

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 committee¹ 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 care² 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 meeting³.

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 PCT⁵ 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 variation⁶. 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 response⁷ 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 Health⁸. 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 Assessment⁹ 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 Harrow¹⁰. 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 Committee¹¹ 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 year¹².

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 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.

The future of Kenmore Clinic

We request more information about the future of the Kenmore Clinic site as it becomes available¹⁴. 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 polysystems 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.