Health Sub-Committee AGENDA

DATE: **Wednesday 16 June 2010**

TIME: **7.30 pm**

VENUE: **Committee Room 5**
Harrow Civic Centre

MEMBERSHIP **(Quorum 3)**

Chairman: **Councillor Jerry Miles**

Councillors:

Ann Gate
Varsha Parmar
Mrs Vina Mithani
Simon Williams

Reserve Members:

1. Ben Wealthy
2. David Gawn
3. Krishna James

1. Barry Macleod-Cullinane
2. Mrs Lurline Champagnie OBE

Contact: **Damian Markland, Acting Senior Democratic Services Officer**
Tel: 020 8424 1785 E-mail: damian.markland@harrow.gov.uk

Harrow COUNCIL
LONDON

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

(i) to take the place of an ordinary Member for whom they are a reserve;
(ii) where the ordinary Member will be absent for the whole of the meeting; and
(iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
(iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of personal or prejudicial interests, arising from business to be transacted at this meeting, from:

(a) all Members of the Committee, Sub Committee, Panel or Forum;
(b) all other Members present in any part of the room or chamber.

3. APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman of the Sub-Committee for the Municipal Year 2010/11.

4. PUBLIC QUESTIONS

To receive questions (if any) from local residents/organisations under the provisions of Overview and Scrutiny Procedure Rule 8.

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Overview and Scrutiny Procedure Rule 9.

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Overview and Scrutiny Procedure Rule 10.

7. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

To receive any references from Council and/or other Committees or Panels.

8. THE VILLAGE PRACTICE PINNER AND BUCKINGHAM ROAD SURGERY (Pages 1 - 14)

Report of the Divisional Director, Partnership Development and Performance.

[The Clinical Director and Head of Contracts for NHS Harrow will be in attendance for this item]

9. NHS HARROW RESULTS AND RESPONSES FROM CONSULTATION ON A POLYSYSTEM OF PRIMARY CARE FOR EAST HARROW (Pages 15 - 76)

Report of the Divisional Director, Partnership Development and Performance.

[The Clinical Director and Head of Contracts for NHS Harrow will be in attendance for this item]

10. THE NORTH WEST LONDON HOSPITALS NHS TRUST QUALITY ACCOUNT (Pages 77 - 100)

Report of the Chief Executive, North West London Hospitals NHS Trust.

[The Chief Executive of the North West London Hospitals NHS Trust will be in attendance for this item]

11. ANY OTHER BUSINESS

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - NIL

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REPORT FOR: **HEALTH SUB-COMMITTEE**

Date of Meeting:	16 June 2010
Subject:	The Village Practice Pinner and Buckingham Road Surgery
Responsible Officer:	Alex Dewsnap, Divisional Director Partnership Development and Performance
Scrutiny Lead Member area:	Councillor Ann Gate, Policy Lead for Health and Social Care Councillor Vina Mithani, Performance Lead for Health and Social Care
Exempt:	No
Enclosures:	**Appendix One:** NHS Harrow letter to patients at Village Practice Pinner, 30 March 2010 **Appendix Two:** Letter from Scrutiny Health and Social Care policy and performance lead members, 14 April 2010 **Appendix Three:** Response letter from NHS Harrow to Scrutiny Health and Social Care policy and performance lead members, 22 April 2010 **Appendix Four:** Letter to patients at Buckingham Road Surgery, April 2010

Section 1 – Summary and Recommendations

This report summarises the details of the events and actions that were taken in relation to the closure of the Pinner Village Practice. The report also provides some background on the closure of Buckingham Road Surgery.

[Please see recommendations on next page]

Recommendations:

Members of the Health Scrutiny Sub-committee are asked to:

I. Consider and comment on the details and the issues that lead to the closure of Pinner Village Practice and Buckingham Road Surgery as outlined in the enclosed background papers.

II. That Health Scrutiny Sub-committee should decide on the next steps to take and consider how they may wish to investigate the closure of the practice and safeguard the interests of the residents formerly registered at the Pinner Village Practice and the Buckingham Road Surgery.

Section 2 – Report

Background

The Village Practice Pinner

At the end of the previous administration, on 31 March 2010 the Overview and Scrutiny Committee were contacted by James Walters, Director of Development and System Management, NHS Harrow regarding the imminent closure of the Village Practice in Pinner on 5 April 2010.

It was decided by the then Scrutiny Health and Social Care policy and performance lead members that due to the proximity of the elections, it may be more appropriate to address and investigate the issues in the next administration. The lead members also felt that the immediacy of the closure of the practice may also be an issue that may warrant further investigation over a period of time. In view of this, the lead members wrote to the Director of Development and System Management, NHS Harrow raising a number of key questions and issues to be addressed at an Overview and Scrutiny meeting. NHS Harrow's response to the questions are attached to this background report as appendix three along with other background information.

Closure of the Practice

The Village Practice was closed as a result of two partners leaving the surgery in early March 2010. Prior to this, NHS Harrow had been working with the practice to try and maintain services safely but due to the lack of sustainable working arrangements and inadequate governance measures in place, it was decided that the practice should be closed as it was felt it posed a risk to the safety of patients. The decision to close the practice was taken jointly by partners at the Village Practice and commissioners of NHS Harrow and the contractors agreed that their contract with NHS Harrow would end.

Patients at the practice were informed of the decision to close the practice via a letter that was sent out on 30 March 2010.The practices website also set out a number of frequently asked questions to aid patients. Patients were informed that the arrangements are temporary until they have been consulted along with other key stakeholders.

In the mean time patients who attended the Village Practice have been directed to the Pinn Medical Centre, also in Pinner. The remaining salaried doctors, nurses, and administrative staff from the Village Practice were also moved to the Pinn Medical Centre.

Buckingham Road Surgery

A decision was taken to close the Buckingham Road Surgery operated by Dr Gould and partners on 31 May 2010. The surgery was closed due to the fact that the premises did not meet the level of standard required for the provision of NHS services.

The closure of the site comes with approval from the PCT after the practice had sought alternative accommodation in the vicinity of the surgery without much success. The plan is to accommodate the patients (less than 1500) at

other sites that are covered by the practice. The GP, nurses and administrative staff will also be located at other sites that are covered by the practice.

It is believed that patients and staff were consulted in advance and they have been informed of the final decision to close the surgery. Patients are able to transfer to other sites within the practice or register elsewhere. Neighbouring PCTs and practices have also been informed of the closure.

Financial Implications
There are no financial implications associated with this report

Performance Issues
There are no specific performance issues associated with this report.

Environmental Impact
There are no environmental issues associated with this report.

Risk Management Implications
There are no risk management implications associated with this report.

Corporate Priorities
The council has a priority to 'improve the support for vulnerable people' and 'build stronger communities', the content of this report is relevant to both these priorities and the need to safeguard the interests of residents.

Section 3 - Statutory Officer Clearance
Not necessary for this report.

Section 4 - Contact Details and Background Papers

Contact:
Fola Irikefe
Scrutiny Officer
020 8420 9389

Background Papers:
Appendix One: Letter from NHS Harrow to patients at Village Practice Pinner, 30 March 2010

Appendix Two: Letter from Scrutiny Health and Social Care policy and performance lead members, 14 April 2010

Appendix Tree: Response letter from NHS Harrow to Scrutiny Health and Social Care policy and performance lead members, 22 April 2010

Appendix Four: Letter to patients at Buckingham Road Surgery, April 2010

Appendix 1

30 March 2010

Dear Sir / Madam,

Re: The Village Surgery

You may be aware that there have been a number of medical personnel changes at The Village Surgery in recent weeks, with Drs Sheridan and Wong leaving. This has had some effect on the running of the surgery, which has been of concern to patients, staff and doctors at the surgery. The PCT shares these concerns and has worked very hard with Drs Dove, Sheridan and Wong, who still held the contract to provide medical services, to ensure that the services continued to be provided in a safe and efficient manner. Our chief concern has been to ensure the safety of patients.

However, in the last few days, it has become clear that the practice cannot be sustained any longer and the doctors agreed with NHS Harrow yesterday that the current arrangements should not continue. We have had to make temporary arrangements quickly to secure a continuous safe service to all the patients.

We have therefore arranged for The Pinn Medical Centre to provide you with medical care from 6th April 2010.

We apologise for the very short notice and any inconvenience this may cause. I would like to reassure you that the PCT is working with The Village Surgery and The Pinn Medical Centre to make the transition as smooth as possible.

The administrative staff, salaried doctors and nurses from The Village Surgery will also be working at The Pinn Medical Centre from next week, although you can be seen by any GP at the centre. Your medical records will be available for the clinicians to access for consultations at the centre for Tuesday.

These are temporary arrangements and will continue until we have consulted with patients of the practice and other stakeholders on the long-term arrangements for patient care and come to a decision using that feedback and other relevant information.

Enclosed is a short information sheet about The Pinn Medical Centre to give you a brief introduction to their practice.

From Tuesday 6th April 2010, you can contact The Pinn Medical Centre as follows:

The Pinn Medical Centre
37 Love Lane
Pinner
HA5 3EE
Tel: 020 8866 5766

Open: Mon-Sun 8am – 8pm

Appendix 1

If you need to see a GP or nurse, please contact The Pinn Medical Centre on 020 8866 5766 to arrange this. We will keep you informed of any further changes and will contact you in relation to the consultation process shortly.

Alternatively, if you wish, you can approach any local GP practice to ask if they will take you on as a patient, as long as you are in their catchment area.

Information about practices in your area is available from public libraries, Citizen's Advice Bureaux and NHS Harrow. You can contact us on the telephone number below or visit our website, www.harrowpct.nhs.uk, or go to www.nhs.uk.

If you have any queries and would like to speak to someone, please contact our Patient Advice and Liaison Service (PALS) on 020 8966 1090 or 020 8966 1031.

Yours sincerely,

Julie Taylor
Head of Contracts

Overview and Scrutiny Committee
Chairman Councillor Stanley Sheinwald

14th April 2010

James Walters
Director of Development & System Management
NHS Harrow
The Heights
Fourth Floor
59-65 Lowlands Road
Harrow
HA1 3AW

Dear James

THE VILLAGE PRACTICE PINNER

Thank you for advising scrutiny of the closure of the Village Practice in Pinner. We are writing to advise you as to how we would like to consider this issue further.

As we are sure you are aware, the meeting of the Overview and Scrutiny committee on 13th April was the last in the current administration. As such, we did not feel that we would be able to consider the closure in any detail at this meeting. However, the committee has identified a range of issues on which it would appreciate further information. We should be grateful if you could let us know:

- How NHS Harrow monitors the performance of it contracts with GPs and what redress it has when performance appears to be deteriorating. In this context it would be helpful to know when you became aware of the issues that have resulted in the closure.
- Why there was no prior consultation on the closure
- Why the closure was so urgent.
- What is meant by 'an absence of sustainable permanent working arrangements and the necessary governance measures posed a risk to the safety of patients'.
- Your letter refers to arrangements as a 'temporary' measure. If this is indeed the case, what long-term solutions are proposed?
- What are the pros and cons of these solutions?
- When and how do you intend to consult on these proposals?
- In this context, how do you intend to commission GP services for the wider area?
- What are the implications of a sudden and significant increase in patient numbers for the Pinn Medical Centre? Have you assessed the capacity of the centre to accommodate this and have you assessed the risk to patients?
- Are you satisfied that the Pinn Medical Centre is accessible to the patients of the Village Practice in Pinner, particularly those who are elderly or disabled?

We should be grateful if you could provide your response to Lynne Margetts, Service Manager Scrutiny, she can be contacted at lynne.margetts@harrow.gov.uk or at:
London Borough of Harrow
Scrutiny Team
3rd Floor
Civic Centre
Station Road
Harrow
HA1 2XF

We have scheduled further discussion of the issue for the first full meeting of the Overview and Scrutiny committee after the election. This will take place on 8th June and we would like to invite you to attend the meeting to discuss the matter further with the committee. We hope you will be able to attend.

Many thanks for your assistance.

Yours sincerely.

Councillor Vina Mithani
Scrutiny Policy Lead Councillor
Adult Health and Social Care

Councillor Rekha Shah
Scrutiny Performance Lead Councillor
Adult Health and Social Care

cc Cllr Stanley Sheinwald, Chairman Overview and Scrutiny Committee
Cllr Mitzi Green, Vice Chairman Overview and Scrutiny Committee
Cllr Paul Osborn, Performance, Communication and Corporate Services Portfolio Holder, Pinner Ward Councillor

Appendix 3

22 April 2010

Lynne Margetts,
Service Manager Scrutiny
London Borough of Harrow
Scrutiny Team
3rd Floor, Civic Centre
Station Road
Harrow
HA1 2XF

Dear Lynne

THE VILLAGE PRACTICE PINNER

I am writing in response to the letter dated 14th April 2010 from Cllrs Vina Mithani and Rekha Shah, requesting further information about the events at the Village Surgery resulting in its closure on 5th April 2010.

I have responded to each of their enquiries in turn for clarity.

1. *How NHS Harrow monitors the performance of it contracts with GPs and what redress it has when performance appears to be deteriorating? In this context it would be helpful to know when you became aware of the issues that have resulted in the closure.*

NHS Harrow's primary care contract monitoring process involves the annual review of each practice in order to confirm compliance. There are then quarterly updates which also inform the balanced scorecard that we publish on our website for patients. However the monitoring process is also sensitive to other factors that affect practice performance and contract compliance as they arise eg. sudden fluctuations in staffing, patient complaints or patient safety concerns. These can come from a range of sources, sometimes our complaints team or Patient Advice and Liaison Service.

The contract sets out a process for PCTs to follow when tackling non compliance. Briefly, this entails issuing remedial or breach notices to the contractor citing the instances of non-compliance, the remedial action necessary to put right the contract breaches and the consequences if the contractor does not take remedial action. All contractors under the contract must agree the action to be taken and respond to the PCT as one organisation or "Contractor" about all compliance issues.

NHS Harrow was notified in mid February 2010 that one of the partners at the Village was to cease practising there and would leave the partnership at the beginning of March. They would remain responsible under the contract. This prompted concern as to how the Contractor would continue to provide services at the level necessary for the size of the practice list. This was followed by a further notification in late February that another partner at the Village was to cease practising there and would

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Website: www.harrowpct.nhs.uk

leave the partnership. They again would remain responsible under the contract. This deepened our concerns about how the Contractor would ensure continued services to the patients following this breakdown in the partnership and also raised concerns about the clinical governance arrangements that would now be in place in light of the fact that there was only 1 remaining partner.

The Contractor was asked in mid February and late February to inform the PCT of how clinical governance arrangements were being maintained in the circumstances, how the practice intended to address the serious concerns about future provision of services and what arrangements were in place to ensure continued services in light of the fact that 2 practising GPs were leaving.

A response was received from one partner at the practice addressing these points but almost immediately other clinicians at the practice began to raise concerns about their own workload and the governance arrangements. These in part contradicted the assurances the PCT had been given. Following a meeting to discuss those issues on the 16th March a contract remedial notice was issued to the Contractor requiring the issues to be remedied urgently.

Further concerns were raised by practice clinicians to the PCT's Acting Medical Director, who was sufficiently concerned by the risk to patients to call an urgent meeting with the Contractor on 29th March 2010. At that meeting the Contractor agreed that they wanted to terminate their contract with the PCT quickly in order to preserve the safety of patients. In the circumstances the PCT agreed for the contract termination to take place effective from 5th April 2010.

2. *Why there was no prior consultation on the closure?*

The intention was to hold the practice to their contractual responsibilities and resolve the issues. However when the situation became serious and the Contractor asked to terminate the contract, the PCT had to act quickly to secure primary care services for the patients. This did not allow the time for prior consultation.

3. *Why the closure was so urgent?*

I think my reply to questions 1 and 2 covers this question.

4. *What is meant by 'an absence of sustainable permanent working arrangements and the necessary governance measures posed a risk to the safety of patients'?*

The situation I have described meant the PCT had no assurance that the clinical management of patients was happening in a controlled way or that there was an over-arching governance arrangement that identified issues of concern and resolved them. There was no plan forthcoming from the Contractor that demonstrated there would be recruitment of additional GPs in longer term posts or that clinical governance arrangements that confirmed services given by the practice would be monitored continuously and high standards of care safeguarded. This created a risk to patient safety.

5. *Your letter refers to arrangements as a 'temporary' measure. If this is indeed the case, what long-term solutions are proposed?*

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The arrangements put in place with the Pinn are temporary while an engagement process is undertaken to decide on the long term future. The engagement process and scope have not yet been determined as there was not previously time to do this. Consequently there are no proposals developed yet. Essentially though the PCT with stakeholders needs to decide the best way of ensuring patients who were at the Village can access high quality care in the long term.

6. *What are the pros and cons of these solutions?*

Part of the engagement process will be to explore what options are possible and what benefits and disadvantages there are for each.

7. *When and how do you intend to consult on these proposals?*

As stated in no.5 above the engagement plan is only in development now but we would want to start as soon as possible and look to complete the process and have a decision in the next 6 months.

8. *In this context, how do you intend to commission GP services for the wider area?*

At this moment we are commissioning care temporarily for these patients from the Pinn. The PCT's broader intentions regarding commissioning services are set out in our Commissioning Strategy Plan.

9. *What are the implications of a sudden and significant increase in patient numbers for the Pinn Medical Centre? Have you assessed the capacity of the centre to accommodate this and have you assessed the risk to patients?*

Clearly, the Pinn have had a sharp increase in workload since the temporary arrangements were made with them just before Easter. However, they were in a good position to house those arrangements as their new building had capacity for additional consulting rooms to be brought into use which was done quickly. The staff, nurses and salaried GPs from the Village moved with the patients to the Pinn which has helped greatly with the additional demands on them, but in addition to that the Pinn have also recruited more clinicians to ensure that demand is met.

The Pinn has a strong management structure both clinically and administratively which has proved invaluable in the transition. The PCT is acutely aware of the sudden demands made of the practice and is offering them advice and support as and when they require it.

10. *Are you satisfied that the Pinn Medical Centre is accessible to the patients of the Village Practice in Pinner, particularly those who are elderly or disabled?*

The Pinn is a new build that complies with DDA requirements and NHS standards. It is 0.2miles or 320 metres from the Village Surgery. There is parking available and a local bus stop and met line station very nearby. We believe the Pinn is accessible for all patients. As you know they already service their own list of patients including those who are elderly or who have a disability.

I hope this information is useful to you and I will of course keep you updated on this situation throughout the process.

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Website: www.harrowpct.nhs.uk

Please let me know if you require any further details.

On a separate but related issue, I would like to inform you that Dr Gould and partners who currently run practices at Stanmore Medical Centre, Stanmore, Stanmore Park Medical Centre, Stanmore Park and Buckingham Road Surgery, Chandos Crescent, Edgware have decided to close the Buckingham Road Surgery site from 31st May 2010.

The premises there do not meet the standards required for the provision of NHS services. The practice has been actively seeking alternative accommodation in the immediate area for a prolonged period but unfortunately has had no success. They have therefore gained agreement from the PCT to close that site and instead see those patients at their other sites. The practice list at Buckingham Road is small, under 1500 and can be easily accommodated at the other sites. The GP and staff from Buckingham Road will remain with the practice working at the other sites. The practice have consulted staff and discussed this with patients in advance and letters are now going out to patients to inform them of the changes reassuring them they will remain with the practice unless they choose to re-register elsewhere. A list of practices in the area has also been enclosed for patients. Neighbouring PCTs and practices have also been informed.

Please let me know if you require any further information regarding this.

Yours sincerely

James Walters
Director of Development & System Management
NHS Harrow

CC Julie Taylor
Dr Muhammed Ali

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Te: 020 8966 1001 . Fax: 020 8426 8646
Website: www.harrowpct.nhs.uk

Appendix 4

Date as Postmarked

To: All Patients Registered With The Buckingham Road Surgery 82 Chandos Crescent, Edgware, Middx, HA8 6HL.

I am writing to inform you that the Buckingham Road Surgery site will be closing permanently on 31st May 2010. Last surgery will be on Friday 28th May 2010,

The doctors who currently practise there will continue to see you at their other practice site - The Stanmore Medical Centre - as of 1st June 2010 on a permanent basis. There are two sites that you can attend from that date.

The surgery details are as follows:

Main Surgery
The Stanmore Medical Centre
85 Crowshott Avenue
Stanmore
Middx
HA7 1HS
Tel: 020 8951 3888

Branch Surgery
Stanmore Park Medical Centre
William Drive
Stanmore Park
Stanmore, Middx
HA7 4FZ
Tel: 020 8951 3888

This does not affect your being registered with the practice. No action is needed on your part if you wish to stay with the practice.

If you do not wish to remain at the practice, you can approach any local practice to see if they will take you on as a patient. Please note that practices may refuse if you fall outside their catchment area.

Information about practices in your area is available from public libraries, Citizens Advice Bureaux and the NHS Choices Website (www.nhs.uk) or you can contact us on the telephone number above.

Enclosed is a letter from the practice and a list of other practices local to Chandos Crescent should you want to re-register.

Please do not hesitate to call if you need further help.

Yours sincerely
JRaichura
Jay Raichura
Lead for GP Contracts

Appendix 4

THE STANMORE MEDICAL CENTRE &
STANMORE PARK MEDICAL CENTRE

Drs Gould, Gerrard, Lakhani & Hasan
85 Crowshott Avenue, Stanmore, Middlesex, HA7 1HS
Tel: 020 8951 3888 Fax: 020 8952 8035 Branch Fax: 020 8416 1001
www.stanmoremedicalcentre.co.uk

April 2010

To: All Patients registered at The Buckingham Road Surgery – 82 Chandos Crescent, Edgware

We have had the pleasure of being responsible for your care at the Buckingham Road Surgery since the previous GP retired in February 2008.

The current premises at Chandos Crescent do not meet our requirements to enable us to deliver the services we would wish to offer our patients. We have been actively seeking alternative accommodation within the vicinity of the Practice. Unfortunately, we have not been able to find anything suitable.

After much discussion and careful consideration, we have decided to close the Surgery at Chandos Crescent. THE GP, NURSE and ADMIN STAFF will be transferring to our premises in Stanmore. We hope that you will also be able to attend our surgeries in Stanmore.

If you require any further information, please do not hesitate to contact our Service & Development Manager – Mrs. Sue Young – on 020 8951 3888.

An information sheet will be available from reception from Monday 3rd May, please feel free to call in and collect a copy. Meanwhile, you can see more about our Surgeries in Stanmore by looking at our website: www.stanmoremedicalcentre.co.uk.

We look forward to seeing you in Stanmore.

Yours sincerely,

Drs. Gould, Gerrard, Lakhani & Hasan
The Stanmore Medical Centre

REPORT FOR:	**HEALTH SUB-COMMITTEE**
Date of Meeting:	16 June 2010
Subject:	NHS Harrow Results and Responses from Consultation on a Polysystem of Primary Care for East Harrow
Responsible Officer:	Alex Dewsnap, Divisional Director Partnership Development and Performance
Scrutiny Lead Member area:	Councillor Ann Gate, Policy Lead for Health and Social Care Councillor Vina Mithani, Performance Lead for Health and Social Care
Exempt:	No
Enclosures:	**Appendix 1:** Letter and response from Harrow Overview and Scrutiny Committee to the consultation **Appendix 2:** NHS Harrow Board Papers from 27 April 2010 meeting detailing feedback from the public and key stakeholder.

Section 1 – Summary and Recommendations

This report details NHS Harrow's overall results from their consultation on a polysystem of primary care for East Harrow. Also enclosed in the background documents is the response from the Overview and Scrutiny Committee to the consultation.

[Please see recommendations on next page]

Recommendations:

Members of the Health Scrutiny Sub-committee are asked to:

I. Consider and comment on the update report from NHS Harrow with reference to the scrutiny response that was provided to the consultation.

II. Agree on whether any further steps should be taken.

Section 2 – Report

Background

NHS Harrow consulted the public and key stakeholders on proposals for a polysystem model of primary care for East Harrow. The consultation entitled "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow" ran from 9 December 2009 to 17 March 2010. Colleagues from NHS Harrow had previously attended Overview and Scrutiny Committee meetings to discuss the proposals.

The Overview and Scrutiny Committee provided a detailed response to the consultation on 24 February 2010 (enclosed in appendix one).

NHS Harrow considered all the responses and results of the consultation at their meeting on 27 April 2010 (enclosed in appendix two).

Financial Implications

There are no financial implications associated with this report

Performance Issues

There are no specific performance issues associated with this report.

Environmental Impact

There are no environmental issues associated with this report.

Risk Management Implications

There are no risk management implications associated with this report.

Corporate Priorities

By responding to the consultation, Overview and Scrutiny addressed the following corporate priorities:

- Improve support for vulnerable people – local healthcare services address the needs of those who are vulnerable and those who are unwell.
- Build stronger communities – Healthcare for London envisages polysystems as providing a community focus to primary care.

Section 3 - Statutory Officer Clearance

Not necessary for this report.

Section 4 - Contact Details and Background Papers

Contact:

Fola Irikefe
Scrutiny Officer
020 8420 9389

Background Papers:
Appendix One: Letter and response from Harrow Overview and Scrutiny Committee to the consultation

Appendix Two: NHS Harrow Board Papers from 27 April 2010 meeting detailing feedback from the public and key stakeholder.

Appendix 1

Letter and response from Harrow Overview and Scrutiny Committee to the consultation.

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Harrow COUNCIL
LONDON

Scrutiny

Councillor STANLEY SHEINWALD
Chairman, Overview and Scrutiny Committee

Sarah Crowther
Chief Executive
NHS Harrow
The Heights
59-65 Lowlands Road
Harrow HA1 3AW

24 February 2010

Dear Sarah

Harrow scrutiny response to "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow"

I am pleased to enclose Harrow Overview and Scrutiny Committee's response to NHS Harrow's consultation "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow".

We thank you and your colleagues for discussing the proposals within the consultation with our committee. We look forward to seeing the outcomes of this consultation and the developments in East Harrow. To this end, we would like to invite you or a colleague to our Overview and Scrutiny Committee meeting in June to discuss this issue further. A scrutiny officer will be contact nearer the time, however if you have any queries in the meantime, please do get in touch.

Yours sincerely

S. Sheinwald

Cllr Stanley Sheinwald
Chairman Overview and Scrutiny Committee

Cc: James Walters, Director of Development and System Management, NHS Harrow

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Harrow Overview and Scrutiny Committee Response to NHS Harrow's "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow"

Harrow Overview and Scrutiny Committee warmly welcomes the opportunity to comment on the proposals set out in NHS Harrow's consultation document "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow". We thank colleagues from NHS Harrow for bringing these proposals to our committee[1] and discussing them with us so openly and in such depth. Having discussed the proposals at Committee on a couple of occasions, we wish to reiterate the following points about the proposals and their impact on Harrow residents.

This response has been put together primarily by the scrutiny lead members for health and social care[2] as they hold the most extensive knowledge and background to the issues, and the response represents the views of the Harrow Overview and Scrutiny Committee as the Committee has 'signed off' this response at a formal committee meeting[3].

Delivering the polysystem vision

The shift from providing healthcare in acute settings to a more community based focus, care closer to home, is to be welcomed if co-location of health (and social care) services allows the public to access net gains of services co-located on one site. We welcome a model which increases the provision of healthcare services at venues and times which make them easier for residents to access. Extending opening hours at a hub and spoke from 8am to 8pm, 7 days a week and incorporating services previously only accessible at hospital e.g. pharmacy and diagnostics is to be welcomed.

We know that NHS Harrow is confident it can take forward the vision set out in *Healthcare for London* and implement this direction of travel for the NHS, as it is a forerunner in implementing the polyclinic vision. Alexandra Avenue Health and Social Care Centre (in Rayners Lane, Harrow) was one of London's first polyclinics and we would ask that NHS Harrow take stock of the lessons learnt from the experience of developing that polyclinic into the implementation of further polysystems for the borough. This should hold the PCT in good stead for the implementation of future polyclinics, whether they be standalone or within a polysystem.

Harrow benefits from having a polyclinic (Alexandra Avenue Health and Social Care Centre, Rayners Lane) and two GP-led centres (The Pinn Medical Centre, Pinner and Harness Harrow Medical Centre, East Harrow). These have helped alleviate some of the unnecessary demands on the local acute sector, most especially Northwick Park Hospital's Accident and Emergency department.

[1] Harrow Overview and Scrutiny Committee meetings on 24 September 2009, 8 December 2009
[2] Councillor Vina Mithani (Policy Scrutiny Lead Member for Health and Social Care) and Councillor Rekha Shah (Performance Scrutiny Lead Member for Health and Social Care)
[3] Harrow Overview and Scrutiny Committee 23 February 2010

From *Healthcare for London – A Framework for Action*[4] we know that polysystems have been identified as being able to provide care in a more flexible manner by offering a greater variety of services to the community over extended hours. In turn this should reduce the pressures on hospitals. This as well as walk-in urgent care centres on the front of hospitals and in community settings should enhance patients' experiences of healthcare. We are therefore very supportive of this concept for providing better access to and quality of primary healthcare services to communities, whilst recognising the challenges this model-shift poses to healthcare commissioners and providers.

Financial modelling - achieving savings to fill the funding gap

Having kept a watching brief on the financial positions of NHS trusts in our borough through our committee and review work over the past few years, we understand that the PCT's financial position necessitates the organisation to look at areas where savings can be achieved. NHS Harrow is not alone in this as the future financial landscape for the NHS as a whole is challenging and the NHS must find the best fit for its assets.

We have heard from the PCT[5] that it is facing significant financial challenges and that based upon NHS London's assumptions regarding underlying levels of cost and volume growth within the acute sector, a funding shortfall of between £20mill and £54mill is expected by 2013/14. We understand that in order to address this shortfall, the local NHS is looking to shift the reliance on acute hospital services and invest more in community healthcare provision, in line with the *Healthcare for London* vision.

NHS Harrow's resource allocation increase for 2010/11 is 5.2% however due to current economic conditions it is uncertain whether there will be increases in further years. This heightens the importance of making best use of current assets and estates. We understand that NHS Harrow has worked with Ingleton Wood Ltd to conduct an independent estates review to analyse the existing local estate and map potential options for development. We would urge that the PCT continues to work with the local authority in the work around public sector assets (for example through the Total Place agenda) being undertaken through the Transformation Programme ('Better Deal for Residents'), led by the Council but with full engagement of public sector partners.

Access and quality outcomes - v***ariability in quality of services in East Harrow***

We are concerned that despite high levels of QOF performance and good reported access to services, other markers of quality, for example screening rates, immunisation targets, data quality and surveys of patient experience suggest that quality in general practice performance is variable in clinical and non-clinical areas. We would expect all GP provision across Harrow to be of an equally high level, and for NHS Harrow to support GPs in achieving this.

East Harrow is a particular area of concern as the total QOF points achievement amongst GPs is 96% in East Harrow, while the rest of Harrow enjoys a rate of over 98% - representing a significant variation[6]. Furthermore the balanced scorecards for general practices in Harrow show real variation in performance across practices. However, we are aware through the Harrow Local Medical Committee's response[7] to the draft consultation

[4] Healthcare for London – A Framework for Action, NHS London, 2007
[5] Harrow Overview & Scrutiny Committee 8 December 2009
[6] Enhanced Primary and Community Care Services in East Harrow – Outline Business Case, NHS Harrow, December 2009
[7] Letter from Lesley Williams, Londonwide LMCs, to NHS Harrow, November 2009.

document that variations in performance may be due to East Harrow practices receiving less funding than other Harrow practices. We would like to seek clarification on this.

Harrow is rated among the worst in the country for patient reported access, despite a number of surgeries offering extended hours. East Harrow tends to have poorer access to primary care services, as demonstrated by the 2007/08 General Practice Patient Survey results where East Harrow scored lower than the rest of Harrow on patients' access by phone, to a GP within 48 hours, advance appointments and patient satisfaction with opening hours. This must be addressed through the new polysystem model of care.

Variation in the performance of providers not only serves to accentuate inequalities for patients, but also for staff in terms of workforce development. If Harrow is to meet the needs of patients and the direction set by central government it needs a strong, developing and motivated workforce whose skills and capacity are made best use of. Primary and community healthcare providers are also key players in the demand management of acute activity in ensuring that patients are appropriately signposted to care and commissioning cost-effective pathways. There continues to be a need to raise people's awareness of the alternatives to going to the Accident and Emergency department as a first port of call. There is definitely scope for reducing avoidable admissions in the borough.

Discarding options for a second GP led centre

Although original plans were to offer options around the redevelopment of Honeypot Lane and Kenmore Clinic as GP-led health centres (spokes), this could not be pursued by the PCT as it is no longer financially viable. We would hope that plans to redevelop are not put on hold indefinitely and that GPs are encouraged to develop plans and invest in these sites. The assessment of the feasibility of the proposed model focused on potential for expansion, impact of investment and access. We would encourage the PCT to reconsider these assessments when the NHS financial landscape has stabilised to ascertain whether further investment can be given to other sites.

The options for a second GP led centre have been discarded since the original plans as they will not deliver savings. However, we must be convinced that this is also because residents' needs can be met from the proposals suggested, and that patient needs do not go unmet. Now open, we look forward to seeing the Mollison Way GP-led health centre 'Harness Harrow' develop into a first-class facility for residents.

Health needs for the residents of East Harrow

The strengths of current services and the challenges facing the NHS in the future are acknowledged by the Department of Health[8]. These are pertinent to the picture in Harrow and gives emphasis to NHS Harrow's role as strategic commissioners of healthcare. Success in commissioning will rely upon solid partnership working with the local authority and clinician colleagues.

The health needs of Harrow, including those in East Harrow, are identified in the Joint Strategic Needs Assessment[9] in Harrow produced by the Council and PCT. This shows that Harrow is the fifth most ethnically diverse population in the country (49%) and Harrow East has a higher proportion of Black and Minority Ethnic (BME) groups at 55%. Projections suggest that by 2018 this will rise to 65%. This is of particular importance in this discussion as certain BME groups experience higher prevalence of some long term conditions such as such as hypertension, obesity, asthma, diabetes and CHD, which are

[8] 'Our Vision for Primary and Community Care', Department of Health, 2008.
[9] Harrow Council JSNA webpages: http://www.harrow.gov.uk/jsna

higher in East Harrow than the rest of Harrow[10]. The new services available within the polysystem must be alert to this and provide services to respond to these long term health needs and avoid unnecessary hospital admissions.

The consultation document asks respondents to consider which services they would like to see included in the Community Health Centre, in addition to the basic services. We would hope that decisions around the inclusion/exclusion of services would also be based on the demographic needs of East Harrow and the nature of the most prevalent conditions.

Whilst the Harrow Local Medical Committee is not supportive of the polysystem model for East Harrow, preferring increased investment in the current primary care infrastructure, we are supportive of the polysystem model. However we are in agreement with the LMC concerning the benefits of capturing learning points from evaluations of existing polyclinics and polysystems in order to inform future plans. Most locally this would be Alexandra Avenue Health and Social Care Centre – experience here highlighted especially the importance of early engagement with GPs. We would therefore encourage the PCT to look at existing polysystems model in order to inform the plans and implementation of those within this borough.

Engaging with GPs

There is an emphasis on practice based commissioning as a lever for the visions contained within *Healthcare for London*, requiring GP buy in and innovative commissioning to fund the vision and services through polysystems. This is furthered by the NHS strategy for world-class commissioning. It must be a priority therefore that local GPs are brought on board with NHS Harrow's vision for developing a polysystem in East Harrow and the implications of this for their own practices.

It is vital for long-term viability that such proposals not only have the understanding of users, but also the clinical buy-in of PCT staff, local GPs and other service deliverers. GP engagement in particular is key to the success of primary care and prevention. Scrutiny has had sight of the response to the draft consultation document by the Harrow Local Medical Committee[11] which makes clear that the LMC feels that there has been insufficient engagement with GPs. In this, Harrow LMC stated its concerns around the consultation document as well as the proposals. Harrow LMC feels that the PCT has not been in regular discussion with local practices and furthermore they disagree with Belmont as the best option as the most cost-effective or accessible option for patients. The success of any reconfigured system of care in Harrow will be heavily reliant upon the full engagement and buy-in by clinical practitioners such as GPs and therefore it is vital that the PCT engages with these key stakeholders throughout the process.

Travel and transport accessibility

Accessibility to the polysystem's hub and spokes is vital. We understand that NHS Harrow is having regular discussions with Transport for London to ensure that travel accessibility to healthcare venues is a priority in Harrow, however this only offers possible solutions in the mid to long term. New bus routes cannot be negotiated prior to the opening of the polysystem but rather must wait until numbers show that there is real demand for more bus routes, when TfL can be persuaded that the implementation of a new/altered route is commercially viable. In the meantime, patients will bear the brunt of inconvenient journeys. We question whether all of Harrow's communities are mobile enough to access

[10] Enhanced Primary and Community Care Services in East Harrow – Outline Business Case, NHS Harrow, December 2009

[11] Letter from Lesley Williams, Londonwide LMCs, to NHS Harrow, November 2009.

the polysystem hub and spokes. The polysystem should not serve to accentuate inequalities – polyclinic hub and GP-led spokes must be attractive to service users as well as service providers. Consequently we would encourage the PCT to seek alternative options for the most vulnerable patients for example through other voluntary/commercial transport providers, or indeed the transport fleets operated by the local authority.

Investing in and integrating services

The redevelopment of Belmont Health Centre demonstrates investment in community facilities. There is a need to maximise optimisation of the site and integrate health and social care onto one site so as to offer patients a seamless care pathway. There is scope for wider community services for example third sector and advocacy services to also be involved in delivery, as highlighted by scrutiny's review of relationships with the voluntary sector last year[12].

As the PCT moves from a provider role toward that of a commissioner, more emphasis will fall upon joint commissioning with the local authority. We are confident that the Council and PCT can work together to provide a 'single patient pathway' and the development of a polysystem hub at Belmont provides an excellent opportunity in this respect. Shifting expenditure from acute hospital into prevention is extremely difficult to achieve and will also undoubtedly increase the demand for social care. This needs to be explored jointly by NHS and social care colleagues.

The Outline Business Case states that NHS Harrow is developing a range of plans for investment in polysystem models across the borough with a view to around 25 sites (hubs, spokes and surgeries) providing a full range of services within four polysystem models. The Overview and Scrutiny Committee would request having sight of these during their development. We understand that a key driver behind these developments is reducing unnecessary activity in the acute sector, for conditions that would be better served within primary care. The forthcoming acute sector review for NW London, of which Harrow scrutiny has been involved in preliminary briefings, will have an obvious impact upon local plans for development. The obvious links with social care in this respect would suggest that the local authority's social care commissioners need be involved in these discussions early on in developing the investment plans. Indeed it is paramount that the strategic plans across the sector for both NHS organisations and the local authority are aligned.

We are concerned that the Outline Business Case cannot give definitive figures for the full cost of the proposed polysystem[13] and we would urge the PCT to undertake this modelling and calculations as a matter of urgency. We would also seek assurances that the PCT is fully confident that funding for the proposed development for the East Harrow hub can be met from the savings delivered by the new way of working – that the services offered within the hub will be delivered at a lower tariff than those of existing services.

The future of Kenmore Clinic

We request more information about the future of the Kenmore Clinic site as it becomes available[14]. Kenmore Clinic is located on Kenmore Road in East Harrow and the decision

[12] Scrutiny review on 'Delivering a Strengthened Voluntary and Community Sector for Harrow' - http://www.harrow.gov.uk/site/scripts/download_info.php?downloadID=688&fileID=5760

[13] Page 44 states "Once the full cost of the new investment in the proposed poly-system is calculated it will be possible to assess the full financial implications of this new development".

[14] We refer you to the discussions we have had with your officers at Overview and Scrutiny Committee on 24 September 2009 and 8 December 2009 and the minutes of the committee meeting on 23 February: http://www.harrow.gov.uk/www2/mgCommitteeDetails.aspx?ID=276&J=2

by the PCT to close it was made on the basis that the building was no longer safe and it was not financially viable to continue making regular repairs. We know firsthand from what many of our residents tell us that the local community in the Kenmore clinic area would like to see their local community healthcare facility restored and we would therefore urge the PCT, as a matter of priority, to seek ways in which GPs and other healthcare providers can return to and develop the site.

Consultation – communications model and stakeholder engagement

It is scrutiny's responsibility to not only respond to NHS consultation but also evaluate the adequacy of the consultation process and consider the outcomes. As we are providing this response ahead of the close of the formal consultation period, we are unable to fully assess the adequacy of the consultation that the PCT has conducted around these proposals. However, given our knowledge and experience of previous public consultations that the PCT has undertaken, most recently around Mollison Way and Healthcare for London, we are confident that the PCT is engaging with a wide range of appropriate stakeholders as well as the general public. Tried and tested engagement methods such as road shows, stalls in the town centre and information displays in GP surgeries have in the past yielded good public interest. This is highlighted by Harrow receiving the fourth highest response rate in London for the consultation on *Healthcare for London* (stroke and trauma) proposals earlier this year. People in Harrow care about their health services and the PCT is attuned to tapping into this.

For our part, as elected members and we will use our role as community leaders to raise awareness of the proposals within our communities and encourage people to respond to these proposals which will shape the healthcare they receive for years to come.

We encourage the PCT to engage with the local press about developments so that accurate key messages are being given out to the residents of our borough. We are glad to see that NHS Harrow is using the Council's magazine for residents 'Harrow People' to highlight the services available at the existing polyclinics and polysytems in the borough, for example Alexandra Avenue, The Pinn and Harness Harrow. We would encourage the PCT to do similar for Belmont and to build this into its communications plan for the redevelopment project.

We are excited by the PCT's commitment to invest in healthcare for residents in East Harrow and look forward to continuing our dialogue with NHS Harrow in the development and implementation of these plans. We ask that the PCT brings a further report to Harrow's Overview and Scrutiny Committee to detail the outcomes of the public consultation exercise and the PCT's subsequent decision. We would also expect the PCT to address the main issues raised in our response. To this end we would like to invite NHS Harrow to a future meeting of the Overview and Scrutiny Committee - perhaps in June 2010 when the full business case is expected to be completed. We encourage the PCT to maintain a continued dialogue with its key stakeholders, including the Council, about progress on these plans and look forward to the new system of healthcare in East Harrow delivering the best form of accessible healthcare for residents.

Appendix 2

NHS Harrow Board Papers from 27 April 2010 meeting detailing feedback from the public and key stakeholder.

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NHS Harrow

Agenda Item	2.6
Paper	Delivery
Meeting Date	27 Apr 2010

EAST HARROW PUBLIC CONSULTATION

Decision ☒ **Discussion** ☒ **Information** ☐

Report author: Shelly Roberts, Project Support Officer

Report signed off by: James Walters, Director of Development & System Management

Purpose of the report:

The purpose of the report is to provide feedback on the recent NHS Harrow consultation with the public and stakeholders on the proposed development of primary and community health services in East Harrow. The report provides information on;

- The 'Public and Patient Involvement' (PPI) consultation methodology.
- The results of the consultation; which includes a summary of the comments received.

Recommendations to the board:

The Board is asked to note and discuss the findings of the consultation on East Harrow and to decide whether to proceed with a final business case for the redevelopment of Belmont Health Centre. Should the Board wish to pursue a final business case, a further Gateway Review and NHS London review process will be required, as will consultation with Overview and Scrutiny.

Related "QIPP":	**Related "Use of Resources"**
☒ Quality ☒ Diversity ☒ Innovation ☒ Productivity ☒ Prevention	1.1 Planning for Health
Reference to risk on Board Assurance Framework / Risk Register	**Related "Links to World Class Commissioning Competencies"**
Risk Register: 1.4; 1.6; 1.10	**Competency 3** - Proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health **Competency 4** - Lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design and resource utilization.

Report history:

The Outline Business Case (OBC) and Consultation document were approved at the December 2009 Board meeting.

The Consultation and Involvement plan was discussed and approved at the February 2010 Board meeting

Agenda Item:	2.6
Paper:	Delivery
Meeting Date:	27 Apr 2010

EAST HARROW PUBLIC CONSULTATION

Contact name: J Walters
Contact no: 0208 966 1024

1. Executive Summary

The East Harrow consultation set out NHS Harrow's vision for improving primary and community health services and linking these together with social care services through a polysystem. NHS Harrow delivered the consultation for 14 weeks commencing 8th December 2009. The closing date for responses was Wednesday 17th March 2010.

A public and patient involvement (PPI) action plan was established to engage with stakeholders and Harrow residents. The Communications team established a consultation document and feedback questionnaire, which was distributed widely across Harrow. The team also used 'Survey Monkey' to produce an on-line questionnaire, which was linked to our web site with a range of additional information about the consultation.

A total of 141 responses were received; 40 electronically and 101 paper copies. A range of comments and letters were also received from stakeholders.

The results told us that more than two thirds of those that responded agreed that a Polysystem would improve care in East Harrow and were in favor of redeveloping Belmont Health Centre to be the polysystem Hub. The majority of public concerns raised were regarding transport links and ease of access.

2. Purpose of the report

The purpose of the report is to provide feedback on the recent NHS Harrow consultation with the public and stakeholders on the development of health and social care services in East Harrow. The report provides information on;

- The 'Public and Patient Involvement' (PPI) consultation methodology.
- The results of the consultation; which includes a summary of the comments we received.

3. The Consultation

3.1 <u>What we did.</u>

In order to explain the principles behind the new model of healthcare being proposed for East Harrow (referred to as a polysystem), and the proposal behind the development of a polyclinic on the Belmont Health Centre site, the following activities were arranged and information produced to inform the public and stakeholders.

a) An 18 page consultation document was produced entitled, "Better Care, Closer to Home" explaining the key principles of our proposals and aim to offer enhanced health and social care services through a polysystem.

Three thousand copies were distributed to GP practices, libraries, community groups, the voluntary sector and local councillors. A feedback form was attached asking for

views on the development of services in East Harrow and what services are preferred in the new facilities. A freepost address was made available to encourage responses.

The document publicised a public meeting on 11th February 2010 and also gave groups and organisations the opportunity to request a talk from a representative of NHS Harrow at their scheduled meetings.

b) A flyer was used to help publicise the public event on 11th February 2010. This contained a summary of the plans and offered the opportunity for a representative from NHS Harrow to attend a preferred event. Details of the public meeting were included and an invitation for people to give their feedback or be sent further information.

Five thousand copies were distributed to doctor's surgeries, libraries and community groups.

c) Stakeholder Group meetings with healthcare professionals, local councillors, local community group representatives and the public were held from December 2009 to March 2010. These were as follows:

- Overview & Scrutiny Committee – Tues, 8th Dec – 7:30-9pm – Harrow Civic Centre
- Mencap – Tues, 8th Dec – 2-3pm – St Peter's Church, Harrow
- GP Practice Managers – Wed, 9th Jan – 11-12noon – Bowen House
- Harrow Association for Disabled People – Mon, 1st Feb – 10:00-12noon – Headstone Drive, Harrow
- Voluntary Sector (Asian Elders – Men) – Fri, 5th Feb – 2-3pm – Belmont Community Hall
- Voluntary Sector (Asian Elders – Women) – Tues, 9th Mar – 2-4pm – Meeting Hall, North Harrow
- Older People's Partnership – Tues, 16th Feb – 2:45-4:30pm – Harrow Civic Centre
- Diabetes UK (Harrow) – Thurs, 25th Feb – 8pm – Harrow Baptist Church
- Harrow Asian Deaf Club – Sat, 6th Mar – 7pm – Bently Day Centre
- Harrow Carers - Thurs, 18th Mar – 9:45-12:00noon – Harrow Baptist Church

These meetings were well attended. NHS Harrow explained the polysystem model and how it could affect the healthcare for people in Harrow. Those in attendance were given the opportunity to discuss the proposals and ask questions.

d) A public meeting was arranged on Thursday, 11th February 2010, from 2:00pm to 7:30pm, at Belmont Community Hall. Dr Andrew Howe, Director of Public Health for NHS Harrow and Executive Sponsor for this programme gave two presentations at 3:00pm and 7:00pm. The event was well attended and various services manned health stalls displaying the types of services that could be provided at a polyclinic in East Harrow. Consultation events generally work much better if they provide additional interactivity.

e) A page was designed on the NHS Harrow website giving access to relevant information relating to the consultation, including the Outline Business Case and a link to the electronic survey. The electronic survey was provided by a tool called 'Survey Monkey'. This is the first time we have used an electronic survey tool in this way.

f) Letters were sent to all GP practices, local community representatives, the voluntary sector, local councillors, pharmacies, dental practices and interested members of the public.

Agenda Item:	2.6
Paper:	Delivery
Meeting Date:	27 Apr 2010

3.2 Results of the Consultation

3.2.1 The results on a Polysystem and hub at Belmont Health Centre

Response Summary – The following questions are taken directly from the consultation document and the results are broken down into electronic and paper responses. Respondents also had the option to comment against questions 1 and 2.

Q 1. NHS Harrow would like to offer better health and social care services to residents in East Harrow. To what extent do you agree with the following statement?

"Having read the consultation document, I believe the polysystem model in East Harrow will deliver better and more accessible services for local residents. This will ultimately lead to better health for local residents."

Answer options	ResponseCount			
	Survey Monkey	Paper Responses	Total	Response Percent
I agree with this statement	27	76	103	72.5%
I disagree with this statement	7	15	22	15.5%
I do not feel strongly either way	6	11	17	12%
Comments received	12	34	46	

Q 2. We are proposing that Belmont Health Centre become the community health centre (hub) in East Harrow alongside the development of the Mollison Way GP-led health centre.

Answer options	ResponseCount			
	Survey Monkey	Paper Responses	Total	Response Percent
I agree to the above proposal.	24	75	99	69.2%
I disagree with the above proposal.	9	18	27	18.9%
I do not feel strongly either way	7	10	17	11.9%
Comments received	14	28	42	

Summary of comments – A number of those who commented were very positive about the development of a polysystem model in East Harrow. There were some concerns about a perceived lack of access to public transport and parking and whether there is a potential for loss of continuity of care. Some requested clarity as to why Belmont Health Centre was identified as the hub and not other GP practices, such as Bacon Lane and Kenton Bridge Medical Centre.

A cross section of the comments we received are;

- "I have had to travel to the clinic in Alexandra Avenue several times but my GP is based at Belmont Health Centre, so would make things easier for me."
- "There is a need to provide a greater range of health care for the population of East Harrow which is long overdue."
- "I am a patient at the Pinn and am a volunteer driver for the patients association. I have observed first hand what a HUGE difference the new improved centre has been abl[illegible]ieve. I was not convinced at first!"

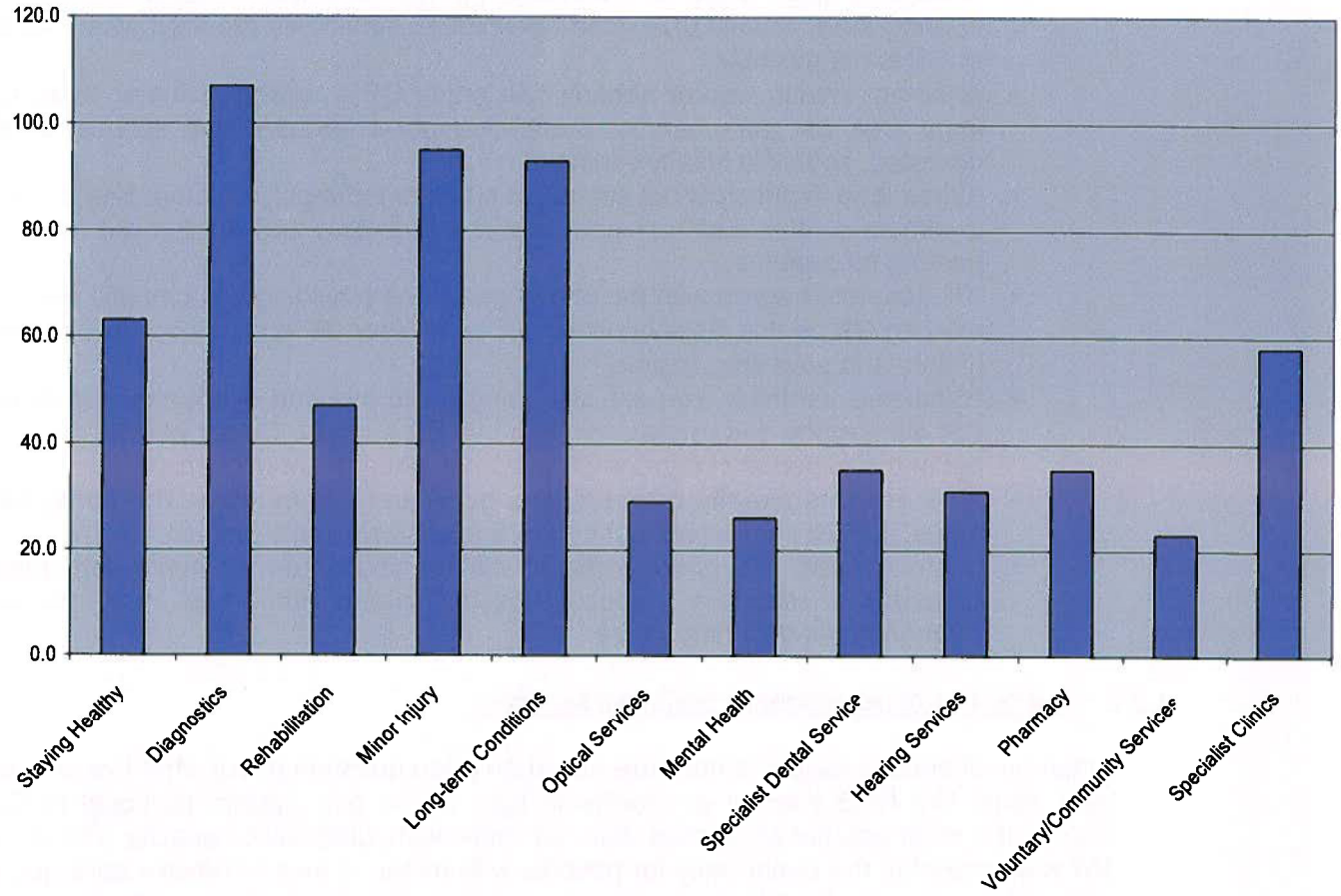
- "This is a good view and services for the residents of East Harrow and nearing area. Should give good health/NHS service as required when access to GP is not possible."
- "Belmont Health Centre already has many GP's registered there; there is a large free car park nearby; there is a good frequent bus service on the doorstep, so this is ideally situated."
- "Good idea in principal but site is too small to put a polyclinic on. Site car park is almost a total 'staff' car park and more doctors and nurses will mean no parking for patients."
- "Please note I agree with the above questions providing you can still see your existing GP as this gives continuity of care. Your GP knows you, your medical history and your drug regime."
- "Whatever we think, you are still going to do this and eventually our current GP will atrophy due to the reduction in NHS support. Clever plan to cut costs but at the expense of current GP practices and patient convenience."
- "The services already provided give good and nearby care. The polysystem model in East Harrow will not be more accessible in my opinion."
- "I am worried this good proposal will be scuppered by insufficient funds. Should the complete proposal not be carried out it will make present arrangements definitely worse."

3.2.2 The results of respondents' preferred services

When questionnaire respondents were asked an open question about what five services they would like NHS Harrow to provide in light of the poly-system proposal in East Harrow the most popular responses were for more tests/diagnostic capacity (chosen by 107 respondents); the opportunity for patients with minor injuries to receive care quickly and safely (chosen by 95 respondents) and help for those living with long term conditions (chosen by 93 respondents).

The chart below shows that respondents recognise the need for improved diagnostics in the community and they require access to minor injury facilities. It also shows that more community based treatment for long-term conditions is desired.

Agenda Item:	2.6
Paper:	Delivery
Meeting Date:	27 Apr 2010



3.3. Stakeholder Responses

Feedback from the following stakeholders was received by letter or e-mail. The PCT has responded to feedback or attempted to make contact to understand some of the comments in greater depth. The table below summarises the nature of the feedback, which is also produced in full within Appendix 1, with NHS Harrow's written responses contained within Appendix 2.

The table below outlines the nature of responses only:

Stakeholder	Nature of response
[redacted] Optnear Pharmacy Kenton Road Harrow 17th March 2010	Strongly oppose the proposed structure of healthcare services in East Harrow. Patients have complained.
Lesley Williams Primary Care Strategy Executive LMC 16th March 2010	Consultation process not properly managed. Inaccuracies in OBC and consultation paper that do not allow the public to make informed comments. Unfair to judge practice performance in Harrow without considering inequity in funding. QOF achievement scores inappropriately exaggerated.

	Need assurance that funding can be met. Lessons should be learnt from Alexandra Avenue 'which has not resulted in cost savings'. Surveyors' report in OBC on premises is incorrect in part. Clinical practitioners should all be given the opportunity to have a stake and maximise 'buy in' which should have happened right from the development of the consultation proposals. The LMC is "supportive of redevelopment of the BHC provided this will not divert resources from the PCT that could be utilised for premises and service improvements for GPs across East Harrow". Local population is already appropriately served by walk-in services during extended hours. Development of another hub at Kenmore needs to be considered.
Fiona Wise Chief Executive NWLHT 16th March 2010	The PCT's pre-consultation business case for East Harrow seeks to withdraw £45.2m from secondary care spend by 2014 which represents approximately a third of the Trust income from Harrow and compromises its longer term viability. Undermines our vision of being a strong Foundation Trust. Unable to fully support for this reason.
Janet Dady Harrow and District Group Diabetes UK 3rd March 2010	Thanks the PCT for joining their meeting in February and are supportive of the poly system model.
Cllr Stanley Sheinwald Chairman Overview & Scrutiny Committee 24th February 2010	Invitation to attend Overview & Scrutiny Committee meeting in June to discuss further. Welcome the shift of healthcare provision from acute to community if co-location of health & social care allows the public to access on one site. Very supportive of walk-in centres and polysystem model. Important to ensure that lessons learned from the evaluation of existing polyclinics are incorporated into future plans. Urge PCT to continue to work with the local authority around public sector assets (eg Total Place agenda). Seek clarification on variations in practice performance in East Harrow. Concerned PCT will 'discard' plans for second GP led health centre (encouraged to restore services at Kenmore Clinic). Strongly recommend engagement with key stakeholders. Question transport accessibility to hub and spokes and encourage the PCT to seek alternative options for vulnerable patients.

	'The OBC cannot give definitive figures for the full cost of the polysystem and urge the PCT to undertake this modelling...seek assurances that the PCT is confident funding for the proposed development...can be met from savings delivered by the new way of working – services offered...will be at a lower tariff...' PCT to seek ways in which GP/other providers can develop Kenmore. Confident the PCT is engaging well. Suggest the use of *Harrow People* for Belmont publicity.
Barry Gardiner MP for Brent North 27th January 2010	[redacted] correspondence, including petition re. development of BHC as opposed to Kenton Bridge Medical Centre – 5th October 2009 Kenton Bridge has a higher population density, spare capacity and there is a lack of public transport to Belmont Health Centre. The letter enclosed: 1. Public notice from Kenton Bridge stating 'site is yet to be bought and then rebuilt'. 2. Letter opposing the development from Flat owners, [redacted]
Tony McNulty, MP Harrow East 7th January 2010	Request that any decision about GP services in East Harrow work with NHS Barnet, Edgware Community Hospital and take full notice of decisions made by Northwick Park Hospital.
Lesley Williams Primary Care Strategy Executive LMC **Pre-consultation** 27th November 2009	Insufficient time to comment on the draft Outline Business Case (OBC). Insufficient engagement with GPs. PCT's consultation with local practices to produce the OBC has not been adequate. Belmont Health Centre not cost-effective or accessible. OBC lacks historical and financial context. No evidence of advantages. 'Dissatisfaction' with GP services in East Harrow is misleading and requires further evidence. Local health needs doesn't give a comprehensive picture.
Dr Golden, Dr Raja & Dr Abu (via Dr Levy LMC Member) Kenton Bridge Medical Centre Kenton Road Harrow **Pre-consultation** 26th November 2009	Kenton Bridge has a number of advantages over Belmont Health Centre and as such should be given further consideration for development. Space is under used, the building is fully equipped, parking is good and we have a track record of providing additional services.

Agenda Item:	2.6
Paper:	Delivery
Meeting Date:	27 Apr 2010

4. Equality impact assessment

A range of engagement methods were used to enable hard to reach groups to comment on our Polysystem proposal for East Harrow. Much of the feedback we gained face to face was about access and this will be incorporated into development plans.

5. Recommendations

The Board is asked to note and discuss the findings of the consultation on East Harrow and to decide whether to proceed with a final business case (FBC) for the redevelopment of Belmont Health Centre. Should the Board wish to pursue a final business case, a further Gateway Review and NHS London review process will be required, as will consultation with Overview and Scrutiny.

6. Acknowledgements

We wish to thank staff in the PPI, Communications, Service Improvement and Public Health teams for their support at public meetings and events. We would also like to thank the groups, societies and patient representatives that allowed us to come and speak to them about the consultation.

Appendices

Appendix 1 – letters received in response to the consultation
Appendix 2 – response letters from NHS Harrow

Agenda Item:	2.6
Paper:	Delivery
Meeting Date:	27 Apr 2010

Board Report Executive Director sign off

This report has been approved by the accountable Executive Director and satisfied that the implications for the following areas have been adequately considered.

☒ **Financial**

☒ **Equalities**

Name: James Walters

Job Title: Director Development & System Management

NHS
Harrow

EAST HARROW PUBLIC CONSULTATION

Appendix 1

Comments from the Public

April 2010

Pre – Consultation Response

Dear Mr Jeffery,

Harrow East Primary Care Development LMC consultation

The Harrow LMC was sent the proposed public consultation document and the supporting Outline Business Case for LMC consultation on Tuesday 24 November with a request for comments by Friday 27 November morning before the document was to be sent to the PCT Board. The LMC requested an extension which was not allowed. The LMC does not consider this to be a reasonable consultation period and therefore does not consider this sufficient involvement of Harrow General Practice in the development of this proposal.

The LMC is also concerned that there is no evidence of a local General Practice stakeholder consultation. The LMC noted that the DH Next Stage Review requires that proposals for this level of reconfiguration should be with full clinical engagement and should be shaped by local GP stakeholders.

The Harrow LMC is concerned that the public consultation document itself needs further clarification and development and that the Outline Business Case is at times inaccurate and misleading.

The Harrow LMC recommends that the consultation process is deferred until both documents have been revised via LMC and local General Practice consultation within a reasonable timescale.

Please find below specific comments on the outline Business Case and the resulting public consultation document.

Outline Business Case
In general, LMC members and local constituents disagree that the PCT has been in regular discussions with local practices. Practices find the data in the OBC inaccurate and its presentation misleading. Local practices disagree with the outcome of the PCT's assessment of potential sites in East Harrow and do not consider the Belmont option to be the most cost-effective or accessible option for patients.

The LMC was particularly unhappy with the presentation of data in particular tables 2 (page 14) and 3 (page 15) which demonstrate a growth in prevalence or diagnosis, which is not an indication of poor services. Figure 14 on page 20 appears to make a 2.5% difference in QOF achievement look much more significant than it is. In addition, QOF is voluntary and cannot be used as a quality marker for this reason.

The document lacks historical and financial context and does not acknowledge that Harrow East practices are less well funded than other Harrow practices. The references to the balanced scorecard (BSC) reinforce this. At the time the BSC was developed the LMC wished the PCT to include practice finances as there is a link between practice funding and the services a practice is able to offer.

There is no evidence that investment in the proposed poly system will address the health and funding inequalities in East Harrow. There is no evidence that the Belmont health centre will provide better access to services; there is evidence that parking is poor and patients near the Brent border in Kenton will be disadvantaged by this development.

Members are concerned that the introduction of a polysystem may lead to duplication of investigation and may confuse patients rather than improve their journey of care.

As in the public consultation document below there is no robust evaluation of new developments to support the introduction of another polyclinic.

The LMC and local GPs would like the PCT to consider increased investment in the current primary care supporting infrastructure including improvement grants, training, patient education and health promotion, increased translation services and community nursing.

Draft Public consultation document: Better Care, Closer to Home
Page 4 Introducing your local NHS
The document states that the PCT is consulting on plans to invest in the health centre development. The phrase 'health centre development' is not included in the glossary and is not clearly defined here or elsewhere in the document.

Page 5 East Harrow at a glance
Bullet point 6 'Satisfaction with GP services in East Harrow is below the Harrow average, particularly with regard to opening hours and getting appointments. Harrow is one of the worst boroughs in the country for patient reported access to primary care services'.
Page 8 also cites 'relative dissatisfaction with accessing services'.

Harrow LMC considers these references are misleading and requests the PCT shows the actual Harrow figures in the context of the national access figures. The Harrow LMC noted that the PCT's concerns over GP access are based on measures (QOF PE7 and PE8 and the MORI national patient survey) that are unrepresentative, based on patients' perception and statistically insignificant. The LMC noted that, according to the latest DH survey (July 2009) on GP extended hours, 81.6% of Harrow practices provide extended hours, well above the original national target of 50% of practices.
http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/PrimaryCare/DH_089459

Harrow LMC requests the document contains the financial context of Harrow General Practice. The level of investment and funding in Harrow practices is variable and inequitable, with Harrow east practices receiving less funding than other Harrow practices.

Page 6 Health needs in East Harrow
The five bullet points showing the long term conditions in East Harrow are taken out of context and do not give a comprehensive picture of local health needs. The LMC considers that some of these health needs could be related to the ethnicity of East Harrow. The LMC requests that all health needs are shown to give a balanced and accurate picture.

Page 7 What is a Poly-system
The LMC would like this section developed so that it is more understandable to members of the public. The Harrow LMC requests the term 'Community Health Centre' is defined so that patients know what services would be offered by this facility. The glossary does not define community health services or a community health centre. The definition of a spoke states 'Spokes are existing GP practices and primary care facilities which will link to the hub'. Members of the public do not know what 'primary care facilities' are. It would also be helpful to list the health services currently provided by GP practices for example family planning and child health surveillance.

Page 8 Our proposal
This refers to 'relative dissatisfaction with accessing services'. Please can the PCT provide the evidence base for this as also requested above.

This section refers to the poly-system models already in place, but provides no evaluation. The GP led health centre in Mollison Way will not be implemented until January 2010 and

cannot therefore be used as a model. The document should contain evidence of the original aims of implemented developments, whether/how these aims have been achieved and the benefits to patients.

The proposal contains no financial information including modelling, in particular the level and source of investment needed in the hub and the GP practice spokes.

Pages 9 and 11 How we chose the locations
The document only provides consideration of one location: Belmont Health Centre. There are no other options given, for example the development of alternative sites or an option to provide investment to existing practices to develop their infrastructure. There is no comparison with other sites with regards the space and facilities available, including public transport links and parking.

Recent public consultation documents from other PCTs for example from Westminster included a range of options for the public to consider.

In summary, the LMC considers there has been insufficient General Practice consultation and neither the consultation paper nor the Outline Business Case is fit for purpose. The Harrow LMC requests the PCT Board defer considering this paper until proper consultation of the LMC and local General Practice has taken place and a more detailed evidence-based consultation paper with options has been developed and agreed with the LMC.

Kind regards
Lesley Williams

Lesley Williams
Primary Care Strategy Executive
Londonwide LMCs
Tel: 020 7387 2034 ext 221
Fax: 020 7383 7442
Email: lesley@lmc.org.uk
Web: www.lmc.org.uk

Harrow LMC Response to the East Harrow PCT Public Consultation

Introduction

This response from Harrow LMC is on behalf of the following GP practices, who are located within the East Harrow area, and for whom these proposals will have a direct impact. This response is based upon feedback received from GPs and practices directly, and also upon the collective views expressed at an LMC-organised meeting on Tuesday 19 January 2010:

11 Bacon Lane
Belmont Health Centre
82 Chandos Crescent
Charlton Medical Centre
Honeypot Medical Centre
Kenton Bridge Medical Centre
The Medical Centre, Streatfield Road (Dr Vara)
Stanmore Medical Centre (Dr Gould and Partners)
The Stanmore Surgery (Dr Segal)
Streatfield Road Surgery
Zain Medical Centre

1. Consultation Process

As has been already stated in Harrow Local Medical Committee's initial response in advance of the consultation (attached), we believe that the NHS Harrow consultation process did not follow due process, and wish to reiterate the following points:

1) The consultation proposals were developed without the input and involvement of constituent GP practices. We believe this does not accord with the government's Next Stage Review recommendations and Lord Darzi's pledge in May 2008 that such proposals should have full involvement and leadership by local clinicians. We believe that involvement of local GP practices would have resulted in other proposals and options which could have been consulted upon, and which would have had the sign up of local GPs.

   We also share the Harrow Council Overview and Scrutiny Committee's (HOSC) concerns expressed at its meeting on 8 December 2009 that there is evidence that patients in East Harrow have also not been properly consulted. We are aware of a local practice petition and note the HOSC's minutes:

   'A Member expressed concern that a public meeting before the opening of Mollison Way Health Centre had been cancelled. In response, an NHS representative stated that the Patient Group had decided that a public meeting was not the best way to showcase the Health Centre and that an open day was to be arranged instead. Another Member stated that, as a member of the Patient Group, she did not recall being consulted.'

2) We are concerned that the consultation paper and outline business case (OBC) contains several inaccuracies and omissions that will not allow the public to make informed comments, and is in part biased against the care provided by practices in East Harrow. Harrow Local Medical Committee voiced these concerns in writing to the PCT prior to the consultation, and these concerns were also sent to the HOSC:

   A. The proposed changes are predicated on an argument that the quality and access to care in East Harrow is worse than other parts of Harrow. We would point out the following:

I) There is evidence that practices in East Harrow receive a lower investment per head than the rest of Harrow. Our calculation is that East Harrow practices are funded at £69.13 per patient where the rest of Harrow has an average of £75.95 . It is unfair to judge and compare practice performance across Harrow, without considering this inequity, which should have been made explicit in the consultation document and OBC.

ii) The consultation document and OBC inaccurately generalise the performance of all practices in East Harrow, when there is significant variation, including some practices whose performance significantly exceeds the Harrow average. We can substantiate this with specific examples of individual practices.

III) The OBC used selective quality parameters to suggest that quality of care in East Harrow is worse than the Harrow average There are a range of parameters, which are not included, in which we believe there is no significant difference between East Harrow practices and the rest of Harrow. Further the comparison of QOF achievement scores were presented in an inappropriately exaggerated manner-the difference of 96% achievement in East Harrow versus 97.5% across Harrow is not significant, but this is shown in a magnified graphical manner to suggest a larger difference.

B. The data used for comparison of care between East Harrow and the Harrow average referred to 2007-08, and was out of date at the time of consultation, which should have instead used the 2008-09 results.

C. The consultation did not detail the financial impact and implications of these proposal with any clarity. The actual cost will be naturally determined by the specific service reprovision in these changes but these were not defined. We support the HOSC's concerns expressed in its draft response to the public consultation document at its meeting on 23 February 2010 that:

'the Outline Business Case cannot give definitive figures for the full cost of the proposed polysystem13 and we would urge the PCT to undertake this modelling and calculations as a matter of urgency. We would also seek assurances that the PCT is fully confident that funding for the proposed development for the East Harrow hub can be met from the savings delivered by the new way of working – that the services offered within the hub will be delivered at a lower tariff than those of existing services.'

There is a possibility that these proposals will increase costs (not make the savings espoused in the OBC) and be a drain on local health resources at a time of unprecedented cash pressures in the NHS nationally and locally. The OBC proposes savings will be made as a result of a shift of care from hospitals to primary care; this has to be considered as conjecture in the absence of such detail. Furthermore lessons should first be learnt from the currently existing polyclinic "hub" at Alexander Avenue, which has not resulted in cost savings in hospital utilisation, and in fact has resulted in net increased expenditure from the local health economy.

D. We believe the surveyors' report in the OBC on individual GP practice premises was factually incorrect in part and therefore did not reflect fairly on the potential of some premises to be redeveloped or enhanced.

2. **Proposal for polysystem model and Community Health "Hub" at Belmont Health Centre**

We support proposals for improvement in services and redesign in East Harrow, and also support the concept of a polysystem, with a community "hub" for extended services and diagnostics that can be accessed by neighbouring GPs. However we believe this should develop organically with the engagement and influence of local GPs and practices and support the HOSC's concerns:

'There is an emphasis on practice based commissioning as a lever for the visions contained within *Healthcare for London*, requiring GP buy in and innovative commissioning to fund the vision and services through polysystems. This is furthered by the NHS strategy for world-class commissioning. It must be a priority therefore that local GPs are brought on board with NHS Harrow's vision for developing a polysystem in East Harrow and the implications of this for their own practices.

The success of any reconfigured system of care in Harrow will be heavily reliant upon the full engagement and buy-in by clinical practitioners such as GPs and therefore it is vital that the PCT engages with these key stakeholders throughout the process.'

This did not occur in the development of the consultation proposals. Additionally the nature and detail of the specific services that would reside in a polyclinic hub need greater clarity, without which the proposals are based on speculative costs. There is no such detail in the consultation. We believe that the current polyclinic in Alexander Avenue should be assessed and evaluated prior to making any significant service changes in East Harrow. This is supported by the Harrow Council Overview and Scrutiny Committee's response as endorsed by its meeting on 23 February 2010:

'we are in agreement with the LMC concerning the benefits of capturing learning points from evaluations of existing polyclinics and polysystems in order to inform future plans. Most locally this would be Alexandra Avenue Health and Social Care Centre – experience here highlighted especially the importance of early engagement with GPs. We would therefore encourage the PCT to look at existing polysystems model in order to inform the plans and implementation of those within this borough.'

We are supportive of redevelopment of the Belmont Health Centre provided this will not divert resources from the PCT that could be instead be utilised for premises and service improvements for general practices across East Harrow. We understand that the GP practices within Belmont Health Centre have offered to provide the capital investment for redevelopment. We suggest that all GP practices in East Harrow be given the opportunity to have a stake in the proposals to maximise "buy in".

We also believe that the Belmont hub will itself not provide adequate access of services for the whole of East Harrow, and that the consultation has omitted to look at other options of enhancing and expanding service provision within the current estate infrastructure by existing GP practices. Nor is there a proposal for investment in other hubs for example Kenmore. We have summarised this in our "complementary option" below.

While we understand the arguments for the polysystem in terms of service redesign,

"care closer to home" and financial factors, we do not comprehend how these proposals will address the aim to reduce health inequalities and wider public health issues expressed in the consultation document and OBC

3. **8am -8pm GP-led walk-in services at Belmont Health Centre**

We believe that this will incur a considerable sum of additional resources from current overstretched PCT resources, at a time when increasing NHS financial pressures should result in prudent use of local funds. We estimate an additional 8am - 8pm walk in GP service could cost up to between £0.5- £1m per year. We believe that the local population is already adequately served by four 7 days a week walk-in services during these extended hours, and that paying for another such service at Belmont is superfluous to need and profligate:

1) Harness GP-led health centre in Mollison Way is within proximity to most practices in East Harrow.
2) Edgware Walk-in Centre is additionally available for patients for a range of unscheduled care, including minor accidents and injuries.
3) Pinn GP-led Health Centre.
4) Alexander Avenue Polyclinic

There is evidence that the above are operating significantly below capacity, and therefore local NHS resources are already paying for a volume of services not provided. Furthermore the Harness GP-led health centre in East Harrow only commenced in mid January 2010 and the impact, utilisation and cost-effectiveness of this should be assessed before investment in such a service at Belmont Health Centre

We believe that the money saved from not investing in an unnecessary 8am - 8pm GP-led walk in service at Belmont Health Centre, should be reinvested in part to enhance and improve existing GP practices and services (see below for an additional option).

4. **Key Concerns**

In conclusion, we believe:

1) The consultation proposal and process for East Harrow are flawed, do not meet due process and were developed without the engagement and support of constituent GP practices.

2) GP practices represented in this letter believe that there should be an additional option for investment in existing GP practices, which will also redress the historic underinvestment in East Harrow practices compared to the rest of Harrow.

3) We support the principle of the GP Provider Federation Model, but believe that there should be:
- specific clarity regarding how this would operate
- details of service redesign before making financial and service commitments
- an evaluation and analysis of utilisation of the services at Alexander Avenue polyclinic, Pinn GP-led health centre and new Harness Mollison Way GP-led health centre first.

4) Whilst accepting the desirability of redevelopment of Belmont Health Centre as a hub, we emphatically oppose investing in a new 8am - 8pm GP-led walk-in service at Belmont. We believe this will be a superfluous and wasted expense, which will be to the detriment of East Harrow residents by diverting resources away from more effective and beneficial patient care and will worsen the debt of NHS Harrow. We believe that part of this resource would be far better invested in enhancing existing GP practices' infrastructure.

We also believe that the development of another hub at Kenmore needs to be considered. In this we are supported by the HOSC:

'We know firsthand from what many of our residents tell us that the local community in the Kenmore clinic area would like to see their local community healthcare facility restored and we would therefore urge the PCT, as a matter of priority, to seek ways in which GPs and other healthcare providers can return to and develop the site.'

We would ask that the current consultation is subject to a further review (and consultation if appropriate), incorporating the wishes and vision of constituent GP practices, which has hitherto been absent in the current proposal.

5. Next Steps/ Complementary Options

We propose a complementary option for investment, ***instead of*** an 8am – 8pm GP led walk in clinic at Belmont Health Centre. We believe that money that would have been spent on a GP-led walk in service at Belmont will translate into far greater benefit to patients across East Harrow, via our alternative proposal. We also believe this will result in a saving for NHS Harrow since we would propose using a significantly smaller sum than the cost of a GP-led walk in service at Belmont. We propose the following:

1) An estate investment proposal for GP practice "spokes" with the involvement of all local GP practices to shape this. We fully recognise that whilst there are a few sites that are not suitable for development (and which may not be sustainable in the longer term), the majority are suitable for modernisation, refurbishment and in some case expansion. The investment to achieve such enhancements will be modest in some practices e.g. redesign of waiting area. This will also redress the historic inequity of underinvestment in GP practices in East Harrow compared with the Harrow average. We believe that such estate investment will result in a far more palpable and accessible improvement to patients across East Harrow, rather than confined to those within proximity to the Belmont site.

2) We believe that practices should operate in a "federated sense", and allow sharing of human resources and services between practices. This will provide expanded and enhanced services across East Harrow accessible to all patients rather than benefiting those closest to Belmont only.

3) Enhanced range of services. This can be provided in many existing GP practice sites, for access by other neighbouring practices.

4) Extended Hours. We believe that a collaborative arrangement between existing GP practices can be provided at a lower cost than investing in a GP-led service at Belmont Health Centre.

5) Choice and access. We believe that improving services in existing GP sites will provide patients with a more accessible local service, especially the elderly and frail who depend on walking proximity to their practice, and also enhances choice of practice for the local population. In this we share the HOSC's concerns that the polyclinic proposal can only be made accessible to vulnerable patients in the medium and long term:

'In the meantime, patients will bear the brunt of inconvenient journeys. We question whether all of Harrow's communities are mobile enough to access the polysystem hub and spokes.'

The LMC is happy to support and co-ordinate a proposal led by local GP practices for the above.

From: Directors - OptnearPharmacy [mailto:[redacted]
Sent: 17 March 2010 16:59
To: Pal office
Subject: Consultation on Healthcare services in East Harrow

I write to express grave concerns on the proposed struture of healthcare services in East Harrow. I strongly believe this will lead to further defragmenting of the whole health care system, which is fragile as it is. The proposed structure is not feasible either from patients' point of view - some of whom have compalined. I will ask for a rethink on these proprosals
Thank you

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23/03/2010

The North West London Hospitals NHS
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HA1 3UJ

The Trust Office
Chairman: Mr Tony Caplin
Direct Line: 0208 869 2002
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Chief Executive: Ms Fiona Wise
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16 March 2010

Via Email
Sarah Crowther
Chief Executive
NHS Harrow
Harrow Primary Care Trust
The Heights,
59 – 65 Lowlands Road
Harrow HA1 3AE

Dear Sarah

East Harrow Public Consultation

I have discussed the PCT's proposals for a new polysystem in East Harrow with my Executive Committee and would like to make the following points on behalf of the Trust.

The Trust continues to support the delivery of out of hospital care wherever clinically and financially appropriate. In the last 12 months we have established a range of consultant led community based clinics in South Harrow and Pinner polysystems; have helped move the Northwick Park UCC closer to A&E and recently accommodated the Clinical Assessment Unit so that it could better support the PCT's demand management plans. All these initiatives are likely to have an adverse financial impact but we recognise that they reflect national policy by providing care closer to the patient's home.

The PCT's pre-consultation business case for East Harrow seeks to withdraw £45.2m from secondary care spend by 2014 (£26.3m shift to primary care and £18.9m from decommissioning). This represents almost a third of the Trust's income from Harrow (based on current activity flows) and compromises the Trust's longer term financial viability. Some of the income loss may be mitigated by extending our presence in the community but the proposed seriously undermines our vision of being a strong Foundation Trust with excellent local links with the community.

For these two important reasons, I regrettably cannot offer unconditional support to the polysystem proposal.

Best wishes

Yours sincerely

Fiona Wise

Fiona Wise
Chief Executive

Diabetes UK

Registered Charity no. 215199

HARROW AND DISTRICT GROUP

Secretary: **Miss Janet Dady,** 60 Laurel Park, Harrow Weald, HARROW, Middlesex, HA3 6AU.

Telephone: 020-8954 7392

3RD March 2010

Mr James Walters & Mr Abbas Poptani
Harrow Primary Care Trust
The Heights
59-65 Lowlands Road
HARROW ON THE HILL
Middlesex
HA1 3AW

Dear James and Abbas,

I would like to thank you both, on behalf of our members, for joining our February meeting. It is always good to hear about the intentions of Harrow PCT.

We look forward to the future planned poly system for the Belmont Health Centre, and hope you can keep us informed.

Unfortunately, you cannot please everyone, but it is useful to be able to put views forward.

I hope Anne is feeling fully fit now, please give her our best wishes.

Hope you both had a quick and safe journey home. Thanks again for sparing your time for us.

Yours sincerely,

Janet

Janet Dady
Secretary, Harrow and District Group
Telephone: 020-8954 7392

cc Anne Whitehead

Harrow COUNCIL
LONDON

Scrutiny

Councillor STANLEY SHEINWALD
Chairman, Overview and Scrutiny Committee

Sarah Crowther
Chief Executive
NHS Harrow
The Heights
59-65 Lowlands Road
Harrow HA1 3AW

24 February 2010

Dear Sarah

Harrow scrutiny response to "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow"

I am pleased to enclose Harrow Overview and Scrutiny Committee's response to NHS Harrow's consultation "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow".

We thank you and your colleagues for discussing the proposals within the consultation with our committee. We look forward to seeing the outcomes of this consultation and the developments in East Harrow. To this end, we would like to invite you or a colleague to our Overview and Scrutiny Committee meeting in June to discuss this issue further. A scrutiny officer will be contact nearer the time, however if you have any queries in the meantime, please do get in touch.

Yours sincerely

S. Sheinwald

Cllr Stanley Sheinwald
Chairman Overview and Scrutiny Committee

Cc: James Walters, Director of Development and System Management, NHS Harrow

Harrow Overview and Scrutiny Committee Response to NHS Harrow's "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow"

Harrow Overview and Scrutiny Committee warmly welcomes the opportunity to comment on the proposals set out in NHS Harrow's consultation document "Better Care, Closer to Home – A Consultation on the development of accessible, modern, high quality health and social care services in East Harrow". We thank colleagues from NHS Harrow for bringing these proposals to our committee[1] and discussing them with us so openly and in such depth. Having discussed the proposals at Committee on a couple of occasions, we wish to reiterate the following points about the proposals and their impact on Harrow residents.

This response has been put together primarily by the scrutiny lead members for health and social care[2] as they hold the most extensive knowledge and background to the issues, and the response represents the views of the Harrow Overview and Scrutiny Committee as the Committee has 'signed off' this response at a formal committee meeting[3].

Delivering the polysystem vision

The shift from providing healthcare in acute settings to a more community based focus, care closer to home, is to be welcomed if co-location of health (and social care) services allows the public to access net gains of services co-located on one site. We welcome a model which increases the provision of healthcare services at venues and times which make them easier for residents to access. Extending opening hours at a hub and spoke from 8am to 8pm, 7 days a week and incorporating services previously only accessible at hospital e.g. pharmacy and diagnostics is to be welcomed.

We know that NHS Harrow is confident it can take forward the vision set out in *Healthcare for London* and implement this direction of travel for the NHS, as it is a forerunner in implementing the polyclinic vision. Alexandra Avenue Health and Social Care Centre (in Rayners Lane, Harrow) was one of London's first polyclinics and we would ask that NHS Harrow take stock of the lessons learnt from the experience of developing that polyclinic into the implementation of further polysystems for the borough. This should hold the PCT in good stead for the implementation of future polyclinics, whether they be standalone or within a polysystem.

Harrow benefits from having a polyclinic (Alexandra Avenue Health and Social Care Centre, Rayners Lane) and two GP-led centres (The Pinn Medical Centre, Pinner and Harness Harrow Medical Centre, East Harrow). These have helped alleviate some of the unnecessary demands on the local acute sector, most especially Northwick Park Hospital's Accident and Emergency department.

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[1] Harrow Overview and Scrutiny Committee meetings on 24 September 2009, 8 December 2009

[2] Councillor Vina Mithani (Policy Scrutiny Lead Member for Health and Social Care) and Councillor Rekha Shah (Performance Scrutiny Lead Member for Health and Social Care)

[3] Harrow Overview and Scrutiny Committee 23 February 2010

From *Healthcare for London – A Framework for Action*[4] we know that polysystems have been identified as being able to provide care in a more flexible manner by offering a greater variety of services to the community over extended hours. In turn this should reduce the pressures on hospitals. This as well as walk-in urgent care centres on the front of hospitals and in community settings should enhance patients' experiences of healthcare. We are therefore very supportive of this concept for providing better access to and quality of primary healthcare services to communities, whilst recognising the challenges this model-shift poses to healthcare commissioners and providers.

Financial modelling - achieving savings to fill the funding gap
Having kept a watching brief on the financial positions of NHS trusts in our borough through our committee and review work over the past few years, we understand that the PCT's financial position necessitates the organisation to look at areas where savings can be achieved. NHS Harrow is not alone in this as the future financial landscape for the NHS as a whole is challenging and the NHS must find the best fit for its assets.

We have heard from the PCT[5] that it is facing significant financial challenges and that based upon NHS London's assumptions regarding underlying levels of cost and volume growth within the acute sector, a funding shortfall of between £20mill and £54mill is expected by 2013/14. We understand that in order to address this shortfall, the local NHS is looking to shift the reliance on acute hospital services and invest more in community healthcare provision, in line with the *Healthcare for London* vision.

NHS Harrow's resource allocation increase for 2010/11 is 5.2% however due to current economic conditions it is uncertain whether there will be increases in further years. This heightens the importance of making best use of current assets and estates. We understand that NHS Harrow has worked with Ingleton Wood Ltd to conduct an independent estates review to analyse the existing local estate and map potential options for development. We would urge that the PCT continues to work with the local authority in the work around public sector assets (for example through the Total Place agenda) being undertaken through the Transformation Programme ('Better Deal for Residents'), led by the Council but with full engagement of public sector partners.

Access and quality outcomes - variability in quality of services in East Harrow
We are concerned that despite high levels of QOF performance and good reported access to services, other markers of quality, for example screening rates, immunisation targets, data quality and surveys of patient experience suggest that quality in general practice performance is variable in clinical and non-clinical areas. We would expect all GP provision across Harrow to be of an equally high level, and for NHS Harrow to support GPs in achieving this.

East Harrow is a particular area of concern as the total QOF points achievement amongst GPs is 96% in East Harrow, while the rest of Harrow enjoys a rate of over 98% - representing a significant variation[6]. Furthermore the balanced scorecards for general practices in Harrow show real variation in performance across practices. However, we are aware through the Harrow Local Medical Committee's response[7] to the draft consultation

[4] Healthcare for London – A Framework for Action, NHS London, 2007
[5] Harrow Overview & Scrutiny Committee 8 December 2009
[6] Enhanced Primary and Community Care Services in East Harrow – Outline Business Case, NHS Harrow, December 2009
[7] Letter from Lesley Williams, Londonwide LMCs, to NHS Harrow, November 2009.

document that variations in performance may be due to East Harrow practices receiving less funding than other Harrow practices. We would like to seek clarification on this.

Harrow is rated among the worst in the country for patient reported access, despite a number of surgeries offering extended hours. East Harrow tends to have poorer access to primary care services, as demonstrated by the 2007/08 General Practice Patient Survey results where East Harrow scored lower than the rest of Harrow on patients' access by phone, to a GP within 48 hours, advance appointments and patient satisfaction with opening hours. This must be addressed through the new polysystem model of care.

Variation in the performance of providers not only serves to accentuate inequalities for patients, but also for staff in terms of workforce development. If Harrow is to meet the needs of patients and the direction set by central government it needs a strong, developing and motivated workforce whose skills and capacity are made best use of. Primary and community healthcare providers are also key players in the demand management of acute activity in ensuring that patients are appropriately signposted to care and commissioning cost-effective pathways. There continues to be a need to raise people's awareness of the alternatives to going to the Accident and Emergency department as a first port of call. There is definitely scope for reducing avoidable admissions in the borough.

Discarding options for a second GP led centre

Although original plans were to offer options around the redevelopment of Honeypot Lane and Kenmore Clinic as GP-led health centres (spokes), this could not be pursued by the PCT as it is no longer financially viable. We would hope that plans to redevelop are not put on hold indefinitely and that GPs are encouraged to develop plans and invest in these sites. The assessment of the feasibility of the proposed model focused on potential for expansion, impact of investment and access. We would encourage the PCT to reconsider these assessments when the NHS financial landscape has stabilised to ascertain whether further investment can be given to other sites.

The options for a second GP led centre have been discarded since the original plans as they will not deliver savings. However, we must be convinced that this is also because residents' needs can be met from the proposals suggested, and that patient needs do not go unmet. Now open, we look forward to seeing the Mollison Way GP-led health centre 'Harness Harrow' develop into a first-class facility for residents.

Health needs for the residents of East Harrow

The strengths of current services and the challenges facing the NHS in the future are acknowledged by the Department of Health[8]. These are pertinent to the picture in Harrow and gives emphasis to NHS Harrow's role as strategic commissioners of healthcare. Success in commissioning will rely upon solid partnership working with the local authority and clinician colleagues.

The health needs of Harrow, including those in East Harrow, are identified in the Joint Strategic Needs Assessment[9] in Harrow produced by the Council and PCT. This shows that Harrow is the fifth most ethnically diverse population in the country (49%) and Harrow East has a higher proportion of Black and Minority Ethnic (BME) groups at 55%. Projections suggest that by 2018 this will rise to 65%. This is of particular importance in this discussion as certain BME groups experience higher prevalence of some long term conditions such as such as hypertension, obesity, asthma, diabetes and CHD, which are

[8] 'Our Vision for Primary and Community Care', Department of Health, 2008.
[9] Harrow Council JSNA webpages: http://www.harrow.gov.uk/jsna

higher in East Harrow than the rest of Harrow[10]. The new services available within the polysystem must be alert to this and provide services to respond to these long term health needs and avoid unnecessary hospital admissions.

The consultation document asks respondents to consider which services they would like to see included in the Community Health Centre, in addition to the basic services. We would hope that decisions around the inclusion/exclusion of services would also be based on the demographic needs of East Harrow and the nature of the most prevalent conditions.

Whilst the Harrow Local Medical Committee is not supportive of the polysystem model for East Harrow, preferring increased investment in the current primary care infrastructure, we are supportive of the polysystem model. However we are in agreement with the LMC concerning the benefits of capturing learning points from evaluations of existing polyclinics and polysystems in order to inform future plans. Most locally this would be Alexandra Avenue Health and Social Care Centre – experience here highlighted especially the importance of early engagement with GPs. We would therefore encourage the PCT to look at existing polysystems model in order to inform the plans and implementation of those within this borough.

Engaging with GPs

There is an emphasis on practice based commissioning as a lever for the visions contained within *Healthcare for London*, requiring GP buy in and innovative commissioning to fund the vision and services through polysystems. This is furthered by the NHS strategy for world-class commissioning. It must be a priority therefore that local GPs are brought on board with NHS Harrow's vision for developing a polysystem in East Harrow and the implications of this for their own practices.

It is vital for long-term viability that such proposals not only have the understanding of users, but also the clinical buy-in of PCT staff, local GPs and other service deliverers. GP engagement in particular is key to the success of primary care and prevention. Scrutiny has had sight of the response to the draft consultation document by the Harrow Local Medical Committee[11] which makes clear that the LMC feels that there has been insufficient engagement with GPs. In this, Harrow LMC stated its concerns around the consultation document as well as the proposals. Harrow LMC feels that the PCT has not been in regular discussion with local practices and furthermore they disagree with Belmont as the best option as the most cost-effective or accessible option for patients. The success of any reconfigured system of care in Harrow will be heavily reliant upon the full engagement and buy-in by clinical practitioners such as GPs and therefore it is vital that the PCT engages with these key stakeholders throughout the process.

Travel and transport accessibility

Accessibility to the polysystem's hub and spokes is vital. We understand that NHS Harrow is having regular discussions with Transport for London to ensure that travel accessibility to healthcare venues is a priority in Harrow, however this only offers possible solutions in the mid to long term. New bus routes cannot be negotiated prior to the opening of the polysystem but rather must wait until numbers show that there is real demand for more bus routes, when TfL can be persuaded that the implementation of a new/altered route is commercially viable. In the meantime, patients will bear the brunt of inconvenient journeys. We question whether all of Harrow's communities are mobile enough to access

[10] Enhanced Primary and Community Care Services in East Harrow – Outline Business Case, NHS Harrow, December 2009

[11] Letter from Lesley Williams, Londonwide LMCs, to NHS Harrow, November 2009.

the polysystem hub and spokes. The polysystem should not serve to accentuate inequalities – polyclinic hub and GP-led spokes must be attractive to service users as well as service providers. Consequently we would encourage the PCT to seek alternative options for the most vulnerable patients for example through other voluntary/commercial transport providers, or indeed the transport fleets operated by the local authority.

Investing in and integrating services

The redevelopment of Belmont Health Centre demonstrates investment in community facilities. There is a need to maximise optimisation of the site and integrate health and social care onto one site so as to offer patients a seamless care pathway. There is scope for wider community services for example third sector and advocacy services to also be involved in delivery, as highlighted by scrutiny's review of relationships with the voluntary sector last year[12].

As the PCT moves from a provider role toward that of a commissioner, more emphasis will fall upon joint commissioning with the local authority. We are confident that the Council and PCT can work together to provide a 'single patient pathway' and the development of a polysystem hub at Belmont provides an excellent opportunity in this respect. Shifting expenditure from acute hospital into prevention is extremely difficult to achieve and will also undoubtedly increase the demand for social care. This needs to be explored jointly by NHS and social care colleagues.

The Outline Business Case states that NHS Harrow is developing a range of plans for investment in polysystem models across the borough with a view to around 25 sites (hubs, spokes and surgeries) providing a full range of services within four polysystem models. The Overview and Scrutiny Committee would request having sight of these during their development. We understand that a key driver behind these developments is reducing unnecessary activity in the acute sector, for conditions that would be better served within primary care. The forthcoming acute sector review for NW London, of which Harrow scrutiny has been involved in preliminary briefings, will have an obvious impact upon local plans for development. The obvious links with social care in this respect would suggest that the local authority's social care commissioners need be involved in these discussions early on in developing the investment plans. Indeed it is paramount that the strategic plans across the sector for both NHS organisations and the local authority are aligned.

We are concerned that the Outline Business Case cannot give definitive figures for the full cost of the proposed polysystem[13] and we would urge the PCT to undertake this modelling and calculations as a matter of urgency. We would also seek assurances that the PCT is fully confident that funding for the proposed development for the East Harrow hub can be met from the savings delivered by the new way of working – that the services offered within the hub will be delivered at a lower tariff than those of existing services.

The future of Kenmore Clinic

We request more information about the future of the Kenmore Clinic site as it becomes available[14]. Kenmore Clinic is located on Kenmore Road in East Harrow and the decision

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[12] Scrutiny review on 'Delivering a Strengthened Voluntary and Community Sector for Harrow' - http://www.harrow.gov.uk/site/scripts/download_info.php?downloadID=688&fileID=5760

[13] Page 44 states "Once the full cost of the new investment in the proposed poly-system is calculated it will be possible to assess the full financial implications of this new development".

[14] We refer you to the discussions we have had with your officers at Overview and Scrutiny Committee on 24 September 2009 and 8 December 2009 and the minutes of the committee meeting on 23 February: http://www.harrow.gov.uk/www2/mgCommitteeDetails.aspx?ID=276&J=2

by the PCT to close it was made on the basis that the building was no longer safe and it was not financially viable to continue making regular repairs. We know firsthand from what many of our residents tell us that the local community in the Kenmore clinic area would like to see their local community healthcare facility restored and we would therefore urge the PCT, as a matter of priority, to seek ways in which GPs and other healthcare providers can return to and develop the site.

Consultation – communications model and stakeholder engagement

It is scrutiny's responsibility to not only respond to NHS consultation but also evaluate the adequacy of the consultation process and consider the outcomes. As we are providing this response ahead of the close of the formal consultation period, we are unable to fully assess the adequacy of the consultation that the PCT has conducted around these proposals. However, given our knowledge and experience of previous public consultations that the PCT has undertaken, most recently around Mollison Way and Healthcare for London, we are confident that the PCT is engaging with a wide range of appropriate stakeholders as well as the general public. Tried and tested engagement methods such as road shows, stalls in the town centre and information displays in GP surgeries have in the past yielded good public interest. This is highlighted by Harrow receiving the fourth highest response rate in London for the consultation on *Healthcare for London* (stroke and trauma) proposals earlier this year. People in Harrow care about their health services and the PCT is attuned to tapping into this.

For our part, as elected members and we will use our role as community leaders to raise awareness of the proposals within our communities and encourage people to respond to these proposals which will shape the healthcare they receive for years to come.

We encourage the PCT to engage with the local press about developments so that accurate key messages are being given out to the residents of our borough. We are glad to see that NHS Harrow is using the Council's magazine for residents 'Harrow People' to highlight the services available at the existing polyclinics and polysytems in the borough, for example Alexandra Avenue, The Pinn and Harness Harrow. We would encourage the PCT to do similar for Belmont and to build this into its communications plan for the redevelopment project.

We are excited by the PCT's commitment to invest in healthcare for residents in East Harrow and look forward to continuing our dialogue with NHS Harrow in the development and implementation of these plans. We ask that the PCT brings a further report to Harrow's Overview and Scrutiny Committee to detail the outcomes of the public consultation exercise and the PCT's subsequent decision. We would also expect the PCT to address the main issues raised in our response. To this end we would like to invite NHS Harrow to a future meeting of the Overview and Scrutiny Committee - perhaps in June 2010 when the full business case is expected to be completed. We encourage the PCT to maintain a continued dialogue with its key stakeholders, including the Council, about progress on these plans and look forward to the new system of healthcare in East Harrow delivering the best form of accessible healthcare for residents.

230

HOUSE OF COMMONS
LONDON SW1A 0AA

HARROW PRIMARY CARE TRUST
- 1 FEB 2010

Dr. Sarah Crowther
Chief Executive
NHS Harrow
4th Floor
The Heights
59-65 Lowlands
Harrow,
Middlesex
HA1 3AW

[redacted]

Our Ref: KP/ APOL01001 / 01100219

27 January 2010

Dear Dr. Crowther,

[redacted]

Re: Kenton Bridge Medical Centre

I write on behalf of my above named constituent, [redacted]. Please find enclosed correspondence and a copy of a petition I have received from [redacted] regarding the proposals to develop Belmont Health Centre to provide additional services rather than Kenton Bridge Medical Centre, which would seem to be better placed. I understand that the population density is higher around Kenton Bridge Medical Centre and there are rooms available, so saving the cost of re-development at Belmont. There is also a lack of public transport links to Belmont Health Centre causing inconvenience and expense to the residents of Kenton who may wish to access these new services.

I would be grateful if you could provide me with full details of the proposed development and the consultation process. I would also be grateful if you could respond to the above concerns specifically.

Thank you for your attention to this matter and I look forward to receiving your considered response shortly.

Yours sincerely,

Barry Gardiner

Barry Gardiner
Member of Parliament for Brent North

www.barrygardiner.com

16/1/010

Barry Gardiner
M.P. Brent North,
House of Commons,
London, SW1A 0AA

Dear Barry Gardiner,

Re: Kenton Bridge Medical Centre

I enclose copies of correspondance we have sent to NHS Harrow, via the Kenton Bridge Medical Centre. It is self-explanatory so I won't bother you with further details. Please can you find out full details of the proposed development, & perhaps add your voice to our protests? I am sure you will agree its a waste of N.H. money.

Best Wishes,

Yours Sincerely,

[redacted]

To N H S HARROW

From: Flat owners

[redacted]

5-1-2010

Re: Kenton Bridge Medical Centre.

We are horrified to hear that NHS Harrow is proposing to develop services to Belmont Health Centre,whereas the population density Is highest around Kenton Bridge Medical Centre.

We understand rooms are already available at Kenton Bridge Centre, whereas a vast amount of money will have to be spent At Belmont Health Centre.

Although this proposed project is in its infancy please do not Waste anymore National Health Money on trying to put this Unnecessary project through.

Many many people will petition against this scheme, if you give Serious consideration to a growing and ageing population you Will see making use of present facilities and employing the Money in other ways would be much more beneficial.

We would like to point out there is only one bus service from Kenton To Belmont every thirty minutes, with out extra commuters it Is usually full,People who are now in walking distance of Kenton Bridge Medical Centre would find the fares expensive.
Please give these matters your very careful consideration when When discussing this proposal in the future.

Kenton Bridge Medical Centre

Dr Levy, Dr Raja, Dr Golden, Dr Abu Dr Yetunde & Dr Azeem
155-175 Kenton Road, Kenton, Middlesex, HA3 0YX
Phone: 020 8907 6989 or 020 8907 6013 **Fax:** 020 8907 6003

URGENT SUPPORT NEEDED FOR YOUR PRACTICE!!!

NHS Harrow is proposing new investment for more services to be introduced within the local community. Belmont Health Centre has been selected for accommodating support services. We at Kenton Bridge Medical Centre feel this will not be convenient to our patients. The population density is highest around Kenton Bridge Medical Centre and service enhancement would be better placed here for East Harrow.

To develop services at Belmont Health Centre, NHS Harrow requires high redevelopment costs as the site is yet to be bought and then rebuilt, whereas the rooms are already available at Kenton Bridge Medical Centre.

We need to show NHS Harrow that services will be better placed in our existing space making it more convenient for all our patients and we really need your help!

If you have access to the internet please go to http://www.surveymonkey.com/s/6SZ8JNN and state that you wish for additional services to be placed here or alternatively please sign below to show your support. We only have 14 weeks to do this.

Further information is available on http://www.harrowpct.nhs.uk/east_harrow_consultation.html

home

To N H S HARROW

From: Flat owners

[redacted]

HARROW PRIMARY CARE TRUST
- 1 FEB 2010

5-1-2010

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business

218

THE RT HON TONY McNULTY MP
HARROW EAST

HOUSE OF COMMONS
LONDON SW1A 0AA

HARROW PRIMARY CARE TRUST
- 8 JAN 2010

Dr Sarah Crowther
Chief Executive
Harrow NHS PCT
The Heights
59-65 Lowlands Road
HARROW HA1 3AW

7 January 2010

Harrow
Primary Care Trust
Complaints Department
RECEIVED

Dear Sarah

NHS HARROW GP SERVICES

From time to time constituents and local organisations raise with me what they perceive as poor communication between neighbouring health services and I am writing to ask you to ensure that any decisions NHS Harrow make about GP Services in Harrow East take account of those made by NHS Barnet, Edgware Community Hospital, and also take full notice of decisions on Northwick Park Hospital by the NW London Hospitals Trust.

I believe this would enhance the excellent work done by local health services and be of benefit to patients. I am writing similarly to NHS Barnet and the North West London Hospitals Trust.

Yours faithfully

Tony

TONY McNULTY MP

tmml154/35

THE KENTON BRIDGE MEDICAL CENTRE
155-175 Kenton Road Kenton Middlesex HA3 0YX
Dr Geraldine Golden, Dr Rekha Raja & Dr Michael Abu
Telephone Number: 020 8907 6014 **Fax Number: 020 8907 6003**

13 April 2010

Dear Lesley

As a result of a meeting today with Dr Geraldine Golden, Dr Rekha Raja and Dr Michael Abu we would like to express our concerns with regard to a proposed East Harrow poly-system hub development. We have made a list of the pros and cons of our existing building and the new build which are as follows

Name	Kenton Bridge Medical Centre	Belmont Medical Centre
List size	7825 According to your consultation document there are 83,000 patients in Harrow East with 10% currently being looked after by Kenton Bridge MC	Not yet built
Building	• Fully equipped • Eight fully equipped consulting rooms • Fully equipped offices • Large reception area with security screen • Two large waiting rooms • Conference room • Staff toilets and shower room • Air conditioned • Lift access • Fully equipped for disabled patients • Disabled toilets • Hearing Loop • Baby changing room • Modern mini operating theatre • Minor surgery suite • Security, CCTV and panic buttons	Huge cost of NHS money in this very poor economic climate
Parking	• Disabled parking facilities available • Staff car parking facilities • Agreed full use of Sainsbury's car park Which is less than 2 minutes walk from the centre • Extra parking spaces at rear of surgery for those who cannot walk from Sainsbury's	Very poor parking at present
Pharmacy	• Sainsbury's pharmacy 08:00 20:00 Mon – Sat 08:00 – 16:00 Sun • Churchill Pharmacy Kenton Road • Optnear Pharmacy Kenton Road • Overton & Pick up Kenton Road	?
Access	• Next door to the Bakerloo line	• One bus route

	• Five minutes walk to Metropolitan line • Several bus routes pass the medical centre • Ten minute walk to Northwick Park Hospital	• Poor road access to entrance due to traffic
Previous History	Two fully operational GP surgeries Cardiology – Consultant led clinic Urology – Consultant led clinic Gynaecology – Consultant led clinic Allergy clinic – Consultant led clinic Physiotherapist Phlebotomy Ultrasound Dietician Ante-natal Health visitor/ baby clinic Hypnotherapist Acupuncture Podiatry Counsellor	None

Further to the comparisons we have drawn between the two sites we would like to express our dissatisfaction with the fact that at a cluster meeting the PCT requested facilities for physiotherapy and consultant led diabetic clinic which was agreed would be located at Kenton Bridge Medical Centre. However this never transpired but the services were relocated to The Pinn Medical Centre. MSK clinics have also been withdrawn and the Gynaecological GpSi clinics have been greatly reduced.

We provide a high level of service and both practices continually achieve high QOF points and high DES/LES along with the prescribing incentive. Both practices also provide extended access.

We are at a loss to understand why the PCT wants to spend millions on Belmont, when you already have an underutilised purpose built, modern medical centre in Harrow East which cost 5 million to build in 1997. This medical centre was built as a result of an initiative from a local councillor to meet the needs of the local community. It is very frustrating that Kenton Bridge Medical Centre is not used to its full capacity.

It would certainly be in the interest of Harrow PCT and Harrow Health economy to develop Kenton Bridge Medical Centre rather than invest huge amounts of money into building the new site at Belmont Circle.

Yours sincerely,

Dr Golden, Dr Raja & Dr Abu

NHS
Harrow

EAST HARROW PUBLIC CONSULTATION

Appendix 2

Responses from NHS Harrow

April 2010

NHS
Harrow

Fiona Wise
Chief Executive
North West London Hospital Trust
Watford Road
Harrow
Middlesex
HA1 3UJ

Monday 12 April, 2010

Dear Fiona,

Thank you for your letter regarding the East Harrow Public Consultation.

I welcome your support on the delivery of out of hospital services and agree that Harrow has made substantial progress through joint working with the Trust.

For completeness the £45.2m quoted in your letter would be a reduction in our total secondary care spend (i.e. for all Trusts) under the aggressive scenario. The North West London Hospital Trust figure is £29m in total under the aggressive scenario and £17m under the base scenario. We have also assumed some growth each year to offset these numbers, so the net impact is much less. The East Harrow figures are a sub set of these borough wide totals.

However, I appreciate the point you are making and we will work with you to extend your community profile to mitigate financial loss. Should the PCT's Board decide to pursue a final business case, we will remain in regular contact with you and look for opportunities to develop our plans in parallel.

Yours sincerely

John Webster
Chief Operating Officer

CC James Walters – Director of Development & System Management
Dr Andrew Howe – Director of Public Health

Harrow Primary Care Trust . The Heights . 59-65 Lowlands Road . Harrow-on-the-Hill
Middlesex . HA1 3AW . Tel: 020 8966 1001 . Fax: 020 8426 8646
Website: www.harrowpct.nhs.uk

NHS
Harrow

Barry Gardiner
Member of Parliament for Brent North
House of Commons
London
SW1A 0AA

9th February 2010

Dear Mr Gardiner,

[redacted]
Re: Kenton Bridge Medical Centre

Thank you for your letter and enclosures about the proposals to develop Belmont Health Centre to enable NHS Harrow to provide additional services in the community.

In line with national and Healthcare for London policy, NHS Harrow is embarking on an ambitious programme of polysystem development, supported by community health facilities offering a wide range of services closer to home. We have already developed a polyclinic in Alexandra Avenue, South Harrow and have plans to develop three other sites across Harrow. The Belmont Health Centre site was chosen as a possible development site for the following reasons:

- There are currently three practices based in the Centre serving a population of 22,000 registered patients. The new Centres will serve a wider population of 50,000 patients offering services such as out patients and diagnostics.
- The Centre currently offers podiatry, counselling, phlebotomy, physiotherapy, speech and language therapy and is a base for district nurses.
- The Belmont site will support the development of a large centre which could offer a wide range of services including out patient appointments, diagnostics including ultrasound and possibly x-ray, therapies, health promotion and support for long term conditions.
- The scale of the site will support the development of 'one stop shops' which allow the patient to have one appointment with a specialist and any necessary diagnostics in the same visit.
- The Centre would be open 8am-8pm for registered and non registered patients to see a GP or nurse as a walk in or by appointment.

Harrow Primary Care Trust . The Heights . 59-65 Lowlands Road . Harrow-on-the-Hill
Middlesex . HA1 3AW . Tel: 020 8966 1001 . Fax: 020 8426 8646
Website: www.harrowpct.nhs.uk

- The Belmont site is well known in the area as a local 'landmark' and transport links are good with two bus routes stopping outside. It has its own car park, with a local authority car park next door.

- Our school nursing team is currently based in the children's centre opposite Belmont and could offer additional facilities for children's services

It seems that there is a misunderstanding about the proposed scale of development and an assumption that Kenton Bridge could provide a viable alternative. NHS Harrow does use two rooms at Kenton Bridge for some out of hospital services but there is not sufficient space to provide the range and scope as described above. The development of a new facility does not mean that some services cannot be provided 'in house' at Kenton Bridge.

NHS Harrow has plans to develop further sites, including central Harrow and patients will be offered a choice of venue and provider of services wherever possible.

I enclose a copy of our consultation document and would welcome the opportunity to meet the residents of Radbourne Court before 17th March 2010 to discuss our proposals in detail.

With very best wishes,

Yours sincerely,

Dr Sarah Crowther
Chief Executive

Harrow Primary Care Trust . The Heights . 59-65 Lowlands Road . Harrow-on-the-Hill
Middlesex . HA1 3AW . Tel: 020 8966 1001 . Fax: 020 8426 8646
Website: www.harrowpct.nhs.uk

NHS
Harrow

Re: NHS Harrow GP Services

Dear Tony,

Thank you for raising the concerns of your constituents and local organisations about our communication with neighbouring trusts. We are always ready to take advice from local people about how we might best serve their needs.

I would like to assure you that maintaining strong partnerships with other NHS trusts, local GPs and other stakeholders in order to improve quality of care and plan effective services is a priority for NHS Harrow. To that effect, we are currently running a public consultation on changes to paediatric services with NHS Brent and North West London Hospitals Trust and a joint consultation with Harrow Council on the redevelopment of Belmont Health Centre in East Harrow.

As part of the Healthcare for London programme to transform health services in London, primary care trusts are now working together more closely than ever as regional blocs, or sectors. These partnerships are helping us not only as commissioners, but as planners of healthcare, as we can develop better understandings of the context in which we are working, confront challenges together and ensure efficiency in the delivery of services. In addition, NHS Harrow's commissioners regularly meet with their acute trust colleagues to monitor the pressures on local health services and to find solutions together.

Our consultation on the future of Belmont Health Centre is the result of careful planning that takes into account the feedback we have received about health services in the area and the health needs of people in East Harrow. We will continue working closely with our NHS partners locally and always strive to strengthen those relationships which benefit local people.

Yours sincerely,

Sarah Crowther
Chief Executive
NHS Harrow

Harrow Primary Care Trust, Fourth Floor, The Heights, 59-65 Lowlands Road, Harrow, HA1 3AW
www.harrowpct.nhs.uk

Working with you to improve health in Harrow

NHS
Harrow

Lesley Williams
Tavistock House North
Tavistock Square
London
WC1H 9HX

Monday 12 April, 2010

Dear Lesley,

Thank you for responding to our consultation on East Harrow on behalf of the LMC. I wish to provide my response to a number of the points you raised in your letter. I will ensure that both of your letters and my response below are put to the PCT's Board at our meeting in April 2010.

1. Consultation

i) Process

I disagree that due process has not been followed. I feel that ongoing consultation has been maintained and whilst the formal consultation period is now closed, I continue to talk to GPs about our plans, and I'm happy to continue to do so until the final business case is signed off.

The plans on East Harrow have been developing for some time and there has been plenty of opportunity for GP's to comment. The timeline is as follows:

1) Ingleton Wood were commissioned to independently review the Primary Care Estate in August 2008.
2) The PCT published its Primary & Community Care Strategy in November 2008.
3) Andrew Bland and I held an evening meeting for all GPs in East Harrow on the 25th March 2009 to talk about our plans for East Harrow. I believe Fergus attended this meeting.
4) The in-depth plan for East Harrow, our Strategic Outline Case, was published in April 2009.
5) The Outline Business Case for East Harrow was published in November 2009
6) A full 14 week consultation was held from 8th December 2009 to 17th March 2010.

During all of these stages GPs have talked to us and we have discussed public board papers at PBC meetings and some LMC meetings I believe.

However, your response does still concern me greatly as Belmont Health Centre is one part of a much bigger system and I am left questioning whether GPs don't feel consulted or whether they dislike the plan. I would like to discuss this with you in greater detail.

I attended the OSC meeting that is quoted and recall that the committee accepted that an open day was held in relation to Mollison Way and that patients had been involved in choosing both the location and provider of the new service. Indeed I sat next to the patient representative when interviewing suitable providers.

ii) Outline Business Case (OBC)

Thank you for raising these issues, both on the draft and final OBC. We were able to consider some of the points you raised before we finalised the OBC and I recall that amendments were made, particularly by our Public Health Team who produced the needs assessment.

I take your point on practices whose performance significantly exceeds the Harrow average and will bear this in mind for future communications.

Definitive figures are not shown in full detail in the OBC and will be produced for the Final Business Case, which will be our next stage, should the Board agree to pursue this.

2. Proposal for Polysystem model and Community Health Hub at Belmont Health Centre

I am pleased that you generally support the planned poly-system, if it develops with GPs in East Harrow. We are currently discussing the operational requirements of Polysystem management with all GPs in Harrow and their PBC Cluster leads. What we agree will have to be implemented at pace, ahead of the redevelopment of Belmont Health Centre, as appropriate services delivered within the hospital setting are moving into the community now. For this reason, I agree that GP engagement and support of the final plan is crucial.

A full review of the first Polyclinics in London has been commissioned and is underway. Alexandra Avenue is part of this review and we look forward to the results later this year. We also draw from our experience of last years demand management plans, which demonstrated what works where within the community.

You are correct that the GPs at Belmont Health Centre wish to invest in and redevelop the site themselves. This will need to be aligned with PCT commissioning intentions so that the improved health centre is a sustainable hub in East Harrow. As part of our Polysystem discussions with all GPs, we are communicating with them about how they might have greater input into our commissioning decisions. I will keep you up to date with how these discussions are developing.

If the PCT Board decides, based on the final business case, that Belmont Health Centre will be the Hub in East Harrow, this does not mean that additional community services will not still be delivered at a range of sites across East Harrow. Suitable clinical space can be a challenge, so we are working with GPs to pull together a list of what space and services they have available and when. This work is well underway to support the implementation of our Referral Management Service, which will enable greater throughput into our CAS services.

During both the formal and informal consultations we have been approached by a number of GPs with proposals, some of these proposals involve Kenmore Clinic and we continue to look at development plans for this site.

3. 8am – 8pm GP-led walk-in services at Belmont Health Centre

I note your comments on 8-8 service provision and agree that this must represent improvements in access and value. The Healthcare for London team are quite clear that a hub can't be a hub without 8-8 access, but given our challenging financial position, I expect the Board to be asking for similar justification from the final business case.

4. Key concerns

I think that most of the key concerns are addressed above, but will be happy to meet and discuss your thoughts further.

5. Next steps

Thank you for your proposed next steps. We share the aim of mobilising a Polysystem that is all inclusive within East Harrow.

With regard to estate improvements, when our Clinical Director looked at the activity proposed to switch into the community, he confirmed a need for improved diagnostics, community based endoscopy services for example. I would be concerned that this requires a diagnostic hub of some size, which would not be delivered in one place from expansion plans across East Harrow. Belmont Health Centre has the most expansion potential and this is part of our decision making process. That said, we are improving community CAS services swiftly in Harrow and GP's should approach me and the Service Improvement Team if they wish to do more. The wider discussions on Polysystems will have an effect on all GPs so let's discuss your suggested way forward in more detail in this context.

Yours Sincerely

J Walters

James Walters
Director of Development & Systems Management

CC Dr Andrew Howe (Project Sponsor)
PBC Cluster Leads

Harrow Primary Care Trust . The Heights . 59-65 Lowlands Road . Harrow-on-the-Hill
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Website: www.harrowpct.nhs.uk

Report to: NHS Harrow Overview and Scrutiny Committee

By: Fiona Wise, Chief Executive, The North West London Hospitals NHS Trust (NWLH)

Date of meeting: 8th June 2010

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1. Purpose of report

To seek support for the Trust's quality accounts (attached) which are due to be published by 30th June on the NHS Choices website.

2. Background

Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide.

High Quality Care for All, published by the Department of Health in June 2008 set out the vision for putting quality at the heart of the NHS, and a key component of the new quality framework would be a requirement for all providers of NHS services to publish Quality Accounts, in addition to the standard financial accounts.

Foundation Trusts began publishing Quality Accounts in 2009/10 and this is the first year NHS Trusts are required to produce them.

3. Approach at NWLH

The Trust board has identified the following three areas for quality improvement for 2010/11:

- To improve mortality rates;
- To improve patient safety by reducing healthcare acquired infections and increasing incident reporting;
- To improve the experience of patients by reducing numbers of complaints and improving results in patient indicators.

The Trust's two Primary Care Trusts, NHS Harrow and NHS Brent have endorsed the Trust's choice of measures and will submit a statement with the attached report confirming that it is accurate. Local Involvement Networks (LINks) and local authority scrutiny functions should also be given the opportunity, on a voluntary basis to review the accounts and supply a statement that will be included with the accounts.

NWLH's Quality Accounts will be published by 30th June on the Trust's NHS Choices profile pages. A copy must also be sent to the Secretary of State. The report will also be published on the Trust's website which receives 25,000 hits per month.

4. Recommendation

Harrow Overview and Scrutiny Committee (OSC) is asked to review the Trust's quality accounts. On the basis that the OSC is supportive of the Trust's approach, the Trust requests a written statement from the OSC that will be included with the quality accounts.

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The North West London Hospitals NHS
NHS Trust

Draft Quality Accounts 2009 – 2010

Statement from the Chief Executive

The North West London Hospitals NHS Trust aims for our hospitals - Northwick Park, St Mark's and Central Middlesex - to be the choice of hospitals for our local population, the people we serve. It is important to us that people have complete confidence that we provide the highest quality care for all patients.

I am pleased to introduce our first Quality Account following a successful year of improvements and quality initiatives across the organisation. The Quality Account includes information about the quality and safety of our services and our priorities for the coming year. In 2010/11, we will be doing more to improve not only the experience of patients in our hospitals, but to ensure we make changes to our services, where appropriate, to improve safety and outcomes.

The Quality Account has been approved by our Trust Board and I hope it helps our Board to continue to focus on quality improvement. The Quality Account has also been reviewed by LINKs and our Overview and Scrutiny Committees.

We would welcome feedback on the Quality Account. If you have any comments which you feel would be useful for next year's report, please contact the Communications Department communications@nwlh.nhs.uk or call 020 8869 2421.

Fiona Wise
Chief Executive

30 June 2010

Contents

Part 1

1.1 Current view of Trust's position

The Trust has made considerable progress over the past year with respect to improvements in quality and patient safety. We achieved an Excellent rating for Quality of Services for 2008/09 by the Care Quality Commission and have since been registered without conditions under the new framework for regulating standards in the NHS for 2009/2010.

Additionally, the Trust holds level 1 National Health Service Litigation Authority (NHSLA) Risk Management Standards for acute services with a plan to achieve level 2 within the next year. The Trust currently holds level 2 NHSLA for Maternity services with level 3 its goal for the coming year.

Our staff continue to rise to the challenge of increasing workloads and their commitment to patient safety is reflected in significant improvements for many key quality measures. In particular we have worked hard to build a culture of zero tolerance in actively reducing infection rates and our hospital standardised mortality rate remains one of the best nationally.

We do, however recognise that we still face many challenges and will seek to accelerate and build on the work already in place to reduce the number of complaints, improve response times and improve the experience of patients in our hospitals. While we have made some progress as a result of *We Care*, our patient experience programme, this has yet to be reflected in our results in national patient indicators such as the National Patient survey.

A key focus for the next year will be the continuation of our work to support clinical teams in reviewing and redesigning services in order to improve processes and embed quality.

Other priority areas for the coming year include the agendas for both Safeguarding Children and Safeguarding vulnerable adults and those with learning disabilities.

1.2 Priorities for improvement

The Trust has identified three key areas for quality improvement for 2010/11:

- To reduce our mortality rates
- To improve patient safety through reducing Healthcare Acquired Infections and increased incident reporting
- To improve the experience of patients in our hospitals by reducing numbers of complaints and improve results in patient experience indicators

Each of these priorities above with progress during 2009/10 and plans for 2010/11 are described in detail on the following pages.

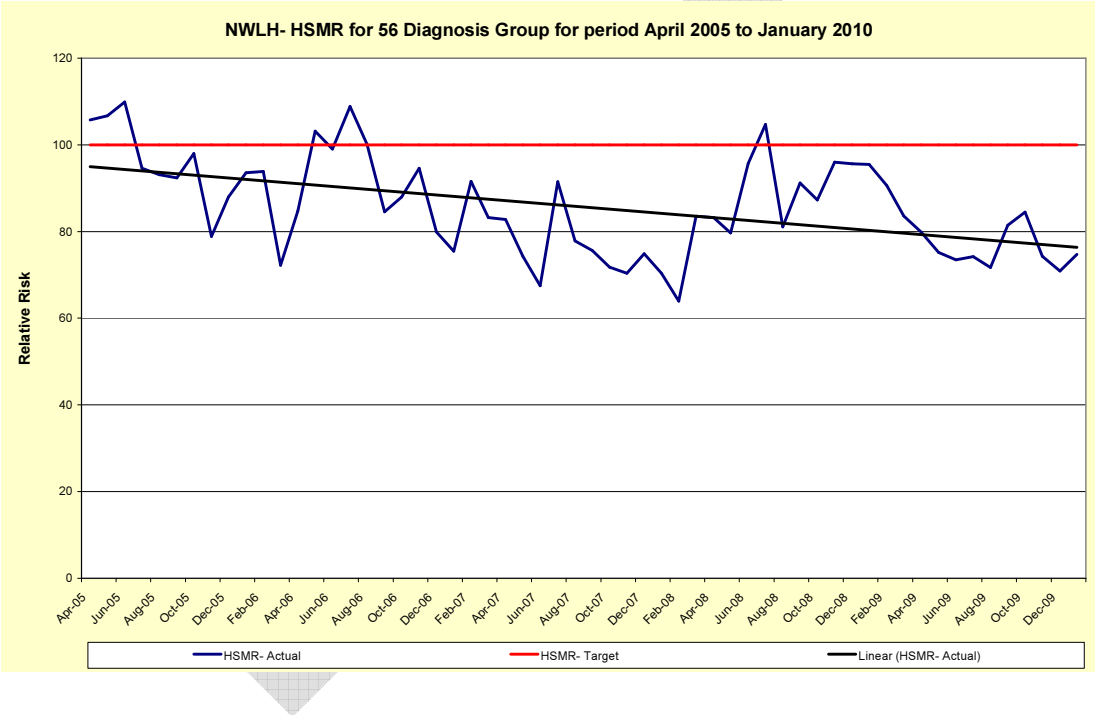
1.3 Priority one: Maintain and reduce our Hospital Standardised Mortality Rate (HSMR)

Current status
A key measure of safety, the Trust has an excellent record when it comes to patient mortality. Our mortality rates have received significant attention most recently as a result of the publication in the British Medical Journal of our research into the impact of "care bundles" or treatment checklists. These were developed by clinicians in the Trust and introduced to improve patient outcomes and allow easy monitoring of adherence to key pathways of care.

The eight care bundles currently in use are:

- stroke,
- diarrhoea and vomiting,
- ventilator-acquired pneumonia,
- MRSA,
- chronic obstructive pulmonary disease,
- central venous catheter insertion and
- surgical site infection

Our HSMR for 2009/2010 is 76 and is lower than the national average.



Planned Improvement Initiatives 2010/2011

The following care bundles are in development for implementation and roll out in 2010/2011:

- Falls
- Venous Thromboembolism (VTE)

The Trust is also continuing its development of a clinical safety dashboard across divisions. These look at key safety indicators specific to specialties. This follows the successful implementation of such a scorecard for maternity and, more recently, emergency surgery, both of which form part of the Trust's Safety, Quality and Performance report which goes to

the Trust Board each month.

Why are mortality rates important?

The HSMR is a measure of the number of deaths observed against that expected for a population such as ours and is a key indicator for the quality of care.

The prediction calculation takes account of factors such as age and sex of patients, their diagnosis, whether the admission was planned or an emergency and the length of stay. Standardisation of the ratio enables valid comparison between different hospitals serving different communities.

If a hospital has a HSMR of 100, it means the number of patients who died is exactly as would be expected taking into account the standardisation factors. A HSMR above 100 means more patients have died than would be expected; below 100 means fewer patients than expected died.

1.4 Priority two: Improvements in Patient safety

- **To further reduce Healthcare Acquired Infections (HCAI)**
- **Increase incident reporting**

Reducing HCAIs
Description

1. MRSA – The Trust has continued to make year on year improvements in the reported numbers of MRSA bacteraemia cases since 2005/06. All acute Trusts are required to make a 50% reduction over three years in the numbers of reported cases. The target for 2010/11 is 8 post 48 hour cases.

2. C difficile – There are two targets in relation to *Clostridium difficile:*

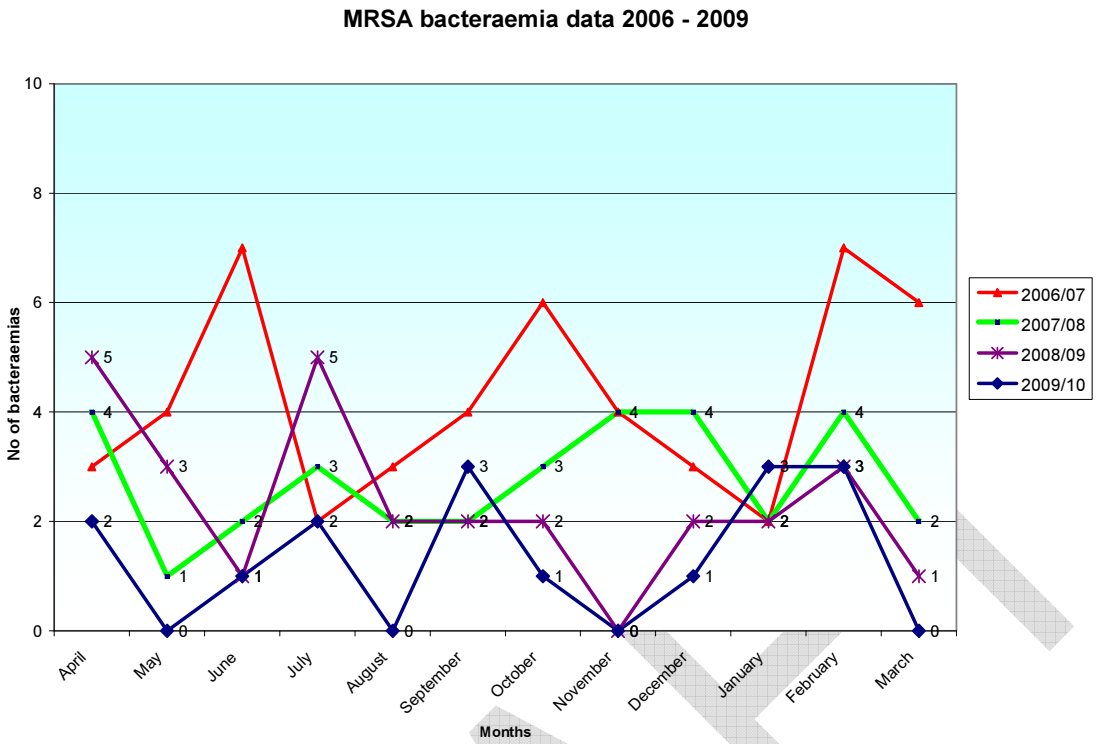
- A whole health economy target includes all positive specimens confirmed in the Trust laboratory.
- A local target relating to those cases that are directly attributable to the Trust i.e. those samples taken from patients post 48 hours of admission.

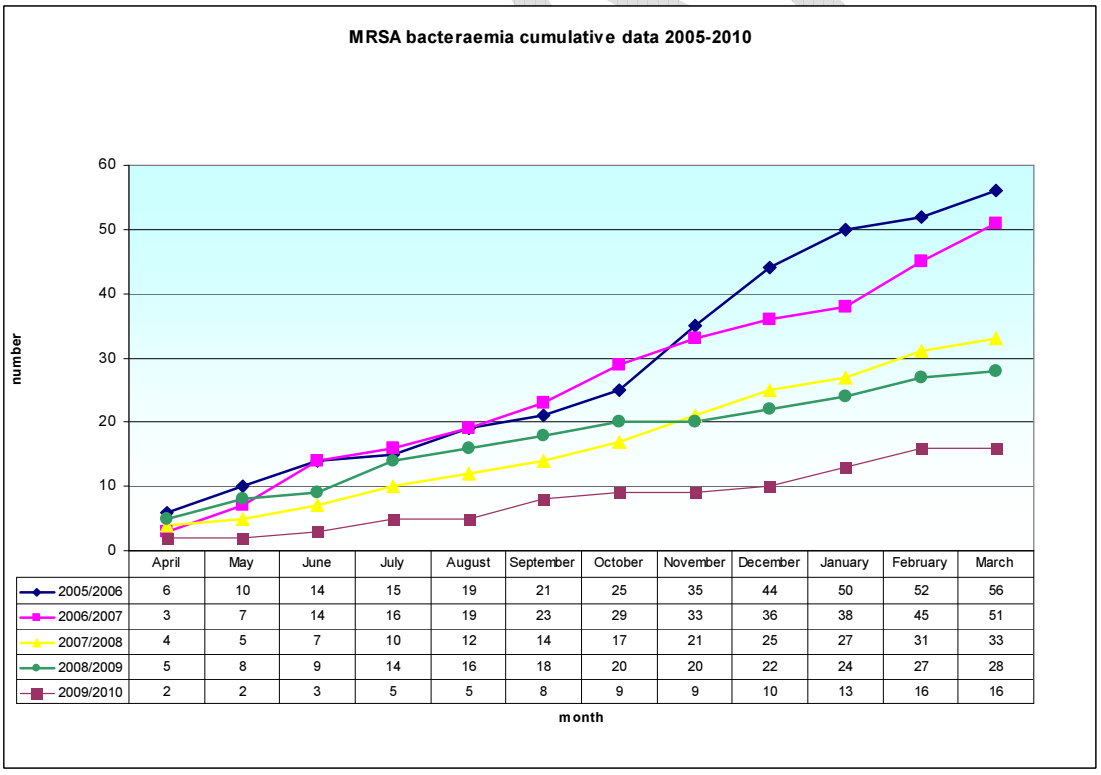
Current status

At the end of the year, the Trust reported a total of 16 MRSA bacteraemia cases. Only four of the sixteen cases were post 48 hours and therefore Trust attributable.

The Trust has performed significantly below both the local and national target for Clostridium difficile. The end of year position for post 48 hour cases were a total of 68.

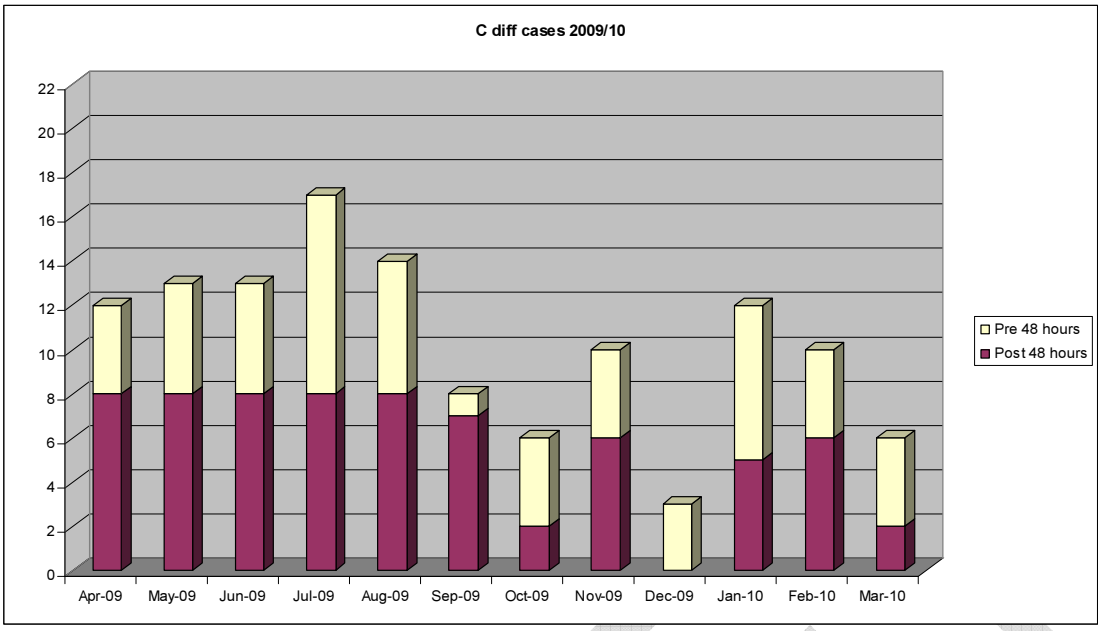
MRSA Bacteraemia

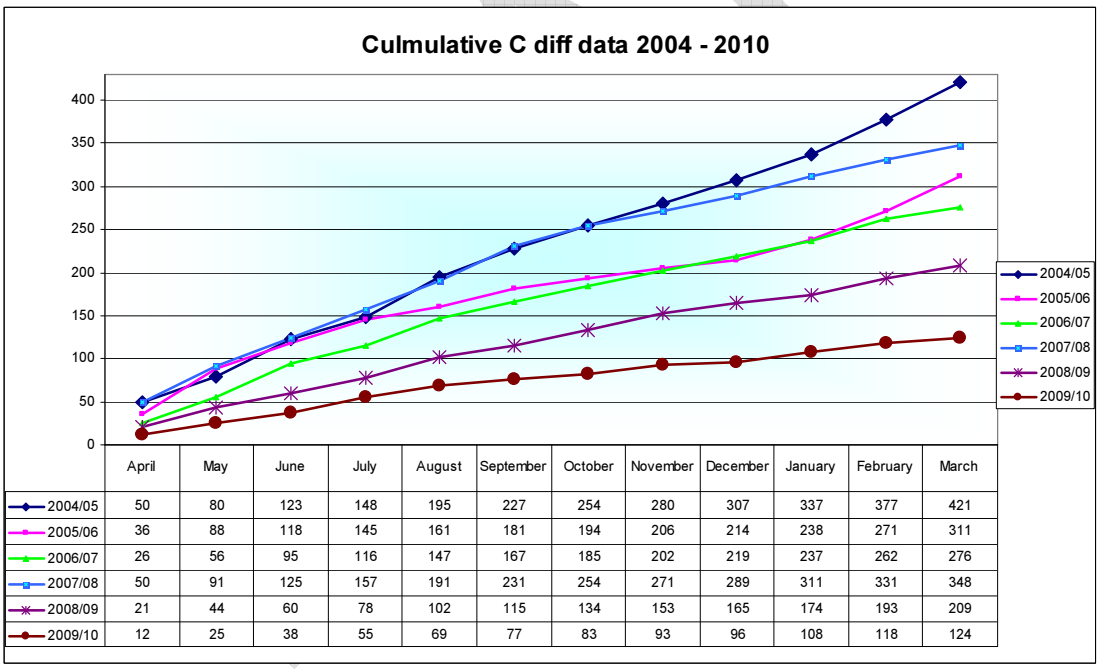




	April	May	June	July	August	September	October	November	December	January	February	March
2005/2006	6	10	14	15	19	21	25	35	44	50	52	56
2006/2007	3	7	14	16	19	23	29	33	36	38	45	51
2007/2008	4	5	7	10	12	14	17	21	25	27	31	33
2008/2009	5	8	9	14	16	18	20	20	22	24	27	28
2009/2010	2	2	3	5	5	8	9	9	10	13	16	16

C difficile





	April	May	June	July	August	September	October	November	December	January	February	March
2004/05	50	80	123	148	195	227	254	280	307	337	377	421
2005/06	36	88	118	145	161	181	194	206	214	238	271	311
2006/07	26	56	95	116	147	167	185	202	219	237	262	276
2007/08	50	91	125	157	191	231	254	271	289	311	331	348
2008/09	21	44	60	78	102	115	134	153	165	174	193	209
2009/10	12	25	38	55	69	77	83	93	96	108	118	124

Improvement Initiatives 2009/2010

- Maintained zero tolerance to all avoidable MRSA bacteraemia, in particular post 48 hour cases;
- Maintained 100% compliance in MRSA screening of relevant elective patients;
- Maintained compliance of screening of acute admissions
- Conducted root cause analysis in all post 48 hour *Clostridium difficile* cases;
- Continued to improve blood culture techniques; and
- Worked with Brent and Harrow PCTs to improve catheter care and reduce associated infections.

Planned Improvement Initiatives 2010/2011

- Maintain work and sustain progress made in 2009/10;
- To act on information obtained from root cause analyses to improve care and reduce infections related to urinary catheters and peripheral cannulae;
- Prevention and control of other resistant organisms e.g. ESBL; and
- Continue Trust prevalence surveillance project looking at HCAI related to the use of devices and antibiotic usage.

Increasing incident reporting

Description

To ensure increased incident reporting with quarter by quarter increases in incidents being reported via formal Trust systems.

Research indicates that Trusts that report incidents regularly suggest a stronger organisational culture of safety (National Patient Safety Agency-NPSA). The National Reporting and Learning System (NRLS) was established in 2003. It enables patient safety incident reports to be submitted from NHS organisations to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

Since September 2008, the NRLS has produced information for Trusts on the profile of incident reporting within their organisation as benchmarked against organisations of similar size.

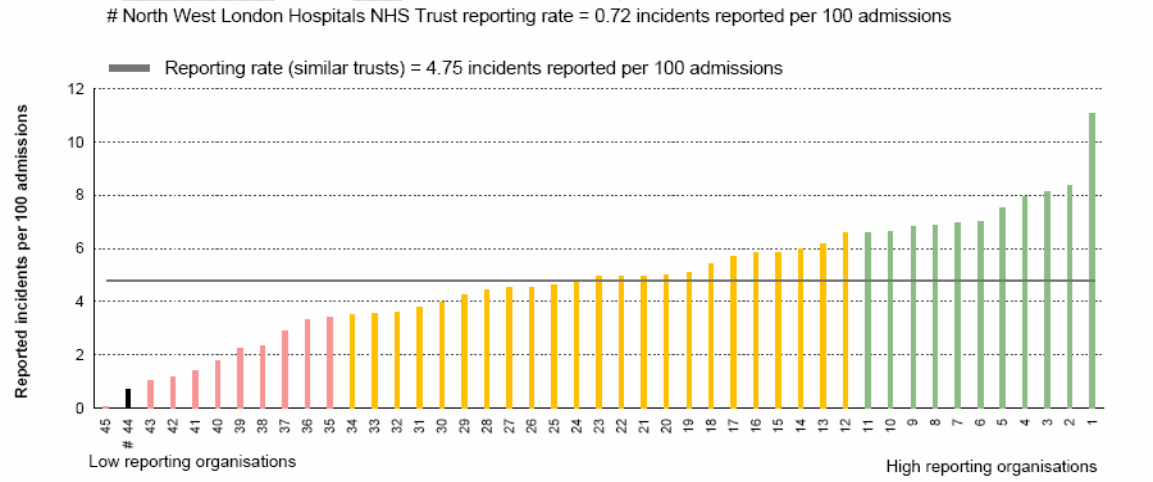
NWLH has been concerned that information related to the level of incident reporting within the organisation was low and has therefore made increasing of incident reporting one priority for the Patient Safety work across the organisation. This allows the Trust a better understanding of risks and areas for targeted work within the organisation.

Current status

The comparative reporting rate graphs below are produced by the NPSA and show an overview of the incident reporting by NWLH over time.
The data shows that the number of incidents reported per 100 admissions has increased:

- Apr 2008 – Sept 2008 – 0.72 incidents reported per 100 admissions
- Oct 2008 – March 2009 – 2.5 incidents reported per 100 admissions
- April 2009 – Sept 2009 – 4.4 incidents reported per 100 admissions

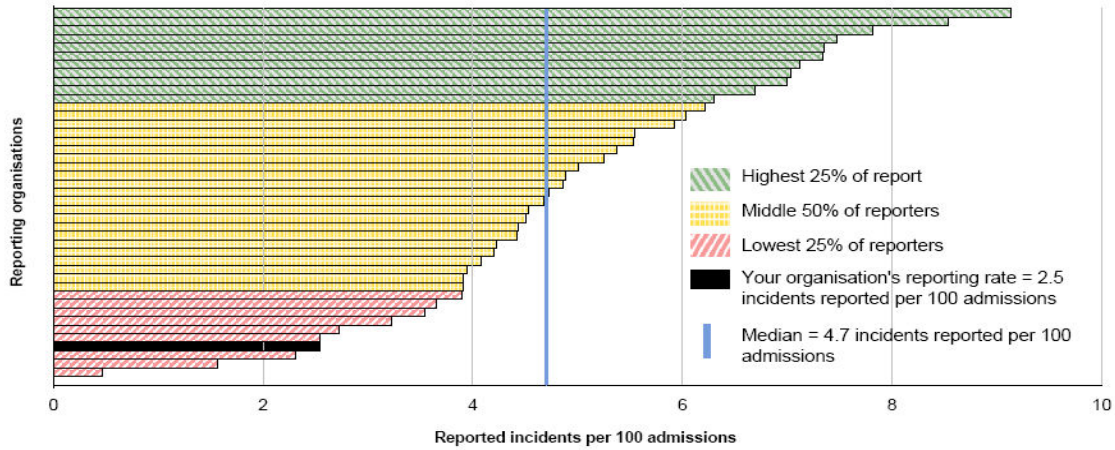
Incidents reported April 2008 – Sept 2008



Incidents reported Oct 2008 – March 2009

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (RLS) between 1 October 2008 and 31 March 2009. 1,211 incidents were reported during this period.

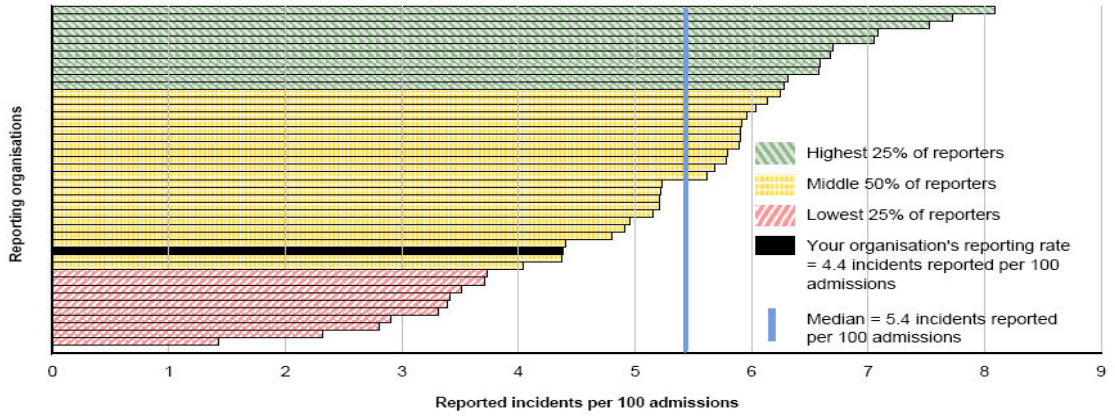
Figure 1: Comparative reporting rate, per 100 admissions, for 44 large acute organisations.



Incidents reported April 2009 – September 2009

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (NRLS) between 1 April 2009 and 30 September 2009. 2,131 incidents were reported during this period.

Figure 1: Comparative reporting rate, per 100 admissions, for 46 large acute organisations.

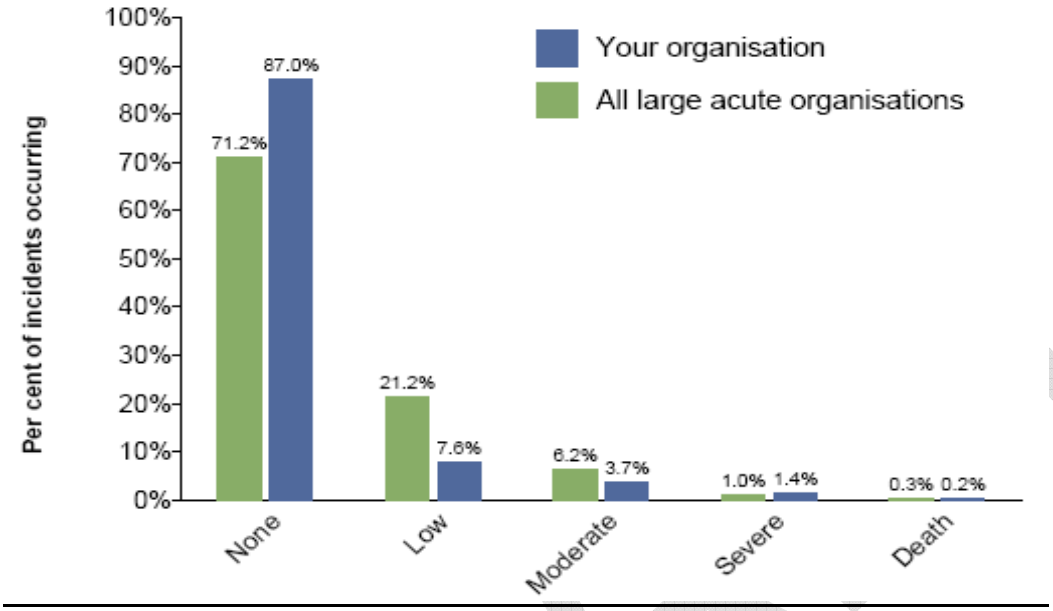


Incidents reported by degree of harm for North West London hospitals as benchmarked against other large acute organisations

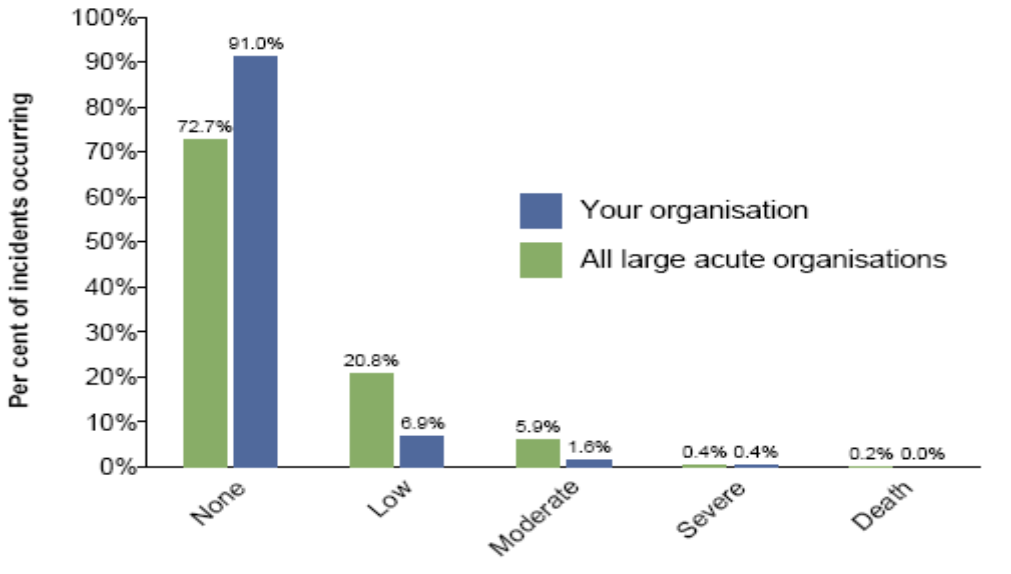
Degree of harm coded for incidents reported April 2008 – Sept 2008

Bench mark data unavailable

Degree of harm coded for incidents reported Oct 2008 – March 2009



Degree of harm coded for incidents reported April 2009 – September 2009



Current Improvement Initiatives 2009/2010

The Trust has moved to a web based on line incident reporting system using a Datix platform which allows easy access for all staff to report incidents immediately where they have access to a computer. The traditional paper based forms are still provided where staff have no computer access. An organisation wide training programme for the system has been completed. This system also provides a function whereby assigned managers are required to feed back on action taken as a result of an incident. Incidents graded 1- 3 are managed locally and any incidents coded as grade 4 or above are managed by the patient safety manager in collaboration with relevant clinical leads and managers.

A governance report is produced and reported quarterly to the Governance Compliance and Risk Committee. This looks at themes and trends, key patient safety indicators and lessons learned through incident reporting. A quarterly newsletter is produced for dissemination amongst staff in order to feedback on actions for incident reporting and hot topics nationally and locally.

Planned Improvement Initiatives 2010/2011

Efforts to detect adverse events have traditionally focused on voluntary reporting and tracking of incidents and errors. Public health researchers have established that only 10 to 20 percent of errors are ever reported and, of those, 90 to 95 percent cause no harm to patients. Therefore to supplement incident reporting systems the Trust has identified the need for a more effective way to identify events that do cause harm to patients in order to quantify the degree and severity of harm, and to select and test changes to reduce harm.

The Trust therefore will also be implementing the use of the Global Trigger Tools (GTT). The use of GTTs provides an easy-to-use method for accurately identifying adverse events (harm) and measuring the rate of adverse events over time. Tracking adverse events over time is a useful way to tell if changes being made are improving the safety of the care processes. The Trigger Tool methodology includes a retrospective review of a random sample of patient records using “triggers” (or clues) to identify possible adverse events.

1.5 Priority three: Improvements to the Patient experience

- **Reduce numbers of complaints and improve response times**
- **Improve scoring for national and local patient experience indicators**

Reducing complaints and improving response times

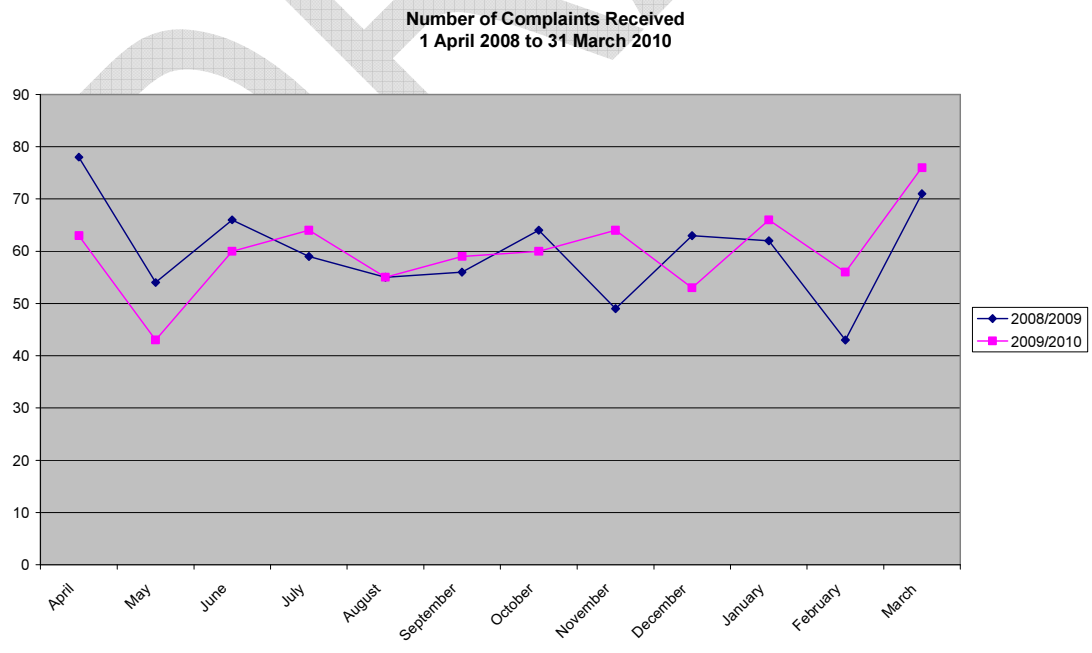
Description

It is important that as an organisation we learn from the experiences of our patients in order to continue to improve our services. The Trust is working to both improve responsiveness of the organisation to complainants and to reduce the number of complaints received through improving the patient experience and learning from issues that arise.

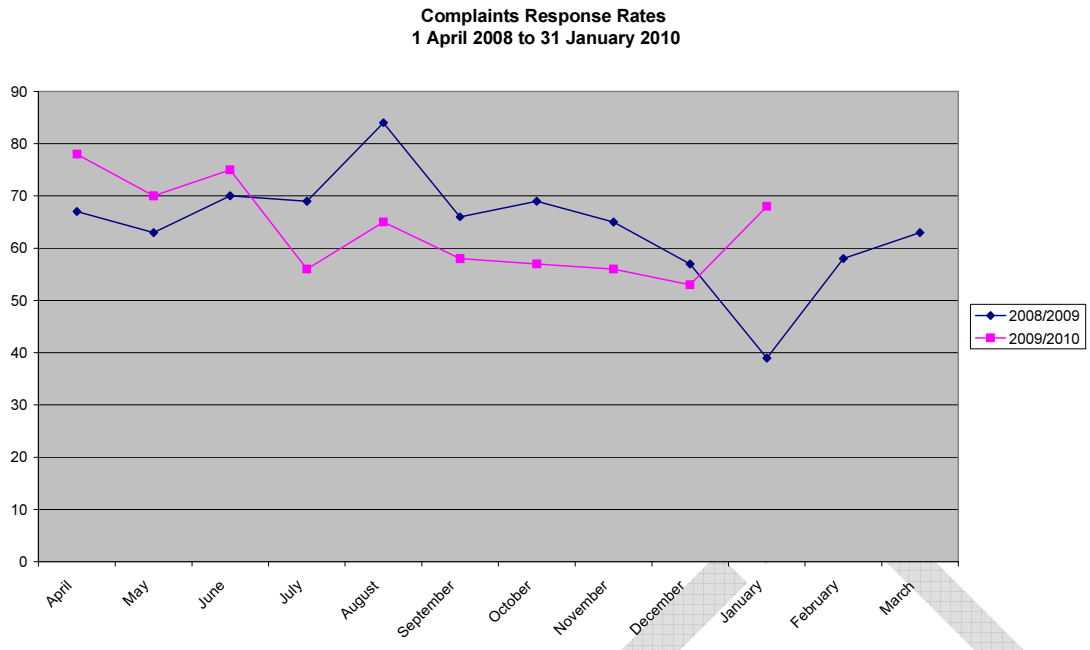
Current status

The Trust welcomes feedback from the people who use our services, and endeavours to learn from comments received, using complaints to improve patient service and care. During the period 1 April 2009 to 31 March 2010, the Trust received 719 formal complaints, which equates to approximately 60 complaints per month. As new complaint regulations came into operation on 1 April 2009, which allow for the time frame for responding to a complaint to be negotiated with the complainant and for a second date to be agreed with the complainant if the first response date is not met, it is not possible for an overall response rate for the year to be provided until the end of May 2010. However, at the end of January 2010, the cumulative response time for the year to date was that 64% of complaints had been responded to by the first agreed target date, with a further 11% being responded to by their second target date. It is felt that this response rate will be maintained or further improved upon.

The following graph shows the number of complaints received month by month from 1 April 2008 to 31 March 2010:



The following graph shows the complaints response rate month by month from 1 April 2008 to 31 January 2010:



Current Improvement Initiatives 2009/2010

- Complaints response times are included within divisional performance scorecards.
- Divisions are provided with data in relation to complaints received and response times on a weekly, monthly and quarterly basis. Further figures, information and data in relation to complaints are also provided on request to enable divisions to complete internal reports such as Clinical Governance presentations and performance scorecards.
- Training has been provided for groups and individuals in relation to the new complaints regulations introduced in 2009/10.
- A Complaints Improvement Action Plan has been developed in conjunction with lead investigators, and outlines the processes to be followed and the support that will be provided for lead investigators by the Patient Relations Team to help them provide high quality complaints responses in a timely manner.

Planned Improvement Initiatives 2010/11

- Further lead investigator training will be provided. This is intended to reinforce and embed previous training on new complaint regulations.
- Training will also be provided for staff on *statement writing*. This is designed to improve the quality of statements provided in relation to complaints and will facilitate the production of high quality, accurate complaints responses.
- The managers within the Patient Relations Team will provide bespoke training for individual Divisions at team and Clinical Governance meetings.
- It is planned that managers within the Patient Relation Team will be nominated links for specified Divisions, providing staff with support and information, and attending Clinical Governance Meetings.
- To strengthen the role of the Patient Advice and Liaison Officers (PALS), to ensure that wherever possible concerns are resolved early and at local level.

Improving the patient experience

Description

NWLH was rated in the bottom 20% of the Healthcare Commission's National In-patient Survey in 2008. Improving the patient experience is therefore one of the key Trust objectives.

Current Improvement Initiatives 2009/2010

The Trust implemented a programme for improvement entitled the "We Care" programme 2009/10 . The programme was designed to provide patients with a better experience of NWLH and sought to:

- Re-establish a culture of caring and compassion for patients in the busy ward environment; and
- Equip staff with the attitudes, behaviours and competencies required to care for and build trust with the widely diverse communities that the Trust serves.

Focus groups were held with a variety of stakeholders to ascertain what key elements were important in ensuring they had a good experience and would give them confidence in the staff caring for them. The findings demonstrated that patients wanted Trust staff to be compassionate / caring, consistent and better at communicating. The findings informed the multi disciplinary training (called the 3Cs) which formed the basis of the "We Care" programme.

The programme incorporates a range of initiatives, each with its own lead and action plan, aimed at providing the Trust with information to better understand how patients and their families really feel about the quality of the services they receive. The programme consists of the following components:

- Delivering the 3Cs training – *Compassionate care, Consistency & Communication;*
- Patient stories;
- Real time patient feedback;
- Patient surveys on discharge;
- Bereavement care;
- Mystery shopping; and
- Staff satisfaction survey

Planned Improvement Initiatives 2010/2011

Delivering the 3Cs training – Compassionate care, Consistency & Communication

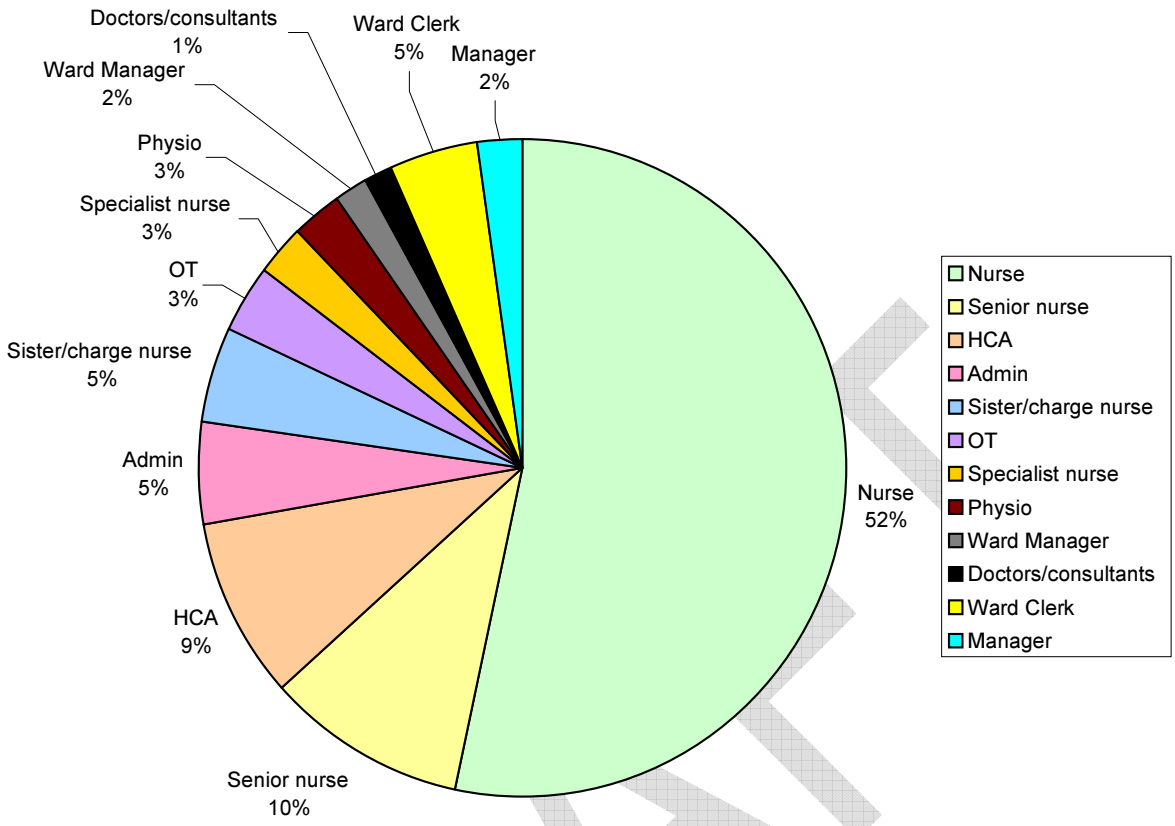
The training was designed and facilitated by an external consultant. The aims of the training sessions were to:

- Engage senior management and frontline staff
- Enable them to better understand the changing needs of patients
- Empower them to make the changes necessary to improve the patient experience;
- Help reenergised the workforce by ensuring that patients are more satisfied with their experience.

All staff attending the sessions completed a staff satisfaction survey pre and post training. Heads of departments received the results and took actions to improve staff morale. The staff survey is repeated bi annually to monitor staff morale.

The pie chart below provides a breakdown of all staff trained in the We Care programme.

Breakdown of staff trained in the We Care programme



Next steps

- Complete phase 2 of the 3C training (220 staff have attended to date);
- Share changes in practice and improvements from action plans with the wider team, organisation and all NWLH stakeholders;
- Engage more professions in the process particularly medical staff;
- Ensure systems in place to sustain change and maintain the momentum;
- Develop an educational module for staff, based on the 3C concept with Thames Valley University. This is planned to commence later in 2010 and will be available at Degree and Masters levels;
- Continue the staff survey on a regular basis; and
- Develop a new staff engagement strategy .

Patient Stories

Patient stories are interviews with service users about their experience of receiving care. This is a powerful way of involving the person in their care and helping to find out which aspects they value and which areas need improving. The strength of the process is that the content is led by the individual involved and so reflects the issues that they feel are important.

Patient stories can be carried out by all disciplines and themes raised are addressed at local and divisional meetings. Matrons have “buddied” up to take stories in each other’s areas.

Patient stories are now a standing item at all Trust Board meetings.

Next steps

- Extend training sessions to all staff; and
- Share results with a wider audience;

Use of real time Patient Experience Trackers (PETs)

In order to help evaluate the impact of the We Care programme, the Trust introduced Dr Foster Patient Experience Trackers (PETs) in 12 clinical areas.

The handheld trackers ask patients specific questions based on the 3Cs. Results are sent directly to the ward manager and staff are required to develop an action plan based on the findings. This information is displayed publicly so patients and staff can see the progress/improvements that are being made. It is hoped that the visibility of the actions highlights to patients that the Trust is open to feedback and keen to make improvements wherever possible.

The feedback is timely and enables the Ward Manager to pick up on issues quickly and share them with their team. The survey results are also reported to the Trust Board monthly as part of the Board Performance Scorecard. An excerpt is included below:

Clinical Quality- We Care	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Jan-10	Feb-10	Mar-10
Patient Experience- Dr Foster Trackers								
Staff looking after me had a caring and compassionate attitude	LR	G	80%	80%	84.9%	86.8%	83.5%	87.7%
Staff looking after me did things they said they would do	LR	G	80%	80%	82.7%	83.8%	83.0%	85.4%
I feel fully informed about what was happening with my treatment	LR	G	80%	80%	80.6%	83.0%	80.6%	79.5%
I was involved as much as I wanted to be in decisions about care	LR	R	80%	80%	79.7%	82.8%	79.8%	75.8%
Overall I was very satisfied with the care I received	LR	G	80%	80%	84.9%	87.9%	82.7%	87.8%
Environment								
% of patients in mixed sex accommodation	LR	G	<10%	<10%	4.6%	5.7%	5.4%	4.6%

Next steps

- Encourage staff to give the PETs to patients and relatives as often as possible to increase usage;
- Sustain the actions/improvements highlighted by the PETs;
- Explore other hand held devices and roll out the use to all departments; and
- Inclusion of results in divisional clinical scorecards

Patient surveys on discharge

The Trust has implemented a discharge survey given to all patients on their day of discharge. The survey includes questions regarding single sex compliance and are sent to NHS London who monitor compliance.

Next steps

- Ensure all patients complete the survey on their day of discharge
- Improve compliance with single sex accommodation

Bereavement care

The Trust appointed a Bereavement Co-ordinator in order to focus on the needs of patients and families. The postholder provides support and advice to bereaved families and helps them to navigate the end of life care pathway. The service has improved communication between staff and families and also the de briefing of staff in relation to themes from complaints. It has also facilitated more effective and efficient discharge from hospital for patients who wish to die at home.

Advice for bereaved relatives has been improved to include details of local bereavement services and advice on funeral arrangements. A sympathy card from the Trust is sent to all bereaved relatives.

There has been a 48% reduction in complaints received between 2008/9 and 2009/10 to date, as a result of the actions taken as part of the programme.

Next steps

- Continue to work collaboratively with external support agencies such as Cruse, to improve services
- Develop the information and resources on the web site

PEAT

This year's annual PEAT assessments took place in February, with teams comprising of representatives from Infection Control, Facilities, Modern Matrons, Dietetics, patient representatives and an external validator appointed by the Patient Safety Agency.

Overall there was an improvement on last year's outcomes, with particular emphasis on the following elements:

- Wayfinding at CMH
- Tidiness at ward level
- Condition of the overall environment
- Privacy & dignity
- Food service
- Information for patients

The feedback from the external validators was very positive and they were particularly impressed with the artwork on both sites, the investment that we have made in capital refurbishment works, the attitude of the staff in all the areas that we visited, the high impact hand hygiene signage, the outcomes of the Productive Ward project on Gladstone and the new wayfinding signage.

Next steps

We are implementing an integrated programme of infection control and PEAT audits, involving the above staff groups, to report to the Trust's Infection Control Committee on a regular basis.

Capital Programme

In addition to the "We Care" programme there were a number of improvements to the physical environment in 2009/10 which have improved the patient experience, including

- A new sub-regional Stroke Unit incorporating Hyper Acute Stroke Unit;
- A new Clinical Decision Unit at NPSM including the provision of separate bays/bathrooms in line with the goal of virtually eliminating mixed sex accommodation in the Trust;
- Transfer of the UCC at Northwick Park to co-locate in the A&E department in line with the development of Harrow PCT's polysystem model;
- An increase in ICU capacity at Northwick Park ;
- The first phase of an Estate Renewal Programme to improve the utilities, fire and other infrastructure of Northwick Park;
- Expansion of renal, eye and mental health services in conjunction with partner Trusts; and
- Opening of *The Square*, a new retail and coffee shop for staff, visitors and patients.

Next steps

Going forward, we plan to continue the investment programme in the Trust to:

- Enable ongoing improvements to key items of medical and other equipment;
- Continue the major investment programme to improve the Northwick site's core infrastructure services;
- Ensure that we focus capital spending on schemes which deliver the Trust's key objectives, including the development of NPSM as a Major Acute Hospital and CMH as a Local Hospital; and
- Ensure that where wards and departments are being refurbished, the development of appropriate same sex accommodation continues to be a priority.

Part 2: Stakeholder involvement – TO COME

2.1 Explanation of who we have involved – must include PCTs, LINKs, OSCs.

2.2 Statements provided from PCTs, LINKs, OSCs and explanation of any changes as a consequence.