

Response to Cambridge and Peterborough CCG consultation on a future model for an Integrated Out of Hours base at Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)

Summary

The Cambridge and Peterborough Clinical Commissioning Group (CCG) has launched a consultation on proposals to move the Cambridge Out of Hours GP (OOH) services from the Chesterton Medical Centre (CMC) to Clinic 9 at Addenbrooke's.

Following a review of documents provided, attendance at meetings and further reading, the King's Hedges and Chesterton Liberal Democrats conclude that there is insufficient evidence to support these changes and a failure to address significant concerns of local residents. We therefore urge the CCG to reconsider these proposals and to maintain OOH services at Chesterton Medical Centre.

Basis of recommendations and concerns raised

The current proposal document lists 11 benefits from moving the OOH services. We include a list of these benefits (re-ordered to link closely related points) and our concerns with these assumptions:

	Benefit	Concerns
1	15-20% of daily A&E attendances redirected to OOH Services.	Currently no data has been provided to support the assumptions on the number of patients who could be redirected from A&E to OOH. There is also no data on the usage patterns for both A&E and OOH. Our community deserves to be provided such evidence before major changes to vital local services can be accepted.
2	A&E specialist staff will be more able to focus on the patients who need their specialist care the most – i.e. emergency patients	<p>The consultation points to work by the RCEM that indicates overcrowding in A&E impacts quality of service and mortality rates. However, as highlighted by Chris Powell, the benefits of co-locating primary care services with emergency departments has been subject to peer-reviewed challenge within the Emergency Medicine Journal.</p> <p>As discussed within the Cambridge KONH submission, the unsubstantiated benefits for A&E also appear to be a weak basis for determining OOH policy.</p> <p>Finally, if these benefits could be substantiated, at no point does the consultation explain why it would not be possible to maintain OOH services on both sites. Financial limitations (if applicable) should be explained fully to ensure accountability of decision makers.</p>

3	GPs can provide the most appropriate service to meet the needs of redirected patients.	We assume that these benefits would apply to the patients redirected from A&E to OOH services. As noted, we have no firm data on how many patients this would affect.
4	Primary care clinicians will be available to help those who need them.	It is also notable that the areas that use OOH services are those closest to the existing base. Various reasons are mentioned, but not the obvious impact of travel times and convenience. This proposal would therefore almost certainly reduce access to primary clinicians for the CB4 area; which is recognised within the consultation as the most deprived in Cambridge, with the highest concentration of residents suffering from activity limiting health issues.
5	Immediate access to specialist teams/services to support out of hours GPs, should a patient deteriorate rapidly.	This is a credible benefit but no supporting data, or even anecdotal evidence, has been provided on the level of benefits this would bring and the number of patients who would be affected. Without such information, it is difficult to assess against the problems created for local residents.
6	Access to diagnostics and further specialist treatment on the same site.	
7	Joint working, training, and learning for staff.	Not explored in any detail within the consultation documents. We would be keen to see the results of staff consultations and opinions of health professionals across Cambridge.
8	Will support retention and recruitment of GPs within the service.	The consultation does not explain why a co-located OOH service would improve GP recruitment and retention, nor does it provide any supporting evidence to back-up this claim.
10	Access to onsite Lloyds pharmacy	Noted – although night time pharmacies are available in the area (on Newmarket Road and in Milton) and there is a Boots on Chesterton Road that would be excellent if services could be extended.
9	Phase 1 in development of Urgent Care Centre	From discussions with staff at meetings, we understand that this proposal is part of the ‘Vanguard Programme’ which has Cambridge & Peterborough Urgent Care Services “developing and testing new ways of working that can be replicated nationally”. For local patients, this may not actually be seen as a benefit, especially when testing such critical services. We would express concern that this potentially disruptive change will be pushed through due to central government pressure and without addressing and remedying anticipated problems.
11	Single provider of GP streaming/OOH services to ensure continuity of service.	It is not clearly explained why this is a benefit arising from the move (but we can recognise that it may mitigate issues arising from integration). However, in the future, it may also limit the procurement options for the CCG as GP Streaming and OOH services would be intrinsically linked together. Under current plans, we would then be highly dependent on the strong performance of Herts Urgent Care.

Health Inequalities Impact

As well as concerns over the substantiation of proposed benefits, we are deeply concerned over the potential negative impacts of these changes, especially for the most deprived areas of Cambridge which will be most significantly affected by the proposed changes.

The primary consultation document does not go into significant details regarding these issues. The 'Draft Health Inequalities Impact Assessment' is legally required to provide much more detailed information regarding potential impacts, but there are notable weaknesses in this document which are explained in detail in the Cambridge Keep our NHS Public (CamKoNP) Response to this consultation.

As noted by CamKoNP, there will be significant travel issues for North Cambridge residents, the extent of which have not been properly explored or discussed within the consultation. As well as scarcity of public transport, expense of taxis and parking issues around Addenbrooke's, Cambridge is also currently experiencing significant congestion issues that, under current plans, would restrict access to a GP during peak travel times for many young families in our area.

The proposed mitigation for travel related problems is for greater use of GP Home visits. However, throughout the consultation meetings, the current shortage of GPs was mentioned repeatedly and no firm plans for these services were provided. We therefore have significant concerns over the reliability of these plans.

At the same time, there is no evidence that travel issues are being raised and discussed with other branches of local government. Substantially greater improvements could be made with better co-ordination of efforts with the Councils and City Deal.

Conclusion and next steps

We do appreciate the time and effort that NHS staff have given to this consultation. However insufficient evidence has been provided to support the proposal or to respond to concerns and to push ahead with these changes now is likely to cause uproar with local residents and risks undermining the reputation of the CCG and its consultations.

However, if the CCG does really listen to our communities and protects the OOH services in Chesterton, it could be a fantastic opportunity to raise awareness of the issues faced by medical centres and staff. The passionate opponents of this proposal are also passionate advocates for supporting the NHS; let's use that energy and resource to help find new ways to work and to make a success of the Vanguard project.

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