

New Deal for Communities

The National Evaluation

Research Reports

Relocation or Extension of Health Care Services

Research Report 55

The Neighbourhood Renewal Unit within the Office of the Deputy Prime Minister is currently sponsoring the 2002-2005 national evaluation of New Deal for Communities. This evaluation is being undertaken by a consortium of organisations co-ordinated by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The views expressed in this report do not necessarily reflect those of the NRU/ODPM.

Those wishing to know more about the evaluation should consult the evaluation's web site in the first instance
<http://ndcevaluation.adc.shu.ac.uk/ndcevaluation/h>



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Relocation or Extension of Health Care Services

Research Report 55

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Executive Summary

Background

The MORI household survey of 500 residents in each NDC in 2002 revealed that NDC residents found it more difficult to see their GP, and levels of dissatisfaction with their GP were higher, than the average figures for the national population. Yet the proportion of residents who said that their health was not good was almost twice that of the national average.

Access to healthcare services - issues for NDCs

Recent Government initiatives require a more proactive role from primary and secondary care, in order to meet national targets, as defined by the National Service Frameworks and other recent policy documents. Yet for many residents living in NDC areas, access to services is limited or services themselves are restricted in their range and availability.

NDC approaches to increasing access to healthcare services

NDCs are taking either or all of three key approaches to increase access to health care services in their area:

- Providing funding for capital projects to deliver health care services in:
 - new
 - relocated, or
 - extended buildings or other, e.g. a bus
- Providing funding for:
 - relocated or
 - extended health care services
- Providing funding for employment of additional:
 - primary care staff
 - managers

Health improvement

It is too early to evaluate the potential impact of these healthcare related interventions on the health of community members as the longest running of these projects has only been functioning for just over one year.

Process issues

Partnership

NDC partnerships with other local organisations, e.g. primary care trusts, charitable organisations, local voluntary agencies, other national and local initiatives such as Sure Start, are extensive, appear to be well established and functioning well, particularly those with Primary Care Trusts. For these, there are often jointly funded posts and reciprocal representation on each other's steering groups.

Community involvement

Unlike for some other topics, such as teenage pregnancy, there is clear evidence of good community involvement in these projects. This has been maintained from the initial

consultations to identify locally perceived problems, needs and priorities with respect to health and health care services, and is still ongoing, e.g. community members on various NDC boards.

What works?

Staffing

- Additional employment opportunities have been provided with staff needed to fill new posts in new buildings
- Coupled with this are training opportunities
- In addition, seconded employees from the PCT bring with them experience and job security
- Some skilled staff, once trained, move from the NDC into other jobs. This represents a positive development for the individual but causes a loss of experience and continuity for the NDC

Capacity issues

Partnerships with Primary Care Trusts have been particularly successful, which may be because of the formality of their organisational structure.

However, some primary care trusts, as relatively new organisations, are still developing their capacity to address their own agenda and so have limited capacity to work with the NDC in joint projects.

Service Development and Sustainability

It takes time to build up client groups for new services, such as a new general practice, so some new facilities are not in full use yet.

Legal and governance issues

Healthcare projects involve patients and that has implications related to data protection and clinical governance. Standard guidelines may be too rigid to cope with innovative, non-standard activities, such as the health bus.

Patient self empowerment

Some of the new services promote patient self-care and empowerment rather than the provision of additional doctors. The opportunity to introduce new health care services has provided an opportunity for service redesign.

Some of the new services are attracting new clients and groups within society, such as young men, who have been less likely in the past to use health care services, especially those for health promotion activities.

Key messages

Because healthcare and health services are of relevance to all community members at some time or another, healthcare projects, compared to health projects, have a higher profile and greater community interest and involvement.

Provision of additional health care staff posts in the NDC area offers additional health care provision and job opportunities with training and a potential career structure. Provision through secondment of NHS employees brings experienced staff into the NDC neighbourhood, whilst allowing them to retain their job security and established benefits of NHS employment (e.g. pension provision) with retained job security.

There has been ongoing community involvement in the health care projects and successful partnerships with local PCTs, which may further develop as PCTs develop their role as both commissioners and providers of health care.

There should be at least one identified specific outcome to be measured against each individual project in addition to more general outcomes for the theme overall.

It can take several years for relocated or extended healthcare services, or new, renovated, or extended premises, often with additional staff, to become fully functional.

1. Introduction

1.1. Background

Health care services, through historical development, may not always be in the best location with respect to access now, particularly if the demography of the local area has changed over time. Services may also be inadequate or inappropriate to meet changing local need. Areas of deprivation such as those targeted through Neighbourhood Renewal and regeneration programmes are amongst those where such health care provision may be inadequate, for a variety of reasons. Furthermore, Tudor Hart's 'Inverse Care Law' (1971), which states that 'the availability of good medical care tends to vary inversely with the need for it in the population served', is still relevant in 2005.

This report focuses on specific projects introduced by NDCs to increase access to health care services for people living in NDC areas through the introduction of new buildings or new health care staff, the relocation and/or extension of existing services and relocation of health care staff. A parallel report examines the development of new health care services in NDC areas.

1.2. Local context

The household survey conducted by MORI in 2002, with residents of NDC communities and matched non-NDC communities, contained a number of questions on the use of, and satisfaction with, primary and secondary health care services, namely, an individual's:

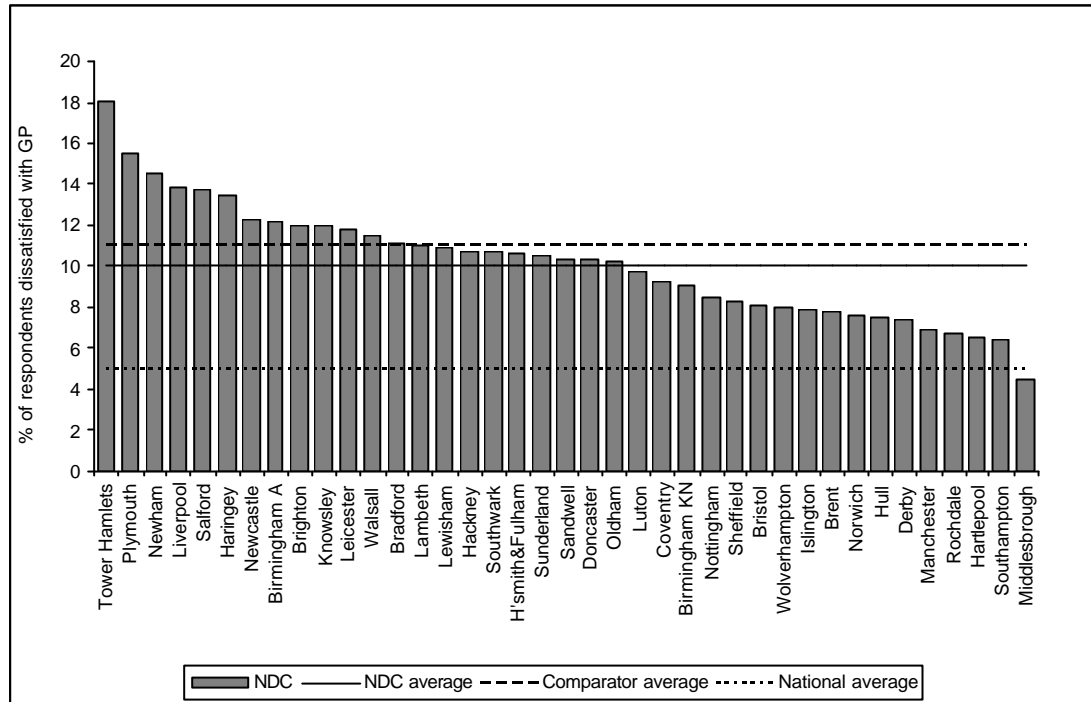
- satisfaction with their GP
- ease of access to their GP
- consultation with their GP in the last week, month, six months, year, longer or never
- use of the local hospital in the last week, month, six months, year, longer, or never

NDC and comparator area residents were much more likely to find it difficult to see their GP or be dissatisfied with their GP than the national average level for the population. For example, the proportion of NDC residents dissatisfied with their family GP is double that of the national population. The NDC averages for these indicators also hide a wide variation in access to, and satisfaction with, health services across the individual Partnerships. Figure 1 show the more than three-fold variation in the population's satisfaction with GPs.

As might be expected, those who had been to see their doctor more recently were more likely to say that their health was 'not good' than those who have not seen a GP recently. The proportion of NDC residents who said their health was not good was almost twice the national average. However there was hardly any difference between NDC areas as a whole and the national average, in terms of visiting a GP, because half of the NDCs had lower than national rates for visiting a doctor in the past month (Figure 2). This figure of course may reflect the problems with access, for whatever reason, that residents have in those NDCs (Figure 3).

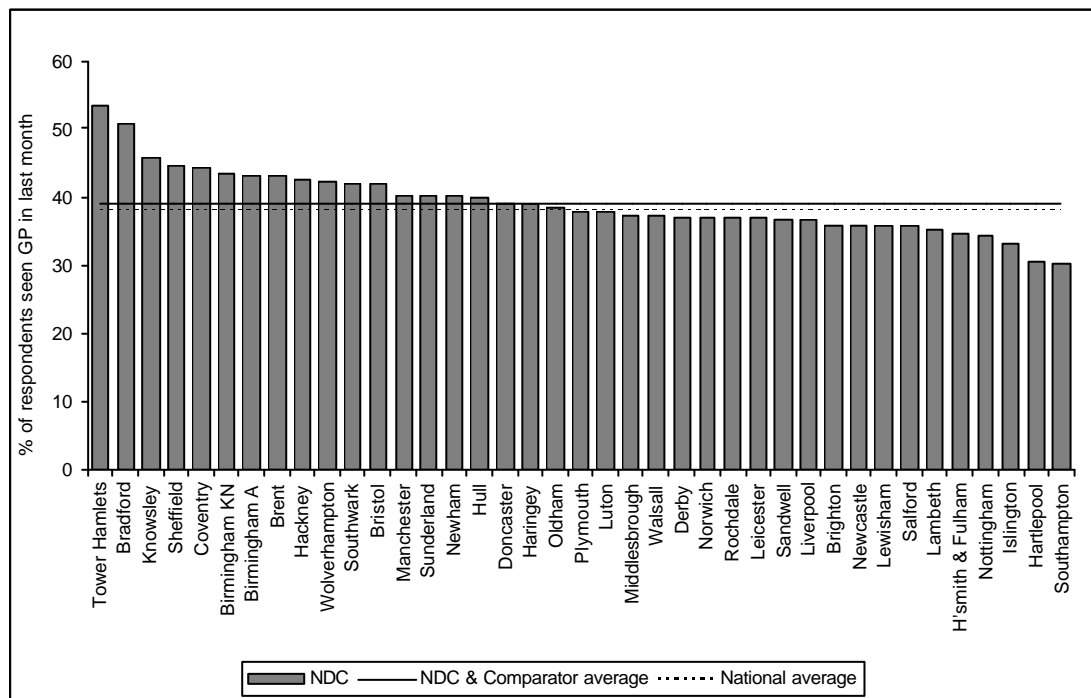
The resultant findings from the MORI survey questions on primary and secondary care are illustrated in the graphs below.

Figure 1: Proportion of NDC residents that are dissatisfied with their GP



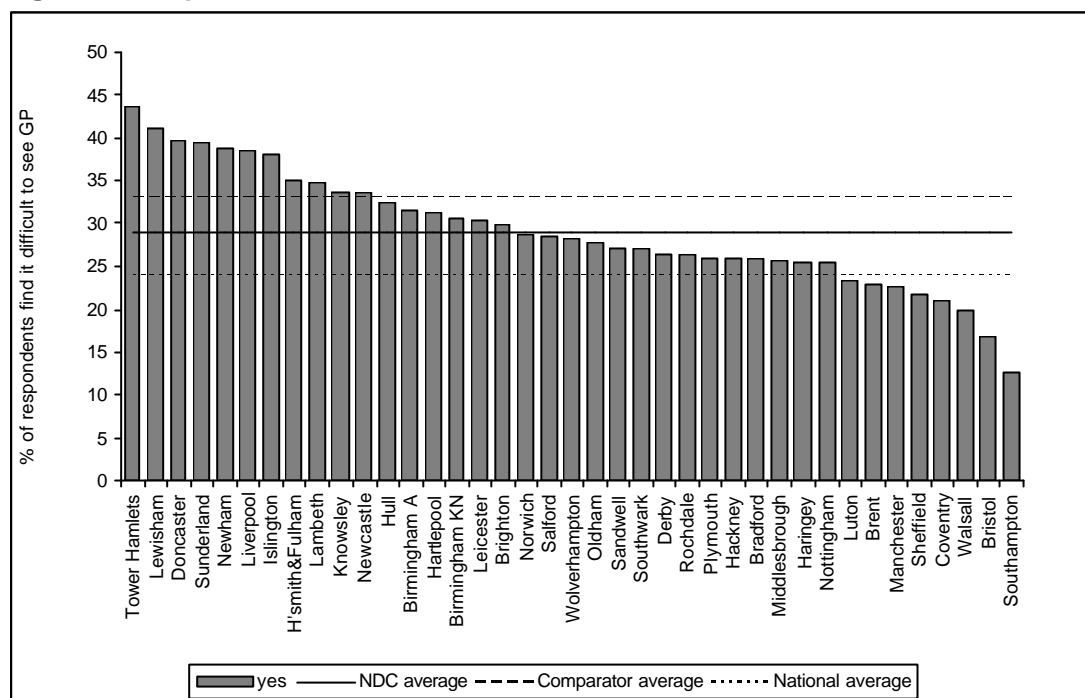
Base: All
Source: MORI/NOP Household Survey 2002

Figure 2: Proportion of NDC residents who have seen their GP in past month



Base: All
Note: The NDC and Comparator average are the same and so are indicated as a joint line.
Source: MORI/NOP Household Survey 2002

Figure 3: Proportion of NDC residents who find it difficult to see their GP



Base: All
Source: MORI/NOP Household Survey 2002

1.3. Pre NDC initiatives

A number of initiatives, with a similar focus on inequalities, that predate the Neighbourhood Renewal Unit's NDC programme, are now serving as models, or a foundation on which to introduce some of the NDC's activities. Some of the funding allocated to Health Action Zones (HAZ) in England, an earlier Government initiative targeted at reducing health inequalities in areas of deprivation, was used by HAZ communities to improve provision of, and access to, health care services for local HAZ residents. The current work of the Health Focus Group in the Salford NDC area builds on previous developments within the Salford HAZ around this problem. The Hartlepool Health Bus was started with funding through the HAZ in 1999 with its presence successfully maintained through funding from a range of other financial sources since then.

Another scheme that was initiated just before the NDC programme, but is currently running in parallel with it, is the Healthy Living Centre scheme (HLC). Its remit is also to address the wider determinants of health, such as social exclusion and poor access to services. As a consequence of this, the activities under this funding scheme are also directed at the most deprived parts of the community. Healthy Living Centre funding is being used both for building-based initiatives, such as drop-in centres and for community projects. In Rochdale, NDC funding is being used to support the development and building of a new Health Connections Centre, which has adopted some HLC characteristics.

1.4. National public health polices

A number of national initiatives over the past five years, such as National Service Frameworks for specific health conditions or population groups, and the NHS Plan (2000), have focussed on modernisation of the NHS with improvements in provision of access to, experience of, and outcomes from, health services. Furthermore to meet the defined standards and targets of specific National Service Frameworks is requiring

considerable development or relocation of health care services to ensure that areas of greatest need have appropriate and adequate provision. Poor health care contributes to variations seen in infant mortality and life expectancy between areas of deprivation, such as those with NDC status, and those of relative affluence. Government targets to reduce the health inequality gap, specifically with respect to infant mortality and life expectancy have been set and health care in the more deprived areas will have to improve in order to meet these targets. Overall, the focus to date on health care improvement has been predominantly secondary care orientated with a centrally defined agenda, rather than providing local solutions to local health problems. However achievement of Wanless's fully engaged scenario (2002) will require full commitment not only for modernisation of the NHS at community, primary and secondary care level but also from a general public becoming more involved in responsibility for its own health.

1.5. Evaluation approach

Information to inform the case studies described in this report on increasing access to health care has been compiled from four sources of material. Individual visits were made to each of the five NDC case study areas, with additional communication via telephone and email, plus written material supplied by NDC personnel, including their Delivery Plans. In each NDC, interviews were conducted with Programme Managers responsible for the Health Theme and with managers responsible for, and/or involved with, specific individual projects. A literature survey was also conducted to examine the existing evidence-base and policy documents for increasing access to services. Finally, NDC documentation, such as their delivery plans and partnership reports, were also studied.

From the initial delivery plans for each NDC all health care service related projects were identified and mapped out. The five NDCs used to inform this report were selected to illustrate:

- the wide range of identified problems and issues that NDCs can have with respect to issues of access to health care services, and
- the wide range of approaches that can be taken, and which they are taking, to tackle inequalities in access to health care

2. Case studies

2.1. Case study projects

Access to health care services was identified as a theme for most NDC plans (Appendix 1) and programmes and projects to increase access to both core and complementary health care services have been implemented in a number of NDCs.

This review of NDCs who are undertaking a relocation or extension of their health care service provision is based on case studies from five NDCs where access to health care services has been identified as an issue and prioritised by the NDC members:

- Rochdale (Heywood)
- Hartlepool
- Sandwell (Greets Green)
- Salford
- Southampton (Thornhill)

Approaches

To address the identified needs of their communities with respect to health care, individual NDCs are taking **three main approaches to increase access** to health care services in their area. They have **provided funding** for:

- **capital projects to deliver new, relocated, or extended health care buildings**
- **relocated, or extended health care services**
- **additional primary care staff and managers**

Populations

In all five NDC communities, the focus for all health service-related activity has been targeted on specific groups of residents. These have included hard to reach groups (particularly young men); people with chronic diseases; people experiencing difficulties accessing health care because of transport issues or long waiting lists; people currently not registered with a GP; young people; and young families.

Activities

The NDCs studied to inform this report have introduced a **wide range of activities** to address their identified problems. The interventions adopted include provision of:

- new health care premises (Hartlepool, Salford, Southampton) including a mobile one (Rochdale)
- a new location for existing services (Rochdale, Salford)
- additional health care staff locally (Sandwell, Salford, Hartlepool, Southampton) to provide more and better access to primary and secondary health care services
- new staff (Salford)

2.2. Objectives and outcomes

These projects to increase access to health care services, along with many others in the NDC programme, are expected to address a broad range of objectives. However it is obvious that some of the objectives are very general, often longer term, and not easily quantifiable. They are not necessarily practical objectives and the success of specific local projects cannot be measured against them.

Hartlepool

To enhance the opportunities for health improvement
To increase uptake of mainstream services

Rochdale

To reduce waiting lists for specific services
To increase access for specific services to NDC patients

Salford

To increase provision of a broad range of health services and facilities locally
To share learning and outcomes from the various participatory and engagement approaches
To add to the local and national evidence base
To measure and evaluate outcomes and to determine the most effective indicators

Sandwell

To enhance the under-developed primary care nursing services in the NDC

Southampton

To improve and promote access to health and social care

To provide new, purpose built facilities in the heart of the NDC area

To attract new services to the area

To promote better uptake of services

Although the initiatives vary, there is some commonality in the objectives, between the five NDC areas. All propose to increase provision of, access to, and uptake of primary and community health care service facilities and staff, in the area. This includes introducing new ways of working for some health care professionals (Sandwell, Southampton) or maximising opportunities for integrated services and joint working between partners (health and social care: the PCT, local community and voluntary groups, local borough council) (Rochdale). However one NDC (Salford) only, included in its objectives an intention to share learning and outcomes and add to the methodological knowledge base. The objectives of all five are soundly based around existing health policy issues, such as 'Saving Lives: Our Healthier Nation' and the NHS Plan, and local need, identified through formal needs assessment programmes and community resident views.

Whilst NDC projects are all targeting health care service provision and access, the identified outcomes are very dissimilar.

- for two NDCs the **outcomes** are those of the **health theme overall** or related to health per se: to reduce cancer and heart disease death rates, perinatal mortality, low birth weight and health inequalities (Greets Green); or to improve people's perceptions of their health, reduce numbers of people smoking and/or suffering from anxiety, nervousness, depression and stress (Hartlepool)
- two NDCs have adopted more **specifically related outcomes** to these health care projects and also more process orientated: numbers attending and reductions in waiting times for those primary and secondary care services that are now provided in a new health centre (Rochdale, Southampton)
- the outcome least related to health is that which focuses on successful completion of a new building (Salford). However Salford NDC are currently reviewing their health programme outcome measures to ensure that they are more robust

2.3. Status of projects

As with many other health theme projects, for four of these five NDCs, projects are in their relatively early stages **of development and implementation**.

Capital projects

Capital projects take time to set up and whilst the Salford building refurbishment is complete, the revamped building only re-opened in June 2004. The two additional NHS LIFT (Local Improvement Finance Trust) health centres in Salford NDC will come on stream over the next 2-3 years. The new health centre funded by the NDC in Rochdale is still at the planning stage, with a planned opening for 2007. The clinic redevelopment funded by the NDC in Southampton is now on site and due to open in 2006. The PCT and NDC in Southampton are still considering potential sites for the Primary Care Delivery Centre and a feasibility study is being carried out to ascertain what services should be included. It is uncertain whether the proposed minor injuries unit in Southampton NDC will go ahead due to the opening of a NHS Walk-in centre just two

miles from the NDC area. Over the past several months a lot of time and effort has been invested in community consultations and a technical study to determine the range of opportunities that exist to review and reconfigure health services in line with the principles of the New Deal initiative, in order to identify the preferred community option. Even **providing extension funding for already functioning projects can take time** if new conditions or areas need to be negotiated with the new funding. For example, the Health Bus in Hartlepool was running successfully on Health Action Zone and other monies from 1999 until funding ceased in March 2003. It restarted in August 2003, the only change being to introduce clinical governance standards, so has been running for just over one year with NDC monies.

Support for staffing

Secondment of **health care personnel** from the PCT to **supporting or providing additional health care support** would appear to be **easier and quicker to initiate**. The project in Sandwell NDC that does exactly that commenced in 2002 and has now been running for over two years.

3. Process issues

3.1. Partnership working

NDCs are very **aware** of the **importance of establishing partnerships** and have established a number of very successful partnership models. Indeed, it was a requirement for their original application to be awarded NDC status and is mentioned in every NDC delivery plan.

Partnerships with health care services

In this evaluation of projects focussing on access to core health care services, all **NDCs** have established strong, close, working **partnerships with local Primary Care Trusts**. This, in some cases has resulted in joint funded posts (Neighbourhood Health Manager, Greets Green; Health Theme Lead, Hartlepool; Health Theme Lead, Southampton) or reciprocal involvement. For example, the NDC Community Health Forum secretary serves as a committee member on a health centre steering group whilst a Trust member sits on the community health forum (Rochdale). In other cases, NDC projects have been included in the Primary Care Trust's local delivery plans (Greets Green, Southampton), and NDC projects have been identified that support national health targets (Greets Green, Southampton). Thus **Primary Care Trusts support NDC activity** and **NDC activity** is having a **role in influencing mainstream practice**, initiated by Primary Care Trusts.

Such partnerships between the NDC and health care are not limited to primary care. The **acute sectors**, in both Sandwell and Rochdale, have been **involved with the NDC** from its inception. In Sandwell, the acute sector provided training for a specialist community heart failure nurse, with the added benefit from this being that whilst the specialist nurse was making progress working in the community setting, they also remain closely linked to the hospital consultant-led services. In Rochdale, a representative of the acute trust sits on the NDC health forum.

Partnerships with other organisations

Other partnerships have been established between the NDC and charitable organisations (Hartlepool), local voluntary agencies (Hartlepool), community enterprises (Salford), and City Councils (Southampton).

3.2. Community involvement

The health care access projects established by these five NDCs are all as a result of early **local consultation**, which identified local issues and needs and the services needed locally to address these. Of equal importance is the fact that **communities have continued to be involved**. For example, in Rochdale, the NDC community health forum is involved in decisions on layout and service provision in the new Health Connections Centre building. Whilst in Sandwell there is ongoing community involvement with the Project Steering Group, with one of their roles being involvement in the recruitment process for new staff. In Salford, local people, who have not previously been involved with statutory agencies, are members of the NDC Health Theme Board - Community Health Action Partnership, which has provided the driving force for the development of health initiatives in this area. In Hartlepool, local community views are discussed with the project manager of Families First, the charity which runs the health bus that is part funded, through a Resident's Forum, of which the manager is a member. In Southampton, a 12-month, in depth community consultation took place to explore the barriers residents face in accessing health services. Specific recommendations for improvement were made to the Health Working Group on which there is ongoing community involvement.

3.3. Monitoring and evaluation

Evaluation is usually a condition of funding where the sponsor of the project is the PCT. Consequently for many of these health care projects **external evaluations are being commissioned**, primarily to meet the funding conditions. However the opportunity is also being taken in some cases to collect information that will contribute to the evidence base on new ways of working in local service delivery and neighbourhood management (Sandwell) and to conduct a health impact assessment (Salford). In some cases, e.g. Sandwell, the evaluation findings will be used to inform the exit strategy for the projects and the future direction of primary care services in the area, particularly with respect to nursing development and workforce planning.

The disadvantage of these external evaluation programmes is that they are usually not programmed to commence until after the project is already fully established.

Of the projects already functioning, evaluation is ongoing internally using process measures that include monitoring the level of use and by whom (registers) and satisfaction with services (questionnaires). Where initial assessments of health need have been made, these provide a baseline.

4. Mainstreaming

Consideration has already been given to the mainstreaming of these health care projects although some are still in their early stages of development. This is relatively **unusual** among NDC projects but may be because on this occasion the **PCT is involved in active partnership with the NDC** and in many cases is providing the staff, through secondment. Secondly, where NDC involvement involves capital funding, decisions have to be made early, at the planning stage, on who will own and manage the building/ centre once it is built.

The results of external evaluations, required by PCTs involved in NDC projects, will also be available to help inform project exit strategies, including mainstreaming decisions.

In one instance, the framework within which mainstream funding is planned or delivered has already been changed through demonstration of the effectiveness of an NDC project to deliver specialist nursing services in a community setting (Greets Green). In Southampton, the additional health visitor post originally funded by NDC monies has been mainstreamed by the local PCT.

5. What works and lessons learned

5.1. Staff recruitment

There are a number of issues around staffing in these health care projects. Amongst the positive aspects, provision of additional staff, not all of whom require nursing qualifications, offers **additional employment opportunities in the NDC area**. Coupled with this, the new health care resource centres offer **training opportunities and a career structure**.

A second benefit is that **nursing staff and other professionals** including paramedic and pharmacists **seconded** from the PCT onto NDC projects, **bring** with them not only **experience** but also **job security** and access to other benefits associated with NHS employment. This eliminates the problems seen in many other NDC projects around short-term staff contracts and resultant high levels of staff turnover.

The observed disadvantages are that successful training and career progression has resulted in **skilled staff** either being head hunted or who have themselves sought promotion to **jobs outside the NDC area**, which often pay more. Thus **recruitment and retention**, particularly of **trained nurses** has been **problematic**.

A major issue for many NDC health theme activities, particularly those projects concerning health care services, is the **shortage of skilled staff** able to **span the health and regeneration agendas**. This combination of specialities, not previously seen in health care, can also be an issue for Primary Care Trusts whose priority has traditionally been clinical services, not the wider determinants of health.

5.2. Protocol and legal issues

Any activity within the health care arena that involves patients, NHS staff and premises is governed by ethical procedures and, more widely, collection and management of any information is governed by the Data Protection Act. These factors are of relevance to all of the projects within this health subtheme ‘Relocation or Extension of Health Care Services’. However existing **national and local clinical governance guidelines and procedures may not be sufficiently flexible to cover some innovative, non-standard activities**, such as the health bus (Hartlepool). Confidentiality issues around record keeping and Caldicott guidelines have still to be resolved and this is proving time consuming.

5.3. Capacity issues

PCTs are relatively new organisations and in many locations are still understaffed. Their ability therefore to deliver their own agenda is limited and for those in NDC areas to find further **capacity to work with the NDC** in joint projects has proved **problematic**. This has had the effect of preventing or **slowing down progress with developing the joint health agenda** in some NDCs.

5.4. Sustainability

The **establishment of a registered patient population** in any new medical practice **takes time**, as advertising cannot be used to promote recruitment. One of the characteristics of NDC areas is their relatively high level of outward mobility and potential loss of patients. Replacement newcomers may not always choose to change their GP registration, for various reasons such as loyalty, and will remain registered with their existing GP, travelling out of the area, if they have the means to do so, when they need a doctor consultation or other primary care services. Thus building up the client base following the introduction of a new health care service within the NDC area will take a considerable time.

Concern has also been raised that by taking the approach to centralise services from around the area, albeit into a new health centre, **new access problems** could arise, particularly for the elderly living in outlying areas who are now further away from services.

5.5. Other benefits

Apart from the obvious benefits associated with additional health care staff and/or services, there has been a move away from the medical model of general practice, with the new or proposed community-based services not always including additional medical practitioners. This alternative model is one that **promotes patient self-care and empowerment of individuals** to review their own lifestyles and manage their own health. In addition, **community members**, through empowerment, are having an influential **role in the development of the new services** and in changes to existing ones (e.g. the option to change the local venues for the health bus in Hartlepool, if a site proves to be unpopular).

A second benefit has been the new **accessibility** of some of the NDC health service projects to **new clients**. For example, men are more likely to access the health bus in Hartlepool and to interact opportunistically with the male bus driver (trained in health promotion) than to visit their GP.

There have been considerable benefits to patient care through the role of specialist nurses, such as the Greets Green heart failure nurse, who works in a community setting but is closely linked to hospital consultant services. This good practice has provided the model for a service redesign within the PCT local delivery plan, in their drive to move services from secondary to primary care. The **new model to enhance underdeveloped community nursing services** in the NDC has now been **rolled out** to other PCT practices.

6. Conclusions

There is ongoing community involvement in the health care projects and successful partnerships with local PCTs. This is resulting in some positive, active health care projects, possibly because PCTs are already established bodies with considerable experience and a remit for health care.

Provision of additional health care staff posts in the NDC area offers additional health care provision and job opportunities with training and a potential career structure. Provision through secondment of NHS employees generates experienced staff with retained job security.

Health care projects, especially capital ones, do take several years to reach functioning status.

Key messages:

- because healthcare is of relevance to all community members at some time or another, healthcare projects, compared with health projects, have a higher profile and greater community interest and involvement
- provision of additional health care staff posts in the NDC area offers additional health care provision and job opportunities with training and a potential career structure. Provision through secondment of NHS employees brings experienced staff into the NDC neighbourhood, whilst allowing them to retain their job security and established benefits of NHS employment (e.g. pension provision) with retained job security
- there has been ongoing community involvement in the health care projects and successful partnerships with local PCTs, which may further develop as PCTs develop their role as both commissioners and providers of health care
- there should be at least one identified specific outcome to be measured against each individual project in addition to more general outcomes for the theme overall
- it can take several years for relocated or extended healthcare services, or new, renovated, or extended premises, often with additional staff, to become fully functional

7. References

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Appendices

Appendix 1: Healthcare Initiatives across all NDC areas

NDC	Projects
Brighton	GP PMS pilot, New GP premises
Coventry	Nurse led clinics
Hackney	Blood testing service, NHS employment project, New GP surgery and hospital outpatient sessions
Hartlepool	Drop-in For Health/Health Bus
Hull	Community Paramedic
Islington	Increasing range of primary health services, Community based medical management.
Kings Norton	Nurse Practitioners
Knowsley	Nurse-led provision of primary care services, nurse prescribers
Lambeth	Health care facility improvements
Leicester	Integrated health and social care centre
Liverpool	PCT dedicated worker, improving access to NHS services
Middlesbrough	Health and Social Care Workers, Community nurse practitioner
Newcastle	Skills for people with learning disabilities accessing health care
Norwich	Health first - welfare access
Nottingham	Primary Medical Services Staff Team
Rochdale	Improving access to community health services, new Health Connections Centre, Community Health Forum
Salford	Community Pharmacy, New Health Centre, two new LIFT health centres, Reducing inpatient waiting lists and times
Sandwell	Enhanced nurses project, Sickle Cell Help Group
Sheffield	Women's screening project, GP surgery extension
Southampton	Access to Better Health project, redeveloping health centre, new Primary Care Delivery Centre, Foot Health, Midwifery Group Practice, Additional Health Visiting, Family Support projects, Community Social Work and Community Access projects
Sunderland	NHS services audit
Tower Hamlets	Breast screening promotion, community diabetes nurse, chronic disease self-management
Walsall	Access to primary care, One Stop Health Centre
Wolverhampton	Diabetic services

Appendix 2: Case studies

Salford NDC

NDC projects:

A building for health care services

The NDC have provided capital funds for the refurbishment of Pendleton House as a new Health Centre.

- the new health centre that will provide new clinical services and a new location for existing local complementary services (CAM), which are also being extended. Thus Health and Social Care services will be accessible within the NDC area to approximately 6,500 residents
- the health centre opened in June 2004, 100 patients are currently registered; the expected list size is approximately 2000. Two GPs and a number of CAM practitioners are based at the centre
- the revenue aspect will be funded by Salford PCT through the Personnel Medical Services (PMS) pilot, concentrating on the redefinition and redesign of health services. The PMS service is managed by the PCT and a PMS Steering Group, including representation from the local NDC community and the Community Health Action Partnership (CHAP), is guiding the work
- the NDC is also providing revenue funding for two new LIFT health centres in the NDC area which, together with the refurbished health centre will be key to improving access and take-up of health and social care services

New staff (development of an Integrated Health and Social Care Team)

- the project employs a project manager responsible for overseeing the immediate building work (on behalf of the NDC) and promoting integration of the new and existing community complementary and clinical services
- the project manager works alongside a range of partners to ensure synergy between existing services and the new health centre

Rochdale NDC

NDC Project:

Heywood Health Connections Centre

Rochdale NDC is providing capital funds to develop and build a new Health Connections Centre in the NDC area.

- the PCT will provide the revenue for core services but the NDC may provide additional revenue for less mainstream services i.e. complementary therapies
- the Health Connections Centre will be attached to the Civic Centre in Heywood and will serve as a joint services centre with all public services in one building
- the Health Connections Centre will aim to bring traditionally hospital-based services into the NDC area to address current access difficulties for NDC residents
- outpatient clinics will be run including, for example, an orthopaedic clinic, diabetes services, and CHD clinic
- the centre will have a variety of treatment rooms and many multi-purpose rooms to cope with increasing demand
- the new services should address existing capacity issues and long waiting lists for, e.g. podiatry and audiology. Heywood has an elderly population and so some services are very popular
- the NDC is keen to ensure that the centre is 'future proof', that is, it has the capacity to expand the range of services it provides
- there will be no GP practice directly located in the centre. This will avoid any issues around ownership of the centre when management moves to a community trust
- the Health Connections Centre is based on the concept of a Healthy Living Centre with a community orientated, holistic, non-clinical approach
- the focus of the centre is around healthy lifestyle promotion and prevention of ill health as well as treatment
- meeting rooms will be available for community use, support groups and a play centre
- there is potential to provide a drug treatment service and needle exchange but the associated problems and stigmas attached to this kind of service need to be overcome first

Hartlepool NDC

NDC Project:

'Drop-in for Health'/Health Bus

The Health Bus provides a mobile drop-in health facility, staffed by a nurse and a driver, at four different sites (four sessions) in the NDC area.

- approximately. Forty people attend per two-hour sessions
- the bus is staffed by 6 part-time practice nurses from local GP practices, who work around their GP practice timetable in an outreach capacity on a health bus, as a mobile venue
- the project is Hartlepool wide but NDC funding exclusively pays for services in the NDC area
- the bus is used to promote health improvement such as providing an easily accessible venue for smoking cessation clinics, to promote national campaigns such as National Heart Week, demonstrations on healthy eating, oral and personal hygiene, and access to health promotion workers, drug workers, health development workers
- services offered are free and no appointment is needed. Confidentiality is strictly maintained
- any major health problems are either referred to a GP or clients are advised to go to hospital (with a referral card from the health bus)
- the health professional can signpost other health services i.e. dentists, opticians, GP etc in order to promote access to mainstream services
- the bus offers play facilities to residents for child supervision whilst they seek advice from a health professional. Children may access the service if accompanied by a parent or grandparent
- the health bus is supportive of Hartlepool PCT's 'Vision of Care' which endorses the principle of services as close to home as possible and contributes to identifying how neighbourhood focused services could be improved
- the bus is fully supported by the local GPs and nurses

Greets Green, Sandwell NDC

NDC Projects:

Enhanced Nursing Services and Healthier and Safer Old Age

The Enhanced Nursing Services and Healthier and Safer Old Age projects provide additional GP practice nursing hours and a team of specialist nurses.

- these two projects, sponsored by the PCT, have been brought together and joint objectives and action plans developed
- the project will enhance the under-developed community nursing services and reduce waiting times in Greets Green through development of practice nursing and specialist nursing teams
- additional GP practice nursing hours have been funded with employment of two junior staff nurses and two health care assistants to support senior practice nurses at GP practices
- a team of six specialist nurses has been created, supported by an administrative assistant
- each nurse has a specialist field, e.g. heart failure, respiratory care, older people, young children and families, services to the housebound, but they also work together on outreach services, supporting patients before and after hospital admissions, and health promotion activities in the NDC area
- a training programme in chronic diseases and minor illnesses is available for nursing staff to increase their potential to provide new nurse-led services locally
- two senior nurse appointments as admission and discharge planning co-ordinators to support patients admitted to hospital as emergencies or for elective surgery/treatment from the six GP practices
- appointment of a health visitor for the community is proposed
- appointment of a co-ordinator for older people

Thornhill, Southampton NDC

NDC Projects:

Redevelopment of Thornhill Clinic

Southampton NDC is providing capital funds for the redevelopment of the Thornhill Clinic, a health centre in the NDC area.

- funding was secured by Southampton City PCT for a feasibility study to look at how Thornhill Clinic could be redeveloped to provide better facilities for existing services and additional space for new services
- the aim was to increase service provision at a local level and address the problems associated with distance of services from Thornhill
- key issues identified through consultation include: good public transport links, access to all (including those with special physical and communication needs), crèche facilities, longer opening hours, and continued community involvement in the development and running of the clinic
- Southampton City PCT is providing the revenue for the services and health improvement projects
- services currently located in the clinic include health visiting, child health clinics, speech and language therapy, contraception and sexual health clinic, and community nursing
- additional services that could be included in the new clinic include community paediatric physiotherapy, occupational therapy, a general dentist, and counselling and information services
- the new centre will provide a base for the school nursing team alongside the health visitors, and space for the newly appointed locality midwifery team and family locality workers allowing communication between all community health staff providing services to Thornhill
- the new clinic will be physically linked to the existing GP surgery by means of a lift providing additional accessible space on the first floor of the building

Primary Care Delivery Centre and Minor Injuries Unit

- access to hospital based health services was found to be particularly difficult because of distance and lack of public transport
- in addition to the Thornhill Clinic redevelopment, the PCT are developing a Primary Care Delivery Centre (PCDC), which could include hospital outpatient clinics, although it is undecided which services will be offered at the PCDC
- the plans for the PCDC are included in the Southampton City PCT Local Delivery Plan and the NDC Delivery Plan
- potential sites in Thornhill for the PCDC are being considered by the PCT and the NDC
- a minor injuries unit was also proposed but it is uncertain whether this aspect of the project will go ahead due to the opening on a NHS Walk-in Centre two miles from the NDC area
- in the short term, a minor injuries walk-in centre is currently being piloted at an existing health centre in the area