Health Inequalities Impact Assessment (IIA)

Proposal to move the Cambridge out of Hours (OOH) base from Chesterton Medical Centre (CMC) to Cambridge University Hospital Foundation Trust (CUHFT) Clinic 9

1. Introduction:

Under the Health and Social Care Act 2012 CCGs have regard to the need to reduce inequalities between patients **in access to services that they commission!**

Therefore to fulfil this duty the CCG needs to consider the impact on patients in terms of access, regarding the proposal to move the Cambridge OOH base from CMC to CUHFT. Recognising that the proposed change only impacts on patients accessing OOHs urgent care services via a call to NHS 111. Following an assessment the disposition arising from the call requires them to see a GP, which in this case requires the patient to attend the nearest OOH base.

2. Background Information/Analysis:

Before considering the impact of the proposed move it is worth understanding the current situation and how patients access OOH services now.

Current situation: Nationally OOH services (1830 - 0830) can only be accessed by calling NHS 111. Patients who call NHS 111 who then are assessed as needing to see a GP can either be booked directly into a slot at their local OOH base, in this case CMC and be seen there, or if required a 'home visit' is arranged requiring the local base GP to go out to see the patient in their own home.

The impact of the proposal only affects patients living in the Cambridge wards (postcodes CB 1, 2, 3, 4 & 5), who would normally be assigned (via NHS 111) to CMC as their local OOH base or indeed be visited at home by a GP operating out of CMC.

The following categories focus on the issues associated with the relocation of the base which is primarily around 'access' to services. Under the proposal the clinical aspects of the service **will not** change.

Geography: Chesterton Medical Centre is located at 35 Union Lane, Cambridge CB4 1PX and is 4.2 miles North of CUHFT which located in Hills Road, Cambridge CB2 0QQ see fig 1.

Population & Deprivation: A review of the Cambridge Atlas ward profiles (2011 census) indicate that the most densely populated areas in Cambridge are in the Arbury & Kings Hedges and Chesterton wards (CB4 postcodes). Furthermore looking at the 'atlas' indices of multiple deprivation (IMD 2015 scores) indicates that in general the CB4 postcodes in the (see Table 1) are more deprived than the southern wards around where the proposed CUHFT site will be located (CB1&2 postcodes).

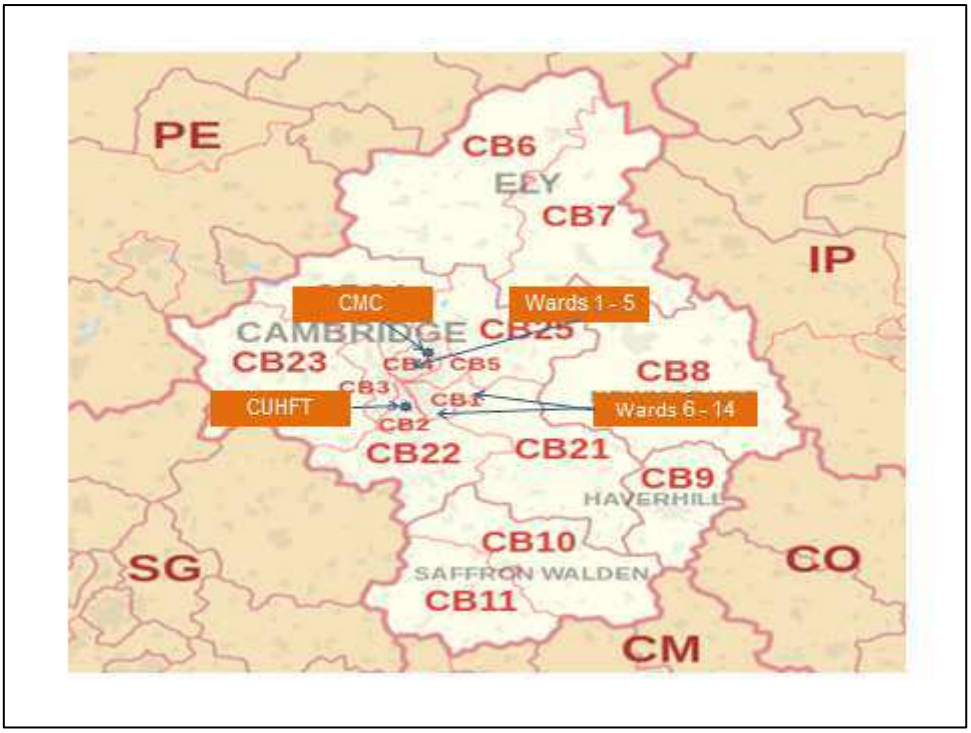


Fig 1 Map of Cambridge Post codes

No	Cambridge City Wards	2011 Census (000)	Postcode	Average IMD Score 2015
1	Kings Hedges	9.14	CB4	23.3
2	Arbury	9.07	CB4	19
3	East Chesterton	9.41	CB4	18.5
4	West Chesterton	8.63	CB4	9.2
5	Castle	9.79	CB4	6.5
Total Population CB4		**46.04**		
6	Newnham	7.87	CB2	6
7	Abbey	9.91	CB1	22
8	Market	7.87	CB1	10
9	Petersfield	8.33	CB1	11.4
10	Romsey	9.25	CB1	12.4
11	Coleridge	9.39	CB1	5
12	Cherry Hinton	8.78	CB1	8
13	Trumpington	8.03	CB1	13
14	Queen Edith's	9.13	CB1	7.4
Total Population CB 1 & 2		**78.56**		
Total City Wards Population		**124.6**		

Table 1: Cambridge City Wards population & deprivation data source: Cambridgeshire Atlas

Note: The Indices of Deprivation 2015 (ID2015) were released on the 30 September 2015. The indices are combined together to form the composite Index of Multiple Deprivation 2015 (IMD2015). In total there are seven indices: Income/Employment/Education, Skills and Training/Health deprivation and Disability/Crime/Barriers to Housing and Services/Living Environment

Age distribution: In terms of age distribution the latest census information (2011) shows that in general the age distribution across all Cambridge City wards is broadly the same; there is however a high student population therefore the average age is significantly lower to other parts of Cambridgeshire.

In terms of NHS 111 service utilisation (home visits/F2F consultations) by age & postcode you would expect that the highest usage be from the most densely populated postcode ward i.e.CB4 and arguably from the over 65yrs cohort. In fact the highest usage is from the 18 – 64 yrs group (see table 2).

Known Patient Postcode	Under 18s				18 to 64 yrs				65yrs+			
	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs	Home Visit	F2F Base Consulta	% Home Visits	% F2Fs
CB1	3	146	20.0%	31.4%	8	200	18.2%	28.5%	72	37	33.3%	32.5%
CB2	3	25	20.0%	5.4%	5	86	11.4%	12.3%	11	2	5.1%	1.8%
CB3	1	41	6.7%	8.8%	1	69	2.3%	9.8%	24	12	11.1%	10.5%
CB4	7	205	46.7%	44.1%	25	255	56.8%	36.4%	95	44	44.0%	38.6%
CB5	1	48	6.7%	10.3%	5	91	11.4%	13.0%	14	19	6.5%	16.7%
Cambridge City Total	**15**	**465**			**44**	**701**			**216**	**114**		

Table 2 NHS 111 utilisation by age/postcode

In terms of population density as already highlighted the CB4 wards to the North and the East of the city are more densely populated. Although interestingly the Trumpington, Queen Edith wards are forecast to see the greatest growth between 2011 – 2031, which is due to the large amounts of land available for building new homes.

Traveller Communities: Approximately 1% of the Cambridgeshire community are made up from travellers, in 2005 a commissioned review assessed this as 5702 although based on 2016 evidence this figure is likely to have doubled, 70% are Romany travellers, with 20% being Irish and the remaining 10% being made up of other nationalities, mainly Eastern European.

There is a wealth of local and national evidence which reports the poor health status of Gypsies and Travellers. A lower life expectancy, higher infant mortality rate, poorer health outcomes and poorer access to preventative care is found in the Gypsy and Traveller population compared to the general population and there is evidence that mental health problems are more widespread.

There are issues around access to health services and lack of cultural awareness among healthcare staff impacts on this. There are particular issues around encouraging men to access health services. Literacy problems may cause difficulties with reading communications such as hospital appointments/results and public health information.

Getting to and from the OOH bases: This depends entirely on where residents live in relation to the CMC/CUHFT sites and whether they have access to a car or not. Therefore without further in depth call by call travel time analysis it is impossible to assess exact journey times. As a result the journey difference from CMC to CUHFT has been used for comparison only, albeit recognising that in general the biggest impact on access will affect the most deprived areas. In addition the data does not capture how patients arrive at the OOH base whether by car or public transport.

According to ***AA route planner*** the average journey by car from CMC to CUHFT should take approx. 16 minutes (4.2 miles) although this is subject to traffic congestion which is widely recognised as an issue in Cambridge, particularly at peak, recognising that the OOH service starts at 1830 which towards the end of the 'rush' hour period.

Patients who don't have access to a car and rely on public transport (bus/guided bus) the trip to CMC from CB4 wards takes approximately 25 mins and is direct with no change of bus required.

If travelling across the city to CUHFT from CB4, buses to CUHFT take between 40-50 mins and require a transfer at Station Road in the city centre to get to CUHFT. In general between 1800 and 2300 buses run every 30 minutes, however, between 2300 and 0630 there is only 1 bus at 0152.

Patients living within postcode areas CB1&2 are geographically closer to CUHFT site with direct bus routes and shorter travel times.

Parking: Currently patients who attend the CMC do not have to pay for parking, however at CUHFT a flat rate of £3.50 applies. In addition there is a short walk 4 minute from the multi storey (car park 1) to the proposed clinic 9 site.

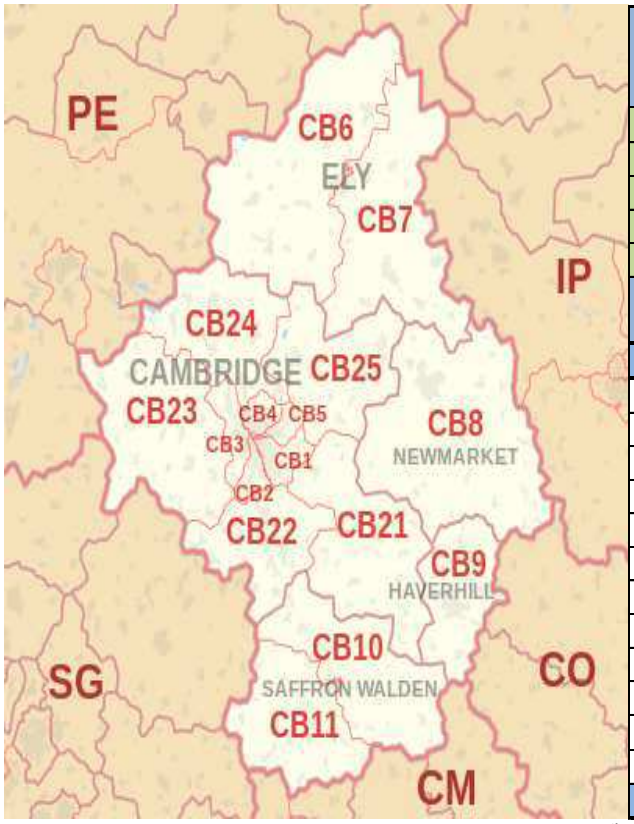
3. Summary of findings

Public Health England/Local Government Association amongst others studies have established a direct correlation (see fig 2) between deprivation and the utilisation of health services. This therefore suggests that residents living in the most deprived areas of Cambridge i.e. those with a CB4 postcode are likely to use OOH services more than those in the other city postcode areas i.e. CB1&2.

Fig 2 Wider Determinants of Health Source: Dahlgren, G. and Whitehead, M. (1993)

An analysis of calls to NHS 111 resulting in a GP base consultation or home visit by post code area indicates that 50% of face to face base consultations and 30% of home visits occur within the Cambridge city area (CBs 1-5). The Chesterton area (CB4) accounts for 13.8% of total home visits and 19.8% of total face to face base consultations.

There is however a similar proportion of total activity occurring in the South of the city combined (CB1 and CB2). The suggestion is that the split of activity, not only across the city but across the Cambridge patch as a whole, is not concentrated enough in one geographical location as to cause a major impact on patient overall travel times and ability to physically access the service should it move bases to CUHFT.



Known Patient Postcode	Home Visit	F2F Base Visit	% Home Visit	% F2F
CB1	83	383	9.0%	15.1%
CB2	19	113	2.1%	4.4%
CB3	26	122	2.8%	4.8%
CB4	127	504	13.8%	19.8%
CB5	20	158	2.2%	6.2%
Cambridge City Total	275	1280	29.9%	50.3%
Other relevant Cambridge Postcodes				
CB6	14	21	1.5%	0.8%
CB7	13	12	1.4%	0.5%
CB8	3	12	0.3%	0.5%
CB9	0	1	0.0%	0.0%
CB10	0	3	0.0%	0.1%
CB11	0	0	0.0%	0.0%
CB21	42	78	4.6%	3.1%
CB22	65	135	7.1%	5.3%
CB23	50	212	5.4%	8.3%
CB24	98	250	10.7%	9.8%
CB25	58	90	6.3%	3.5%
other	135	121	14.7%	4.8%
Grand Total	478	935		

Source: HUC activity data from 19th October to 28th December 2016

However, an argument can reasonably be made that it is expected that more home visits and face to face consultations would occur for patients who live geographically closer to the base site, hence a movement of site would mean more a displacement of this proportion of activity according to location as opposed to a shift of current trends.

4. Conclusions & Mitigations

In conclusion the proposal to relocate the CMC OOH base to CUHFT clinic 9 has a negligible impact on the health inequalities of the population of Cambridge who use these services.

The main issues derived from this review are associated with the impact on access and travel to the proposed new site; in particular the families who do not have access to cars and

rely on public transport and live in the CB4 postcode areas. This means that in the future they will have further to come to get across the city as well as increased cost.

CB4 postcodes are in general more densely populated and have higher deprivation than the other Cambridge City codes. This indicates that there is likely to be more families from more deprived low income backgrounds the additional time and cost associated with public transport fares and parking costs could dissuade patients from this group attending the CUHFT base in the future.

This could be offset by the patient requesting a GP home visit or indeed receiving verbal advice and guidance triaged by clinicians working within the Integrated Urgent Care (IUC) clinical hub negating the need for a F2F consultation e.g. Mental Health First Response Service (FRS), GP, Pharmacist, Dental Practitioners. Furthermore the public facing 'App' - MIDOS will be available in January, which allows patients to search in different languages for local healthcare services as an alternative to A&E or OOH services.

In terms of any impact on the equality related issues, patients who are disabled will still be able to access the clinic 9 site in the same way that they accessed CMC, disabled parking bays will be made available adjacent to clinic 9. NHS 111 already provides interpreter services as well as services to facilitate access for deaf and blind people including LGBTI. These impact assessments and policy documents remain live and were recently updated as an integral part of the IUC mobilisation process.

As we know from the recent Travellers JSNA undertaken in 2010 by definition travellers are unlikely to be registered with a GP, this coupled with their lifestyle choices result in higher than average mortality rates and poorer health outcomes. Whilst literacy is also a challenge it is likely that travellers understand what hospitals are used for and where they are. Having OOH collocated on the acute site should simplify this for travellers. In addition the planned public consultation intends to engage with these hard to reach groups.

As highlighted earlier there is no change to the clinical services that patients receive, arguably having the OOH base co located with Acute based services enhances patient safety as Emergency back-up services are readily available at immediate notice.

In conclusion the proposal to move of the current CMC OOH base to CUHFT does not significantly increase the inequality of care received by patients living in the Cambridge City wards.

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