

SUBMISSION TO NEWHAM PRIMARY
CARE TRUST CONSULTATION

Better Services Better Health

**Comment by CPA
Newham on the
Strategic Services
Development Plan**

**Forward by:
Councillor Denise Stafford**

**CHRISTIAN
peoples
ALLIANCE**

**Christian Peoples Alliance Group
Newham Council**



August 2008

To Melanie Walker
Chief Executive
Newham Primary Care Trust

7th August 2008

Dear Ms Walker,

The Christian Peoples Alliance welcomes the Newham Health Debate and the consultation that the Primary Care Trust is undertaking with residents and health care practitioners about its future plans.

The Strategic Services Development Plan assesses the challenges facing the borough in terms of population growth, access to high-standards of GP provision, health inequalities and the government's own initiatives, as the NHS celebrates its 60th anniversary. As a summary of the issues, it is to be welcomed. However, it makes controversial proposals which give rise to a range of concerns.

Our own submission is evidence-based. During the months of June/July 2008, the Christian Peoples Alliance Group on Newham Council wrote to every GP practice in the Borough to consult on the specific issue of proposed new health centres, the so-called 'polyclinics'. The very high return rate of our questionnaire is notable. Almost every respondent expressed misgivings on your proposals.

It is our wish that Newham Primary Care Trust delivers improved standards of care through the network of GP surgeries. However, we are not convinced that the capital and revenue costs of your proposed new health centres will give best return, when compared to what identical resources could deliver if invested in driving-up standards in existing GP services. Based on our own consultation (submissions are in the Annex), our wish is that you address all these concerns in detail before proceeding with your Strategic Plan.



Denise Stafford
Councillor, Canning Town South
Christian Peoples Alliance Group
Newham Council.

Introduction

"Primary care trusts (PCTs) should proceed with polyclinics only where benefits to local communities in terms of quality, access and costs are clear."

**KING'S FUND REPORT
JUNE 2008**

"I feel GP opinions and voices are not heard, and we are told what to do, making our experience undervalued."

GP EAST HAM

The underlying principle of this response to the Strategic Plan is well summarised by the King's Fund Report 'Under One Roof - Will Polyclinics deliver integrated care?', when it said:

"Primary care trusts (PCTs) should proceed with polyclinics only where benefits to local communities in terms of quality, access and costs are clear."

The CPA has evaluated your proposals on each of these points.

Newham PCT states that it is consulting on the overall Strategic Services Development Plan 2008-2017, the creation of a GP practice Urgent Care Centre in front of A&E at Newham General Hospital, Plaistow and the creation of 5 new health centres across Newham.

The Strategic Plan identifies the significant challenges of raising health standards and tackling health inequalities in Newham. It touches on rising population rates, the need for greater access to services outside existing hours, urban development and unsatisfactory GP provision, among other issues.

The CPA acknowledges the severity of these challenges. CPA Newham also endorses the importance of the issues formally stated in the Council's submission: Healthcare for London - consulting the capital: response of the London Borough of Newham sent on 6th March 2008 in response to the Darzi Report. We too believe that the Strategic Plan allows these matters to be constructively addressed.

As point 3 page 6 of the SSDP Summary makes plain, the main developments in the Strategic Plan are the creation of 6 new GP-led Health Centres over the next decade. (Following common parlance, 'health centres' and 'polyclinics' will be used inter-changeably in this submission.) Our comments as part of the consultation process therefore focus on the 'main developments'. Contrary to Newham Council's formal endorsement of polyclinics, our comments are based on the concern of GPs and patients, who when surveyed oppose their introduction in Newham.

Cost and Management Concerns

“Costs: while there is a strong case for providing more support in the community to prevent hospital admission there is substantial evidence that shifting some specialist services out of hospital can prove more expensive. In these cases services can be less efficient and often fail to reduce demand on hospitals, so that the costs of new services supplement rather than substitute for hospital costs.”

King's Fund Report June 2008

As noted in our introduction, the Kings Fund Report highlighted the issue of costs associated with polyclinics. It wrote: “Costs: while there is a strong case for providing more support in the community to prevent hospital admission there is substantial evidence that shifting some specialist services out of hospital can prove more expensive. In these cases services can be less efficient and often fail to reduce demand on hospitals, so that the costs of new services supplement rather than substitute for hospital costs.”

CPA Newham has grave reservations about how the new health centres will be built and then managed, within likely financial constraints. It is clear that the government is encouraging public-private partnerships (PPPs) to implement reforms in the healthcare sector. The PCT consultation document suggests that outside multinational private companies will be invited to tender for the new centres, as well as local practices or practice consortia. As private concerns, bids from the independent sector will seek maximum financial returns. If successful, private providers will run health centres which will be in direct competition with existing GP services. The alternative is not examined by the consultation document - which is for the PCT to support and develop services offered through existing and new GP surgeries.

Property specialists anticipate the cost of each centre will reach circa £20 million, if new build is required (Property Week 18/7/08). The Strategic Development Plan summary (page 11 The Cost point 7) says that "the proposed services could cost up to £10m per year once they're fully established". However on page 15 in answer to 'Why now? The PCT states: "We are now very lucky to have been awarded an extra £1m each year in Newham to set up these new health services" On page 6 of the main consultation document, the Strategic Plan, under Build Costs it is stated that "Estimating the likely build costs is difficult" It also states that the Building Programme will be 'financially challenging to the PCT'.

CPA Newham would like to see more details on how the PCT proposes to guarantee existing services, given the apparent discrepancy on the revenue figures. In addition, we are concerned that the capital source is simply not sufficiently quantified. We are left guessing whether the Trust will seek to realise current capital assets in order to pay the capital costs of new construction, or to make improvements to existing primary care facilities (a list of potential PCT buildings seems apparent on page 5 of the main document). The PCT may seek to pay capital costs by rolling these up over the lifetime of long-term contracts, through leasehold arrangements. The principle of the new centres should not be approved without clarity on the viability of these options.

In addition, the Christian Peoples Alliance believes residents should know whether the PCT are proposing construction contracts separate to service contracts, or whether the two will be the same. Is the PCT looking for short-term service contracts, or long-term arrangements?

Given the downturn in property markets, the options discussed - of capital sales or leasehold - could be expensive in the long-run and could add pressure to the PCT budget. To state as the primary document does that 'The Business Case process will determine the appropriate delivery vehicle for each facility' (page 8 Methodology) is unsatisfactory. Newham Borough

"Economically vulnerable practices may be forced to move into polyclinics."

PLAISTOW GP

"In the long run (polyclinics) will reduce quality of care as money directed to building costs and away from care of vulnerable patients."

BECKTON GP

"Instead of polyclinics, more money and resources should be provided to GPs."

PLAISTOW GP

Council is mentioned here as a possible partner for integrated services in Silvertown Quays, and the national procurement of services is brought into the discussion. But again, no clear route of funding is stated as a given. The PCT seems to be undertaking a series of major capital investments with no certainty on where the money is coming from, nor how re-payment of the capital will be afforded. The possibility in the document of shared facilities and shared procurement is sensible, but again uncostered.

There is lack of clarity on the means of capital funding. The document also fails to provide an idea of construction costs. But going by press estimates, the 6 new centres could cost in the region of £100 - 120 million to build from scratch. The Strategic Development Plan mentions a combination of developing current primary care buildings as new health centres, or moving to new build. We would like greater clarity on this, or assurances that capital grants will be additionally available. Our view - backed by a report by Colliers CRE - is that the availability of government funding seems uncertain. If Newham Council is to be a partner, we want to know the capital value of the buildings or land they will make available and whether these will be costed at full market value for the sake of transparency in the public finances.

The document states that running costs will be £10 million annually, but that just £1 million on new funds will be available. Even apart from the reality that capital loans carry with them their own revenue costs (as mentioned on page 6 of the Strategic Plan), a funding gap appears. CPA Newham would like to know where the £9 million in new costs are coming from and whether funding for existing GP surgeries will be ring-fenced from cuts.

In addition, CPA Newham believes that a cost/benefit comparative analysis is needed between the capital costs of new centres, and what could be achieved through making capital improvements to existing surgeries and the provision of additional GP practices to meet the identified shortfall in GP care.

The issue of a general lack of clarity on the development and funding structure of polyclinics in Newham stems directly from problems in Lord Darzi's Report. The Christian Peoples Alliance is concerned that Newham PCT will seek to off-load the ownership and management of the proposed health centres to a third party as a way of tackling these funding gaps.

Health challenges facing the London Borough of Newham.

The Christian Peoples Alliance is interested in the views of both patients and GPs in Newham about the health challenges facing the borough and the PCT's proposed solutions. We wrote in June to the borough's 66 GP surgeries enclosing a questionnaire on the idea of polyclinics. We had 31 replies by the end of July, which are summarised below and attached in the Annex. For reasons of confidentiality, we have not published the identities of the respondents.

In June, a patient survey by Londonwide Local Medical Committees (LMCs) found that over 9 out of 10 people in North East London (City and Hackney,

Newham, and Tower Hamlets) would prefer to keep seeing their NHS GP at their local surgery, than to see it moved to a larger polyclinic. (<http://www.lmc.org.uk/news/press-release-detail.aspx?dsid=2040>) We would of course like to see more detailed and wider responses from the public, but note that from our responses from GPs, anecdotally, it seems patients have concerns on the proposals they are choosing to give directly to their family doctor. Although these concerns may not be submitted to the formal Newham PCT consultation, the CPA believes this evidence should be taken into consideration. We also want the views of GPs raised in our survey to form a formal part of the Newham PCT consultation.

Urgent Care Centre at Newham Hospital

"Polyclinics will only serve young mobile patients (who are most in flux) not families."

STRATFORD GP

CPA Newham notes that as well as 5 new health centres to serve Newham's centres of population, Newham PCT proposes the creation of an additional GP practice Urgent Care Centre in front of A&E at Newham General Hospital. The suggestion of an Urgent Care Centre features as part of the Darzi proposals for all of London's hospitals. So it is not surprising that the Darzi model is replicated in the Strategic Plan for Newham.

Newham Hospital has already trialled an urgent care pilot in A&E in partnership with a Walk in Centre at weekends. So, even before either the consultation on Healthcare for London's report or Newham PCT's own proposals, the benefits of such a service have been trumpeted by the Hospital. In welcoming the Darzi report, the Hospital stated:

"Our aim is to develop a 24-hour-a-day service giving local people access to appropriate urgent care whether it be from trained nurses, GPs or hospital specialists in facilities co-located with the hospital's emergency department."

(<http://www.newhamuniversityhospital.nhs.uk/press.php?b49847c196fa51c12f6d1f50dcaec591>)

It is the view of CPA Newham that the benefits of such a service can be explored and pursued – as they already have been – without need for the polyclinic tag, or as part of a package that includes the remaining 5 health centres proposed elsewhere by the PCT Strategic Plan.

GP Survey in Newham June 2008

As local councillors in Canning Town, the CPA did not expect such a high response from our survey of the borough's GP surgeries. The fact we had 31 replies out of 66 practices indicates the degree of concern raised by the PCT's proposals.

In summary, we received comments primarily on the issues of patient relationships, continuity of care, the general principle of polyclinics, the idea of 'privatisation', destabilisation of general care, concern over how public consultation is being carried out and fear that patients will have to travel further to get the help or advice they need.

Patient Relationships

"My main concern is personal relationships with the patient who has developed trust in me."

ANON GP

"They [patients] will become a number only."

STRATFORD GP

"Polyclinics with multiple salaried doctors will have no long term commitment to the patients or local geographical area."

FOREST GATE GP

The Patients Association (<http://www.patients-association.org.uk/News/215>) has commented that polyclinics jeopardise the patient-doctor relationship which they regard as a central plank of effective and personalised care and as "central to every patient's experience of healthcare", particularly in those with long-term or complex conditions. They also observed that polyclinics are not necessary to providing one-stop care, something already delivered in the NHS at one stop shops.

These criticisms are mirrored by the British Medical Association who have been opposed to polyclinics from the start, observing that larger clinics are already emerging where needed, that forcing their introduction is wasteful and costly, and that they would undermine the value of a relationship existing between GP and patient. (see: <http://news.bbc.co.uk/1/hi/health/7159270.stm>)

If there was one common thread in the responses we received, it is the fear that the special relationship between patient and GP will be threatened. In particular, we had this from single-GP surgeries, who seem to see themselves at risk of closure. One said: "I feel the family GP still has an Important role in looking after the patient."

Continuity of Care

"Patient continuity of care will fall. This may result in a patient being frustrated that they keep seeing a different GP."

EAST HAM GP

"Continuity of care tends to decrease with size of practice so Polyclinic models likely to adversely affect continuity."

PLAISTOW GP

"UK General Practice is the envy of the world because of the continuity of care patients get."

PLAISTOW GP

Very strong views were expressed by Newham GPs on the issue of continuity of care. One Stratford GP summarised this very well when they said "The very best part of the NHS is continuity of care. Apart from looking after ill people in the community, my work is as mentor-friend to many families in distress. One of the few health services in the world where continuity of care is of utmost importance will go."

Returning to the views of the Patient's Association: "The deep concern many patients have is that polyclinics may offer a one stop shop – on a vast scale – but not the continuity of clinician they value. Not seeing the same GP twice is an increasing complaint of patients who are de-personalized by such a system."

CPA Newham found that these concerns are also shared by GPs in Newham. One GP in E15 commented there would be "Disasterous consequences" with patients saying "I want to see my doctor not an American company." Another GP in East Ham said: "The level of care may change, as different GPs differ in their management plan. Overall it's the patient who will suffer." Another in Beckton said continuity of care "will disappear as it's not possible to maintain in large units."

Idea of Polyclinics

"Investment should be in GP surgeries."

ANON

"Countries where Polyclinics already exist are tending to move away and look at NHS model."

ANON GP

"The benefit of central polyclinics is not evidence-based but 'federated polyclinics' will definitely benefit patients."

FOREST GATE GP

Only one respondent to the CPA survey expressed a positive welcome to the idea of polyclinics. Otherwise, there were universal concerns. As a Beckton GP put it to us, in the long run polyclinics " ... will reduce the quality of care as money is directed to building costs and away from care of vulnerable patients."

The opposition of Newham GPs is mirrored by health bodies nationally. A report by the Kings Fund concluded that while polyclinics offered real opportunities for some health communities to establish more integrated, patient-focused care, these would only be realised with considerable investment of time, effort and resources into their planning and development, and that the primary focus should be on developing new pathways, technologies and ways of working rather than new buildings. The CPA does not see sufficient evidence in the Strategic Plan that there will be sufficient resources to answer to meet the opportunities.

The Kings Fund report also stated that simply putting healthcare professionals in the same location is in practice often not sufficient to generate co-working or integration of care. The report also observed that the proposals were likely to increase professional isolation, and threaten both professional development and motivation.

The NHS Alliance has called polyclinics "lost in translation", commenting that while they are good when implemented in the right way, this "means general practices locally deciding to integrate their services" with willingness from both doctors and local people. "The BMA and patients are afraid that they might be losing the good bits of general practice - and the way that polyclinics have been implemented in some places means they have got a point."

Private Companies

*"This is back-door
privatisation."*

FOREST GATE GP

*"It'll be profit first -
patients second."*

STRATFORD GP

*"Total waste of
public funds and
taxpayers money."*

EAST HAM GP

*"It could be the
beginning of the
privatisation of NHS
services and
dictatorship in the
NHS."*

ANON

A strong theme expressed by our GP respondents is that they believe polyclinics in Newham will be a step towards the privatisation of the NHS. Critics of the Darzi report say that private providers are more likely to be answerable to their shareholders, work on short-term contracts and have less commitment to the long-term care of patients and the development of the practice. An anonymous reply to our survey from one GP said: "In the long term, private clinics would be more expensive to run as these companies would be looking after the interest of their shareholders."

We note that a national poll of doctors, carried out by doctors.net.uk and reported on 5th July 2008 showed that the majority believe polyclinics are a bad idea that will accelerate the privatisation of the National Health Service. The doctors.net.uk survey - of a nationally representative sample of 646 doctors, including consultants - found that the majority of medical professionals also harbour serious concerns about their impact.

This survey was mirrored by one commissioned by the BMA Central Consultants and Specialists Committee (CCSC) on consultant opinion, published on July 9th 2008. Based on a total of 1,587 complete responses with an overall response rate of 31.7 per cent, it found that 60 per cent of respondents disagreed or strongly disagreed that polyclinics would improve the quality of patient care and almost two in five disagreed or strongly disagreed that polyclinics would improve patient access to treatment. Additionally, 73 per cent of respondents reported that the direction of government policy to expand use of the private sector was detrimental to patients and the service as a whole. 83 per cent of respondents reported that privatisation of the NHS would be detrimental to patients and the service as a whole.

As polyclinics are untried in the UK experience, CPA Newham cannot judge whether they will open the door to greater privatisation of health care services in Newham. In principle, it ought to be possible through contracts and their compliance to maintain current standards as provided directly through the NHS. However, our concern is that once established and running, it will be hard to reverse the sort of deterioration of care predicted by GPs working in Newham, or by those GPs in the national surveys we have referred to.

Destabilisation

"It has already been suggested that 30 practices may close in Newham."

ANON GP

"The elderly population will suffer by closing down the small practices."

ANON

"It will be devastating for the community."

PLAISTOW GP

"Will destabilise all practices."

MANOR PARK GP

The Royal College of General Practitioners have condemned the government's plans for polyclinics, saying "GPs and patients must be involved in the planning, and we cannot afford for existing high quality GP practices to be destabilised".

The thread of responses received by the CPA from GPs is well summarised by one who wrote saying: "Putting large practices next to existing practices reduces patient registrations to all and threatens the care, particularly, of the vulnerable, so numerous in Newham, if smaller local practices have to close as a result."

Another GP in Manor Park wrote saying "GP services will be disrupted for up to 6 months, patient record transferral will be problematical. One from Plaistow said the PCT plans "causes lots of worry and uncertainty as well as lots of upset."

Public Consultation

"The usual method is to make the decision, hold public meetings then ignore the consensus."

PLAISTOW GP

"The government have made many changes that have not been discussed with GPs."

EAST HAM GP

"It appears that government is going to impose polyclinics on local communities."

STRATFORD GP

"I expect there will be the usual meaningless meetings and focus groups."

BECKTON GP

As local councillors, we were particularly sad to read the comments of so many GPs who appeared cynical about the consultation process being led by Newham PCT. One GP wrote saying the "Government has made up its mind already." Another from E15 said the: "PCT has a Polyclinic group to steer the process which will be imposed on the local population."

The fear of compulsion or imposition is reflected more widely in London, though we ask that Newham PCT demonstrates that this will not be the case in our borough. We however note the views of Dr Tony Stanton and Dr Stewart Drage, Joint chief executives, Londonwide Local Medical Committees, when they wrote:

"Darzi's ideas have spread, with an edict to every primary care trust in England to introduce a new GP-led health centre, irrespective of whether there is a demonstrable local need. The specification for those centres and the complicated procurement process have been designed in such a way as to disadvantage existing GP contractors."

(Letters to the Guardian <http://www.guardian.co.uk/society/2008/apr/30/nhs.health>)

Travel Concerns

"Patients will have to travel long distances to get services."

UPTON PARK GP

"Patients are already concerned about this and have far and anxieties about travelling further to see new doctors."

MANOR PARK GP

"Undoubtedly patients would be forced to travel further."

FOREST GATE GP

We received a number of comments expressing the fear that patients will have to travel further to receive the care they need. Some of this is based on the concern we heard from several GP respondents that Newham PCT want to see the closure of single-GP surgeries, so causing patients to be dependent on the new health centres. But many simply wrote as one did from Stratford saying that patients will be forced to travel further, whereas "There are lots of old age patients close to our surgery."

The Kings Fund Report also finds that the need to travel to get care is a genuine concern. Although the problem is one primarily for rural areas, the report says "A major centralisation of GP services into polyclinics would make it more difficult for patients to visit their GP". It argues that most patients would have to travel further to access simple services previously available in local neighbourhoods. "This would be a major sacrifice, given that primary care visits account for 90% of all patient contact with the NHS. Patients are less prepared to travel further to see their family doctor than they are to use outpatient and hospital services," the fund says.

Conclusion

"Sadly, this scheme has been moved so fast by government and patients worries have been dubbed "scaremongering".

E7 GP

"Please leave things as they are where surgeries are doing well and where the patients and doctors are happy."

PLAISTOW GP

"Lots of my patients are worried and have expressed concerns in writing."

PLAISTOW GP

The Health Minister, Lord Darzi, has made many claims for the benefits he sees coming through his healthcare plan for London. These claims are reflected in the Newham PCT consultation document.

We began our submission by drawing on the guiding rubric of the independent Kings Fund:

"Primary care trusts (PCTs) should proceed with polyclinics only where benefits to local communities in terms of quality, access and costs are clear."

Based on our own survey of GP opinion, it is very clear that Newham GPs are not convinced on quality, access or costs. We have summarised their concerns, which we do not believe are scaremongering, as the Health Secretary has suggested of those GPs opposing polyclinics.

We have noted in this submission that the specific concerns of Newham GPs are also reflected by national representative bodies in the NHS, representing GPs, consultants and patients.

Our paramount concern is that the numbers on both capital and revenue funding simply do not add up. We cannot agree with the recommendations of Newham PCT without clearer demonstration that the resources are available to pay for the changes and that they will also cover the predicted additional costs of the new health centres.

Taking the figures in the Strategic Plan at face value, it seems that Newham Primary Care Trust has identified a number of under-performing GP surgeries. The PCT has also identified some primary care services for closure. It has published the estimated costs of running the new health centres - £10 million, together with new sources of funding amount to just £1 million. CPA Newham is not surprised that several GP respondents are predicting that nearly half of all GP surgeries in Newham will have to close to pay for the proposed new health centres. We have 66 GP practices at present and some GPs in Newham believe that just under half that, 30, face closure. Without greater clarity on how Newham PCT will pay for its proposals, the public will draw their own conclusions about how the shortfall in funding will be paid for.

We look forward to further dialogue with Newham Primary Care Trust about their plans. But as they stand, they do not have our support and we will do all we can to oppose them.

Cllr Denise Stafford
Cllr Alan Craig
Cllr Simeon Ademolake

Christian Peoples Alliance Group
Newham Borough Council
August 2008

Appendices

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CHRISTIAN peoples **ALLIANCE**