

## ***Cambridgeshire and Peterborough Clinical Commissioning Group***

**Consultation on a future model for Integrated Out of Hours Base at Cambridge  
University Hospitals Foundation Trust (Addenbrookes).**

**23 January to 6 March 2017 (dates to be confirmed)**

**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 Foundation Trust (Addenbrookes).**

This consultation is aimed at patients registered at GP practices within the 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](mailto: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 norėtumėte 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 noutro 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 [www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk)
- Fill in the paper copy of the questionnaire found of 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).
- Phone the 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 our Engagement Team on 01223 725304 or by email to [CAPCCG.contact@nhs.net](mailto:CAPCCG.contact@nhs.net)

## **Who we are and what we do**

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) is the local organisation responsible for planning, organising and buying NHS-funded healthcare for the 930,000 people who live in this area, which includes parts of Hertfordshire and Northamptonshire as well as Cambridgeshire and Peterborough. This includes: hospital services, community health services and mental health services.

The CCG is run by GPs, nurses and other clinicians – the people you see whenever you come into contact with the NHS. All 105 GP practices in the area are members of the CCG.

In 2016-2017, the CCG has a budget of £1 billion to spend on healthcare services for the people of this area, which is just over £1,000 per person. We are one of the largest CCGs in England by patient population.

## **What is this document about?**

The NHS receives a fixed budget to buy and provide health services for the entire 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 all 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 delivers 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, good value for money and also 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 hub, under a single provider, Herts Urgent Care (HUC).

Patients can contact the GP Out of Hours 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 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 Out of Hours service will call the patient back to give advice over the telephone. Or they may give the patient an appointment to visit their nearest Out of Hours base to see a GP or nurse practitioner. In cases where a patient is too unwell to travel the GP out of hours service can arrange a home visit to the patient.

The CCG consulted widely on delivering integrated 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/111 services was raised by some as part of the responses. The current bases for this service are:

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

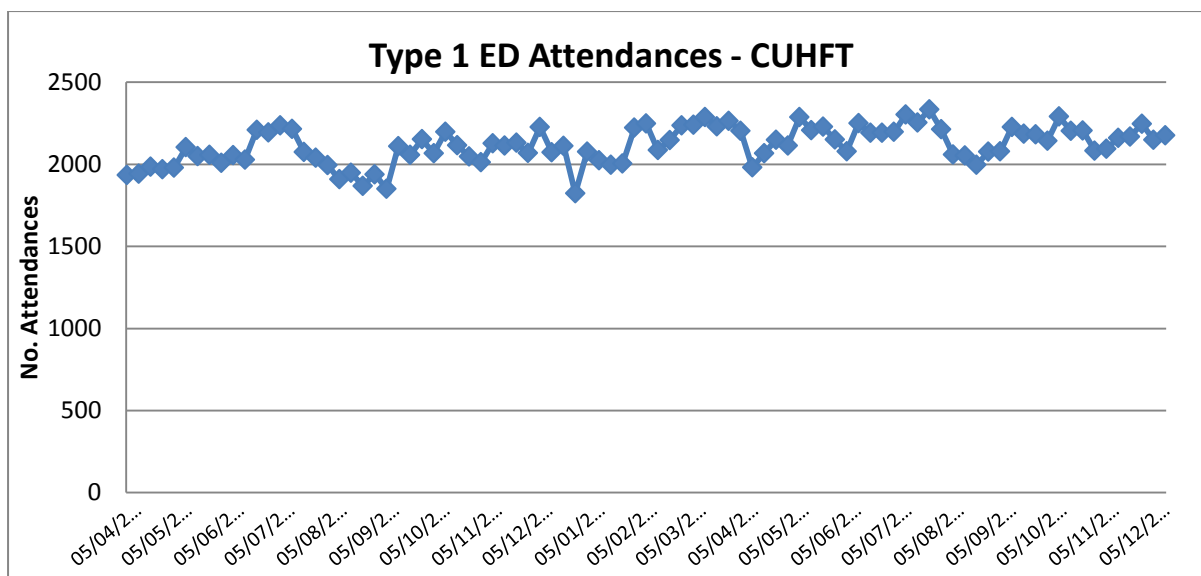
The base at Wisbech is run by the 111 and OOH provider for Norfolk, IC24.

## What are the issues that need to be addressed?

When the new Integrated service started, the location of the Cambridge GP Out of Hours (OOH) base at Chesterton Medical Centre (CMC) 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 Foundation Trust (Addenbrookes) 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 and Illness Unit
Doddington Hospital	Doddington Minor Injury and Illness Unit
Hinchingsbrooke Hospital, Huntingdon	Hinchinbrook Hospital Emergency Department
Peterborough City Care Centre	Peterborough Minor Injury and Illness Unit
The base at Wisbech is run by the 111 and OOH provider for Norfolk, IC24.	

Addenbrookes 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 Addenbrookes 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.

### 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 Foundation Trust (Addenbrookes).

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

However the CCG believes that combining this service with the current GP streaming service at Addenbrookes can start to alleviate the pressure at the A&E department. Patients who can be seen by a primary care clinician can be streamed to that service, leaving A&E specialist clinicians to deal with those with the greatest need of their help.

There is already a GP streaming service at Addenbrookes running as Clinic 9, located a short distance from the A&E department door.

These GPs operate between 1100 – 2300 and see primary care related patients in 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 do not need A&E specialist care. This would mean that the service hours could be extended to operate from 11:00 am through to 8.30 am 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 streamed across to Clinic 9

Other benefits of the model include;

- The most appropriate service to meet the needs of the patient.
- A&E specialist staff able to focus on the patients who need their specialist care the most.
- Primary care clinicians available to help those who need them.
- Immediate access to specialist teams/services should a patient deteriorate rapidly
- Joint working, training and learning for staff.
- 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.

### **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 to Cambridge University Hospitals Foundation Trust (Addenbrookes). We want to understand what people think of this proposal.

## **Appendix 1 – Public Meetings**

Chesterton St Andrew's Church Hall 6 February 2 pm to 3 pm

Cambridge City Library 15 February 6.30 pm to 7.30 pm

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](http://www.cambridgeshireandpeterboroughccg.nhs.uk) or contact the Engagement Team:

- Phone: 01223 725304
- Email: [CAPCCG.contact@nhs.net](mailto:CAPCCG.contact@nhs.net)

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## **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>

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## 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 Nine at Addenbrookes?

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.engagement@nhs.net](mailto:capccg.engagement@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.engagement@nhs.net](mailto:capccg.engagement@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**