NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CCG REPORT COVER SHEET

Meeting Title	CCG Governing Body in Public	Date: 10 January 2017
Report Title:	Relocation of the Cambridge OOH Base from Chesterton to CUHFT (Clinic 9)	**Agenda Item:** 2.3
Lead Director	Ruth Derrett, Director of Transformation and Delivery – UEC	
Report Author	Ian Weller, Head of Urgent and Emergency Care	
Document status:	Original	Version 1.0 (Final)

Report Summary	This report describes the clinical case for change to relocate the current Cambridge Out of Hours base from Chesterton Medical Centre (CMC) to Cambridge University Hospitals Trust (CUHFT). This proposal is aligned to the C&P STP Urgent & Emergency Care domain – Integrated Urgent Care							
Report Purpose	**For Information**		**For Approval**	**X**	**To Note**		**For Decision**	

Recommendation	The Governing Body is asked to give formal approval to approach Health Scrutiny Committees to propose beginning a 6 week public consultation process to relocate the Cambridge OOH base from CMC to CUHFT. We propose starting this on 23 January 2017 and completing on the 6 March 2017. The Governing Body is asked to delegate formal sign off of the consultation documents to the Chair, Chief Officer and Lay Member for Patient and Public Involvement. Final versions of impact assessments will also be circulated.

Link to Strategic Aims	**Strategic Aim 1 – Clinical Commissioning**	**X**
	Strategic Aim 2 – Patient Quality and Safety	**X**
	Strategic Aim 3 – Finance	
	Strategic Aim 4 – Change Management and Transformation	**X**
	Strategic Aim 5 – Contracts Management and Performance	
	Strategic Aim 6 – Organisational Development and Workforce	
	Strategic Aim 7 – Governance	
CCG Assurance Framework & Risk Register (CAF) References	CC2 – Failure to engage with Member Practices and Wider Stakeholders PSQ3a – Potential for poor quality in the services which the CCG commissions CMP5 – Risk to the delivery of safe standards of NHS111 and OOHs contract	
NHSE CCG IAF Links	**IAF 1 Domain 1 - Better Health**	
	IAF 2 Domain 2 - Better Care	**X**
	IAF 3 Domain 3 - Sustainability:	**X**
	IAF 4Domain 4 - Leadership	
Resource implications		
Legal implications including equality and diversity assessment	Statutory responsibilities associated with public consultations Procurement law Integrated Urgent Care Contract	

Report history	For presentation to Governing Body, following discussion with Clinical Executive Committee
Next steps	Governing Body approval to proceed

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MEETING: **CCG GOVERNING BODY IN PUBLIC**

AGENDA ITEM: **2.2** **SECTION:** **STRATEGY**

DATE: **10 JANUARY 2017**

TITLE: **PROPOSED RELOCATION OF THE CAMBRIDGE OUT OF HOURS (OOH) BASE FROM CHESTERTON MEDICAL CENTRE (CMC) TO ADDENBROOKES**

FROM: **RUTH DERRETT**
DIRECTOR OF TRANSFORMATION AND DELIVERY URGENT AND EMERGENCY CARE.

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1 ISSUE

1.1 The CCG has recently commissioned and mobilised a new Integrated Urgent Care (IUC) service which sees the coming together of NHS 111 and Out of Hours (OOH) urgent primary care services, supported by a clinical hub, under a single provider contract with Herts Urgent Care (HUC).

1.2 Prior to procurement the CCG consulted widely on delivering integrated 111 and OOH services and received broad support for the model. The OOH bases were not considered for change as part of this consultation, although the prospect of having A&E alongside OOH/111 services was raised by some as part of the responses received. When HUC took over the services from Urgent Care Cambridge (UCC) in October 2016, they inherited the existing bases, which are:

- Chesterton, Cambridge
- Princess of Wales Hospital, Ely (co located with the Ely MIU)
- Doddington Hospital, Doddington (co located with the Doddington MIU)
- Hinchingbrooke Hospital, Huntingdon (co located with the A&E)
- Peterborough, Peterborough City Care Centre (co located with the MIIU)

1.3 The base at Wisbech is run by the 111 and OOH provider for Norfolk, IC24.

1.4 When HUC took on the services, the location of the Cambridgeshire OOH base at Chesterton Medical Centre (CMC) was reviewed and HUC suggested that this was **not** the most clinically effective site for patients and that a co-located OOH base on the Cambridge University Hospitals Foundation Trust (CUHFT) site as part of an integrated urgent care offer with the A&E department would be more effective as part of the whole urgent care system. All other OOH bases are alongside other facilities such as Minor Injury Services or A&E.

1.5 Over recent months, the CCG has been reviewing patient flows in Cambridge alongside the Keogh Review recommendations (see appendix 1). The Keogh

Review recommends co-location of OOH bases with A&E departments where possible. As a result the CCG recommended that HUC take on the existing CMC site lease in October 2016 pending review. A 1 year lease, with an associated 6 month break clause was signed with the owner of the CMC site.

1.6 The IUC service went live on the 16th October 2016 on the existing OOH site at Chesterton. System wide discussions between the CCG, HUC and CUHFT have agreed that there is now a compelling clinical case that strongly suggests that an early exit from CMC and move to CUHFT is now recommended.

1.7 This paper sets out the 'case for change' and in turn seeks the Governing Body approval to begin a formal 6 week formal consultation, subject to agreement with the Cambridgeshire Health Scrutiny Committee.

2 KEY POINTS

2.1 CUHFT 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

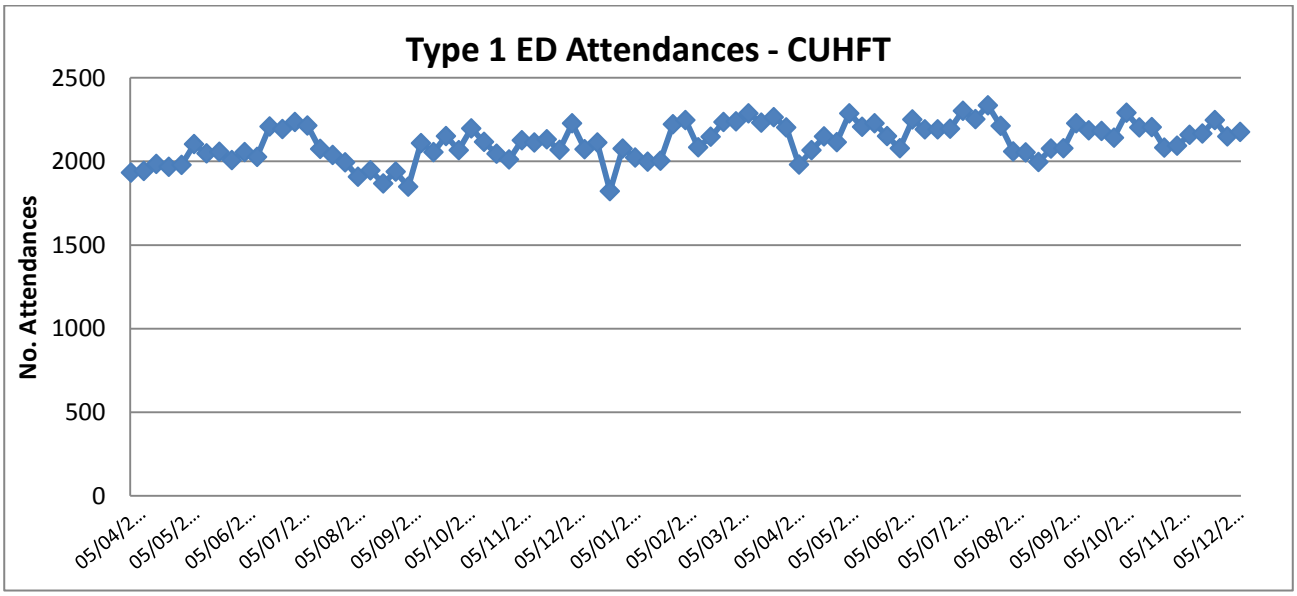

Fig 1 CUHFT weekly Type 1 ED attendances Source: SUS

2.2 Bearing in mind that the CUHFT 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 lead to poor quality of care and increased mortality rates. Many of these attendances have a clinical need that can be met by primary care urgent services.

2.3 Whilst relocating the OOH base to CUHFT is not a panacea to the structural issues raised or the growing demand, it will however help to ease the pressure on the A&E as primary care type patients will in the future be streamed across to see primary care clinicians (GPs) located in the Out of Hours base in clinic 9 which is approximately 100 metres away from the A&E entrance.

2.4 This new model will see the OOH GPs working alongside the current A&E streaming which includes GPs as a single commissioned service operating between

1100 & 0830 each day. Currently CUHFT use their income from PbR tariff to fund a GP streaming service and the the GPs are provided by HUC on a temporary contract basis. These GPs operate between 1100 – 2300 and see primary care related patients in the A&E. In the future it is proposed that these GPs and the OOH GPs will operate from clinic 9 as a permanent base. The OOH service comes on line at 1830 and runs through to 0830; therefore co-location will enable capacity and flow to be optimised. This model is in keeping with one of the 5 NHS England mandatory standards for emergency care, which requires streaming from A&E to GPs. Having GPs on site is essential for this to happen.

2.5 The expected impact is forecast to be between 15 -20% of daily A&E attendances (average of 50 – 70 patients per day) would be streamed across to clinic 9
Other benefits of the model include;

- Joint governance/management of risk between HUC & CUHFT
- Immediate access to specialist teams/services should a patient deteriorate rapidly
- Joint working/training/learning/reflective practice/CPD etc
- Support retention and recruitment of GPs within the service
- Phase 1 in the development of an Urgent Care Centre (UCC)
- In keeping with the A&E Hub concept (see appendix 2) as recommended by the Royal College of Emergency Medicine as well as ECIST.
- Aligned to STP requirements
- Single provider (subject to CUH board approval) of GP streaming/OOH service and therefore high degree of service continuity as well as joint clinical governance.

2.6 While there is growing evidence that it makes clinical and operational sense to have the Cambridge OOH base at CUHFT, the CMC has been the Cambridge OOH base for many years and the CCG needs to understand patient and staff views around a proposed move to the CUHFT site.

2.7 In addition to public consultation, a staff consultation will need to be undertaken (by HUC). The CCG has been in discussion with the Cambridgeshire Health Scrutiny Committee and will be presenting proposals to consult with the public for a six week period at the meeting on the 12 January 2017. The consultation will start once the Health Committee comments have been taken on board.

2.8 The proposed change of base requires the CCG to undertake a number of impact assessments. The main Health Inequalities Impact Assessment (HIIA) and the draft Consultation document is contained in appendices for the Governing Body to review to assist in their deliberations regarding the proposal. The full suite of impact assessments will be produced alongside the final consultation document and will be circulated to the Governing Body and will be formally considered at the next Governing Body meeting and before any final decision is made.

3 RECOMMENDATION

3.1 The Governing Body is asked to give formal approval to begin a 6 week public consultation process, subject to approval of the process by the Cambridgeshire Health Scrutiny Committee, to relocate the Cambridge OOH base from Chesterton Medical Centre to CUHFT with a proposed date for consultation of 23 Jan 2017 to 6 March 2017.

3.2 The Governing Body is asked to delegate formal sign off of the consultation documents to the Chair, Chief Officer and Lay Member for Patient and Public Involvement. Final versions of impact assessments will also be circulated.

4 REASON FOR RECOMMENDATION

4.1 The reason for the recommendation is based on improving the quality of care for patients attending the CUHFT A&E department and to support the achievement of the national 4 hour standard. It also improves service resilience across urgent care services.

5 RELATED INFORMATION ASSOCIATED WITH THE PROPOSAL

5.1 As discussed earlier, CUHFT utilise and pay directly for a number of GPs/sessions via honorary contracts to cover shifts in the A&E between 1100 & 2300 daily to allow for a 'GP streaming' service to be offered to patients. The supply of GPs is temporarily being undertaken by HUC. Patients being streamed to clinic 9 will be counted within the CUHFT A&E performance denominator. To achieve this codes are created on the CUHFT Patient Administration System (PAS) to show that they have been streamed to GP in Clinic 9.

5.2 OOH activity is managed via SystemOne and forms part of the IUC contract sum and performance monitoring. There is a risk, albeit unlikely that due to the issue of patients waiting to see their own GP, the number of primary care related patients attending the A&E increase who are then streamed to Clinic GP.

5.3 The Governing Body should be aware of the 'pre-election period, sometimes known as purdah which runs from 23 March to 5 May 2017 ahead of local authority elections and therefore it is essential to complete public consultation prior to this. Key dates are proposed as follows;

- CCG Governing Body approval to proceed to public consultation 10 January 2017
- Cambridgeshire Health Committee consider proposal to proceed to consultation for a six week period
- CUHFT Board meeting 16 January 2017
- Cambridge A&E Delivery Board 25 January 2017
- Public consultation 23 January 2017 - 6 March 2017 tbc
- Outcome of consultation published 20 March 2017
- Governing Body decision on outcome 21 March 2017
- Formal announcement published 22 March 2017
- Purdah begins formally 23 March 2017

6 FINANCIAL IMPACT

6.1 In terms of financial impact there is **no cost** to the CCG. HUC will manage running costs (OPEX) within their current IUC contractual sum.

6.2 Minimal CAPEX (capital funding) is required to adapt the Clinic 9 site (see attached floor plan) to create a clinically usable/safe site, this includes minor signage, door access controls including allocating parking for OOH vehicles etc, the cost to be met by CUHFT..

6.3 There is a potential cost of the buy-out of the lease which is dependent on the timescale when notice is given on the Chesterton site, and attracting a new tenant to the Chesterton site. The maximum cost is £48,000.

6.4 In terms of savings, there are potential **savings** to the CCG arising from patients being admitted inappropriately (attracting a an admission tariff) as the pressure on the A&E is reduced as a result of an effective GP streaming/OOH service, and potential savings through re-negotiation of the tariff for patients streamed to the GP service. These are subject to negotiation.

6.5 CUHFT is currently achieving year to date 83.09% (including MIUs) against the national 4 hour standard of 95%. The co-location of GP streaming and OOH services together in Clinic 9 will serve to support the achievement of the national 4 hour standard as root cause analysis (RCA) often highlights clinical capacity as a reason for breaches. By increasing capacity and flow away from the A&E department this will in turn support the achievement of the 95% target as well improving the quality of care for patients and their associated experience of acute services.

7 CONCLUSION

7.1 It is clear that the national policy direction of travel is to co-locate urgent primary care services with emergency services on the same site where possible. A review of related literature strongly concludes that overcrowding in A&E departments results in reduced quality of care for patients. CUHFT is the most challenged trust in the C&P CCG catchment in terms of A&E performance. This change will support improved delivery and quality of care for patients as highlighted in the recent RCEM report – aligning those with primary care needs with primary care services, and freeing capacity in emergency services to treat patients with emergency needs that can only be treated in secondary care.

Author ***Ian Weller***
Head of Urgent & Emergency Care
10th January 2017

Appendix 1 **Guidance for Commissioners regarding Urgent Care Centres, Emergency Centres & Emergency Centres with specialist services**
Appendix 2 **Royal College of Emergency Medicine A&E Hub Concept**
Appendix 3 **Public consultation document**
Appendix 4 **Health Inequalities Impact Assessment (HIIA)**
Appendix 5 **Royal College of Emergency Medicine 'Crowding in EDs' revised June 2014**
Appendix 6 **Clinic 9 Floor Plan**