

Committee(s): City of London Health & Wellbeing Board – For information.	Dated: 05/07/2024
Subject: Update on strategies for GP, PCN and Neighbourhood service provision in the City	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	2,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	n/a
What is the source of Funding?	n/a
Has this Funding Source been agreed with the Chamberlain’s Department?	n/a
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Summary

The following report is in response to a request by the committee for an update on NEL ICB strategies relating to primary care provision in the City, including:

- Options for expanding or relocating the Neaman Practice.
- The status and performance of Goodman’s Fields Health Centre and the Hoxton Surgery; how the former’s boundary could be expanded to include the Tower ward.
- The impact of Neighbourhoods on service provision.

It addresses each point individually with reference to national strategic drivers for primary care, plans to refresh the NEL primary care strategy over the coming year, the status and scope of primary care provision in the City commissioned by NEL and other ICBs, and the constraints around expansion or relocation of the Neaman Practice.

Recommendation(s)

Members are asked to:

- Note the report

Main Report

Background

1. North East London Integrated Care Board (NEL ICB) has delegated responsibility for commissioning primary medical services in north-east London. This includes the City of London and the adjacent boroughs of Hackney and Tower Hamlets. All GP practices have a boundary or catchment area as part of their contract and must accept registrations from patients living within this boundary (except in specific circumstances and with the permission of the commissioner). This boundary is normally determined by the GP contractor, although changes must be agreed by the commissioner.
2. NEL ICB commissions one GP practice that is situated within the City, the Neaman Practice, and a further three practices, situated in the neighbouring boroughs of Hackney and Tower Hamlets that cover part of the City. The Neaman Practice and Hoxton Surgery (Hackney) boundaries both cover the entirety of the City, while Goodman's Fields Health Centre and the Spitalfields Practice (Tower Hamlets) cover residential areas of the Portsoken ward.
3. 65% of City residents are registered with GP practices in NEL, predominantly at the Neaman Practice, Goodman's Fields Health Centre and the Spitalfields Practice. The majority of the remaining residential population are registered with GP practices in North Central and North West London, situated close to the City border. Three NCL practices and two NWL practices have boundaries that cover large areas in the west of the City.
4. NEL ICB primary care commissioners working in the two relevant place-based partnerships (and legacy CCGs) have previously worked collaboratively to ensure adequate provision of GP services across the City of London. In the past, this has included adjustments to the boundaries of specific practices to incorporate residential areas in the east of the City, offering greater choice of GP practice.
5. Access to GP services has changed significantly since the COVID-19 pandemic as online services – particularly online consultation and electronic prescriptions – have meant that working age people can engage with their GP without attending the practice, offering greater flexibility.

Current Position

6. The City of London Health and Wellbeing Board has requested an update from NEL ICB on strategies relating to primary care provision in the City, including:
 - a. Options for expanding or relocating the Neaman Practice;
 - b. The status and performance of Goodman's Fields Health Centre and the Hoxton Surgery; how the former's boundary could be expanded to include the Tower ward;
 - c. The impact of Neighbourhoods on service provision.

The purpose of this report is to provide an update on these areas.

7. NEL / East London Health & Care Partnership produced a primary care strategy in 2019 following publication of the NHS Long Term Plan. The ICB has recently commenced a stocktake of progress with implementation of this strategy and intends to refresh it over the next 12 months.
8. In the interim, the key strategic drivers in relation to primary care remain those set out in national policy such as the [Fuller Stocktake report](#) and [Delivery plan for recovering access to primary care \(PCARP\)](#).
9. Development of Integrated Neighbourhood Teams (INT) set out in the Fuller report must be aligned to the geographical footprints of Primary Care Networks (PCN), although the ICB recognises that implementation will need to be adjusted to specific circumstances in the City. Continuity and integration of service provision means GP practices serving the City will need to focus on registering patients from within their catchment areas. However, national implementation of the PCARP, including improved digital and remote access, self-referral pathways and Pharmacy First scheme, will allow transient City workers more flexible and convenient access to primary care regardless of where they are registered.

Options for expanding or relocating the Neaman Practice

10. The Neaman Practice is located at 15 Half Moon Court, Barbican, EC1A 7HF. This location is very convenient for its registered patients, the majority of which are resident in the surrounding LSOAs ([lower-layer super output areas](#)).
11. The practice demise is leased to them by NHS Property Services who lease from a third party, Healthlink Investments Ltd. NEL ICB categorise the building as a core estates asset as it is considered modern and fit for purpose, although the practice has reported that it is starting to show signs of wear. The premises reimbursable rent for 2024/25 is £474,000. At £696 per sqm, this is extremely high compared to other primary care buildings largely due to its location.
12. The practice occupies the basement, ground, first and second floors of the building, a space of 681sqm incorporating eight consultation rooms, two treatment rooms, one interview room and administrative space. Based on the NHS space calculator tool for GP practices, this is sufficient space to accommodate a practice of this size. However, it is acknowledged that demand arising from hosting PCN additional roles, and the services offered by INTs might not be adequately accounted for in model assumptions.
13. In recent months, the practice and NEL ICB have been approached in relation to two possible options to expand and/or relocate the practice:
 - a. The superior landlord for the current premises, Healthlink Investments, has approached the practice to discuss the extension of the lease beyond the current expiry in 2030. As part of this lease extension, Healthlink are offering to refurbish and modernise the practice demise and potentially the floors above to allow the practice to expand;
 - b. Relocation of the Neaman Practice to the redeveloped Museum of London site approximately 5-10 minutes walk from the current site.
14. Limited detail is currently available in relation to either option, particularly the Museum of London, which the ICB understands is not currently viable for healthcare use. The practice has indicated a preference for remaining in their

current premises, particularly if there is an opportunity to expand within the building.

15. Increasing the space occupied by the Neaman Practice will have revenue implications for NEL ICB delegated primary care budget. Additionally, it is not currently clear whether there will be a need for NHS capital investment in either of the options outlined above. As such, plans for expansion will be subject to ICB approval of a business case, including more detailed assessment of the service's space requirements. Primary care commissioners will engage with the ICB Infrastructure and Regeneration team and Local Infrastructure Forum on this piece of work.
16. It should be noted that NEL ICB is currently under significant financial pressure. In the absence of NHS capital investment for any potential scheme to expand or relocate the Neaman Practice, it is not clear that the revenue implications of increased rent at commercial rates in the City would be deemed affordable.

The status and performance of Goodman's Fields Health Centre and the Hoxton Surgery

17. As previously mentioned, there are four NEL practices with boundaries that cover all or some of the City of London (excluding specialist homeless practices): The Neaman Practice; Goodman's Fields Health Centre; the Spitalfields Practice; and the Hoxton Surgery. However, due to its location further from the City, the Hoxton Surgery has only 40 City residents registered.
18. All four practice lists are currently open to new registrations, although Goodman's Fields is considered to be at capacity following rapid growth in recent years to approximately 35,000 registered patients.
19. Goodman's Fields Health Centre has registered net 5000 patients over the last two years. The current boundary retains an agreement to cover the Portsoken area, where a satellite service was in place prior to the practice's relocation from Whitechapel to the Goodman's Fields site. Several discussions have taken place with the practice in relation to extending the boundary further into the City (following requests from CoL), however, due to the increased demand from new registrations within the existing boundary it is not currently possible to further extend. Additionally, there is limited room for growth in Tower Hamlets practices surrounding Goodman's Fields, which contributes to the increased list size at Goodman's.
20. A summary of performance and workforce data for the four practices listed has been included in the appendices.

Neighbourhoods and The City of London

21. The Neighbourhoods Programme facilitates change through a small central team coordinating projects and service development with transformation, strategy and operational leads throughout City and Hackney. Established in 2018, the programme co-produced a vision for a 10-year programme of change that was agreed in 2020. Over the past 4 years, significant progress has been made with teams and services working on and across the 8 Neighbourhood footprints. An overview of this with links to supporting papers is provided in Appendix 2.

22. Whilst the City and Hackney Neighbourhoods are organised on the same geographical footprints as the PCNs, they have a broader responsibility to residents. Neighbourhoods encapsulate all of our health and care partners, and they deliver to all residents within the geographic boundary rather than a list of registered patients. Therefore, whilst there is a very large overlap of residents served, there are some differences in where residents receive services.
23. In April 2024, 6279 residents of the City of London were registered with City and Hackney practices (51%). 1725 (14%) are registered with neighbouring Tower Hamlets and 4396 (35%) are registered outside of NEL practices.
24. This means that whilst the majority of City residents are registered at practices that are within the Shoreditch Park and City Neighbourhood, some are not, and neighbourhood working arrangements will continue to consider adaptations to ensure they are also served. There are also considerations around the different geographies within the Neighbourhood, distance from each other, different priorities, identities and transport links. The following outlines key emergent issues and how partners are working to ensure the Neighbourhoods programme supports the City of London residents and delivers on its core aim: to offer multidisciplinary and personalised care closer to where people live.
25. The Shoreditch Park and City Multidisciplinary Meeting (MDM) takes referrals from across the neighbourhood. The link practitioners (City specific include: The Neaman Practice, Adult Social Care and Community Navigators) attend the monthly meetings that currently focus on complex cases where more formal multidisciplinary collaboration is required. A recent review of the Shoreditch Park and City MDM highlighted that there were fewer than expected referrals of cases from the City of London. We are currently exploring the reasons for this with partners in the City of London and the neighbouring PCNs in Tower Hamlets that serve many of the residents in the East of the City.
26. In 2024 there has been considerable investment in the development of MDMs as the role of administrator has been expanded to cover other Neighbourhood meetings and data and improvement work. The team now have a supervisor who will also perform a QI function alongside the Neighbourhoods Workforce and Partnership Development Manager. Current plans for MDMs are improving referrals wider than from primary care.
27. We are also currently working with bordering PCNs and the Tower Hamlets Neighbourhoods Programme to better understand the services being offered to City of London residents registered there and to connect GPs with our MDM and other offers for City of London residents.
28. Neighbourhood Forums put residents at the centre of health and care conversations. The Neighbourhood Resident Involvement Alliance (providers of the Neighbourhood Forum and Resident Involvement and insight gathering mechanism) felt that this structure needed adaptation for City residents and staff. They have established a City of London Action Group working on separate priorities.
29. They also provide insight gathering. Because of confidentiality reasons data at ward level for small identifiable populations the City of London specific data is not accessible. We are working to establish a robust picture of health data for the City of London residents from a variety of sources including directly from the neighbouring PCNs. The first iterations of the Neighbourhood insight reports

were delivered this year by Hackney Healthwatch. March 2025 will produce the first City of London specific Neighbourhood Insight report.

30. As described in the appendix the next steps for Neighbourhoods: establishment of Integrated Neighbourhood Teams (INTS) is under consultation. Whilst the Fuller report sets out how INTs could emerge from the PCNs there has been a parallel process in City and Hackney that has meant Neighbourhood teams have been developed alongside PCNs rather than out of them. Similarly, across the country we see co-location of teams happening not always in primary care premises but in community and other statutory sectors settings e.g., housing association, VCS premises, local authorities or an NHS Trust location.
31. In City and Hackney, we will be exploring all of these options in relation to the needs of each Neighbourhood. The process for the Estates Plan for Neighbourhoods will be developed through the Neighbourhood Leadership groups over the next year. A dedicated role (estimated start date August 2024) will work with the NEL ICB Infrastructure team, City and Hackney partners and the local Leadership Groups to map and 'unlock' estate use options that meet the requirements of each Neighbourhood. This work will happen alongside the operational and senior leadership consultation work on INTs development over the next year. INTs model will be piloted before final decisions are made. For Shoreditch Park and the City Neighbourhood, considerations could be around establishing two teams or flexibility between the two geographies.
32. In order to ensure that developments towards an INT work well for the City of London there is a Neighbourhoods City of London working group. The subject-specific oversight and working groups in the Neighbourhoods Programme (e.g., Proactive Care, Neighbourhoods Operational Group for establishing INT, Neighbourhoods Organisational Development Oversight Group) will bring City of London specific considerations to this group and work together to problem solve.
33. An Independent Contribution Analysis of the Neighbourhoods Programme to City and Hackney Place Based Partnership outcomes is currently underway. This will highlight outcomes for the City of London. The second wave of data collection will commence in the Autumn and the final report is due March 2025. This will establish a framework for ongoing self-monitoring.

Corporate & Strategic Implications

Strategic implications – This paper has been submitted following a request from the Board. It is not a proposal and does not have any specific strategic implications but attempts to update on NEL ICB plans to refresh our primary care strategy and some of the estates challenges relating to the Neaman Practice. Similarly, the paper outlines the progress of the Neighbourhoods Programme and how this impacts specifically on the City of London services. It also outlines the current priorities around establishing a model for an Integrated Neighbourhood Team and the Neighbourhood Estate Plan steps.

Financial implications – none.

Resource implications – none.

Legal implications – none.

Risk implications – none.

Equalities implications – none.

Climate implications – none.

Security implications – none.

Conclusion

34. NEL ICB has started the process of refreshing its primary care strategy and will seek to engage with ICS partners during this process to ensure that it meets the needs of places while also aligning with national strategy in relation to primary care.
35. While the Neaman Practice is recognised as a key component in delivering primary care services to the City, it is also the case that residential areas in the City are served by at least three GP practices in NEL or neighbouring ICBs and that 50% of City residents are not registered with the Neaman.
36. Ensuring that the Neaman Practice has sufficient estates capacity to meet the needs of its patients and play a part in emerging models of integrated primary care is extremely important. However, the ICB considers the current premises to be fit for purpose and of sufficient size for its current list. Any plans to expand or relocate must be based on population need and offer value for money in addition to strategic alignment.
37. The Neighbourhoods Programme of change has brought together Community Health Services, PCNs and Local Authority services, resident groups and the voluntary sector to progress towards a fully integrated Neighbourhood health and care team. This is 10 year programme of change agreed in 2020 by system leaders. The model for the local team is being worked through by operational and strategic leads. Currently the plans for establishing Neighbourhood INTs and the Neighbourhood Estates plan are in progress. The specific issues arising for the City of London services and residents are being problem solved in a working group. There are currently no plans to establish an INT within primary care estates.

Appendices

Appendix 1 – NEL GP practices covering the City of London: Performance and workforce data summary.

Appendix 2 – Overview of Neighbourhoods Programme, June 2024

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