PRIMARY AND COMMUNITY CARE SERVICES IN EALING

7.1 SUMMARY

This section describes how we intend to make significant and sustainable improvements to the capacity, quality and consistency of our primary and community care services which will underpin the delivery of our CSP.

Our goals are:

To deliver the Healthcare for London Polyclinic model in 4-6 cluster populations across the borough and within this framework:

- Improve access to primary and community care services in order to ensure equity of high quality provision across the PCT

- Develop a new service model for primary care which will enable GP practices and other independent contractors, to work together in local collaborative units to deliver the advanced primary care to their combined populations.

- Achieve a local complement of fewer, larger GP practices, consistent with other PCTs with comparable populations, such as Barnet and Croydon. This means that we expect to reduce the number of practices from 82 to around 70 over the next five years.

- Commission modern, responsive community health services, integrated with local authority provision, to deliver safe, effective, personalised care.

- To significantly improve patient experience and health outcomes

To achieve the above with the ongoing engagement of clinicians and patients.

7.2 INTRODUCTION

Primary care is the backbone of the NHS. Evidence shows that GPs are highly valued and trusted by patients and provide by far the greatest proportion of health service contacts and access to wider more specialised health and social care services.

Therefore, in order to deliver our CSP goals we cannot under-estimate the key role of primary care both in providing and commissioning services. The need for us to increase capacity and assure higher and more consistent standards in primary and community care is also important because:

- Consistently high standards of primary care will improve health and well-being: identifying illness early, managing it effectively and reducing unplanned crises;

- Good primary care reduces reliance on secondary (hospital) services. This is better and more convenient for patients and their carers, and is the most effective way of using NHS resources.
Our 2008/09 CSP included a specific commitment to improve the primary and community services infrastructure by delivering the estates strategy which would underpin the model of locally networked Primary Care Resource Centres, as set out in our Vision for Health and Care 2005, providing opportunities for integration with the Local Authority, the acute sector, voluntary organisations etc.

In our 2009/10 CSP this objective is updated to reflect local developments in primary and community services and take account of the national and London policy direction, the emerging polyclinic model and the PCT’s commissioning priorities. These reinforce the key role of primary and community services in delivering the CSP via the development of our quadrant based Primary Care Resource Centre / polysystem model, along with a greater focus on quality and outcomes.

7.3 NEEDS ANALYSIS OF PRIMARY AND COMMUNITY CARE IN EALING

7.3.1 Background and context

The PCT’s contracts with the following providers for primary and community services:

- Independent contractors for medical, dental, community pharmacy and optometric services comprising GMS, PMS and APMS models.
- Harmoni GP Co-op for the provision of out of hours GP services.
- PCT provider functions for the provision of community services, encompassing a range of universal, targeted and specialist services.

There are good relationships between clinicians with local GPs are collaborating through their engagement in Practice Based Commissioning (PbC). From 2007/8 all 82 practices had signed up to PbC and are members of one of the five PbC groups operating across the Borough. However, as described in more detail in sections 4.1-4.6 of this document, provision of primary care in Ealing is of variable quality and not meeting the needs of our population.

The PCT commissions a range of enhanced service schemes. Whilst most have been developed centrally, a number of schemes have also been led by individual PbC groups in response to local needs. There are currently 33 enhanced service schemes in operation including the Extended Hours LES. While most practices provide a range of directed enhanced services (DESs), the provision of LESs is much more variable. Some of these needs can only be provided by a few practices e.g. management of potentially violent patients, but others should be widely available.

This overall variation in current take-up of LES schemes highlights the challenges facing primary care in Ealing including poor access, wide variation in quality and cost and high A&E attendance. Further capacity is being developed by expanding service provision in areas of need, e.g. due to projected population growth and poor access in Southall, the new GP-Led Health Centre will be located in that area.
The table below shows the percentage of patients in each practice recorded as having hypertension. The range is considerable, and is unlikely to reflect the true prevalence in different practices.

**Fig. 2 Prevalence of hypertension in each practice**

The primary care estate is in poor condition with over 30% of GP practices operating from premises which are not DDA compliant. A range of community nursing and therapy services are provided from a number of health centres, clinics and bedded units across Ealing, some owned by the PCT and others leased from a variety of public sector or private landlords. Most of these facilities are out-dated, vary in size and quality and in the range of services provided. Three of the health centres accommodate GP practices, whereas the others only provide community services.
### 7.3.2 Case for change

<table>
<thead>
<tr>
<th>Independent Contractors</th>
<th>GP Practices Key Characteristics</th>
<th>Other independent contractors Key Characteristics</th>
<th>Community Services</th>
<th>Community Services Key Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>82 Practices highest no. of any London PCT. 159 GPs £64 million investment</td>
<td>70 GMS, 10 PMS, 2 APMS. 43 partnerships, 35 single handed, 2 companies. Ave. list 2,000/ GP, &gt;70% offering extended hours. 55% in under-sized owner-occupied/leased premises 30% not DDA compliant. Independent condition survey will report March 09. Primary care Estates Strategy driving programme to refurbish and develop premises. Variable quality and access and registration difficulties with some practices. High A&amp;E attendance, audits indicate 40-60% of these could be managed in primary care. Wide variation in levels of expected vs actual prevalence across PCT. Wide funding differences across practices for income/patient. Even for PMS practices this ranges from £62.71 to £105.50 per patient. 33 enhanced service schemes including a range of LESs to support CSP priorities and delivery. Good engagement with PbC. All GP practices members of PbC groups. Planned GP led HC to address poor access, populations growth in Southall.</td>
<td>Good coverage of Dentists, Pharmacists and Optometrists. Access to NHS dentistry good GDS, PDS + orthodontics, sedation domiciliary. OOH dental service run jointly with 7 other local PCTs. New investment planned to increase activity in line with Oral Health Needs Analysis. Pharmacy services provided by a mix of multiple chains and independents. Offering essential and enhanced services.3 within health centre / practice 1 planned for GUV LIFT scheme. Ophthalmic practices offer NHS sight tests &amp; dispensing, mobile practices provide domiciliary visits to patients with health related mobility/ mental health problems. PbC piloting consultant led community ophthalmology service to provide extra capacity and support care outside hospital. Expect that in future optometrists will provide follow-up care for conditions such as cataracts or glaucoma. Further scope to utilize new contracts to deliver PCT priorities.</td>
<td>Ealing PCT Provider Services - 900 staff, £48 M investment. Will be Arms Length provider from April 2009 in a corporate alliance with Harrow PCT Provider Services. Ealing PCT Provider services deliver a range of adults, children’s and specialist services including intermediate care. 5 health centres / clinics. Key areas without health centre in Northolt, North Southall.</td>
<td>Provision aligned with social care teams. E.g. ESCAN service arose out of pilot Children’s Pathfinder Trust. Plan to commission integrated older people’s team in Southall. Primary care mental health services have become National Expansion site for IAPT in partnership with mental health trust. Provide palliative care to Hounslow PC Provide therapy services into Ealing Hospital Comprehensive intermediate care service – working at capacity. Ability to respond and deliver service changes: admission avoidance, smoking cessation, community gynaecology pilot. Unsophisticated contracting regime compared to acute sector.</td>
</tr>
<tr>
<td>50 Dental practices 177 Dentists £16 million investment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 Pharmacies (2 x 100hr) £1.6 million investment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Optometry practices 17 mobile practices 49 Optometrists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The need to strengthen the quality and capacity of out-of-hospital services in Ealing has been long understood, but we have struggled to make the necessary step change in primary and community services. We developed our Vision for Primary and Community Services in 2005 have since been implementing its key elements:

- Primary Care Resource Centres (the local predecessor of Polyclinics) Southall Broadway, Jubilee Gardens and Peel House
- Care co-ordination for people with long term conditions via Community Matrons and Case Managers
- Developing and expanding intermediate care across health and social services.

The standard of primary care in Ealing is varied and, although there are some excellent practices, 82 are not sustainable in the long term. The PCT has historically supported single handed practices, recognising that for some patients the desire for continuity of care may compensate for limitations such as longer waiting times, poor premises and limited support services. This inequity needs to be addressed particularly with regard to access and quality of primary care.

Thus primary and community healthcare teams are fragmented in a way that does not foster the development and delivery of integrated services. This arrangement also limits the flexibility that could be offered by having more centralised services and does not utilise either the PCT buildings or workforce most effectively.

**Figure 4 Location of Independent Contractors in Ealing**

Having appropriate premises remains a key challenge. Our primary care and community estate is inadequate and in future we will not be able to commission services from practices whose premises are not DDA compliant and do not offer patients and staff a safe, modern clinical environment. We need to provide premises which group together GPs either in partnership or via individual practices but with a shared infrastructure to deliver the polyclinic / system model and to increase the integration of health and social care services. The PCT’s Primary Care Estates Strategy (2007) supports the development of primary and community care premises, compatible and coordinated with local partners.
Recent patient access surveys show that, despite data showing 100% achievement of 48 hour access target; this is not the reported experience of patients. The Healthcare Commission’s review of urgent and emergency care services across England (2006/7) rated Ealing’s services in the lowest 6% of PCTs. The response from out-of-hours GP services and patient satisfaction with GP opening hours were particularly weak. Dissatisfaction with GP services may be one of the reasons that so many people use Accident and Emergency Departments as their first port of call for urgent care.

New quality standards to be defined by the Care Quality Commission may provide real challenges for some primary care providers. We will work with GPs to assist them to meet these where possible or to provide new models of organisation where not. Poor practice cannot be allowed to continue. The highest standards of primary care must match the needs of the population groups with the worst health outcomes.

We have yet to fully understand the impact of future changes to our provider landscape. The PCT provider arm will become an arms length organisation from April 2009, moving to full externalisation by April 2010. There is also uncertainty regarding the future of Ealing Hospital and what part that organisation may play in the provision of primary and community care, along with an increasing number of independent sector market entrants. The PCT will need to develop our ability to assure that Community Health Services are specified, commissioned and procured effectively, in accordance with the recent guidance on Transforming Community Services to deliver fully integrated care pathways in conjunction with primary care.

In summary, the PCT faces a number of challenges in taking forward its vision and strategy for primary and community services, which taken together make for a compelling case for change though our commissioning. It is our assessment that the current structure of primary care in Ealing is not able to respond to the challenges and aspirations for primary care necessary to deliver our CSP goals, and is no longer viable. In future there will need to be fewer, larger groups of practices providing people with a wider range of services. We need therefore to ensure:

- Infrastructure development – to deliver our vision of networked and integrated services that support the shift of treatment and care into community settings through implementation of our Estates Strategy.
- Commissioning development – to ensure the delivery of improved quality and performance, through applying world class commissioning approaches to our commissioning of primary and community services.
The PCT has developed an ambitious strategy for primary and community care services which addresses these historic deficits and which sets out a way forward to improve access, quality and patients' experiences of care and which will enable primary care to support our goals to improve health, reduce mortality and morbidity.
7.4 FUTURE VISION FOR PRIMARY AND COMMUNITY CARE

NHS Ealing will focus on reducing the variation in the quality of primary and community care in Ealing, both in terms of patient environment and service delivery.

7.4.1 Our Key Objectives For Primary And Community Services Are:

- To significantly reduce the variation in performance across the 82 practices in the GP Patient access survey by 2011/12
- To reduce the total number of GP practices in Ealing to a maximum of 72 by 2018
- To improve overall performance to above the London average and preferably at least the national average.
- To demonstrate differential (and higher) improvement in our most deprived areas.
- To demonstrate user/carer satisfaction with Primary care and Community services in terms of
  a. Access to services
  b. Participation in decisions about care
  c. Being treated with dignity.
- To develop and implement a polyclinic / polysystem model that enables us to deliver the above objectives

7.4.2 The key elements of our strategy implementation are therefore:

- To address variations in primary care and, in doing so, drive up quality and performance, working through the new collaborative cluster networks and utilising contractual levers, informed by the PCT’s Practice Profiles, to deliver the provision of services across networks to consistent high standards and outcomes.
- To ensure the effective contribution of primary and community services to the delivery of CSP strategic goals and planned initiatives. The PCT will need to increase the robustness of its commissioning from these providers, through the agreement of robust outcomes based contracts with clear delivery milestones and performance metrics. The PCT has started innovative work on a performance framework for primary care and a balanced score care for community services.
- To develop the role of community pharmacists and other independent contractors to support the delivery of urgent primary care and integrated care pathways for long term conditions.
- To support the delivery of our out of hospital care strategy through the development of the appropriate infrastructure in terms of estate, facilities and governance arrangements to support clear implementation pans to deliver networks which enable the PCT’s planned shift of care to community based settings to take place.
- To work closely with our local authority to achieve synergies in both our planning and service delivery which will deliver our joint goals for improving the health and well-being of the population of Ealing. To this end we have developed a joint asset strategy which will enable us to pool capital asset and land to deliver integrated community hubs in Acton and Southall.
7.4.3 Demography and Geography of Ealing

Any approach to developing effective networks and population units for delivering our polyclinic model needs to take account of and be sensitive to the social and physical geography of Ealing. In particular:

The impact of major roads (A40 and the A406) and railway routes as well as waterway and open space on the evolution of natural communities and their logical travel and transport routes to access health facilities.

The diversity and demography of the population and the impact of planned residential and infrastructure developments on this over the next ten years. In particular:

- Projected increase of Southall population by 12% over next five years
- Increasing numbers of elderly and under 5s
- Developments: Southall Gasworks, Dickens Yard, Arcadia, South Acton Estate
- Cross rail which will stop at five stations in Ealing from 2017

7.4.4 Quadrant model

In recognition that the above challenges will have similar impacts on our partner agencies similarly we have elected to work jointly with the local authority to develop our infrastructure. We have, therefore adopted their existing quadrant model which will allow us to develop our infrastructure in a way which:

- Fits with Local Authority Service and Asset planning
- Fits with social geography and local community identity
- Builds from the 7 villages of Ealing (previous PCT neighbourhoods)
- Will deliver 4-6 clusters of primary care facilities providing the polyclinic service offering to populations of 50,000 – 90,000 patients.

We already have a service model described in the West London SSDP (2004) and refreshed in our subsequent Estates Strategies (2006, 2007) based on a three tier configuration which can be adapted to work with the primary care service model:

**Primary Care Centres:** – (Core)1-3 practices registered list up to 7,000 patients.

**Health Centres:** – (Core Plus) registered list between 7,000 and 20,000 patients. 2 + practices with community health services.

**Integrated Care Centres** – (Advanced) registered list > 20,000 patients. Comprehensive range of services including more complex diagnostic procedures and day care. Borough wide specialties and / or base for social services and voluntary organisations.

Our current plans are by 2012 to deliver a one Integrated Care Centre operating as a federated hub in each quadrant. However, where the local geography does not allow for a facility of this size we will ensure that service provision will be planned so that the full Advanced Primary Care specification can be delivered via the local network, and all hubs will meet the Healthcare for London polyclinic service specification. These quadrant the networks will include linking into other community resources such as children’s centres, older people’s resource centres etc. The following sections describe the rationale and location for each quadrant in more detail.
Quadrant Plans

The following sections describe the current thinking around the development of polyclinic hubs and spokes in each quadrant. Large hubs are planned LIFT developments and large spokes are existing health centres or other developments with multiple practices or offering a range of services. Smaller spokes have been identified either as new or planned new GP facilities or practices with over 5,000 patients. It is recognised that the criteria for defining spokes needs to include a qualitative element and that the poly-systems in each will quadrant evolve to better reflect our service model so that all practice spokes offer Core-plus services as a minimum. Therefore, these maps should be considered as a snapshot which we expect to change over time as we implement this strategy.

Figure 7 Current planned Ealing PCT Hubs and spokes
Acton Quadrant

Key Characteristics:

- Registered population 54,000
- 16 Practices – 5 with 3+ GPs and > 5,000 patients
- Diverse population: Afro Caribbean, Somali, Irish, East European
- South Acton Estate, major regeneration e.g. Sure Start, HLI
- Major relocation of social care.
- Park Royal development north of A40
- Transport links to HHT / CMH

Acton lends itself most easily to the formation of one polyclinic cluster which will be served from an Integrated Care Hub on current Acton Health Centre and adjacent sites as a joint venture with LBE. However, we will need to consider separately how we provide for the small population living north of the A40. Depending on the outcome of the proposals for the Park Royal Industrial Park this could be via new fast-bus links to Acton Health Centre or by commissioning some services from Brent PCT facilities on the Central Middlesex Hospital site or a combination of both.
Acton Integrated Care Hub / Polyclinic

Integrated care centre / networked polyclinic in Acton, providing advanced primary care services to the local population along with social services and voluntary sector provision on the site of the Acton Health Centre building. This will act as a hub, linking into all practices in the area. This is in the early stages and a stakeholder engagement process has commenced to build a local vision for the centre which will feed into development of a schedule of accommodation with the local authority.

GP provision in the centre: 1 practice in situ and 2 practices relocating. All are single handed GPs with lists of 2900, 1150 and 1100 respectively. The centre will create capacity for up to 15,000 registered patients from identifying other local practices to relocate and registering new population.

Ealing and Hanwell Quadrant

Key Characteristics:

- Registered population 90,000
- 22 Practices – 8 with 3+ GPs and > 5,000 patients
- Pockets of high deprivation
- Population growth - major town centre development.
- 3 Cross rail stops
- EHT nearest hospital

The PCT has an opportunity to develop an Integrated Care Centre in the centre of this quadrant, which will be best placed to serve as the hub for two polyclinic clusters providing advanced primary care to Ealing and Hanwell respectively.
West Ealing Integrated Care Centre

LIFT scheme to provide large polyclinic hub to Central Ealing and Hanwell quadrant. This will involve refurbishing the ground and first floor of a former department store on the Uxbridge Road, to provide a facility of 3,000 m². Visible high street location with 40 car parking spaces and served by six major bus routes as well as overground rail links and situated 100 metres from our new Primary Care Mental Health / IAPT unit at 84 Uxbridge Road and 400m from the main Social Services offices at Perceval House. The centre will provide the full polyclinic offering of advanced primary care and community services to 100,000 patients linked to a minimum of 8 Primary Care Centre spokes. It will also provide specialist services to the whole borough e.g. breast screening, rehabilitation gym and a base for the relocated Ealing Carer’s centre. Planning application to be submitted in September 2009.

GP provision in the centre: 2 practices relocating 1 x 7 GPs 10500 patients, 1x 2 GPs 2800 patients. Capacity for up to 25,000 patients registered directly at the centre from combination of relocating additional practice and registering new population.

Southall Quadrant

Key Characteristics:

- Registered population 103,000
- 25 Practices – 6 with 3+ GPs and > 5,000
- High population density, predominantly from India and Pakistan
- Havelock and Dormers Wells, major regeneration e.g. SureStart, HLI
- Population growth:15% by 2012 plus Southall Gasworks - planned 4,000 units
- Boundaried by Uxbridge Road and Railway line -Cross rail stop
Southall is culturally and demographically distinct from the rest of Ealing. It has a history of deprivation with the associated problems of high levels of heart disease and diabetes as well as higher incidence of low birth weight babies and TB.

The population density is paralleled by close packed roads of terraced housing, few open spaces and high levels of traffic congestion. Despite this property and land values remain high particularly on the high streets due to the market for specialist Asian retail outlets and restaurants which attract large numbers into the area, particularly at evenings and weekends and festival times.

Historically this area has only been served by Featherstone Road Clinic, south of the railway line, providing a range of community health services. There have been no GP practices operating from this site but we are planning to locate our new GP led Health Centre here from December 2009. The clinic is within 50 metres of a large local authority site designated to be redeveloped into a joint Integrated Care hub within the next 3-4 years.

Southall Integrated Care Hub/ polyclinic

The PCT is developing an integrated care centre / networked polyclinic in Southall, providing advanced primary care services to the local population alongside social services and voluntary sector provision. This will involve disposing of Featherstone Road Clinic and relocating and expanding provision into the new site. This will act as a hub, with 4 GP practices and our GP led HC and 25,000 registered patients, linking into all other practices in the quadrant including larger spokes at Southall Broadway and Jubilee Gardens Health Centre and Library and Martin House. The PCT is working with the council on preliminary design issues alongside a stakeholder engagement process to build a local vision for the centre.

GP provision in the centre: GP led Health Centre 1 x 3 GPs 7,000 patients, 4 local practices relocating 1 x 2 GPs 4,600 patients, 1 x 2 GPs 3,200 patients, 1x 1 GPs 3,500 patients, 1x1 GP 3,300 patients. With capacity to expand to up to 25,000 patients directly registered.
The PCT has also begun to address service gaps in other parts of the quadrant by opening a new centre on Southall Broadway in 2007 and a LIFT scheme for an integrated Health Centre and Library is being built on the site of a derelict clinic, due to open in January 2010. Both these facilities will serve as large spokes to the main polyclinic hub along with the our joint PFI project with the social services opening during 2009 at Martin House, Older people’s resource centre.

**Jubilee Gardens – Large Health Centre networked- spoke**

GP provision:  2 local practices relocating  1 x 4 GPs  5800 patients, 1 x 1 GP 2900 patients. Will accommodate an additional 8,000 patients either from relocation or procuring new practice.

**Northolt Greenford and Perivale Quadrant**

*Fig. 11 Northolt, Greenford and Perivale Map*

**Key Characteristics:**

- Registered population 100,000
- 21 Practices – 7 with 3+ GPs and > 5,000
- Geographically dispersed population
- Recent population growth in Greenford - Highest primary school rolls
- Divided into quarters by A40 and Greenford Road
- Perivale bounded by Horsenden Hill and Golf Course

Due to the constraints of land availability, road and transport links as well as the size of the population it is not possible to plan for a single site polyclinic hub in this quadrant. Therefore the PCT is proposing to establish two hubs; Grand Union Village Health Centre to the West and Westway Cross Integrated Health and Leisure Centre to the East.

**Grand Union Village - Large Health Centre Polyclinic - hub**
Polyclinic hub 2400m², LIFT scheme on new residential development in area of high deprivation. Financial Close expected Feb/Mar 2009. Large Health Centre incorporating GPs with capacity to register up to 15,000 and advanced community health services with a specific focus on children’s and sexual health services. Linked to the large spoke at Peel House this will provide the full polyclinic service offering to 70,000 patients for Advanced Primary Care and up to 100,000 patients for sexual health services and services for children with additional needs.

GP provision: 3 local practices relocating 1 x 4 GPs 6600 patients, 1 x 1 GP 2100 patients, 1 x 2 GPs 3400. Local pharmacy relocating into the centre.

**Peel House- Large Health Centre networked- spoke**

Part of hub network in Northolt and Greenford polysystem GP led development incorporating 3 practices with capacity to register 12,000 patients and range of community health services, with a focus on adults with long term conditions. Planning application to be submitted February 2009.

GP provision: 3 local practices relocating 1 x 2 GPs 4027 patients, 1 x 2 GP 3020 patients, 1 x 2 GPs 2600. Links to spokes in three other practices in North Northolt for provision of Advanced Primary Care.

**Westway Cross Integrated Health and Leisure Centre – polyclinic hub**

Large Health Centre networked hub on retail park in North Greenford area, where rising school age and elderly population is impacting on primary care capacity. Plan to provide integrated health and leisure centre to act as Polyclinic hub for 35,000 patients including up to 10,000 patients registered with GPs at the centre plus linked to spokes at Hillview Surgery Perivale, Barnabas Medical Centre and Elm Trees surgery to provide advanced primary care and special focus on older people, rehabilitation. Services currently provided at the PCT owned Greenford Green Clinic will also be relocated and expanded / recommissioned as required. Currently in discussion with landlords and local authority.

**Northolt High School – Large Health Centre - spoke**

New large health centre as part of rebuild of this foundation school. Would provide space for 3 practices in North Northolt with a combined list of 15,000 patients and provide a large spoke to Grand Union Village for advanced primary care and a range of young people’s services. Currently in discussion with LEA and School Governors.

Figure. 12. planned developments overlaid against deprivation indices
7.5 **REDESIGNED MODEL OF CARE – CLUSTER MODEL OF PROVISION.**

There is a need to redefine and redesign the model of care for primary and community services to enable delivery of these services through collaborative provider networks, based on the following principles:

- Developing the concept and infrastructure of primary care clusters offering advanced services to a population of 10-15,000 patients. These clusters will be aggregated geographically into our quadrant polyclinic system networks along with provider community services and local authority social services units.

- Clarifying and extending the definition of the core services to be provided to populations of registered patients in ways that move beyond the current minimum contractual standards and expectations. This should lead to the development of concepts such as GMS + and Advanced Primary Care being defined and understood by clinicians and patients alike.

- Ensuring that the concepts of integrated pathways, equitable access and improved patient experience are central to our planning at all levels.

**Core services** are those defined within the current minimum standards at a recognized level of quality and will act as the building block for the rest of the primary care infrastructure.

**Core Plus** could be provided by a single larger practice or by a small cluster of practices, community health services and other independent contractors who are working together to deliver to serve the wider population.

**Core Plus Services include:**
- Phlebotomy
- Minor Surgery
- Medicines Use Reviews
- Universal Child Health services
- Anticoagulation services
- Contraceptive services
- Peri-operative Care
- Primary Care Mental Health services
- Smoking Cessation
- Community Nursing Services

It is anticipated that these clusters will be of 1 – 5 practices serving populations of 10-15,000 patients. We will work with primary care providers so that this level of primary care will become the norm for most people in Ealing by 2012. This needs to happen across the Borough; otherwise inequalities in primary care will be exacerbated.

**Advanced Primary Care:** for specialist primary care services larger networks or federations will be developed which the aim of delivering 60% of all out of hospital services to a Polyclinic population of 50,000 – 60,000 patients.

**Advanced Primary Care services will include:**
- Level 2/3 services for people with long term conditions e.g. diabetes and heart failure
- Community Matrons and Case Management services
- Specialist Reproductive Health services
- More specialist mental health services
- Rehabilitation and intermediate care
- Integrated services for Children and Adults
- Specialist Community Pharmacy
- Community Dental services
- Extended opening hours /urgent care
- Health promotion and lifestyle advice via health trainers

These groups will serve 50-60,000 people and there will be between 4-7 across Ealing. Advanced Primary care will also integrate with community health services, and services provided by other statutory and non-statutory organisations. Some services such as intermediate care beds; specialist rehabilitation and specialist palliative care services will continue to be managed on a Borough-wide basis.

**Polyclinic System**

When patients register with individual practices they will be given information about the wider cluster and network to which they also belong. These networks will be supported to develop new ways of working together and with other professional disciplines, especially community pharmacists, and possibly develop new organisational forms that deliver high quality services in the most effective way. To support the delivery of these plans we will ensure that patients and local professionals are able to take part in local innovation to improve services.

**Excellent, sustainable community services provision**

To ensure, by developing and implementing a robust market management strategy, that during and subsequent to the planned period of organisational change for PCT community services (Autonomous
Provider Organisations for 2009/10 followed by formal externalisation from PCTs) that Ealing residents continue to have access to the full range of services currently delivered by the PCT’s provider arm.

**Delivery of improved performance, quality and outcomes through strengthened commissioning of primary and community services**

To support the delivery of our primary and community strategy we have been working on a series of enablers to allow us to develop the vision these include:

- Developing an access development plan, now being supported by the Improvement Foundation.
- Development of Practice profiles which bring together a host of information on practices to help focus investment decisions.
- An Estates Strategy which sets out an ambitious plan of investment into purpose built new primary care centres that deliver the concept of a polyclinic model set out in ‘HealthCare for London’ within an Ealing context. This will be revised by April 2010 to set out our proposals for the future management of the community estate following the establishment of the new APO.
- Investment in additional Primary Care Commissioning staff in order to strengthen our ability to pro-actively manage primary care contractors.
- Undertaking a detailed review of our community services in order to support the full externalisation and delivery of high quality services from April 2010.
- A PbC LES which aligns the PCTs CSP priorities with local priorities to produce local ownership of goals at a practice level and PbC group level.
- Investment in IT project management to develop workable solutions to support service integration.
- Good working relationships with the Deanery, Education Providers and Local Professional Representative bodies such as the Local Medical and Dental Committees so that both innovations and poor practice can be addressed.

We believe that these enablers provide the bridge to ensure we are well placed to deliver our plans for providing Advanced Primary Care across the PCT.

**7.6 IMPLEMENTATION**

**7.6.1 Developing primary and community infrastructure**

- The PCT is committed to a vision of health and care predicated on the development of a quadrant based polyclinic model. This model provides the over-arching framework to support local clusters of practices covering populations of approx 10-15,000 detailed above. Networks of clusters will be commissioned to provide a full range of services including any National/Local enhanced Schemes for all patients registered with the cluster.

- The PCT has in place a large scale redevelopment programme for primary care and community services premises, set out in our Estates Strategy 2007. By 2012 we will commission three Integrated Care Centres and five large health centres as well as refurbishing a range of existing primary care premises to ensure that they are fit for purpose, thus establishing a sustainable hub and spoke model. Resources from the PCT’s baseline funding have been identified to support our strategy and these have been factored into PCT financial plans.

- All practices will be networked into a local polyclinic system providing an extended range of services, longer opening hours and a step-change in the degree to which these services are integrated. This model will be extended to provide a vehicle for the integration of community based health and social care.
Each quadrant will have services available 8am – 8pm, 7 days / week via hubs and possibly larger spokes, offering multiple referral routes - including self referral and GP access to registered and unregistered patients, walk-in and bookable appointments.

- Core provision:
  - GP extended hours,
  - phlebotomy,
  - ultrasound
  - chiropody, adult and /or children’s therapies,
  - community nursing,
  - primary care mental health,
  - health promotion – smoking, obesity
  - Range of other services depending on local need
  - Consolidation of bespoke facilities – e.g. dental, breast screening
  - Single point of access - phone or location

All the following services will be available through a federated model to patients of all practices in the local cluster.

- Diagnostics to support range of services provided
- Dedicated services for long term conditions
- Drop-in access to health promotion, lifestyle support and advice

Figure 13. Progress with current schemes

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Southall:</strong></td>
<td></td>
</tr>
<tr>
<td>Southall Broadway – community services hub for surrounding small practices</td>
<td>Opened 2007</td>
</tr>
<tr>
<td>Jubilee Gardens – Integrated health centre and Library. Large spoke</td>
<td>LIFT Scheme being built, due to open February 2010.</td>
</tr>
<tr>
<td>Featherstone Hub – Integrated health and social care centre</td>
<td>Part of joint asset strategy with Local Authority. Paper going to Cabinet and Board May 09. Likely implementation 2012.</td>
</tr>
<tr>
<td><strong>Ealing and Hanwell:</strong></td>
<td></td>
</tr>
<tr>
<td>West Ealing Integrated Care Centre – hub.</td>
<td>Stage two business cases being finalised for approval. Planning application Sept. 09. Likely completion May 2011.</td>
</tr>
<tr>
<td>Carmelita House integrated health, social care and education centre for children with additional needs</td>
<td>Joint facility opened April 2008</td>
</tr>
<tr>
<td>Possible other large spokes yet to be developed</td>
<td>Linked to redevelopment of Ealing Town centre Dickens Yard and Arcadia 2011 - 2013</td>
</tr>
<tr>
<td><strong>Northolt Greenford and Perivale:</strong></td>
<td></td>
</tr>
<tr>
<td>Grand Union Village – Northolt polyclinic hub with a specific focus on specialist children’s and sexual health services.</td>
<td>LIFT Stage 2 awaiting SHA approval. To complete Sept 2010</td>
</tr>
<tr>
<td>Peel House – health centre, large spoke12,000 registered list,</td>
<td>Planning application to be submitted March 09. To complete Sept 2010</td>
</tr>
<tr>
<td>Westway Cross – Greenford Hub. health / leisure centre</td>
<td>Discussions underway with landlord and LA. Likely implementation 2012</td>
</tr>
</tbody>
</table>
We are encouraged by the fact that a number of practices have signed up or expressed interest in relocating to the new developments and we expect more to follow as the new facilities come on stream. Therefore, we are confident that the full polyclinic service offering will be available to patients across each quadrant provided from at least one of the sites within the network. A summary chart of the services currently planned for each development is attached as Appendix 8.

There are no X-ray services currently planned for any sites because there is good access to local provision on Ealing Hospital and Hammersmith Hospital sites and it would not provide value for money to replicate this in our community schemes. However, all new developments will have the necessary IT bandwidth for easy viewing of clinical images and Acton, Featherstone Road and Westway Cross developments will be designed to include the option for lower limb X-ray and plaster room facilities.

We are confident that these planned developments are in the best possible locations given the geography, land availability and planning constraints. When combined with our other planned major GP premises developments we will significantly improve the status of the primary care estate for about 30% of our practices. However, this still leaves many practices with no clear long-term premises solutions. Therefore the PCT has commissioned an independent survey of all GP premises to establish:

- Whether they are fit for purpose and cannot be improved
- Whether they are unfit but can be improved / expanded on the current site

This will report in February 2009 and we will work with those practices occupying unsuitable/ non-compliant premises to agree strategies and workable solutions for either significantly improvements or relocation to suitable alternative accommodation. The PCT will take opportunities to reduce the number of practices through natural change e.g. retirements etc and create larger practices, offering a wider range of services, and opportunities for peer support than GPs working alone. We will build on work we have already undertaken to facilitate practice mergers and deal with poor performance as and when it arises. Our confidence in planning for a reduction in the number of practices is based on our previous experience and on going dialogue with practices and the LMC in a way that is clear open and transparent and continues to support and develop General Practice.

This exercise will feed into the borough wide mapping to inform wider proposals for relocation or redevelopment of joint assets with Ealing Council. These will be presented to the PCT Board and the Local Authority Cabinet March /April 2009. Once ratified this will go out to public consultation and be developed into detailed implementation plans to include identifying and agreeing five year premises solutions for all remaining practices which will link them into current and planned health centres and integrated care hubs.

7.6.2. Implementing the new service model

The development of poly-system models will be grounded in evidence based local health and care needs assessment using the Polyclinic Commissioning Finance model, supported by wide stakeholder engagement.
Feedback from public, patient and staff consultations is that there is general support for the new model of Integrated Care Centres and Health Centres to deliver networked, integrated provision. Transport and car parking continue to be important factors. The PCT will adopt a phased implementation plan for the development of the new model, which will enable lessons to be learnt and proper evaluation prior to full roll out across the borough. A strategic programme board has been established to oversee the delivery of the polyclinic model.

Work is progressing with PbC clinical leads to explore the following issues that underpin the successful delivery and future roll out of the polyclinic model

- Developing new care pathways and ways of working which will deliver a fully integrated model of care across and within practice clusters.
- Establishing a governance and organisational development model which can support different agencies working together to deliver a range of services.
- Understanding the practicalities of how to operationalise the model in order that patients progress seamlessly along a wide range of therapeutic pathways.
- Developing effective intercommunication between different IT systems across a number of sites, both within the NHS and with external agencies.
- Developing clear procurement routes for the range of services to be delivered.

Project teams have been established to progress the planned developments at Jubilee Gardens, Grand Union Village, Peel House, West Ealing Integrated Health Care Centre and the Acton Federated Polyclinic. These teams will ensure that these facilities are used to their full potential to serve the wider local poly-system network. Both PCT wide and on a site specific basis GP practices and community services are developing new ways of working, integrating reception functions, sharing space wherever clinically appropriate and providing fully integrated care wherever practical. Specific work streams are being established to look at the following areas:

- Integrated IT solutions
- Reception management /Enterprise scheduling /Central booking
- Integrated Governance Framework / Information sharing/ Risk management
- Clinical pathways
- Patient Experience / Ongoing user involvement and feedback

These will feed into operational policies to be piloted in our first health centre development in Jubilee Gardens in January 2010.

Fig. 15. Polyclinic Programme Board:
7.6.3 Funding

To deliver this vision investment will be required in people, premises, Education and Training/CPD and leadership capacity. One of the intended outcomes of our current Practice Profile Project is to identify a ‘fair’ formula for investing in core services.

Implementing the models of Core Plus and Advanced primary care will enable the PCT to move away from the current fragmented approach to expanding services via LESs etc to move structured approach e.g. peri-operative care which would include MRSA eradication, suture removal, and wound care or advanced diabetes care.

We will then use these costed pathways to model our planned activity for reach quadrant. In this way we hope to make:

- More meaningful sums available and thus expansion more viable
- Services more contestable to different organizations
- Quality and access more reliable
- Robust assumptions about shifts from acute to primary/community care.

We have already budgeted for recurrent revenue investment of up to £4 M for the delivery of the estates strategy by 2012. Stage 1 business cases for Grand Union Village, Jubilee Gardens and Daniels have factored in some initial financial assumptions about the expected shift of care from acute. These will be revised based on more detailed modelling during 2009/10. In addition to this, we have identified over £1M from our 2007//08 Operating Plan sources to begin this work.

7.7 Delivery Plan

The PCT has embarked on a complex service redesign and reconfiguration process to deliver essential improvements in primary care. In order to manage an co-ordinate this key initiative, a Transforming Primary and Community Care Programme Board will be established to provide the over arching framework for all the work streams.
<table>
<thead>
<tr>
<th>Task</th>
<th>Target date</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stakeholder Engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop public engagement programme around new service model.</td>
<td>Ongoing</td>
<td>Build on previous consultation around Peel House, West Ealing ICC and Acton and emerging themes from Transforming Primary and Community Care Services</td>
</tr>
<tr>
<td>Engage primary care contractors in redefining service model</td>
<td>Feb – June 2009</td>
<td>With support of PEC and LMC</td>
</tr>
<tr>
<td>Works with OSC to agree definition of SDV and consultation processes</td>
<td>April – June 2009</td>
<td>Link to OSC Specialist panel on GP Access</td>
</tr>
<tr>
<td>PCT / LBE Joint Asset Strategy to Board/Cabinet</td>
<td>April 2009</td>
<td>Provides vehicle for large polyclinic hubs within LDF</td>
</tr>
<tr>
<td><strong>Service Configuration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete practice premises condition surveys to inform cluster options</td>
<td>May 2009</td>
<td></td>
</tr>
<tr>
<td>Complete practice profile to inform cluster options</td>
<td>May/June 2009</td>
<td></td>
</tr>
<tr>
<td>Finalise cluster configurations to fit with clinical profiles and Estates / Joint Asset Strategy</td>
<td>August / Sept 2009</td>
<td></td>
</tr>
<tr>
<td>Develop implementation plans for each quadrant to deliver the polyclinic system across the PCT by 2012</td>
<td>September 2009</td>
<td></td>
</tr>
<tr>
<td><strong>Commissioning / Procurement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commence procurement for UCC and GPIHC</td>
<td>March 2009</td>
<td>UCC – will be at EHT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GPIHC will be located in Featherstone Road – future Integrated Care Hub</td>
</tr>
<tr>
<td>Undertake needs assessment and affordability modelling for delivering new strategy - including expected shifts in activity from acute</td>
<td>May - June 2009</td>
<td></td>
</tr>
<tr>
<td>Clarify the contractual relationship between PCT and clusters/federations/ poly-systems</td>
<td>June 2009</td>
<td></td>
</tr>
<tr>
<td>Develop service specifications and quality standards</td>
<td>July 2009</td>
<td></td>
</tr>
<tr>
<td>Clarify the quantum of available funding, and payment mechanisms</td>
<td>July 2009</td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring and Evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop evaluation process to ensure new model improves health outcomes and patient satisfaction - across the borough.</td>
<td>August / Sept 2009</td>
<td></td>
</tr>
<tr>
<td>Embed evaluation mechanism into new service specifications</td>
<td>October 2009</td>
<td></td>
</tr>
</tbody>
</table>