



**Cambridgeshire and
Peterborough
Clinical Commissioning Group**

**Consultation on a future model for an Integrated Out of
Hours base at Cambridge University Hospitals NHS
Foundation Trust (Addenbrooke's)**

23 January to 6 March 2017

**This six week consultation is to gather feedback on moving the
current GP Out of Hours base from Chesterton Medical Centre to
the integrated Clinic 9 at Cambridge University Hospitals NHS
Foundation Trust (Addenbrooke's)**

This consultation is aimed at patients registered at GP practices within Cambridgeshire and Peterborough Clinical Commissioning Group's area.

This document is available in other languages and formats on request.

To request alternative formats, or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- CAPCCG.contact@nhs.net

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jei norétumėte gauti informaciją kita kalba ar formatu, kreipkitės į mus.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutra idioma ou formato, diga-nos.

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The consultation process

You can give your views in a number of ways:

- Fill in the questionnaire found online on the CCG's website at www.cambridgeshireandpeterboroughccg.nhs.uk
- Fill in the paper copy of the questionnaire in this consultation document and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH (you do not need a stamp).
- Telephone the Communications and Engagement Team on 01223 725304.
- If you belong to a group or organisation, you can invite us along to one of your meetings by contacting the Communications and Engagement Team on 01223 725304 or by email to CAPCCG.contact@nhs.net

Who we are and what we do

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) is a statutory body set up to commission health services on behalf of patients registered at a GP practice in our area. The CCG and GP member practices work together collaboratively to fulfil the purpose of the CCG. The CCG's Constitution sets out how the organisation is governed and how commissioning decisions are made.

The CCG is a membership organisation. We are one of the largest CCGs in England, by patient population. We have 105 GP practices as members, which cover all GP practices in Cambridgeshire and Peterborough as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

We have a patient population of approximately 940,000 which is diverse, ageing, and has significant inequalities. We manage a budget of around £1 billion to spend on healthcare for the whole population of this area, which is just over £1,000 per person.

What is this document about?

The NHS receives a fixed budget to buy and provide health services for the local population. When commissioning (buying) health services we do so specifically for the health needs which have been identified locally for our population. We make decisions about which health services to purchase, based on these identified needs.

Like many CCGs up and down the country, there is greater demand on our budget than we have the budget to spend.

The challenge faced by all organisations across the NHS is how to spend the available budget in ways that most benefit the health of the whole population and which deliver good value for money. Cambridgeshire and Peterborough CCG has been identified as one of England's 11 most financially challenged health economies. It has a growing population, which is also an ageing population that is diverse and has significant inequalities. We have a limited budget and a growing demand for all types of healthcare services, as well as a financial deficit that needs to be cleared. The CCG has to evaluate every service that it commissions to see if it offers good quality, good outcomes, and good value for money, as

well as whether it is an effective and equitable way of allocating our resources for the benefit of the whole population.

What is the GP Out of Hours service?

The CCG has recently commissioned and mobilised a new Integrated Urgent Care (IUC) service which sees the coming together of both NHS 111 and GP Out of Hours (OOH) services, supported by a clinical team of GPs, nurses, pharmacists and mental health and dental advisors (the clinical hub), under a single provider. The provider is Herts Urgent Care (HUC).

Patients can contact the GP OOH service by using the NHS 111 service when GP practices are closed in the evenings and at weekends. If patients call their GP practice when it is closed they will be either automatically re-directed to the NHS 111 service or asked to hang up and re-dial 111.

The patient or caller will be assessed and then passed through to the most appropriate service. If the patient needs GP or primary care before their GP practice opens the next day then, depending on the symptoms, the GP OOH service will call the patient back to give advice over the telephone. Alternatively they may give the patient an appointment to visit their nearest OOH base to see a GP or Nurse Practitioner. In cases where a patient is too unwell to travel, the GP OOH service will arrange a home visit to the patient.

The CCG consulted widely on delivering integrated NHS 111 and OOH services in 2014–15 and received broad support for the model. The OOH bases were not considered for change as part of that consultation, although the prospect of having A&E alongside OOH/NHS 111 services was raised by some as part of the responses. The current bases for this service are as follows:

- Chesterton Medical Centre, Cambridge
- Princess of Wales Hospital, Ely
- Doddington Hospital, Doddington
- Hinchingsbrooke Hospital, Huntingdon
- City Care Centre, Peterborough

The base at Wisbech is run by IC24 which provides NHS 111 and OOH services for Norfolk and Wisbech.

What are the issues that need to be addressed?

When the new integrated service started the location of the Cambridge GP OOH base at Chesterton Medical Centre was reviewed. The current provider has suggested that this is **not** the most clinically effective site for patients and that a co-located OOH base on the Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) site, as part of an integrated urgent care service with the A&E department, would be more effective. The majority of our other sites are alongside other facilities such as minor injury services or A&E.

GP Out of Hours base:	Co-located with:
Princess of Wales Hospital, Ely	Ely Minor Injury Unit
Doddington Hospital, Doddington	Doddington Minor Injury Unit
Hinchingsbrooke Hospital, Huntingdon	Hinchingsbrooke Hospital Emergency Department
City Care Centre, Peterborough	Peterborough Minor Illness and Injury Unit
The base at Wisbech is run by IC24 which provides NHS 111 and OOH services for Norfolk.	

Addenbrooke's is currently experiencing unprecedented levels of urgent and emergency care activity (see fig 1). The department regularly sees well over 300 attendances a day and at times up to 330 attendances per day.

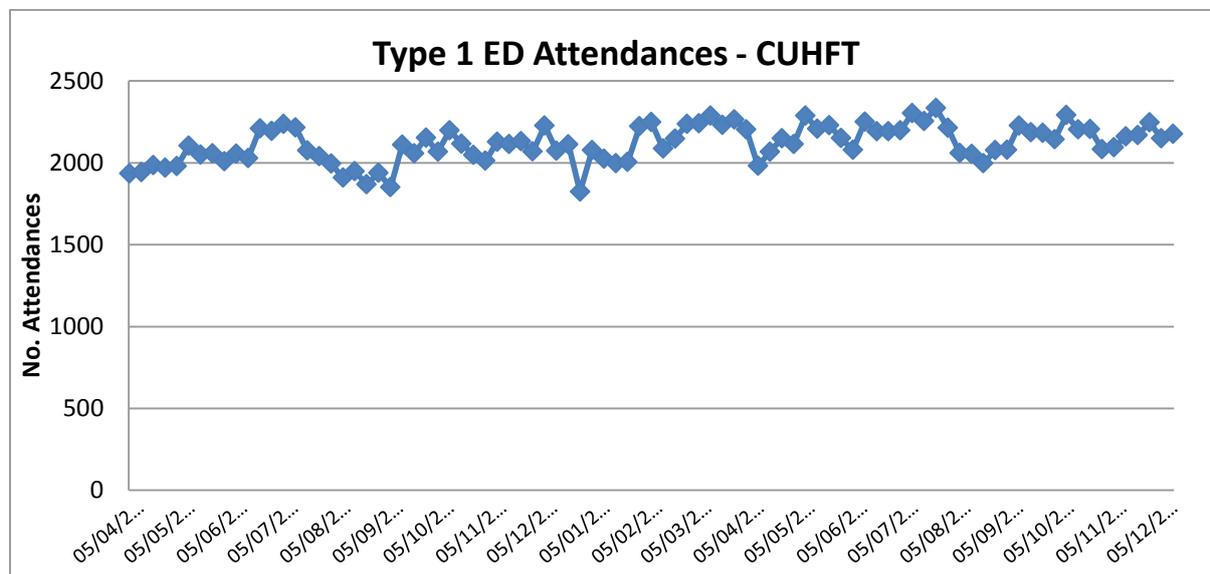


Fig 1 CUHFT weekly Type 1 ED attendances Source: SUS

Bearing in mind that the Addenbrooke's A&E was designed in the 1970s for 40,000 attendances per year it now sees well over 100,000 each year. As a result the A&E is often 'overcrowded'. A number of reviews, including a study by the Royal College of Emergency Medicine (RCEM), in June 2014 concluded that overcrowded A&Es leads to poor quality of care and increased mortality rates. Many of these attendances have a clinical need that can, and should, be met by primary care urgent services. This keeps the staff of A&E available for treating emergencies that cannot be safely treated elsewhere.

The proposal

The proposal of this consultation is to move the Cambridge GP Out of Hours base from Chesterton Medical Centre to Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's).

The CCG is aware that moving this element of the service will not solve the issues of the estate structure of the Addenbrooke's A&E department, nor that more and more people are attending the A&E department.

However the CCG and the Trust believe that combining this service with the current GP streaming service at Addenbrooke's can start to alleviate the pressure at the A&E department. Patients who can be seen by a primary care clinician can be directed to that service, leaving A&E specialist clinicians available to deal with those with the greatest need of their help.

There is already a GP service at Addenbrooke's running in Clinic 9, located a short distance from the A&E department door but this is a limited service.

These GPs operate between 11.00am and 11.00pm and see primary care related patients from the A&E department.

If this proposal is implemented these GPs and the OOH GPs will operate from Clinic 9 as a permanent base seeing patients who have an urgent need but do not need A&E specialist care. This would mean that the service hours could be extended to operate from 11.00am through the night to 8.30am the next day.

The impact being that on average between 15-20% of daily A&E attendances (average of 50–70 patients per day) would be directed across to Clinic 9. Other benefits of the model include:

- This is the most appropriate service to meet the needs of the patient.
- A&E specialist staff will be more able to focus on the patients who need their specialist care the most – ie emergency patients
- Primary care clinicians will be available to help those who need them.
- Immediate access to specialist teams/services to support out of hours GPs, should a patient deteriorate rapidly.
- Joint working, training, and learning for staff.
- Will support retention and recruitment of GPs within the service.
- Phase 1 in the development of an Urgent Care Centre (UCC).
- Access to on site Lloyds pharmacy.
- Single provider (subject to CUHFT board approval) of GP streaming/OOH service and therefore high degree of service continuity as well as joint clinical governance.

The following table shows the numbers, ages and postcodes of people using the Integrated Urgent Care Service in the Cambridge area currently provided from Chesterton Medical Centre.

Face to Face base consultations are when the OOH GP has arranged for the patient to visit the OOH service base to see a clinician.

The highest usage for the service is from the most densely populated postcode ward i.e. CB4 and the highest usage by age group is from the 18–64 yrs group (see table).

Known Patient Postcode	Under 18s				18 to 64 yrs				65yrs+			
	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs
CB1	3	146	20.0%	31.4%	8	200	18.2%	28.5%	72	37	33.3%	32.5%
CB2	3	25	20.0%	5.4%	5	86	11.4%	12.3%	11	2	5.1%	1.8%
CB3	1	41	6.7%	8.8%	1	69	2.3%	9.8%	24	12	11.1%	10.5%
CB4	7	205	46.7%	44.1%	25	255	56.8%	36.4%	95	44	44.0%	38.6%
CB5	1	48	6.7%	10.3%	5	91	11.4%	13.0%	14	19	6.5%	16.7%
Cambridge City Total	15	465			44	701			216	114		

Integrated Urgent Care Service utilisation by age/postcode

In terms of population density the CB4 wards to the north and the east of the city are more densely populated. Although interestingly the Trumpington and Queen Edith wards are forecast to see the greatest growth between 2011–2031, which is due to the large amounts of land available for building new homes.

CB4 postcodes are in general more densely populated and have higher deprivation than the other Cambridge City postcodes. The CCG is aware that this proposed move could result in additional costs associated with public transport fares and parking costs which could dissuade some patients from attending the Addenbrooke's base in the future.

This could be offset by the patient being offered a GP home visit or indeed receiving verbal advice and guidance triaged by clinicians working within the Integrated Urgent Care (IUC) clinical hub negating the need for a face to face consultation. Furthermore the public facing smartphone app, 'MIDOS', will be available in January, which allows patients to search in different languages for local healthcare services as an alternative to A&E or OOH services.

What we are asking you.

This consultation is to gather the views and opinions of the public on the proposal to move the Cambridge GP Out of Hours base from Chesterton Medical Centre (CB4 1PX) to Cambridge University Hospitals Foundation Trust (Addenbrooke's, CB2 0QQ). We want to understand what people think of this proposal.

PLEASE NOTE: Other services that operate from Chesterton Medical Centre are unaffected by these proposals.

Appendix 1 – Public Meetings

Date	Time	Venue
Mon 6 February	2pm-3pm 4pm-5pm	St Andrews Hall, St Andrew's Rd, Chesterton CB4 1DH
Weds 8 February	7pm–8pm	Comberton Sports & Arts, West Street, Comberton , Cambridge, CB23 7DU
Wed 15 February	7pm-8pm	Conference Room, Central Library, 7 Lion Yard, Cambridge CB2 3QD
Thurs 16 February	6.30pm-7.30pm	The Meadows Centre, 1 St Catharine's Rd Arbury Cambridge CB4 3XJ
Mon 20 February	2pm-3pm	Fulbourn Centre, 31 Home End, Fulbourn , Cambridge CB21 5BS

We will also attend other meetings organised by groups who are interested in these proposed changes. If you would like us to attend your meeting please contact us on the number below.

Meetings may be subject to change, so please do check our website www.cambridgeshireandpeterboroughccg.nhs.uk or contact the Communications and Engagement Team:

- Phone: 01223 725304
- Email: CAPCCG.contact@nhs.net

Appendix 2 - Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance:

Cabinet Office Consultation Principles July 2012

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at: <https://www.gov.uk/government/publications/consultation-principles-guidance>

Section 14Z2 Health and Social Care Act 2012

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

CCG Constitution Section 5.2.

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;

- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;
- c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:
- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
 - (ii) Healthwatch, which gathers views of local people on local health services;
 - (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
 - (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;
- d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:
- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
 - (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;
 - (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
 - (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
 - (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;
- e) in the implementation of the arrangements described above, acting consistently with the following principles:
- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
 - (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
 - (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
 - (iv) using plain language, and sharing information as openly as is reasonably practicable;
 - (v) treating with equality and respect all patients and members of the public who wish to express views;
 - (vi) carefully listening to, considering and having due regard to all such views;
 - (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

The questionnaire

1. Do you understand why the CCG has proposed this change?

Yes No Undecided I need more information

Comment

2. Do you agree with the proposal to move the GP Out of Hours base from Chesterton Medical Centre to the Integrated Clinic 9 at Addenbrooke's?

Yes No Undecided

Comment

3. Are there any other comments you would like to make in relation to the proposal outlined in this consultation document?

Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

Can you tell us which of the following age bands you belong to?

<input type="checkbox"/>	16-29 years	<input type="checkbox"/>	30-44 years	<input type="checkbox"/>	45-59 years	<input type="checkbox"/>	60-74 years	<input type="checkbox"/>	75+ years
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How would you describe your gender?

How would you describe your ethnic background?

Do you consider yourself to have any disabilities and/or impairments?

Yes No Prefer not to answer

Finally, please could you tell us the first part of your postcode?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for taking the time to complete this questionnaire.

The closing date for receipt of responses to this consultation is 5 pm on 6 March 2017

Your feedback

You can send your feedback to us in many different ways:

- By filling in the online survey
<http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/>
- By filling in the survey attached to this document and returning it to:
Freepost Plus RSCR-GSGK-XSHK
Engagement Team
Cambridgeshire and Peterborough Clinical Commissioning Group
Lockton House
Clarendon Road
Cambridge
CB2 8FH
- or email your completed survey to: capccg.contact@nhs.net

You can also:

- write to us with your views (at the address above)
- phone us on 01223 725304
- email us your views to capccg.contact@nhs.net
- attend the planned meeting to tell us what you think.

Through this public consultation your views will be fed into the development of the final proposal. All of the feedback received from all of the responses to this consultation will be collated into a report for the CCG's Governing Body to consider before it makes any decisions on the future of these services.

The closing date for receipt of responses to this consultation is 5pm on 6 March 2017

