



**'Cambridge Keep our NHS Public' Response to the Consultation on the future model for an Integrated Out of Hours base at Cambridge University Hospitals NHS Foundation Trust, (Addenbrooke's).**

The concerns of 'Cambridge Keep Our NHS Public' are outlined below:

***1) Clinical need is not the primary motivator for the relocation***

The first point of note is that the consultation paper appears to be focused upon meeting the needs of the Accident and Emergency Department and bolstering the Hertfordshire Urgent Care GP service, adjacent to the Accident and Emergency Department, rather than focusing upon the needs of the patients who currently use the Out of Hours GP service, based in Chesterton Medical Centre. Surely this should not be the primary reason for relocating the service? The relocation should be considered on the grounds of evidenced based improvement to the access and provision of the current GP Out of Hours service. This point of note would tie in with the document, presented to the Cambridgeshire and Peterborough Clinical Commissioning Group, proposing the closure of the Chesterton based GP Out of Hours service and its relocation to the Addenbrookes site.

In this document, written by Ian Weller, Head of Emergency and Urgent Care, Cambridgeshire and Peterborough Clinical Commissioning Group, there is a section entitled 'Reason for Recommendation' which states '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'.

It could be said that this 'Reason for Recommendation' is flawed, because there is no evidence to suggest that relocation would improve the identified 4 hour wait target. The breach of targets lies in not being able to admit patients to the wards, due to lack of bed availability and is therefore a separate issue.

***2) Irregularities in the Health Inequalities Impact Assessment procedure***

The 'Health Inequalities Impact Assessment' (IA) does not appear to follow the standard procedure. There appears to be a lack of full consideration as to the detrimental effect of relocating the service, upon a certain identified section of the population, ie those living

within postcode CB4 and identified as having health and social inequalities. It is noted that this population accounts for 19.9% of the patients using the service but there is no detailed summary of the positive and negative impacts upon this population. There is:

1. a) No indication representatives of this group have been especially consulted (a small public meeting in that area is insufficient)
2. b) Only a cursory, unsatisfactory and incomplete mention of how any negative impacts could be addressed, eg the patient could request a GP home visit, if they were unable to travel to the new location, yet there is no evidence provided to indicate that a potential increase in home visits would be feasible or that it would satisfy local need.
- c) No mention of how any change in location of the service would be monitored and reviewed, with particular reference to this section of the population
- d) No detailed study of journey difficulties which would be encountered by those living in postcode CB4 and also by those living outside the city. Not all those living in postcode CB4 have access to a car. The return taxi fare would likely be prohibitive for a significant number of people, in the absence of a comprehensive all night bus service, which in any event, may not be suitable to use. For those who would be able to access the service, by car, there is the serious issue of the absence of adjacent free parking facilities. The chargeable multi storey car park, is not a suitable facility for people needing to access the service, during the night. The lack of access to the service could deter people from attending, who have medical conditions which need treating and are at risk of worsening, if not attended to, at the time.

The assessment concludes:

'the proposal to relocate the CMC OOH base to CUHFT clinic 9 has a negligible impact on the health inequalities of the population who use these services' and 'to move the current CMC OOH base to CUHFT does not significantly increase the inequality of care received by patients living in the Cambridge City wards'.

This is a rather cavalier statement, given the lack of evidence to support it and indeed evidence to support the assertion that those people living in postcode CB4 are likely to be subjected to inequality of care, should the service be relocated.

It is also noted that the 'Health Inequalities Impact Assessment' was not made available at the Public Consultation meetings, with no explanation as to why this was so.

### **3) Unsupported statistics**

The Consultation paper identifies unprecedented levels of urgent and emergency care activity at CUHFT and also points out that overcrowded A&Es lead to poor quality of care and increased mortality rates. It is stated that 15-20% of daily A&E attendances could be redirected to the Primary care clinicians, if the GP Out of Hours service was relocated.

Where do these figures come from? There are no figures to indicate how many of these patients specifically attend the A&E Department, between the hours of 6.30pm and 8.30am and therefore, whether the A&E Department would significantly benefit from the proximity of the GP Out of Hours service, during these times. There is also no indication that the overcrowding in A&E occurs in the area, where potential primary care patients are waiting. Figures elsewhere show that the overcrowding takes place in the segregated area where patients are potentially more ill and in need of admission but that admission is being delayed, due to lack of capacity on the wards.

#### **4) No rationale behind claims that relocation would aid recruitment**

We understand that there are significant recruitment difficulties regarding the GP Out of Hours service and the GP streaming service. The assumption is being made that the presence of the GP Out of Hours service, adjacent to the A&E Department would aid the recruitment and retention of GPs. The rationale for this is not clear and needs explaining.

#### **5) Risk to A&E**

The GP Out of Hours service at Chesterton Medical Centre, is successful in providing non emergency care to 96% of attenders. If it is relocated, there is a risk that attendance at the A&E Department could increase, since patients may see that A&E provides a more expedient route into the service, than the telephone 111 service.

#### **Conclusion**

'Cambridge Keep our NHS Public' does not support the current proposal for 'An Integrated Out of Hours base at Cambridge University Hospitals NHS Foundation Trust', given the lack of evidence to indicate that the move would either maintain the current access and provision of service or improve it. There are indicators to suggest that the move could increase health inequalities, particularly for those residing in postcode CB4. Clearly this would be unacceptable.

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