

**HORNSEY NEIGHBOURHOOD HEALTH CENTRE
AREA WORKSHOPS**
*A Record of Participants' views from 3 Area Workshops
Held November - December 2008*

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Participants at the first Workshop



Strengthening public influence on health

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ABOUT THIS DOCUMENT

- Health Link, an independent patient interest group, was commissioned by Haringey Teaching Primary Care Trust (TPCT) to support public involvement in the planning of the Hornsey Neighbourhood Health Centre (HNHC) being built in Park Rd Hornsey N8.
- 3 workshops were held across West Haringey in November and December 2008 involving the local community in planning the HNHC, one on a weekday afternoon, one on a weekday evening and one on a Saturday.
- These workshops form part of the involvement work on HNHC which also includes outreach meetings with groups who do not traditionally participate in community involvement, which are on-going.
- What follows is a summary record of all the input received from participants in the three workshops, with a record of each individual one in the Appendices, as referred to in the text.
- This Record will form part of the full Report of the involvement work which will be produced when the project is complete in March 2009
- The full Report will describe the methodology employed in recruiting the participants to the workshops and include a verbatim record of the Question and Answer sessions as well as an analysis of all the input received

TABLE 1 - STAFF PRESENT AT THE WORKSHOPS

Workshop	Haringey Teaching TPCT Staff	Observers	Health Link Staff
7th Nov.	James Slater Haringey (Director of Primary Care & Performance) Christina Gradowski, (Director of Corporate Services and Partnerships) Helen Poole, (Assistant Director of Primary Care) Dr. Peter Christian, GP (Clinical Director W. Haringey Collaborative)	Lynne Featherstone MP Janet Shapiro, Better Healthcare for Haringey Campaign, Sue Baker, Non Exec. Director	Delyth Neal Elizabeth Manero Emily Manero Jenny Sharp Kasia Hajduk Natalie Bailey Tom Hall
15 th Nov.	Christina Gradowski Helen Poole Dr. David Masters, GP (Clinical Lead HNHC)	Sue Rubenstein, Non Exec. Director	
3 rd Dec.	Christina Gradowski Richard Sumray, Chair Haringey TPCT Helen Poole Dr. Peter Christian, GP	Cllr David Winskill Cllr Nigel Scott	

1.1 TESTING PATIENT CONFIDENCE IN THE HORNSEY NEIGHBOURHOOD HEALTH CENTRE:

To obtain a snapshot of the levels of confidence of participants in whether HNHC would meet their needs, people were asked to put a mark on the Trailer board along a line from 'Extremely Confident' to 'Not at all confident'. The main facilitator then asked a sample of people from each part of the spectrum to clarify why they had put their mark where they did. All of the comments were then added to the board.

TABLE 2 'HOW CONFIDENT ARE YOU THAT THE HNHC WILL MEET YOUR NEEDS?'			
Workshop	Confident	Mixed	Not Confident
7th Nov.	<ul style="list-style-type: none"> ▪ Openness from the TPCT ▪ Campaigned for it successfully ▪ Good communication 	<ul style="list-style-type: none"> ▪ Poor communication ▪ Good for disabled access ▪ Too busy, too large scale 	<ul style="list-style-type: none"> ▪ Lack of clarity on services ▪ Transport problems ▪ Lack of consultation ▪ Privatisation ▪ Ignored transport problems
15th Nov.	<ul style="list-style-type: none"> ▪ Personal needs already met ▪ They have the facilities ▪ Previous record ▪ Infection Control 	<ul style="list-style-type: none"> ▪ Worried about the scale 	<ul style="list-style-type: none"> ▪ Access ▪ Effect on hospitals ▪ Not as accessible as existing GP ▪ Travel and Cost ▪ Travel - Whittington is better ▪ Parking ▪ Too crowded ▪ Loss of relationship
3rd Dec.	<ul style="list-style-type: none"> ▪ Better access to services 	<ul style="list-style-type: none"> ▪ Need to know more 	<ul style="list-style-type: none"> ▪ Don't know enough about it

1.2 RANGE OF SERVICES IN GP SURGERIES

Each event began with participants being asked to look at the 'Entry Board' and mark under the headings provided as appropriate. This was to gain an idea of what services the participants knew were provided by their own GP practices. Please see table 2 below:

TABLE 3 'WHICH OF THE FOLLOWING SERVICES DOES YOUR GP SURGRY PROVIDE?'

	Service provided	Does not have the service	Don't know/ No answer
Blood Testing on site	18	16	14
Counselling	8	16	24
Diabetes Clinic	12	12	24
Mother & Baby Clinic	22	6	20
Foot health	6	20	22
Physiotherapy	7	19	22

1.3 QUESTION ONE: "What do you think are the main factors that make a good primary care service?"

The verbatim record of responses to this question is shown in [Appendix 1](#).

The participants in each workshop were asked to produce the main factors by prioritising 2 or 3 of their own personal criteria and grouping them to those of the other participants. They were then asked as a group to cluster common ideas together and choose a heading for each cluster. On analysing the group headings for this question across the 3 workshops, it can be seen that there are broad main themes that emerge:

- The quality of patients' relationships and communication with practice staff, and the service they provide
- The quality of their relationship with their own GP
- The quality of care from reception, to appointments, aftercare and continuing care
- Equal and easy access to quality services, information, transport and equipment
- A welcoming, warm, pleasant, quiet, calming and clean waiting area
- A wide range of patient focused services available, plus access to specialised services as needed
- Good governance including security of confidential information, privacy and respect

Based on the records of the workshop boards as seen in Appendix 1 attached, it was clear that people were interested in good quality care in its broadest sense. This covered everything from their initial communication with their surgeries via the receptionists, whether by phone or face to face; the ability to access services across longer hours and at week-ends; the environment of the waiting areas and clinical spaces, to the ability to park or drop off patients easily who are less able to walk or who are disabled.

1.4 QUESTION TWO: “What Services would you like to see in HNHC to improve Health & Well-being?”

The verbatim record of responses to this question is shown in [Appendix 2](#).

Participants were asked to think beyond just ‘health’ services, to include whatever they thought might help improve both health and general ‘well-being’. Participants then prioritised 2 to 3 of their ideas clustered them under their chosen headings and these produced their set of main factors. On analysis, certain themes around what participants would like to see in Hornsey became apparent:

- A wide range of Health services
- A varied range of support and advice, classes and facilities for both physical and mental health well-being, including advice on care for the elderly and welfare benefits
- A comprehensive range of specialist services e.g. respite care, better visiting services for housebound patients, young people services
- The importance of social amenities and activities, including volunteer services being based within the building
- The need for experienced and accountable staff, providing easy access to services
- Easy physical access to services on site
- The importance of reviewing and monitoring the Centre and its services annually

1.5 QUESTION AND ANSWER SESSIONS WITH HARINGEY TPCT STAFF -SUMMARY OF ALL WORKSHOPS

Following the facilitated session on what services would participants like to see in the HNHC to improve their health and well-being, there was a presentation from Haringey Teaching Primary Care Trust (TPCT) staff. There then followed a question and answer session between the participants and TPCT staff.

The verbatim text of Q&A sessions will be available in the final Report.

Q&A Session 07.11.08

Q1: Older people and transport: participants were extremely worried about the problem of older people getting down the hill from Muswell Hill or Fortis Green to the Centre as they will have to take 2 buses to get there. What about providing a shuttle bus? Will there be parking available and will it be free?

Q1 Answer: Transport had been a major concern in the consultation and so the TPCT had commissioned an objective survey on transport access to the Centre. This included exploring options such as a shuttle bus, by working with the Local

Authority to put pressure on Transport for London around these issues, as well as working with social enterprises that provide community transport. There will be around 90 car parking spaces and no plans to charge at present.

Q2: North Bank Mother and Baby Clinic: Since Fortis Green mother and baby clinic closed last March, and the clinic has transferred to North Bank, we are extremely happy with the service offered there and they are going from strength to strength. Can we have your assurance that this service can stay at North Bank?

Q2: Answer: In light of this consultation the TPCT will look at all services in West Haringey and see where the best fit is for all of them. HNHC is a high quality building which could support such a service very well. TPCT undertook to take concerns into account.

Q3: Transport survey: Why has a survey on transport been commissioned now when the building was commissioned over a year ago?

Q3 Answer: The project was commissioned in May and is coming to an end soon. TPCT said this is a complex issue which they are working through, remaining committed to achieving the best possible result we can.

Q4: Tendering of Services: There was a request for the TPCT to elaborate on the commissioning of services for which the TPCT is going out to tender? Which specific services are these likely to be?

Q3 Answer: One of the major functions of the TPCT is to purchase health care services on the behalf of the local people, known as 'commissioning'. Services commissioned include, for example, GP, Dental, pharmaceuticals and optometrist services in the community. They also commission the acute hospital services at North Middlesex or the Whittington or Great Ormond Street for children. When commissioning certain new services the Government expects the TPCT to consider other ways or a wider field.

Q5: Out of Hours Service: Will the out of hours' service mean that Doctors will come out to patients rather than locums?

Q5 Answer: The TPCT commissions an organisation called CAMIDOC for the out of hours service in Haringey. CAMIDOC was originally the GP Co-operative providing out of hours service in Camden and Islington. It currently provides that service for Camden, Islington, City and Hackney and Haringey TPCTs, and the TPCT's contract with CAMIDOC is up for renewal next year having run for four years. Under the current contract there is no out of hours base in the western side of the borough, but CAMIDOC does have a base at The Laurels, South Tottenham. CAMIDOC is a not for profit making company. It is run by local GPs and has a representative of Haringey GPs is on its board. The TPCT asserted that CAMIDOC are very careful about whom they employ and vet, so some of the horror stories heard elsewhere about locums and out of hours are not the case

in Haringey. The HNHC may be open 12 hours a day seven days a week and provide walk in services, so the idea of in hours and out of hours may begin to change significantly.

Q6: GPs and Out of Hours Services: Could it go back to the ways where GPs took control of the out of hours' service?

Q6 Answer: In 2004, GPs very happily gave up the 'out of hours' as part of the contract we negotiated, and one of the arguments was that it was very tiring for them. In this way, the NHS acceded to GPs' request for change. Whatever service is offered, it must be owned by local GPs.

Q7: Community Cohesion: Concerns were expressed about 'community cohesion' with the closure of post offices (one of the meeting places for the community), the possible loss of chemist shops and now the loss of doctor surgeries. Would the TPCT consider community cohesion in your decision making process?

Q7 Answer: The TPCT is acutely aware of how important GP practices are to people. They are keen to see community pharmacies supported and provide a wider range of services so the TPCT could commission and fund community pharmacies to provide various services. For example, heart patients needing to attend hospital currently anti coagulant drugs need to have their blood monitored to make sure that their treatment is at the right level. This could now be done in community pharmacies. The results would not be as accurate as a pathology lab but would be close enough for a GP to make a decision. There are thousands of people across London going into hospitals unnecessarily; the hospital car parks and ambulance service are being over used. So the TPCT is absolutely committed to community cohesion and believes in investment in community pharmacies and support for them as out post for community care.

Q8: Footcare Services: At the scrutiny board for older people services, the issue of basic foot care arose. The board was told the TPCT would be looking into it but nothing has been heard. This is a scandal and not just in Haringey. People over sixty five (c. 10,000 in Haringey) have problems cutting their own toe nails. Could the TPCT open centres around W. Haringey where older people can get their toenails cut for free or for a minimum charge?

Q8 Answer: The TPCT acknowledged point about foot care as 'very clear'. In the investment plan for next year we have some funds have been identified with the Local Authority to take that forward.

Q9: Patient Involvement in The Laurels: Would there be places on the board for patients at The Laurels Health Centre when it's up and running as a true partnership and not just the TPCT and Haringey council but everybody coming together?

Q9 Answer: The TPCT pointed out that participants could consider joining the Local Involvement Network established in July, to have a voice on what happens in Haringey's NHS as well as the HNHC. They absolutely want HNHC to be owned by

the local community and are very keen to explore ways in which this can happen. Dr Peter Christian in his role as a clinical director for W. Haringey collaborative has been brokering an agreement on the formal structure for a network of practices and is keen to get involvement from patients for each of his practices in the board of his collaborative.

Q10: Cost of Footcare: Older people have to spend £40 for half an hour of foot care; what can be done about it?"

Q10 Answer: TPCT noted that this point was well made and had been answered above.

Q11: Privatisation: Concerns about the privatisation of the health service. Is there some sort of decision to avoid huge drug companies who can apply for contracts in the health service but are really promote there own drugs?

Q11 Answer: In terms of pharmaceuticals and big business in general, the TPCT is acutely aware of the issue. In their role as managers in the service ensuring quality, if they enter into a contract, they are clear of the downside and the risks.

Q12: Relationship with doctors: Concern was expressed about the speaker's view of doctors, comparing them to a Kwik Fit mechanic. A good relationship with one's doctor is needed as it is a very personal thing to talk about your health, and it is not like putting on a new exhaust pipe. It does not matter who puts on your exhaust pipe as long as it works whereas when you talk to a doctor it is actually extremely important that you have some kind of empathy between the doctor and the patient. Suggestion that the TPCT work towards doctors having that empathy and that doctors are there with a vocation.

Q12 Answer: TPCT apologised for analogy on which no concerns had ever been expressed previously and clarified that what people actually wanted was complex and multi factorial and depended upon the context in which they wanted care.

Q&A SESSION 15.11.08

13: Privatisation: Strong concerns expressed about privatisation, referring to the plans for services at The Laurels to be put out to tender. Noted that a private firm is interested, a cause of particular concern shared by many people in the community. Once the private sector gets involved they can always tender at a lower rate than the ordinary GP and then the prices start going up when they've lost the GPs who would compete with them. How can this be stopped?

Q13 Answer: The TPCT appreciated the concerns. It was explained that TPCTs had been given instructions by the Department of Health just like every other public sector service about complying with EU and Competition Law. Haringey Council has to do the same, for example Haringey Accord collects rubbish locally, not the Council. This is a legal

requirement across the whole of the public sector derived from competition regulations. For Haringey this will relate to that part of the Laurels, that once was the PMS (personal medical services) practice, which is out to tender. The tender provides for anybody to apply to run that practice which will be 7 days a week, 12 hours a day.

Local GPs can bid just as well as private companies. What the TPCT is starting to see is GPs going into a partnership with private companies so that you still get the continuity of care and still get to see your own GP. GPs are independent contractors and are not part of the NHS family so in essence we've had private providers from the very day one of inception of the NHS. In that sense, this is nothing new.

The GP representative confirmed this and noted that this was one of the reasons why the local GP practices have tried very hard to look at ways of working together to make HNHC stay in the hands of local practices. That's why they want to bring their patients with us for that approach. There is a campaign group against the Laurels, which is a different situation. He also confirmed that some of this comes from government, forcing the TPCT to tender for the Laurels. In contrast, at the HNHC, Haringey TPCT has not gone down the route that Camden TPCT has, namely getting United Health to run services cheaper and from what the representative understands from the GPs that work there, not happily. Therefore the representative recommended that Haringey should stick with the approach at the HNHC so far.

Q14: Duplication of Services: a participant had visited the surgery at 157 Stroud Green Road and was worried that a lot of the services you're going to provide at the Health Centre will be just duplicated. A further concern was expressed that if the TPCT does not get enough doctors to fill the HNHC complex, they will be employing doctors from Poland and elsewhere, who don't speak English or speak a bit of English but they cannot really relate to people. This was a strong concern.

Q14 Answer: The current intention for staffing the Centre is staffing with local GPs who have worked in the area for a long time. It was anticipated that the TPCT will get these GPs because there were indications that enough GPs are interested.

On duplication, the TPCT will be looking to avoid this through a fine balance between not duplicating services and wasting money, but providing services at a greater number of places. So, for example, if there are services which your GP doesn't provide in Stroud Green then you would be able to go to Hornsey or one of the other planned Neighbourhood Health Centres to get those services. The service at the Whittington would not be reduced. However, while it may be suitable for you or other people here to travel to the Whittington, for some patients in Haringey it's not at all convenient to go to there so they need an alternative place from which to access those services.

Furthermore, the TPCT pointed out that extra money has been invested this year in a whole range of services. The ambition is HNHC into much more than a facility providing just straight forward health services. The aim is to include

what's called 'Well-being' services where people can come for things like diet, diabetes, exercise -access for services that are not available at the moment. The whole purpose of these workshops is to hear what you need, not just for straight forward health but for your whole well-being.

The GP representative noted people's loyalty to the Whittington, which local GPs would also support. There is an organisation of local GPs who are setting up links with the consultants at the Whittington, looking at the ways to improve the cardiology, and urology services and others. The hospitals and the GPs can work closer in coordination. Some of the work may be better done in the community while some may be better still being delivered in the hospital.

Q15: Scepticism about the value of the consultation process: a participant noted the ambivalence for some about all these plans because of an very unenthusiastic approach from the TPCT about this plan. This suggested that that the TPCT is not quite impartial and that they are actually consulting on something that is in principle already approved. Concerns were expressed that the community would only be able to decide on details such as the colour of the plastic chairs. The fact that Lord Darzi came up with a plan [*Lord Darzi, now a Minister of Health, had developed a plan for reform of the London' NHS, A Framework for Action published in July 2007, including moving more services into community locations, as an additional 'layer' of services between GPs and hospital services - Health Link note*] which miraculously coincided with Haringey TPCT having the same plan. The participant felt pushed into something so many of the responses rang true.

Q15 Answer: The TPCT explained that Lord Darzi's plan had followed on from the Dept of Health White Paper '*Our Health, Our Care, Our Say*' Consultation done in 2004/05, a huge consultation across the country on what people wanted from the NHS. The response had been that they wanted some services in the community not necessarily in a hospital. In doctors' education it was seen as important to use the right skills in the right place and where it's appropriate. So Healthcare for London [*the current pan-London programme for NHS reform in response to a Framework for Action - Health Link note*] had progressed these plans. At the same time the TPCT was looking at Primary Care Services [*services other than hospital services -Health Link note*] and the ideas that came out of that 2004/05 consultation and the White Paper at more or less the same time as the Healthcare for London work. The TPCT had adapted their plans by talking to the GPs about what they want to do and what services are needed in this borough to really meet the health needs of the population.

Q16: Monitoring and transparency of the private sector services: a participant queried how are private sector services would be monitored and by whom. How would this information get back to the community so that they were aware of how effective the monitoring of these services was?

Q16 Answer: Firstly the TPCT would monitor these providers because they would have contracts with the TPCT in the same way as the TPCT has contracts with our GPs and community services. There would be formal contracts with any private

provider who would be monitored in the same way as the TPCT monitors the current providers. There are also higher level bodies than PCTs, which monitor private sector services. Private sector providers are as heavily regulated and as heavily monitored as the current services in the NHS.

Q17: Bereavement Services: It was noted that what is really lacking in Haringey are bereavement services. A lot of patients have asked if there was such a service in Haringey. There used to be a service at St Ann's but apparently that was withdrawn and Cruse has closed down their North London branch because of lack of funding. This would be a really useful service for which there is a real need, so could it be provided at the HNHC?

Q17 Answer: These ideas are very useful. Bereavement services might be considered under the local programme for IAPT (Increasing access to Psychological Therapies) [*a nationally funded NHS programme to make 'talking therapies' widely available across the country as an alternative option to medication for mental health problems - Health Link note*]. Alternatively such a service might be put out to tender as a voluntary community organisation could provide this at the HNHC.

Q18: Scepticism about the process: A participant suggested that the community should vote for a representative on the TPCT when we voted for our local councillor. The timing of the consultation was questioned in that this consultation was being done while the building was being built and should have been done before. The contract had already been signed with LIFT [*Local Improvement Finance Trust - a local organisation set up under a government arrangement to combine private and public sector capital to build new facilities in primary care - Health Link note*]. It seemed unlikely that a huge project like the HNHC could be more efficient than a local surgery: macrocosm from microcosm doesn't work. People like the local neighbourhood nature of local surgeries. This will be is a huge monolith. Somebody who is vulnerable, perhaps with mental illness will be intimidated by coming into such a place which will seem like a factory. The community cannot do anything about this, regardless of the TPCT's assertion that its views count, because it's already being built.

Q18 Answer: The GP representative noted that the HNHC has been a building site for 6 years or the TPCT has struggled to find ways to use it. At one time it was proposed to use it for flats, which had attracted a lot of local opposition. In part the TPCT has responded to the government initiative to build these health centres. In terms of the HNHC seeming like a supermarket or a factory, the role of a receptionist will be very important. If the GP community is involved in moving into the HNHC they would want to have a receptionist closely involved because of the knowledge they have about needs of more vulnerable patients. It's a challenge to get it right as patients might find a bigger building more complicated. GPs would try very hard for it not to be that - why would they move in there if it was going to be like that?

Q19: Concerns about lack of response on monitoring arrangements: When discussing services being improved, all the talk is about the facility being bigger, newer - there will be more of it. However, there seems to be no answer given to the

question how will we *know* - what measures do you actually have in place that monitor the quality of services? Is it at least as good as it was before and preferably better because we're supposed to believe that it's going to be better.

Q19 Answer: There are compulsory quality monitoring mechanisms. For example, with GPs we have something called the Quality and Outcomes Framework [*a national set of quality factors used to measure all GP services the results of which are published regularly to enable patients to monitor the quality of their practice and compare it with others - Health Link note*]. The QOF measures a whole lot of things including clinical factors such as how diabetic care or mental healthcare is working as well as how management of the practice is run. All GPs sign up to that framework and the members of the public can apply to find out how GPs have scored in each of those areas, so they can see how well GP practices are doing now. This will apply to GPs in the new building, so any changes can be tracked.

When the TPCT has a clear decision following the feedback from the community on the services that are going in to the HNHC , a lot of work will be put into making sure those services work together, bringing them together before they move in to make sure that the whole service is cohesive. The TPCT was aware of the potential problems with big buildings and they can end up fragmented, but because we've got that awareness we and all the providers going into the building will be going to go to great lengths to ensure that that doesn't happen. It's in no-one's interests for it to happen, it's not in the interests of staff, its not in the interests of patients or patient care to end up with a fragmented building. So we will be working hard to ensure that it's a joined up service.

Q20: Concerns about the consultation process: A resident of Wood Green could recall anyone they knew having been consulted. They were also involved in the West Indian Cultural Centre where young people, middle aged and elderly services provided there continuously. They were not aware of anyone being consulted there, nor at the Haringey Racial Equality Council where they were the secretary. Where did the consultation go?

Q20 Answer: Last year the TPCT held a sixteen week consultation and wrote to every voluntary and community group in Haringey, with details from HAVCO (the voluntary organisation for Haringey), from the local council, who have a consultation team, and an equalities team, the local PPI Forum, from a lot of bodies. They emailed and sent 1000 different communications to everyone on the stakeholder list and can check if the organisations specified were included. Meetings were advertised in Haringey People (delivered door to door), and Haringey Advertiser, Crouch End and Hornsey Journal, Ham and High, on the TPCT website and through all the partnership boards at the council and various other means. The TPCT commissioned a company called TNS Social, to go door to door too and they got 1066 responses.

Q&A Session 03.12.08

Q21: Employment of a private company: Why employ and pay a company to do the transport research when local people could probably do this?

Q21 Answer: The company used was Mott Macdonald introduced by Transport for London (TfL). Because of the worry about travel and transport and how to get to health services came up so often in the consultation, the TPCT needed to answer that question. They needed to know what percentage of the population could get there in 10, 20, 30mins by public transport. They had also used TfL data and modelling that they had funded.

Question 22: Engaging local people: How did you find the group of people to do the mystery shopper exercise?

Q22 Answer: In very much the same way as Health Link found you all to come to this event. Making sure it is representative across the borough, by approaching young people, older people, different ethnicities etc.

Question 23: Access and young children: Concern was expressed about equal access to services particularly physical access. It is a nightmare taking babies to surgeries. The Disability Act does not say that you have to install things for parents of young children. This is a golden opportunity to make things accessible for both disabled people and children! That means putting changing tables in disabled loos. If you have a 30mins journey to get to the Centre and 30 mins to get back, you can guarantee that the baby will have to poo somewhere. If there is nowhere for your baby to be changed, and you are stressed, everyone is looking at you in the waiting room it is just a nightmare. A lot of the old surgeries don't have that facility and I understand it would cost as it's expensive. A soft play area for pre school children is also needed - people should not get disturbed when they are ill by screaming kids who are bored.

Q23 Answer: Agreed that this must be a good environment for both older people and people with children. The TPCT had undertaken work at Stuarts Crescent in East Haringey in a baby clinic where 50 buggies turn up, streamlining the reception area to accommodate them. This work was done in response to concerns from clinic users.

Q24: Limitations of the Building: The building is well under way: is it not true to say that the services put in there will be limited by the building?

Q24 Answer: the way that the building has been built is to make it as flexible as possible, so e.g. a large number of rooms have sinks and space to put consulting beds and consulting lamps. Depending on their ultimate use, they could be used for clinical purposes or more general purposes for interview rooms or small meeting rooms.

Q25: Timetable: When will it be ready?

Q25 Answer: Mid-March. It will open on 1st April, with a view to GP practices moving in at the beginning of April following the results of the public consultation of January and February. The rest of the services will be moving in a phased way over a 6 month period or so. Exact timings cannot be given as this will depend on the outcome of the April to June consultation where the wider public will be able to determine which services exactly go into the building.

End of Question and Answer Sessions Summary

1.6 QUESTION 3: What are the Advantages and Disadvantages of your GP moving to Hornsey?

The Tables overleaf set out the comments in response to this question.

1.7 QUESTION 4: What are the Advantages and Disadvantages of your GP not moving to Hornsey?

The Tables overleaf set out the comments in response to this question.

TABLE 4 (7th November)

Q.3 'What are the advantages/disadvantages for patients of their GP practice moving to HNHC?'

Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ Possibility of extended hours ▪ Easier to get appointment at convenient times ▪ Haringey link involved ▪ Access to consultants ▪ Near the pool ▪ Access to diagnostics ▪ One stop shop ▪ More extensive range of specialist services ▪ Modern premises and facilities ▪ More services available? ▪ More services ▪ Availability of onsite diagnostics ▪ Better, more updated facilities ▪ More services ▪ More services on site ▪ Co-location with wider range of services ▪ Gain access to blood tests, x-rays rather than go to the Whittington ▪ None ▪ Better facilities ... ▪ More services available ▪ All singing, all dancing new building ▪ Access to consultants ▪ New services ▪ Access to diagnostics ▪ Access to all diagnostics quickly <p>None - if it doesn't offer different services to GP practices now</p>	<ul style="list-style-type: none"> ▪ Access - much further for patients to travel ▪ Travel ▪ Less personal treatment ▪ Take a long time to set up centre - in this time services may suffer ▪ Not in walking distance ▪ Transport difficulties and loss of doctor patient relationship ▪ Longer travel inhibits people ▪ Too far away from where I live ▪ Possible loss of present relationship with doctor ▪ Takes time to know staff (trust) ▪ Too large and impersonal ▪ Might have to queue for prescription/dispense etc ▪ Private US company involved ▪ Access - to and from ▪ None ▪ Loss of separate identity - loss of personal relationship with patients ▪ Lose personal contact with small surgery atmosphere ▪ Transport/access ▪ Access difficult by transport ▪ Travel ▪ Loss of identity ▪ Travel - parking - extra time ▪ Potential for less personal service ▪ Continuity ▪ Approx ¾ hour each way ▪ Access more difficult ▪ Transport ▪ Loss of personal services ▪ Less likely to see GP of choice

TABLE 4 (15 th November)	
Q.3 'What are the advantages/disadvantages for patients of their GP practice moving to HNHC?	
Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ Perhaps more space ▪ Shorting waiting times ▪ Modern services ▪ Good facilities for all ages ▪ Facilities under one roof ▪ Nicer surrounding ▪ Multi services under one roof ▪ Better to access i.e. weekends ▪ More facilities e.g. diagnostics ▪ Not as many referrals as there will be more experts in one place ▪ Not having to go to Whittington for blood tests, X-Rays etc ▪ More services under one roof ▪ Longer opening ▪ Pleasant surroundings ▪ Pleasant atmosphere ▪ Inequality between practices as before: GPs who agree to move ▪ Ancillary service would benefit 	<ul style="list-style-type: none"> ▪ Transporting issues ▪ Continuity of care ▪ Distance to travel to get there ▪ Longer travelling distances ▪ Many not get their usual GP ▪ Further to travel ▪ Feel to big and impersonal ▪ More difficult to see my GP of choice ▪ Further to walk ▪ Further to walk (v. poor paving on Park Road) ▪ Too large/impersonal ▪ Travelling need for good public transport ▪ Travelling with no added evening services ▪ Physical access ▪ Dangerous walk on park road ▪ Less vociferous patients will be invisible

TABLE 4 (3rd December)

Q.3 'What are the advantages/disadvantages for patients of their GP practice moving to HHHC?

Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ Our present GP is in CE it will be closer ▪ None my GP is next door! ▪ Variety of services in one place ▪ Increased access times ▪ Priority of access over those not on site ▪ It is going to be closer to my present house ▪ One stop health shop! ▪ Centralised facilities ▪ Better modern access to services i.e. 'internet' ▪ Probably? More range of services ▪ New smart modern building ▪ Better designed building ▪ Better environment ▪ Access to wider range of services ▪ More services on one site 	<ul style="list-style-type: none"> ▪ Risk of losing personal care ▪ Loss of personal service ▪ Long walking distance ▪ Distance ▪ Further to travel ▪ Less access to my GP ▪ Too far ▪ Further to travel ▪ Change of habits ▪ It will be crowded ▪ Longer walk (with baby and buggy!) ▪ It will be crowded ▪ Personal contact, not just telephone conversation ▪ Computer dominance - no eye contact ▪ Complacency that a service have been given

TABLE 5 (7th November)Q.4 What are the advantages/disadvantages for patients of their GP Practices *Not* Moving to HNHC?

Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ I've seen same doctor for 9 years - excellent service ▪ Nice to have a walk in centre in N8 as well as GP in N10 ▪ 5 min walk ▪ Know people in practice ▪ Home to chemist takes 3 minutes to walk ▪ Not so many services on site ▪ Retain all advantages of current GP surgery and gain added facilities without any loss ▪ None ▪ Continuity from GP ▪ Access to all diagnostics quickly ▪ Better relations ▪ Easier access ▪ Referral to Hornsey would be easier than Whittington or Royal Free provided I could get easy access ▪ Access to diagnostics ▪ Friendly ... in surgery - patients feel at home ▪ Retention of excellent GP group practice ▪ Ease of access outweighs all else ▪ Access to consultants (?) ▪ None ▪ Access to out of hours service in an emergency ▪ Get the best of both worlds ▪ Access to wider range of services ▪ Continuity of doctors service ▪ Going to Hornsey instead of the Whittington ▪ Personal relationships ▪ Ease of access ▪ The comfort of not having to change 	<ul style="list-style-type: none"> ▪ Traffic gridlock impossible on Park Rd - unlikely to use ▪ Less services in practice ▪ Familiarity ▪ None ▪ Govt pressure to change ▪ None ▪ Plenty ▪ None ▪ Able to use services in new health centre ▪ Travel to access other services ▪ Take longer to access wide range of diagnostics/therapies ▪ May have to travel to access other services - do that anyway ▪ Services not available with GP means much travel ▪ Fewer services e.g. foot health ▪ Split care with consequent community problems ▪ Traffic gridlock could prevent access (often happens from MH to Park Rd) ▪ Less culturally sensitive ▪ Language problems (translation)

TABLE 5 (15th November)Q.4 What are the advantages/disadvantages for patients of their GP Practices *Not* Moving to HHHC?

Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ Possibly have diagnostic test done earlier ▪ Could have more choice at one visit ▪ Blood testing service ▪ All services needed could be done in one visit (hopefully) ▪ Services under one roof ▪ More personal relationships ▪ More choice of where to go for services not provided by GP Practice ▪ We have so many hospitals nearby that I am well serviced now ▪ Same practice, more services, relatively nearby ▪ More facilities locally ▪ No change ▪ Facilities nearer ▪ Probably close to patients, not far to travel ▪ Within walking distance ▪ Familiar people e.g. nurses and familiar surroundings ▪ Availability of blood tests/scans/X-ray etc without going to hospital 	<ul style="list-style-type: none"> ▪ Possibly quality of X-ray reporting less good ▪ Appointment not really accessible if referred ▪ Lack of progression or choice ▪ None ▪ Little ▪ Not as many good facilities ▪ Would feel its not their own surgery ▪ Certain facilities not available ▪ Facilities not in same building

TABLE 5 (3rd December)Q.4 What are the advantages/disadvantages for patients of their GP Practices *Not* Moving to HHHC?

Advantages	Disadvantages
<ul style="list-style-type: none"> ▪ Familiarity at my practice, more personal ▪ Great to have access to the specialists in the community/ not hospital ▪ Extra services for my GP to refer me to ▪ More services on site ▪ Proximity to home/transport - we are creatures of habit ▪ Not necessary to go to Whittington for some services ▪ Less far to travel ▪ Satisfied with current service, why change? 	<ul style="list-style-type: none"> ▪ None, GP is next door ▪ None disadvantage in this case ▪ Specialisation not available - referral to hospitals, long waits ▪ Loss of chance of wider localised services ▪ Modernisation required ▪ Ensuring there is capacity to deal with demand for services ▪ Long distances ▪ No services for my illness ▪ It will be sad really - your present GP will be further to visit ▪ Queues - possibility of being overrun with many GPs referring patients ▪ Too complicated having to go to different places ▪ There is no baby clinic

1.8 Future Governance - Voting Board

As can be seen from the Table below, the most popular potential structure for community involvement in the Hornsey Centre is the inclusion of members and Governors from the community. There is also strong support for Community representatives to be involved in the management of the Centre and regular website updates for interested members of the community to keep in touch with progress of the Centre. More than one option could be selected.

TABLE 6 GOVERNANCE VOTING BOARD				
<i>“Haringey TPCT is starting to develop ideas on the governance of Hornsey. What do you think would help the community keep an eye on how Hornsey operates? (More than one option can be chosen)”</i>				
Potential Structure	Votes and Comments			TOTAL
	Nov 7 th	Nov 15 th	Dec3rd	
Friends of Hornsey with representatives on a management board	8	2	2	12
Management papers available to public	3	2	7	12
Community representatives involved in management	11	3	6	20
Members and governors from the community	15	8	6	29
Website updates	4	6	8	18
OTHER SUGGESTIONS AND COMMENTS				
Nov 7 th	“Good governance including community”			
Nov 15 th	“Vote for a representative on the TPCT when voting for your local councillors”			
Dec3rd	“Live web transmission of meetings.” “How do you keep the elderly population informed? (non internet users) Age Concern, Help the Aged, Magazines & local press?” “A website with all information on it”			

There was support for good governance, and ideas on how local people could vote for community representatives e.g. by voting for them when voting for their local councillors. Concerns were raised about the danger of relying on website updates when many people especially the elderly did not use computers often if ever.

1.9 Evaluation Board

To help improve the running of the workshop events, participants were asked to mark on the last board on leaving, what they thought had gone well or not during the session. Although, often they were in a hurry to leave after the two and a half hour session, the majority of participants (37 out of 48) took part in this, and the record of their views is displayed in the table below:

TABLE 7 EVALUATION BOARD															
Topic	Clear Purpose			Materials			Facilitation			Food			Venue		
Date	VG	G	P	VG	G	P	VG	G	P	VG	G	P	VG	G	P
7 th November	11	4	0	13	4	0	9	9	0	13	2	0	13	5	0
15 th November	8	3	1	10	2	1	11	0	0	9	2	1	6	5	1
3 rd December	7	0	0	0	0	0	7	0	0	5	0	0	0	0	0

KEY: VG - VERY GOOD G - GOOD P - POOR

1.10 Graffiti Board

The Graffiti board is employed to record all comments, including those that would be lost if they did not fit into the particular structure of the workshop. In addition it is used to capture cards not prioritised within the groups. We did not want these cards left unrecorded and so all cards were attached to the 'Graffiti Board'. This record of ideas is useful to compare with the responses already prioritised, as they are often more unusual. For example, the idea of using a Time Bank to help improve health and well-being through creating more links between people, empowering them and lifting their self-esteem was taken up in one workshop by some participants and put on the Graffiti board.

(We apologise for there being a few comments missing from the Nov 7th workshop due to one photo being corrupted in our photographic records of the boards).

TABLE 8 GRAFFITI BOARD		
“What do you think are the main factors that make a good primary care service?”		
Nov 7 th	Nov 15 th	Dec 3rd
<ul style="list-style-type: none"> • Easy booking appointment facilities • Prompt Appointment • Holistic Treatment • Wide Range of services • To provide services not being provided in Doctor’s surgeries • LINKs • Friendly Staff 	<ul style="list-style-type: none"> • Easy to make an appointment • No automatic phone system i.e. press 1 then 2 etc • Short waiting time • Speedy waiting times • Easy to travel to • Exercise classes(with times to suit working people) • Honesty and trust in healthcare • Information on services • Screening services • Easy Access 	<ul style="list-style-type: none"> • Eye contact not just computing • Mammograms • Time Bank like LETS • Alexander Technique • Chiropody • Blood Pressure testing on site • Advice on General health • Advice on improving diet • X-Rays • In house pharmacy • Endoscopy services • STD Clinic • Some dispensing
“What Services would you like to see in Hornsey to improve Health and Well-being?”		
Nov 7 th	Nov 15 th	Dec 3rd
<ul style="list-style-type: none"> • Maternity Services <p><i>A few ideas from the Graffiti Board are missing from this 7th Nov workshop, as the photographic record of the board was not complete.</i></p>	<ul style="list-style-type: none"> • Bereavement Services • Clinics to review discharged from hospital • Minor Ops - e.g. tonsillectomy • Step down from secondary care 	<ul style="list-style-type: none"> • Friendly, welcoming environment to be in • An area for children to play • Better access for disabled people • Equal opportunities • Info about opening and closing times • Parking and drop off, make it easy to use and not a money making scheme • Facilities for carers to drop off patients and make sure they are there (free parking) • Shared skills • Transport submitted to planning • Accountability to a known person (professional) in charge • Transport for patients unable to use public transport or walk • Minor surgery on site • ECG’s on site • Be able to book appointments well in advance • Receptionists that have not been trained by the SS

QUESTION ONE ‘WHAT ARE THE MAIN FACTORS THAT MAKE A GOOD PRIMARY CARE SERVICE?’		
Workshop: 7 th November	Workshop: 15 th November	Workshop: 3 rd December
Good relationship with staff	Personal Service	Easy, Speedy & Equal Access
<ul style="list-style-type: none"> ▪ Personal relationship with GP ▪ A good system for obtaining appointments with clinician of your choice ▪ Trust in your own doctor and staff who know you 	<ul style="list-style-type: none"> ▪ Having a good relationship with GP ▪ GP having awareness of family relationships ▪ Strong relationship between doctor and patient 	<ul style="list-style-type: none"> ▪ Easy access ▪ Opening at week ends and evenings ▪ Be able to be seen quickly ▪ Weekend dentist ▪ Equal access to buildings (buggy friendly) ▪ Quick access
Information	More facilities - hopefully are free	Good Access to services
<ul style="list-style-type: none"> ▪ Information about services ▪ More information on services 	<ul style="list-style-type: none"> ▪ Specialised clinics ▪ Facilities for minor operations ▪ Services for mild mental problems and counselling ▪ Multiple services under one roof ▪ Dental services 	<ul style="list-style-type: none"> ▪ Professional response by phone ▪ Professional advice ▪ No long queues
After Care	Appropriate Access	Transport and Access
<ul style="list-style-type: none"> ▪ ‘Home from hospital’ liaison 	<ul style="list-style-type: none"> ▪ Walk-in GP in emergency ▪ Easy access to GP ▪ Easy access to Drs of choice 	<ul style="list-style-type: none"> ▪ Free bus pick up and drop off ▪ Easily accessible parking or by bus ▪ Quick and convenient to get to
Professional Care	A Quality Customer Service	Health & Practice Information
<ul style="list-style-type: none"> ▪ Good professional care ▪ Early recognition of peoples needs resulting in early appointments ▪ Staff who understand 	<ul style="list-style-type: none"> ▪ Easy to call on the phone (reception) ▪ Appointments at time that suits me ▪ Advice/help on the telephone ▪ Being seen on time 	<ul style="list-style-type: none"> ▪ Leaflet info on opening times and symptoms ▪ Accessible information

APPENDIX 1 MAIN FACTORS IN A GOOD PRIMARY CARE SERVICE

QUESTION ONE 'WHAT ARE THE MAIN FACTORS THAT MAKE A GOOD PRIMARY CARE SERVICE?'		
Workshop: 7 th November	Workshop: 15 th November	Workshop: 3rd December
Good environment	Nice Environment for Everyone	Wider range of Services Available
<ul style="list-style-type: none"> ▪ Provide waiting rooms/area for each of the services offered 	<ul style="list-style-type: none"> ▪ No screaming children ▪ Pleasant waiting area ▪ Clean, healthy, quiet environment (no canned music) ▪ Nice surroundings ▪ Fish tanks and other things to do when waiting ▪ Warm atmosphere 	<ul style="list-style-type: none"> ▪ Blood Tests on site, easily available ▪ Out patient facilities from hospitals for the elderly and infirm ▪ Mental health services, easier referral to hospital (by-passing A&E) ▪ All services in one place ▪ Breast screening unit
Good internal communication	Quality of Patient Experience	Communication between staff & patients
<ul style="list-style-type: none"> ▪ Departments that talk to one another 	<ul style="list-style-type: none"> ▪ Personal approach essential ▪ Calm and warm atmosphere especially for elderly or disabled ▪ Personal, honest relationships with doctors 	<ul style="list-style-type: none"> ▪ Good communication between staff and patients
24/7 Service	Services	Good non medical services
<ul style="list-style-type: none"> ▪ Extended hours of opening (need to define extended) ▪ Facility for seeing a GP anytime from dawn till 8pm ▪ Out of hour services ▪ Evening, night and weekend services ▪ Open 7 days a week ▪ Waiting times 	<ul style="list-style-type: none"> ▪ Blood testing on site 	<ul style="list-style-type: none"> ▪ Play area for little kids to play in while waiting ▪ Bike locks ▪ Refreshments ▪ Entertainment while waiting

APPENDIX 1 MAIN FACTORS IN A GOOD PRIMARY CARE SERVICE

QUESTION ONE		
‘WHAT ARE THE MAIN FACTORS THAT MAKE A GOOD PRIMARY CARE SERVICE?’		
Workshop: 7th November	Workshop: 15th November	Workshop: 3rd December
Transport, access and mobility	Patient Focused Services	Better Customer Service
<ul style="list-style-type: none"> ▪ Accessibility ▪ Easy access ▪ Transport co-ordination between transport and patient ▪ Accessibility ▪ Accessibility and waiting times 	<ul style="list-style-type: none"> ▪ Ability to comprehend all aspects of patients needs ▪ Services tailored to patients needs (pref. expressed) rather than “change for its own sake” (on Dept of Health initiative) ▪ Services tailored to individual needs ▪ Good relationship with reception 	<ul style="list-style-type: none"> ▪ Reliability
Short waiting times	Patient/GP Relationship	Good voluntary and carer services
<ul style="list-style-type: none"> ▪ Patients able to get appointments speedily 	<ul style="list-style-type: none"> ▪ Seeing the same GP each visit ▪ Being able to see the same Dr when needed 	<ul style="list-style-type: none"> ▪ More advocates
PCT Strategy	Access	Access to equipment
<ul style="list-style-type: none"> ▪ Access to clinical expertise when you want ▪ No private medicine here 	<ul style="list-style-type: none"> ▪ Accessibility to services quickly ▪ Reasonable waiting times for appointments 	<ul style="list-style-type: none"> ▪ To cater for home based facilities & equipment for disabled people
Good governance	Coverage	Choice
<ul style="list-style-type: none"> ▪ Security and confidential information ▪ Privacy and respect 	<ul style="list-style-type: none"> ▪ Coverage to those who can and cannot attend centre 	<ul style="list-style-type: none"> ▪ Choice of GP
Transport and location	Clinical Follow-up	
<ul style="list-style-type: none"> ▪ Accessibility of site 	<ul style="list-style-type: none"> ▪ Continuity of care 	

APPENDIX 1 MAIN FACTORS IN A GOOD PRIMARY CARE SERVICE

QUESTION ONE		
‘WHAT ARE THE MAIN FACTORS THAT MAKE A GOOD PRIMARY CARE SERVICE?’		
Workshop: 7th November	Workshop: 15th November	Workshop: 3rd December
Good, well trained staff		
<ul style="list-style-type: none"> ▪ Staff trained in disability awareness ▪ Phone lines where you speak to a person ▪ Security of confidential information ▪ Sympathetic receptionists ▪ Respect for older people ▪ Clear speech from switch operators and receptionists ▪ Personal attention 		
Services		
<ul style="list-style-type: none"> ▪ Need facilities for respite care 		
24/7 availability and quality services		
<ul style="list-style-type: none"> ▪ Practical, local, effective, professional 24 hour care ▪ Weekend opening (sensible opening hours) ▪ Fast response to patients needs ▪ Good accessibility and 24 hour local outreach service ▪ Saturday clinics 		
Personal relationship with a balance of experienced staff		
<ul style="list-style-type: none"> ▪ Knowledge of individual patients needs ▪ Experienced, mature doctors/PCT providers 		

APPENDIX 1 MAIN FACTORS IN A GOOD PRIMARY CARE SERVICE

QUESTION ONE		
‘WHAT ARE THE MAIN FACTORS THAT MAKE A GOOD PRIMARY CARE SERVICE?’		
Workshop: 7 th November	Workshop: 15 th November	Workshop: 3 rd December
Transport and parking		
<ul style="list-style-type: none"> ▪ Reliable transport service - car parking at no charge ▪ Transport to and from treatment ▪ PC (<i>polyclinic</i>) in walking distance 		
Services		
<ul style="list-style-type: none"> ▪ MRI and early screening 		
Information access		
<ul style="list-style-type: none"> ▪ Information on health and wellbeing 		
Patient care		
<ul style="list-style-type: none"> ▪ Excellent reception/communication facilities ▪ Prompt and efficient initial contact ▪ Senior citizens to be happy at point of call 		
1st class hygiene		
<ul style="list-style-type: none"> ▪ Protection from MRSA and other hospital caught diseases 		

QUESTION TWO		
‘WHAT SERVICES WOULD YOU LIKE TO SEE IN HORNSEY TO IMPROVE HEALTH AND WELL-BEING’		
Workshop: 7th November	Workshop: 15th November	Workshop: 3rd December
Well-Being	Specialist Services	Specialist Services
<ul style="list-style-type: none"> ▪ Exercises to improve health problems ▪ Parenting groups ▪ Stop smoking clinic ▪ Cooking and nutrition classes ▪ More dieticians, PCT to employ more staff ▪ Dietary advice 	<ul style="list-style-type: none"> ▪ Alternative medicine ▪ Dietician ▪ Physio for more patients locally ▪ Respite care ▪ Post-natal care - mothers and babies ▪ Podiatry ▪ Specialist clinics for common, chronic diseases ▪ Better visiting service for housebound ▪ Optical service made available locally i.e. testing and home service for elderly 	<ul style="list-style-type: none"> ▪ Physiotherapy ▪ Women’s health ▪ Family planning ▪ NHS Dental services ▪ Counselling/psychologist ▪ GP services ▪ X-rays (basic x-rays) ▪ Blood Tests and samples on site
Regular and Full Health Check	Physical & Mental Health Well-being	Wider Services
<ul style="list-style-type: none"> ▪ Cradle-to-grave preventative care ▪ Full health checks at 50/60 years ▪ Obesity clinic, nutrition ▪ Blood test ▪ Lab facility ▪ Osteoporosis clinic ▪ MRI and Early screening 	<ul style="list-style-type: none"> ▪ Yoga and pilates ▪ Keep fit/dance classes at times to suit key people ▪ Psychotherapy ▪ Art therapy for the terminally ill ▪ Pilates ▪ Access to gym facilities ▪ Better mental health service 	<ul style="list-style-type: none"> ▪ Podiatry ▪ Chiropody services ▪ Periodic check-ups ▪ Obesity advice and monitoring ▪ Smoking cessation service ▪ Osteopathy for adults and children ▪ MRI scanner ▪ Dieticians ▪ Counselling Monday Friday and weekends
Social Amenities	Healthy Living (goal orientated)	Good Hygiene
<ul style="list-style-type: none"> ▪ A tea shop ▪ Health library online ▪ Area for social gathering 	<ul style="list-style-type: none"> ▪ Motivation/counselling clinics for weight loss, smoking and alcohol ▪ Activities, classes and workshops 	<ul style="list-style-type: none"> ▪ Easy access to toilets

QUESTION TWO		
‘WHAT SERVICES WOULD YOU LIKE TO SEE IN HORNSEY TO IMPROVE HEALTH AND WELL-BEING’		
Workshop: 7th November	Workshop: 15th November	Workshop: 3rd December
Fitness/training advice	Health Education	Social Function space
<ul style="list-style-type: none"> ▪ Local neuro-therapy, easier access ▪ Physiotherapy ▪ Exercise classes ▪ Fitness over 60s and stroke fitness 	<ul style="list-style-type: none"> ▪ Sex education and STI screening ▪ Drug education and rehabilitation ▪ Monitoring drugs re vulnerable people ▪ Dietetics ▪ Dieticians “healthy eating” ▪ Advice on diet ▪ Informing the public effectively about diet 	<ul style="list-style-type: none"> ▪ Social Function hall ▪ Hold health awareness seminars ▪ Alternative medicine ▪ Complimentary medicine
Mental Healthcare	Social Activities	Volunteer Services
<ul style="list-style-type: none"> ▪ Mental health cognitive therapy 24/7 ▪ Mental health services - beyond dementia ▪ Improved co-operation with police on offenders with mental health problems 	<ul style="list-style-type: none"> ▪ Clubs for various needs i.e. elderly menopause ▪ Classes/clubs to talk about their illness experiences ▪ Interacting with other people 	<ul style="list-style-type: none"> ▪ A co-ordinated volunteer scheme e.g. A volunteer Bureau
Comprehensive foot care - free	General Care	Experienced and accountable staff
<ul style="list-style-type: none"> ▪ Podiatry ▪ Footcare ▪ Foot health 	<ul style="list-style-type: none"> ▪ Day surgery ▪ Pharmacies ▪ X-Ray services 	<ul style="list-style-type: none"> ▪ Name badges on all staff to aid accountability ▪ More senior doctors available ▪ Trained advisors and staff accountable to named person in charge

QUESTION TWO 'WHAT SERVICES WOULD YOU LIKE TO SEE IN HORNSEY TO IMPROVE HEALTH AND WELL-BEING'		
Workshop: 7 th November	Workshop: 15 th November	Workshop: 3 rd December
Services for Housebound	Mental Health Services	Health Education
<ul style="list-style-type: none"> ▪ Access to a nurse ▪ District nurses for housebound patients ▪ Assistance on call with "lifting" in emergencies 	<ul style="list-style-type: none"> ▪ Counselling and therapy ▪ Support groups for mother and babies 	<ul style="list-style-type: none"> ▪ Some health education classes on hot topics such as 'First Aid' ▪ Organize regular meetings to encourage exercising ▪ Exercise advice
Dentistry	Communication	Pharmacy on site
<ul style="list-style-type: none"> ▪ Dental service for wheelchair users ▪ Dentistry ▪ Urgent dentistry 	<ul style="list-style-type: none"> ▪ Advice and information on health matters and benefits and other rights ▪ Increased access to translators 	<ul style="list-style-type: none"> ▪ Pharmacy on site open at night
Good Information	Sign Posting	
<ul style="list-style-type: none"> ▪ Who will inform/update generally on what is available at the centre? GP? ▪ Follow up leaflets/information available on site ▪ Information for older citizens 	<ul style="list-style-type: none"> ▪ Advice/care of the elderly ▪ Welfare benefits advice 	
Family Services	Community Transport	
<ul style="list-style-type: none"> ▪ Parenting classes for young people (12 and under) ▪ Advice for parents ▪ Family counselling 	<ul style="list-style-type: none"> ▪ Van to pick up people who have trouble getting to clinic 	
Chiropody		
<ul style="list-style-type: none"> ▪ Basic foot care for all ▪ Foot care - toe nails cutting 		

QUESTION TWO		
‘WHAT SERVICES WOULD YOU LIKE TO SEE IN HORNSEY TO IMPROVE HEALTH AND WELL-BEING’		
Workshop: 7 th November	Workshop: 15 th November	Workshop: 3 rd December
Outreach Services		
<ul style="list-style-type: none"> ▪ Excellent outreach, district nurse and social services ▪ Improved home care for elderly 		
CAM Integrated		
<ul style="list-style-type: none"> ▪ Integrated medicine/access to complementary therapies, osteopathy, massage ▪ Homeopathy 		
Sexual health		
<ul style="list-style-type: none"> ▪ Sexual diseases ▪ Drug counselling - rehabilitation (rehab access) 		
Physical well-being (specific)		
<ul style="list-style-type: none"> ▪ Occupational therapy ▪ Physiotherapy 		
Specialist Clinics		
<ul style="list-style-type: none"> ▪ Ophthalmology ▪ “Foot health” is not skilled podiatry which is what is required 		
Basic Services		
<ul style="list-style-type: none"> ▪ Pharmacy ▪ Diagnostic 		
Young People’s Services		
<ul style="list-style-type: none"> ▪ Link with schools on sexual health and family planning - contraception ▪ Sexual Health classes aimed and attractive to young people 		

QUESTION TWO 'WHAT SERVICES WOULD YOU LIKE TO SEE IN HORNSEY TO IMPROVE HEALTH AND WELL-BEING'		
Workshop: 7 th November	Workshop: 15 th November	Workshop: 3 rd December
Physio and Rehab		
<ul style="list-style-type: none"> ▪ Physiotherapy ▪ Occupational therapy ▪ Rehabilitation services 		
Counselling		
<ul style="list-style-type: none"> ▪ Counselling (and CBT) ▪ Counselling services for mental and physical health 		
Dietary Services		
<ul style="list-style-type: none"> ▪ Dietician ▪ Help for overnight alcohol 		
Mental Health		
<ul style="list-style-type: none"> ▪ Mental Health 		
Strategy		
<ul style="list-style-type: none"> ▪ Always consider social and health aspect for each service not just health 		
Social Care Services (ACCS)		
<ul style="list-style-type: none"> ▪ Health or eat services (poverty) 		
Monitoring the Service		
<ul style="list-style-type: none"> ▪ Annual review of centre 		
Osteopathy		
<ul style="list-style-type: none"> ▪ Osteopathy 		
Audiology Services		
<ul style="list-style-type: none"> ▪ Access to audiology issues i.e. Batteries hearing aid 		
Visual Impairment Services		
<ul style="list-style-type: none"> ▪ Visual impaired 		
Access for Community Groups		
<ul style="list-style-type: none"> ▪ Community run health groups i.e. dyspraxia/dyslexia 		