

**HEALTH COMMITTEE UPDATE REGARDING THE CAMBRIDGE GP
OUT OF HOURS BASE MOVE FROM CHESTERTON TO
ADDENBROOKE'S INCLUDING THE CO-LOCATION OF GP
STREAMING**

To: **Cambridgeshire Health Committee**

Meeting Date:

From: **Ruth Derrett Director of Transformation, Urgent and
Emergency Care, Cambridgeshire and Peterborough CCG**

Electoral division(s):

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **Update on the Cambridge GP Out of Hours Base
relocation from Chesterton to Addenbrookes (Clinic 9)
including the colocation of GP Streaming**

Recommendation: **To note the contents of the**

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1. BACKGROUND

Following public consultation in early 2017 the CCG undertook to relocate the Cambridge GP Out of Hours (OOH) base from Chesterton to the Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) site. Whilst supporting the proposal the Cambridgeshire Heath Committee raised a number of concerns about the move and requested that the CCG provide regular updates on the following issues:

- Service performance
- Patient & staff experience
- GP shift fill
- Pharmacy arrangements
- GP indemnity

This paper provides an update on these issues.

2. MAIN ISSUES

2.1 Service Status

On 8 August 2017 the CCG successfully relocated the OOH service to Addenbrooke's (Clinic 9), which had been extensively refurbished prior to occupation. Cambridgeshire patients who call NHS 111 and need to see an OOHs doctor (between 1830 – 0800 weekdays and 1830 Fri to 0800 Mon) are now booked into the OOH service operating from Clinic 9 which is adjacent to the hospital A&E department, if needed patients can also be seen in their own home.

To maximise workforce resilience and to ensure patients saw the right clinician first time, avoiding long waits in A&E, the aim was to co-locate the Addenbrooke's GP streaming service into Clinic 9 under a single contract with the current Out of Hours provider, Herts Urgent Care (HUC). Due to commissioning issues associated with the counting of Type 3 A&E activity and the recording of this and GP indemnity-related issues the GP streaming service has yet to be moved and remains in operation within the A&E department. The reasons for this are discussed further in this paper.

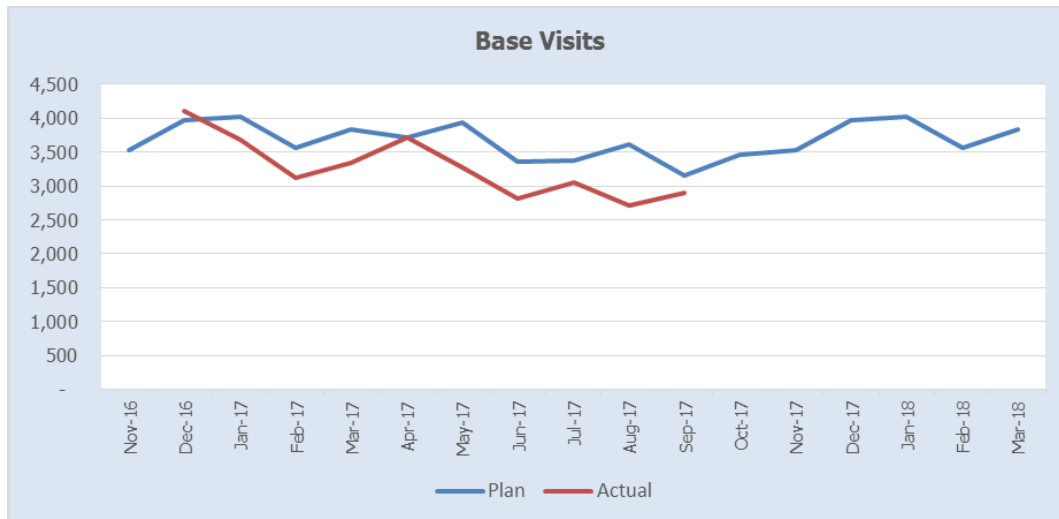
2.2. Service Performance

Since go live on 8 August through to the end of October the OOH service at Addenbrooke's has seen a total of 7,022 patients, of which:

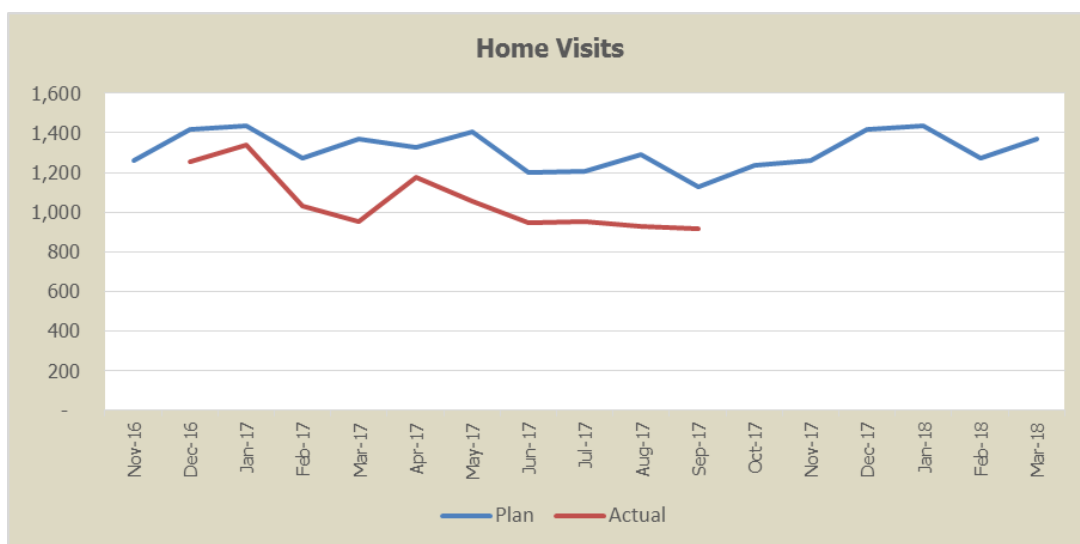
5,116 patients seen at the clinic via booked appointment through 111
1,906 patients who required a GP home visit

The number of patients accessing the relocated base OOH is between 20 - 25% less than that of Chesterton. However, this is in line with the general trend across the Integrated Urgent Care service across Cambridgeshire (see below) both home and base visits are below the planned expected level of activity, based on previous years.

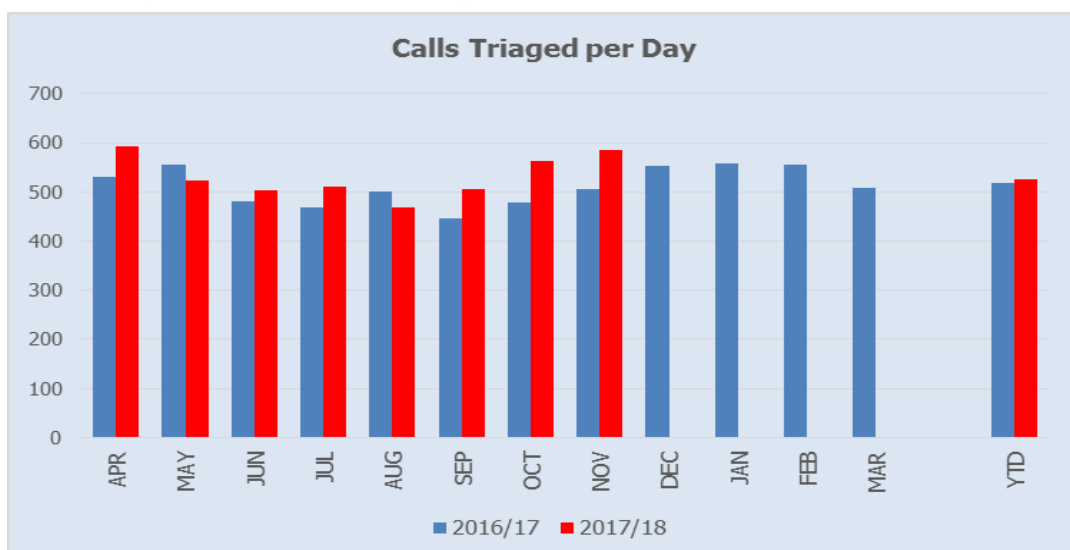
IUC service total number of base visits



IUC service total number of home visits



IUC Average number of calls triaged per day



Although the number of calls being triaged by NHS 111 has increased this year on last, the total number of calls to the service has decreased by around 7% compared with the same period. This could be associated with self-management approaches based on online information and/or GP/pharmacist advice and guidance coupled with the use of the MiDOS/MyHealth apps. This goes some way in explaining the drop in base/home visits, allied to this there has been an improvement in triage, as set out below:

- Improved triage process/capacity within the NHS 111 call centre by clinical advisers
- Improved telephone triage (advice & guidance) by base GPs reducing the need for a face to face appointment
- Impact of the clinical hub, in particular the mental health First Response Service (FRS) via pressing option 2.

Having the OOH base located at Addenbrooke's has had **no** impact on the activity attending the A&E department. Attendances at Addenbrooke's are in line with expected growth, circa 3.8% increase on last year 2015/16.

2.3. Patient & Staff Experience

Following service commencement at Clinic 9 in August Healthwatch agreed to develop a short survey that patients could complete and send back. So far there have only been three responses:

- One positive response about the service in general
- One positive response about the speed of receiving a call back and subsequent OOH appointment at Clinic 9
- One negative response regarding the NHS 111 call adviser not knowing the exact location of Clinic 9 on the Addenbrooke's site

One complaint from a patient who was sent to Chesterton after the service had moved.

Where deficiencies have been reported, training or remedial actions have been put in place.

In general permanent base staff are happy with the new facility. Whilst there was a high degree of apprehension staff have quickly adapted and in general feedback is good. The majority of GPs report that they like the new fresh looking facility and the co-location with A&E. Some GPs who previously worked at Chesterton have decided to take up shifts in other bases citing parking, ease of access and increased travel times.

HUC continually spot survey travel patterns to the clinic. Since the move the survey has shown a reduction in usage from patients living in the CB3, CB4 and CB5 postcodes, with a corresponding increase in usage from patients living in CB21-25 postcodes. This could be for a variety of reasons, particularly as there has been significant housing expansion to the south of the City, around the Trumpington location, further data collection & analysis is required to substantiate any theories at this stage.

In terms of travelling and the way in which patients get to the clinic, the methods of travel are very similar to that of Chesterton 9 (see below). In summary there has been a slight increase in the use of public transport, probably due to the good bus links into Addenbrooke's and a slight change in the patients driving or being driven by someone else, changes are shown in red

Survey of 100 patients in Sept 17 compared with Chesterton		
Method of Transport	Chesterton	Clinic 9
Walked	1	0
Drove themselves	15	20
Driven by someone else	79	70
Taxi	5	5
Pub Trans (bus)	0	5
Total	100	100

2.4. GP Shift Fill

The average GP shift fill at the clinic 9 base since go live is 79%, this is slightly less than Chesterton, which averaged 83%. This does vary depending on weekdays/weekends/school holidays etc. The base is designated as a tier 1 site along with Peterborough and Huntingdon, meaning that it takes priority over tier 2 sites, with GPs moving between bases to meet the operational needs of the service, which are reviewed daily.

HUC are continually reviewing their GP pay rates, terms and conditions and engaging with local practices to attract additional GPs into the OOH service as well as working with a range of locum agencies. This has translated into a number of key actions, namely:

- Setting up of a shift incentive scheme including bonus for booking > 12 shifts
- Dedicated GP recruitment events
- 2 open events at Clinic 9 led by HUC Chief Executive Officer
- Letters and visits to all Cambridge GP practices.

2.5. Pharmacy Provision

One of the concerns previously raised was that patients attending Addenbrooke's requiring a prescription needed to then go to their nearest pharmacy to exchange the issued FP10 prescription for medicines. The ambition was to have an on-site 'one stop shop' whereby patients could get their medicines at CUH from the onsite Lloyds Pharmacy.

The Lloyds Pharmacy contract with Addenbrooke's is up for renewal on 31 March 2018. At this point in time Addenbrooke's are looking at options to extend the current contract or re-tender the service using a revised service specification to include FP10 GP prescriptions as well as 'over the counter' (OTC) medicines. The current Lloyds provision is for hospital outpatient medicines only.

For patients attending OOH appointments or needing a home visit there is a limited stock of medicines held in Clinic 9 which can be issued at the discretion of the GP. If the patient requires a prescription then they would have to go to their nearest pharmacy. Information on opening times and location of all Cambridge pharmacies is provided to patients attending the OOH service. The

closest pharmacy to Clinic 9 is Numarks Pharmacy on Adkins Corner, CB1 3RU, some six minutes drive from the clinic and open until 23:00.

2.6. UTC Signage

One of the concerns raised by both patients' representatives, Healthwatch, and Councillors was the confusion that patients may experience when visiting the Addenbrooke's site around where to go to find the clinic. New signage has been erected at strategic places around the campus to direct patients to the clinic as well as additional lighting and the installation of a zebra crossing.

2.7. GP Indemnity

GPs working in the OOH service are deemed as self-employed clinicians; as a result they are required to have appropriate indemnity cover in place to mitigate any claims of malpractice/negligence etc.

GPs working as clinicians within the A&E department seeing patients are covered by the Addenbrooke's NHS Litigation Authority (NHSLA) indemnity cover, as the service activity forms part of the contracted activity with the CCG.

Should the GP streaming service transfer solely to HUC under a separate contract then Addenbrooke's would no longer provide indemnity cover. The streaming GPs would then be required to take out their own indemnity cover at significant cost. The CCG is investigating a model where HUC are sub-contracted by CUH to provide the streaming GP, in which case indemnity cover will be maintained by CUH.

This issue creates artificial boundaries between the two services which has to date contributed to the delay in moving the GP streaming service down from A&E to Clinic 9. Furthermore rising indemnity costs are being cited as one of the reasons dis-incentivising GPs from working in the OOH service.

In mitigation the NHS has recently published its review of GP indemnity and has set out details of a short term financial plan aimed at supporting practices with indemnity costs, in addition the national winter GP indemnity scheme is running between October 2017 and April 2018, again to support GPs indemnity premiums.

NHS England have recently indicated their intention, over the next 12-18 months, to develop a state-backed indemnity scheme. Whilst limited detail exists regarding the scheme the impact has seen indemnity providers reduce their premiums to GPs which is a positive indication. This may also attract additional GPs into the OOH service.

2.8. Future Developments

In April NHS England published a national Urgent & Emergency Care (UEC) Delivery Plan containing details of how the goals described within the Five Year Forward View (FYFV) will need to be implemented, these include the designation and implementation of Urgent Treatment Centres (UTC).

The intention is to further develop the service within Clinic 9 into that of a compliant primary care led UTC, which will enable patients to gain an appointment via NHS 111 or walk-in at which time

they will be seen by a GP or senior practitioner who has access to a range of diagnostic tests including X-ray and blood tests as well as being able to receive ambulance conveyances. The aim is to restrict activity going to the A&E department to emergency or life threatening cases only. National requirements are for this to be in place fully by October 2019.

2.9. Summary & Conclusions

In summary the move of the Cambridge OOH base from Chesterton to Addenbrooke's can be assessed as being less disruptive to patients and staff than as anticipated by some. Both staff and patients like the refurbished clinic 9 setting and despite a few teething problems there have been no significant complaints about the service.

GP shift remains a challenge both at all our OOH bases, in terms of base activity numbers are down compared to last year, however, this is replicated across the entire Integrated Urgent Care service.

In terms of Clinic 9 it is important that we continue to develop the patient offer by moving the GP streaming service down from the A&E department as soon as possible. This then paves the way for the development and implementation of a fully compliant UTC in 2018, in line with national requirements.

Produced by

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