

Proposed move of the Out of Hours base from Chesterton to Cambridge University Hospitals - Consultation Response -

Basis of Healthwatch Cambridgeshire response

1. As part of the Sustainability Transformation Plan Care Advisory Group (STP CAG) and Delivery Group, and other strategic groups, Healthwatch Cambridgeshire understands the pressures on the urgent care system and the recruitment issues that have resulted in the proposal to move the Out of Hours (OoH) GP Service base from Chesterton Medical Centre to Cambridge University Hospitals (CUH).
2. Healthwatch Cambridgeshire staff and non-executive directors went to the consultation events, forming their own views and listening to people who came along.
3. In addition, Healthwatch Cambridgeshire has received comments from local people about this through other listening initiatives on the related themes. This response is based on people's views and what we know about the local urgent care system and wider community through the lens of people's experiences.

The Consultation materials and public events - not as clear and informative as people would like

4. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) produced and distributed a consultation document and held a number of public meetings to explain the proposal and listen to what local people think. People told Healthwatch Cambridgeshire that the consultation materials and presentations at the consultation meetings were over-complicated. We would like to have seen more effort to engage minority communities.

5. The document begins with a statement about the financial difficulties in the local health economy, yet the presenters insisted that the proposal would not save money but may help efficiency. As there was no economic analysis, audiences were suspicious about the true drivers for the changes.
6. As evidenced through the nature of people's stories or questions, there could have been better explanations about what services are provided where, for who and how they link together, i.e. 111, OoH and 999. It should be noted that people are not always clear about the difference between 'urgent' and 'emergency' and which service to use for what health need.
7. The consultation document does not demonstrate that options have been explored and evaluated, or that broader contextual considerations have been taken into account. These needed to include the developing vision for GP practices working at scale, population growth, proposed housing development and resulting multi-use community centres, and public health modelling around current and future need.

Issues about the proposed move from North Cambridge to CUH

8. There appeared to be little appreciation of why the OoH service was located at Chesterton originally, indicating a loss of organisational memory and data related to the decision by the Primary Care Trust from that time. North Cambridge contains some of the most densely populated and deprived areas of the city. Healthwatch Cambridgeshire understands that the current OoH location was originally chosen due to increased demand from people living in the CB4 postcode, rather than the location of the service creating demand.
9. The difficulty in recruiting GPs for OoH Service is accepted. Whether the move to a CUH site would help this situation is questionable. GPs would still be employed by the OoH provider and there is a risk that improved recruitment might not be realised. The discussion in at least one of the public meetings showed a confusion between difficulty to staff the current 'GP at front of ED' initiative and recruiting GPs to work in a co-located OoH centre, with more limited hours of opening. Hope that it would be more attractive, rather than any evidence that this may be the case was not convincing to local people.

10. Healthwatch Cambridgeshire can see there are system benefits in the proposals. Co-location of ED and OoH would allow rapid transfer between the two services where appropriate, so diverting people from visiting a very busy ED. Locating the base at CUH would improve accessibility for people living in other areas of Cambridge and South Cambridgeshire; however, the deprived areas are situated very close to Chesterton and will result in already disadvantaged people having to travel across the city, many of whom do not have their own transport. The cost of parking at CUH is addressed by a flat parking charge, but without a car or money for taxis, people from North Cambridge could have difficulty getting to CUH by public transport at night.
11. People have expressed a concern, however, that some would bypass calling 111 and go direct to the ED rather than wait for call back/appointment. If it is true that the service specification would include the offer of home visits for those that would find transport into the OoH centre difficult, then this was not presented powerfully as a key mitigation that would undoubtedly have been welcomed by local people.

Summary - a case not well explored and made

12. Whilst understanding the need to explore such a move, Healthwatch Cambridgeshire believes the case has not been well presented and that there are factors that have not been taken into account. Local people have not had the full, accessible information on which to form their opinion.
13. The broader partnership context of Cambridge and local CB4 development, for example new housing and the proposed redevelopment of the Meadows Community Centre site, has evidently not been explored. The new Cambridge and Ely Partnership Executive Group should be approached for information and opinion.
14. The Healthwatch Cambridgeshire view is that a targeted Health Impact Assessment, involving local people and with an independent Chair, should be carried out by the CCG. This would allow fuller exploration of the aspects in the plan that appear to be likely to have unequitable impacts, and be a source of community led solutions to future plans.

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