




General Practice in Tower Hamlets : planning and infrastructure




Health Scrutiny Panel – 2nd November 2016

Tower Hamlets CCG
London Borough of Tower Hamlets
Tower Hamlets GP Care Group

Overview

- Key challenges facing General Practice in Tower Hamlets
- CCG and provider plans to support and develop General Practice
- Workforce challenges and programmes to address these
- The local planning framework
- Infra-structure planning for healthcare facilities
- Estates strategy
- Housing needs of elders

We need to redesign primary care to help us meet the increasing pressures on the system

The GP challenge	Our response to the GP challenge
<ul style="list-style-type: none"> ▪ General Practice in Tower Hamlets is facing significant challenges due to: <ul style="list-style-type: none"> ▪ a growing population ▪ increased demand ▪ changes in contracts resulting in funding changes ▪ challenges around recruitment and retention ▪ This has resulted in increased pressure and workload for practices 	<ul style="list-style-type: none"> ▪ Recognising the stress in Primary Care, the CCG wanted to provide strategic and operational support to practices ▪ In response to this the CCG is undertaking two key programmes of work: <ol style="list-style-type: none"> 1. Operational support to practices & development of a QI focused workforce 2. Long term re-design of primary care services

We want to empower practices to address these pressures and equip them to be able to take on future challenges without support

TH level project objectives	Practice level project objectives
<ol style="list-style-type: none"> Empower TH practices to make effective strategic, operational and team dynamics changes in order to address challenges in the short to medium term Develop a QI focused primary care workforce to ensure that a culture of QI is the centre of primary care in TH to help take on today's challenges and those of the future 	<p>In order to meet our overall objectives we will help practices meet the following specific aims:</p> <ol style="list-style-type: none"> 1. Increase staff satisfaction 2. Increase patient satisfaction 3. Ensure resource optimisation 4. Ensure appointment optimisation 5. Build QI capabilities

Prime Minister's Access Fund in Tower Hamlets

The Vision: For 8-8 access, 7 days a week to urgent and routine primary care for all Tower Hamlets registered patients, which is supported by a range of measures to build the overall resilience of communities and their local health care system

Service user feedback:

"Just a line to say 'thanks' to the Hub for prompt care. I went to my surgery, and was offered an appointment at the Hub clinic, at a time comfortable to me. Meaning I did not have to take time off work! Bliss."

1. Primary Care delivery
Primary Care hubs operating at a locality level to provide innovative and tailored solutions to primary care access

2. Developing partners in care
Community pharmacy partnership, Voluntary sector partnerships to maximise value from GP Premises, Patient and community partnerships

3. Addressing the cycle of demand
Social prescribing scheme across Tower Hamlets, DIY health project developing patient and professional partnership, Introducing the health touch mobile to support self management, Training and education to give staff the skills to work as connectors

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Improving Access: Priorities in 2016-18

- Standardised and centralised registration processes
- Improved digital access: appointment booking, access to notes, online consultations, and long term condition management
- Social Prescribing: supporting people with non-clinical needs to access appropriate support
- Simplifying and streamlining urgent care and extended access
- New ways of working: piloting telephony project across a network

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General Practice Workforce

1615 patients per WTE GP, 3905 patients per WTE nurse, 5920 patients per WTE HCA/AP

Gender split of GPs – 58% Female and 42% Male

58% Female, 42% Male

GP age profile breakdown

25-35: 20, 35-45: 80, 45-55: 58, 55-65: 32, 65 and over: 10

46% part-time, 54% non-part-time

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Addressing the workforce challenges

Open Doors:
The 2 year high quality training programme which includes a degree or PG Dip at City University London has drawn 50 Nurses into practice posts for training since 2008, 25 are currently working in practices either in training or permanent posts. Much of the success is due to a team of Clinical Tutors (all experienced PNS) employed by GP Care Group who:

- Assist with a highly effective screening and assessment process for applicants
- Visit weekly in year 1 and fortnightly in year 2 to teach and mentor trainees
- Provide a weekly action learning group that provides clinical teaching of a practical nature and gives people support whilst adapting to the challenges of working in General Practice settings.

Physician Associates:
CCGs in East London have sponsored the development of a PA training programme at Barts and the London School of Medicine and Dentistry (Queen Mary University of London). The development of the PA role within primary care is seen as a vital way of enhancing access to primary care and alleviating the existing burden on General Practice. The two year course will start in January 2017 with 24 places in year 1.

Salaried GP scheme
Recognising the difficulty recruiting and retaining salaried GPs, the GP Care Group and the CCG have designed a salaried GP programme that offers recently qualified GPs an opportunity to develop their leaderships skills and specialist interests whilst receiving regular peer support and mentoring.

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Local Plan

- 15 year plan which sets planning policy and subsequently design, scale & location of development
- Identify and safeguard potential sites for infrastructure
- Infrastructure Delivery Plan forms a key part of plan
- Local Plan currently being revised
 - Draft Local Plan formal consultation – Winter 2016
 - Publication of the Local Plan for Submission - Spring 2017
 - Examination by a Planning Inspector – Autumn 2017
 - Adoption by Full Council – Winter 2017/18



Infrastructure Capacity Planning

- Council needs to ensure sufficient infrastructure to support new development
- Also a need to consider how such infrastructure will be funded
- Infrastructure delivery has evidence base document
 - Contains population projections from Tower Hamlets Growth Model
 - Has health facilities chapter produced in consultation with NHS partners
 - Contains expected primary healthcare facility requirements



Developer Contributions

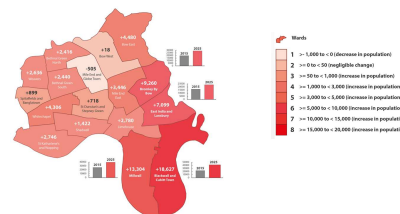
- Public Health in Tower Hamlets worked with Healthy Urban Development Unit to produce model to determine financial impact of development on healthcare
- This model was then incorporated in the Planning Obligations Supplementary Planning Document
- S106 for health systematically collected for developments permitted up to April 2015
- In April 2015 the Community Infrastructure Levy (CIL) was adopted in Tower Hamlets – this replaces S106 in contributing towards key infrastructure including health facilities.
- Key difference between S106 and CIL is that S106 was secured for specific purposes such as health or education, whereas CIL can be used for any infrastructure and it is for the Mayor to decide how he wishes to spend it on infrastructure priorities.
- Estimated that CIL is only likely to meet up to 20% of cost of required infrastructure



Population Growth over next 10 years

Population growth heat map shows projected demographic growth by ward in Tower Hamlets from 2015 to 2025, based on 2013 ward boundaries

Data source: GLA 2013 SHLAA capped AHS



	Mile End		East India and Labury		Blackwall & Cubitt Town		Bromley by Bow		Bow East		Whitechapel	
	5 Years	10 Years	5 Years	10 Years	5 Years	10 Years	5 Years	10 Years	5 Years	10 Years	5 Years	10 Years
TOTAL increase in GP appointments based on Census	21,954	91,845	37,365	68,280	72,440	115,539	95,762	61,279	14,208	31,553	24,019	38,464
Clinic rooms	4	13	5	5	10	16	6	11	2	4	3	5
Treatment rooms	1	3	1	3	3	4	2	3	1	1	1	1






Additional Infrastructure Requirements in 2021 and 2026

The following tables show the additional infrastructure requirements in 2021 and 2026 based on a shift in outpatient appointments and the increase of GP appointments based on the population growth as per the Transforming Services Together (TST) model. The additional capacity requirements will be met through a combination of new build and more efficient use of our existing healthcare infrastructure. It is important to note that the planning assumptions for future estates development will continue to be refined to reflect changing models of care and new technologies.

Indicative planning assumptions 2015

Total GP appointments baseline: 1,868,917	Total Appointments 2021	Clinic rooms 2021	Treatment rooms 2021
TST shift in Outpatient appointments	32,554	5	1
TOTAL increase in GP appointments based on Growth	349,706	49	13
Total Appointments in Primary Care	2,218,623	54	14

Total GP appointments baseline: 1,868,917	Total Appointments 2026	Clinic rooms 2026	Treatment rooms 2026
TST shift in Outpatient appointments	35,116	5	1
TOTAL increase in GP appointments based on Growth	643,902	89	24
Total Appointments in Primary Care	2,512,819	94	25

Capital Programme and New Developments to 2021

Current



William Cotton Place (£3.2 million) - Provision of new primary care facility to house St Paul's Way Practice, Community Nursing and a Pharmacy. Currently shell & core of practice is being fitted out as primary care practice








Future




Locality	Estates Development	#	GP Practice(s)	GP	Consulting	Treatment	Additional capacity: consulting rooms/Treatment rooms	Target completion date
North West	Suttons Wharf	940	Globe Town Surgery +	14	3		7	31/12/2017
	Maximising Existing Health Infrastructure	16	Mission Practice	1			1	31/03/2017
	Maximising Existing Health Infrastructure	68	Blithehale Health Centre Spartanfields Practice	1	3		3	31/03/2017
South West	Goodman's Field	1250	Whitechapel Health/City	21	4		17	31/03/2020
	Maximising Existing Health Infrastructure	37.5	Wellbeing + Wapping Group Practice	1	1		2	31/03/2017
							Additional: 19	
North East	William Cotton Place	1122	St Paul's Way Medical Centre +	9	3		2	19/12/2016
	Wellington Way	915	Merchant Street/Stroudley Walk +	13	4		5	31/12/2017
South East	Aberfeldy Health Village	1122	Aberfeldy	17	4		16	31/12/2019
	Wood Wharf	1070	Island Medical	18	5		16	31/01/2023
	Maximising Existing Health Infrastructure	22	Limehouse Practice		1		1	31/03/2017
	Maximising Existing Health Infrastructure	77	Barkantine Practice	4			4	31/03/2017
	Maximising Existing Health Infrastructure	18	Island Health	1			1	31/01/2017
Total additional capacity – Consulting/ Treatment							76	

Note: New Facility will be required at South Quay to cater for Opportunity Area Planning Framework (OAPF) growth, details still being finalised led by GLA
Total Capital Investment programme – c.£21m including £2.6m for Existing Health Infrastructure

Housing mix for older residents

- Ageing Well Strategy (under development) proposes a range of measures;
 - Working with social housing providers to find new ways of identifying and supporting vulnerable older tenants to enable them to remain living in their own homes (over 50% of 65+ population in TH live in social housing)
 - Working with sheltered housing providers to ensure that the right kinds of support are available to tenants at the right time

Housing mix for older residents

Continued

- Using telecare and an ever wider range of assistive technologies with to give vulnerable older people and their families confidence that they can stay safe
- Working with providers (extra care, sheltered and residential care home) to find new ways of using assistive technologies to keep residents safe and supported;
- Working with care homes and housing associations to reduce the number of residential care beds in the borough while increasing the number of nursing home beds and extra care sheltered housing schemes in response to changing need locally.