the ability to discuss their cases with the expert consultant. Initial analysis of the feedback showed support received for the move towards local access for services such as blood tests from secondary care. More publicity was required for existing service provision e.g. Find-a-Doc, Walk in Centres and Pharmacy First Scheme.

However the Commission expressed some concern about the level of expertise a GP would be required to have in order to carry out specialist service provisions and if the quality of care provided would be equal to that in hospitals.

The above provides information on the range of services proposed by CHtPCT to be accommodated in the primary care settings. These services will release capacity within the Homerton to ensure that they can focus on the more complex cases and also deliver the reductions in waiting times required to meet the national target of 18 weeks from referral to treatment.

A special project group has been set up consisting of all Chief Executives from Hospitals based in Newham, Tower Hamlets and Hackney to review hospital services following the changes proposed.

***Recommendation sixteen***

- d) CHtPCT 2008/09 Commissioning Strategy should explicitly take into account timescales and implications of the move of services from secondary to primary care.**
- e) The Homerton Hospital should explicitly detail service provisions and timescales for implementation of changes to the acute trust.**
- f) The Commission wishes to see details of workforce implications included in CHtPCTs commissioning strategy and Homerton's appropriate service plan for 2008/09.**

During the investigation and via the consultation process a number of comments had been received relating to the difficulties of seeing a GP or another member of the practice team by appointment especially by telephone. CHtPCT clarified in feedback on this matter that all service provided by all GPs should be uniformed and GPs have facilities for urgent appointments and are obliged to provide an appointment within 2 days and GPs who fall short of this standard are monitored. It was highlighted an alternative for patients is to attend one of the Walk in Centres in the borough.

The review also highlighted issues surrounding arrangements for the adequate recruitment and retention of appropriate staff e.g. GPs Practice Nurses and other health care professionals. Equally another concern related to ensuring adequate training was provided for reception and administrative staff in the GP practices so as to ensure the needs of the patients from all communities and patients potentially requiring additional support such as refugees.

CHtPCT explained the proposals were aimed at providing a wider range of services within the community, thus requiring less travelling by patients to hospitals. CHtPCT agreed that active management of the potential conflict in providing more services and the distance patients would need to travel was required.

During the Commission's review the issue of transport to the proposed locations for new or relocated premises was raised a number of times. The overriding sentiment of such comments related to the fact that new developments needed to be easily accessible by public transport in town centre areas. CHtPCT advised consideration was given to locating premises in areas served with good transportation links. .

Feedback received to date by CHtPCT has presented conflicting views about transportation to the premises and providing patients with access to parking facilities. These views need to be balanced with assessing the needs of older people and people with disabilities. CHtPCT will consider alternative options for people who have mobility problems in getting to see their GP i.e. transport provision, or potentially home visits. CHtPCT has committed to reviewing transport links to the proposed larger service facilities to ensure easy accessibility by

transport. It emerged during the review CHtPCT is in dialogue with LBH Neighbourhoods and Regeneration Directorate about how they could collectively work to speak with Transport for London (TFL) about transport facilities...

***Recommendation seventeen***

**CHtPCT, Homerton and LBH together explore with Transport for London (TFL) and Community Transport how such challenges maybe resolved. The Commission believes the provision of a Hopper bus service may be one such approach.**

**The Commission wants to be advised by LBH Directorate Neighbourhoods and Regeneration in June 2007 how this will be achieved.**

CHtPCT explained GPs will not be forced to relocate if they were opposed, but felt to provide maximum benefit co-location of all teams would be required. Following a merger of GP premises GP's retain their individual identities, but realise the benefits of improved facilities, partnership working and assist with GP recruitment.

CHtPCT are aware that some people have difficulty getting on a GP practice list and it is hoped this strategy will do two things to alleviate by increasing the number of GPs. and creating the potential for GPs to take on new patients. It is hoped that if fully realised the 'premises strategy' will result in more than one GP practice covering a patient's street, offering patients a real choice.

***Recommendation eighteen***

**The Commission wishes to receive an undertaking that CHtPCT guarantee all patients who wish to transfer with their GP to the new location can do so. Patients who do not wish to transfer to the new location receive designated assistance from CHtPCT to obtain registration with a new GP.**

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## 7 CONCLUSION

The Commission felt considering the patient's journey to a service and the corresponding accessibility was paramount to its review attending site visits, coupled with presentations from key partners enabled Members to consider the needs of the patient overall and not just the point of service delivery.

In conclusion the Commission expects new health centres and surgeries to provide a welcoming child and parent friendly setting with provisions for young children to and adequate space for pushchairs and its hoped modernisation and investment in both would provide a better quality environment for the whole community.

**Lead Councillor:** Cllr Patrick Vernon

Scrutiny Officer: Tracey Anderson, ☎ 020-8356 3312

## 8 CONTRIBUTORS

The following people attended the Scrutiny Commission's meetings and gave evidence. The Scrutiny Commission owes a great deal to them not only for what they contributed to the investigation but also for the enthusiasm and commitment they brought to the task. Others present, both officers and members of the public, made informal contributions.

The Commission is grateful to all those who took part. Error and omissions are the responsibility of the commission.

14 <sup>th</sup> September 2006	Laura Sharpe, City and Hackney Teaching Primary Care Trust Helen Bulliers, City and Hackney Teaching Primary Care Trust
4 <sup>th</sup> October 2006	Kate Brown, The Learning Trust Gillian Wheeldon, London Borough of Hackney Peter Edwards, London Borough of Hackney Steve Rowlands, City and Hackney Primary Care Trust
8 <sup>th</sup> November 2006	Sue Foster, London Borough of Hackney Randall McDonald, London Borough of Hackney Bob Morgan, London Borough of Hackney Pauline Brown, Homerton University NHS Foundation Trust Hospital
13 <sup>th</sup> December 2006	Laura Sharpe, City and Hackney Primary Care trust Steve Gilvin, City and Hackney Primary Care Trust Ian Lewis, London Borough of Hackney
10 <sup>th</sup> January 2007	Jane Winder, Chair City and Hackney Primary Care Trust Marian Goodrich, City and Hackney Primary Care Trust

## 9 CONTRIBUTING MEMBERS OF THE SCRUTINY COMMISSION

### 9.1 Contributing Members of the Scrutiny Commission

Councillor Patrick Vernon (Chair)  
Councillor Daniel Kemp (Vice Chair)  
Councillor Maureen Middleton  
Councillor Shuja Shaikh  
Councillor Joseph Stauber  
Councillor Jonathan McShane  
Councillors Katie Hanson  
Councillors Emma Plouvez

### 9.2 Co-opted Members Appointed November 2006

Clarissa Rocke-Caton  
Jon Pushkin

### 9.3 Scrutiny Officer

Tracey Anderson

## Background Papers

The following documents have been relied upon in the preparation of this report or were presented to the Scrutiny Commission as part of the investigation:

Description of document	Location	Date
Our Health, Our Care, Our Say (White Paper)	HM Government Department of Health	January 2006
Bigger: Brighter: Better: A Plan To Improve Your Neighbourhood Healthcare Services and Premises – Consultation Document	City and Hackney teaching Primary Care Trust	October 2006 – January 2007

## Health in Hackney Scrutiny Commission Investigation Proposal

### 1. **The proposed review and suggested terms of reference**

Review of the services offered, available and promoted, within the Hackney area, in relation to the provision, location and population coverage of Primary Care and GP premises and assessing their impact upon the local populations’;

- Health and well-being,
- Social care

Establishing ways in which the Council and its statutory partners might better act to support the development of policies, practices and strategies which embed and support the development of the inter-agency working resulting in the enhancement of local infrastructure delivering shared outcomes.

In considering such issues the Commission will take into account the following themes;

- Workforce and service development
- Equality and Diversity
- Community and patient Involvement

### 2. **Origin of request (e.g. Surgery, Neighbourhood Committee, outside body, performance indicator).**

The Health in Hackney Scrutiny Commission has been approached by the City and Hackney Teaching Primary Care Trust in order to act as a statutory consultee in relation to its planned statutory consultation on GP and primary care premises. In addition to fulfilling this role there is a view that a more substantive piece of work can be undertaken.

Under the modernisation agenda, healthcare is being planned on an area-wide basis. Transfer of care from the acute to the primary care sector is taking place and healthcare professionals are being expected to develop new skills.

Agendas for the built environment are being specifically developed for healthcare premises around consumerism, geographical access, wider range of service, design quality, affordability and sustainability. With the overall aim being, to enhance the patient experience through improvements to the organisation of care and the quality of healthcare premises.

Recent NHS initiatives including the 'Planning and Priorities Framework for 2003-06', have recognised the need to make improvements to the organisation of care delivery and quality of healthcare buildings, resulting in renewed focus being placed upon the delivery of upgraded GP premises and the creation of one-stop primary care centres.

One-stop centres represent a move towards greater integration of primary and community services, and social services (where possible). Similarly, improvements to GP premises will see a move towards facilities housing a wider range of primary and community services. The future organisation of care and design of premises needs to pay attention to the comfort and convenience of patients, ensuring a balance between wider range of services, geographical access and affordability; with an emphasis on privacy and dignity in addition to the application of patient pathways and clinical networks supported by improved medical and IT systems (including electronic patient records and information sharing between partner groups).

Primary Care Trusts are now seeking to develop strategic delivery plans which will better support the required flexible accommodation necessary for the successful implementation of multi-disciplinary working.

Implicit in responding to such challenges are the essentials of joint working between statutory agencies and the requirement for the joint development of appropriate infrastructure and identification of appropriate space for the provision of such services.

**3. What are the likely objectives of any review? (i.e. Improvement in service delivery, budget saving, changed policy, recommendations to outside bodies).**

To make recommendations, as appropriate, for

- Service improvements
- To call for increased, re-allocation or re-appropriation of funds or funding.
- Foster stronger and improved joint and collaborative working including information sharing
- Adaptation of existing policies or adoption of new policies
- Increased community engagement and involvement including ensuring the proposals meet the needs of Hackney's diverse community.

**4. What is the scope of the review?**

To gain an understanding, on behalf of the whole Council and as community representatives, of the requirements and needs of the local population in relation to the provision of GP and Primary Care premises including;

- Primary Care Trust
- Community Services
- Children's Services and the Learning Trust
- LBH capital programmes
- Neighbourhood and Regeneration – the Borough's Planning and Regeneration policies and strategies including the Local Development Framework
- Voluntary Organisations, their input, co-ordination and operational areas
- Transport and access.

**5. What is the likely scale of any recommendations, and who are likely to be affected by them?**

It is anticipated that the review will be concluded in December 2006.

Recommendations may have implications for action upon the bodies mentioned in paragraph four and will have to be taken into account with appropriate budgetary and planning cycles.

**6. Who is likely to have to implement any recommendations?**

- Recommendations regarding local and regional health bodies are non binding and can only therefore be made for consideration
- Community Services
- Neighbourhood and Regeneration
- Children's Service and the Learning Trust

**7. What are likely sources of evidence/ stakeholders?**

Meetings are expected to run from September 2006 through to December 2006

**September**

City and Hackney Primary Care Trust (CHtPCT) – outline their proposals and consultation

**October**

- Community Services
- Children's Services and the Learning Trust
- LBH Capital programmes – implications for health centre locations within Service First and Estate refurbishments etc)

**November**

Consideration of the appropriate issues, policies, plans and strategies from LBH Planning and Regeneration (including section 106 monies)

**December**

Consideration of outcomes from CHtPCT's consultation

Review of East London LIFT Company arrangements

Review of the functions and development of the Local Area Agreement and asset management for health care use.

**January**

Draft conclusions

**8. What level of support is likely to be required by the review?**

- PCT, SHA & NHS Trust input.
- Community Services input
- Neighbourhood and Regeneration input – Planning, Regeneration guidance and input on existing policy, provision and scope for amendments
- Children's Service and the Learning Trust input
- Support, research and steering provided by the Scrutiny Officer
- Support, research and steering provided by the Lead Member with the collaboration of other members.

**9. What are the timescales for the review? (i.e does it need to be completed in order to meet a deadline elsewhere?)**

The review should begin in Autumn 2006 and is expected to conclude by Christmas 2006

**10. Who will be the Lead Member?**

Cllr Patrick Vernon

**11. How will progress be monitored?**

To be agreed at the time of producing the final report and this Commission's recommendations.