

## **NHS Brent**

### **Briefing for Health Select Committee**

#### **Developing a Primary & Community Care Strategy**

1. Primary and community care is a central building block in improving and maintaining the health of Brent residents. Most healthcare takes place through primary and community services and these will be a foundation for any future service development.
2. The PCT is developing a primary & community care strategy. The strategy will cover GP services, pharmacy, community nursing and therapies. A second phase looking more broadly at care outside hospital will link in with the acute strategy that is being developed.
3. The strategy is steered by a multi-disciplinary/agency Programme Board (including LA participation) and is sponsored by the PEC who together with the Practice Based Commissioning Executive provide clinical leadership to its development.
4. The early phases of the work are nearing completion. These are:-
  - data and workstream analysis,
  - development and feedback on a draft set of pledges about primary and community services,
  - patient and public involvement, (an early strategy day, talking to a cross-section of community groups about views of current services & future priorities, surveys and a planned “large-scale” deliberative event in January),
  - visioning, workshop and other events to develop the future model of care.
5. Further work is being undertaken on a GP and community health premises audit, transport survey and additional visioning events including an event for 100 Brent residents to be recruited by the Office of Public Management for a whole day event on 24 January 2009 to elicit what is important to people about primary and community services.
6. There are a number of strengths in primary and community services in Brent including innovation particularly in some of the integrated care pathways supporting people with diabetes or heart disease. The findings so far, however, also show a significant level of variation in primary and community care services throughout Brent. This includes a three fold variation in GP opening times, a similar variation in quality, a larger variation in staffing within practices, variations in availability and opening hours of pharmacies, variation in access to some community services,

- including care co-ordination, and differences in geographic access to all primary and community services. There are significant differences between and within clusters. Brent scores worse than other areas of London in terms of the general Practice Quality and Outcomes framework achievement, though this masks some very good achievement. Brent also has a much higher level of older GPs (25% 60+) and single or double handed GPs than London.
7. Patients and the public have highlighted a number of positives about services in Brent. A number of patients speak highly of the service they have received from their GPs, others have commented favourably on the out of hours service and the care co-ordination service. Surveys have however consistently highlighted a number of issues about practice opening times, dissatisfaction with telephone access, not being listened too, not being given enough time, not receiving explanations and not being involved enough in decisions. There have also been some comments about lack of respect and dignity that we are trying to understand in more detail. Brent's score for respect and dignity was the lowest in England in the 2008 patient survey. Discussions with groups have included issues about lack of information, complexity of the service system and about language and cultural sensitivity. A number of issues have also been raised about dentistry.
  8. The findings in 6 and 7 above set out a clear case for change. Looking at the needs of Brent residents, including the diversity of residents in terms of age, ethnicity and circumstances, it is clear that services cannot be provided in the future on a one-size fits all basis but will need to be sensitive to residents needs and requirements.
  9. To meet this requirement and improve access, quality and consistency, a networked model of care is being developed. This will specify:-
    - what services should be provided by each practice/pharmacy (the spokes),
    - how practices and other services should work together around neighbourhoods to ensure residents get access to healthcare support (mini-clusters)
    - how/where services will be extended in each practice based cluster to provide extended hours, more local diagnostics, co-location and integration of community services, and support for healthy lifestyles (hubs)
    - a Brent polyclinic (and the potential for a second), offering more localised secondary care and out of hours services
    - transport requirements.
  10. NHS Brent's Commissioning Strategic Plan which was submitted to NHS London in November 2008 sets out the case for change, the proposed

network model, the shift of activity from an acute to community setting and the required investment. However these proposals are outline and are subject to more development with practice based commissioners (PBC) and the public.

11. The PCT had originally anticipated undertaking a formal consultation process on the outcomes of the strategy running from end January until end March. A number of complexities have, however, now come to light with this approach:-

- All formal consultations need to go through an NHS London Gateway and reconfiguration panel approach which can take up to 3 months,
- The strategy will set out a vision for services and direction of travel for example the transfer of some outpatient services currently provided in hospitals to polyclinics or GP practices but will not set out any specific service changes such as the impact of the transfer of acute activity on local hospitals or the relocation of any GP practices to a hub or polyclinic
- Decisions about any service changes as a result of implementation of the strategy are likely to be made by independent contractors and /or groups of practices in locality based PBC clusters. These bodies will either consult directly with the population including OSC or NHS Brent may consult on their behalf

12. The PCT's view currently is therefore that at this stage it is more appropriate to launch a discussion document, with a formal process for involving the local community in giving their views (for example attendance at 3 of the area forums has already been scheduled in) rather than go through a "formal NHS consultation" process. PBC groups are developing outline plans for change in their locality which would be included in the discussion document. Detailed plans would be formally consulted upon and this expected to take place from April 2009 onwards. The first detailed plan is likely to relate to a proposed polyclinic at Willesden Centre for Health.

13. The OSC is asked to consider and support this approach and any elements of consultation that need to underpin it.

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**5 December 2008**