

# Re-Setting Healthcare in Corby: The Case for Change



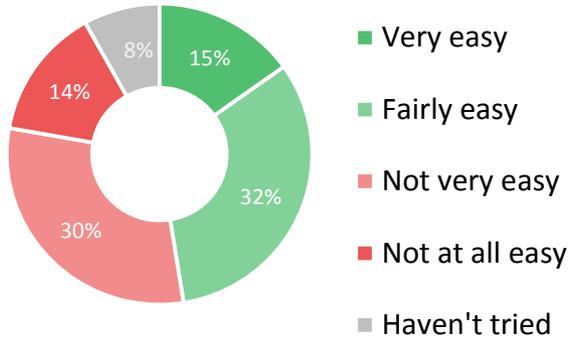
# The need for Change

- GP services (primary care)
  - Access a major issue for some patients (not all)
  - National move towards extended hours
  - Aligning capacity to need
- Urgent care
  - High A&E and UCC attendance
  - What is 'urgent'?
- Finance
  - Major pressures

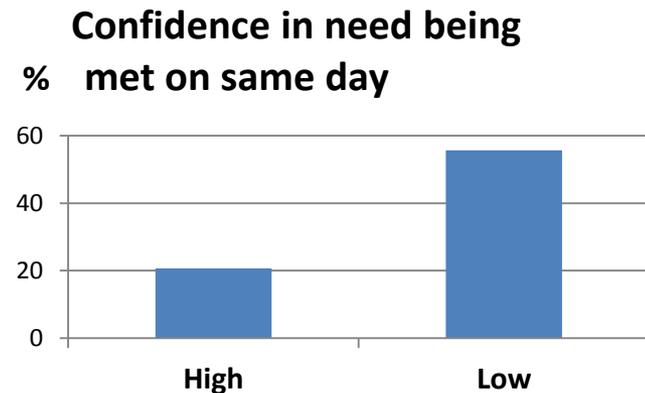
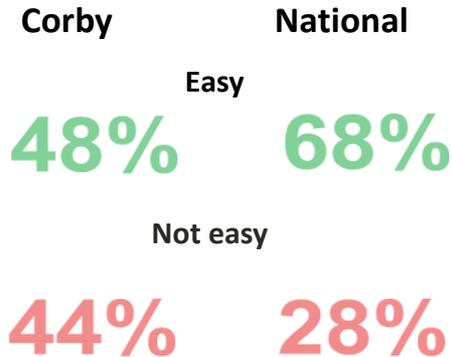
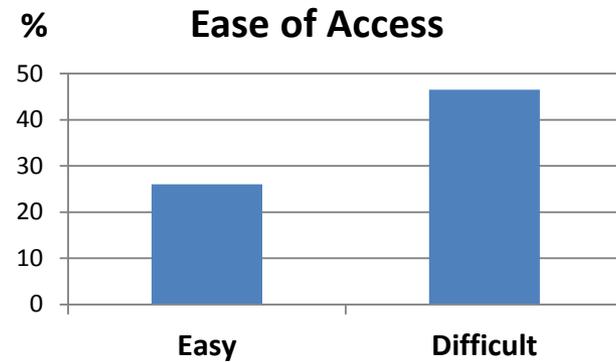


# Primary Care Access

## National GP survey



## CCG survey 2017 (700 responses)



# Primary Care Access

## How does Corby compare?

National GP Survey 2017

	National	Nene	Corby
Q3: % saying it was easy to get through to their GP by phone	68	64	48 (range 34-98)
Q15: % of those who got an appointment, who said it was convenient	81	81	72 (range 65-89)
Q18: % saying the overall experience of making an appointment was good	73	70	61 (range 48-90)



# A&E: In one year...

## Attendance

- 350 visits by 32 complex patients
- At least 5 visits each, some more than 10

## Admissions

- 229 Corby patients accounted for £4.8m of admissions spend (17.6% of CCG total)
- Each averaged 7 admissions and 3 different conditions



**More primary care capacity needed to keep complex patients well**



# Urgent Care

## A&E and UCC Attendance

1 April -16 July 2017

Catchment area 416,000 population	Catchment area 333,000 population	
Northampton, Daventry, South Northamptonshire	Kettering, Wellingborough, Corby	
NGH A&E Attendance	KGH	UCC
302 patients /day (avg)	223 patients per day (avg)	173 patients / day (avg)
<b>302 patients /day (avg)</b> 265 patients per thousand per year	<b>396 patients/ day (avg)</b> 434 patients per thousand per year	

North Northants  
out of step locally:

434 per 1000  
compared to  
265 per 1000

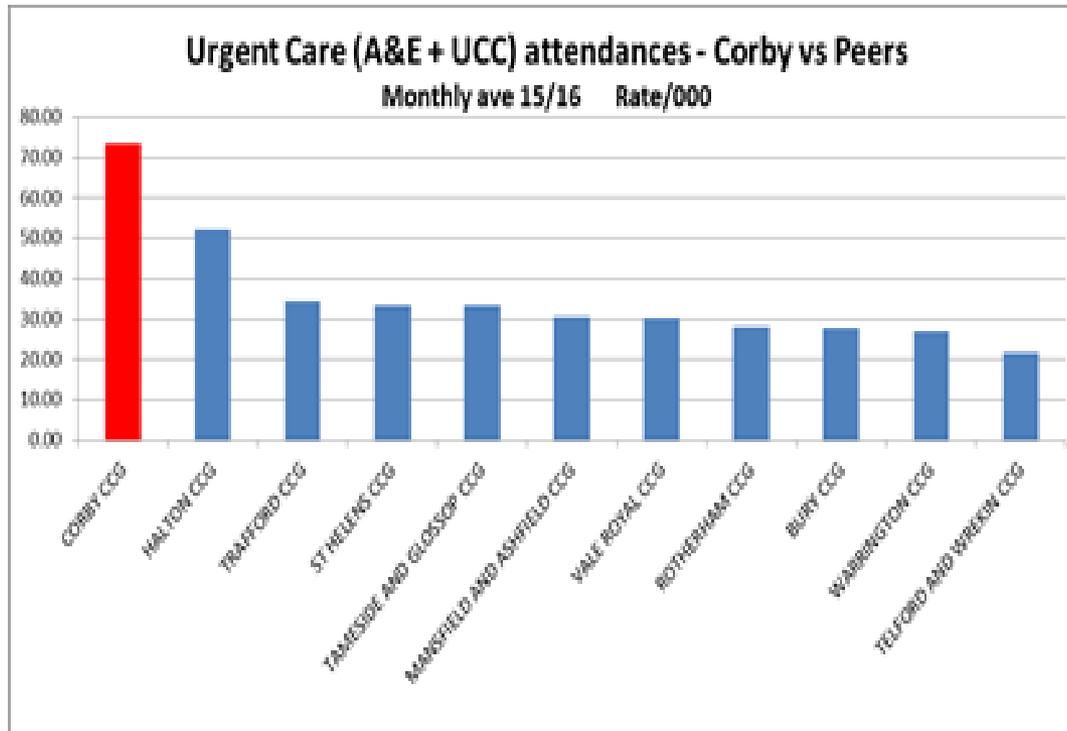
in south of county

**64% higher**



# Urgent Care

## A&E and UCC Attendance



Corby also out of step nationally – highest rates in England

(10 most demographically similar CCGs)



# Corby Urgent Care Centre

70,000 patients a year, £63 per visit

15,000 (22%) = **no illness detected** (estimated cost £950,000)

12,275 (17%) = **re-work** (further care needed elsewhere)

Delays in treatment and cancer referrals

4% of UCC patients sent on to A&E (delay = risk)

## Duplicated costs:

Pay twice in urgent settings (UCC and A&E)

Pay twice in UCC (10 people visited 310 times in 1 year)

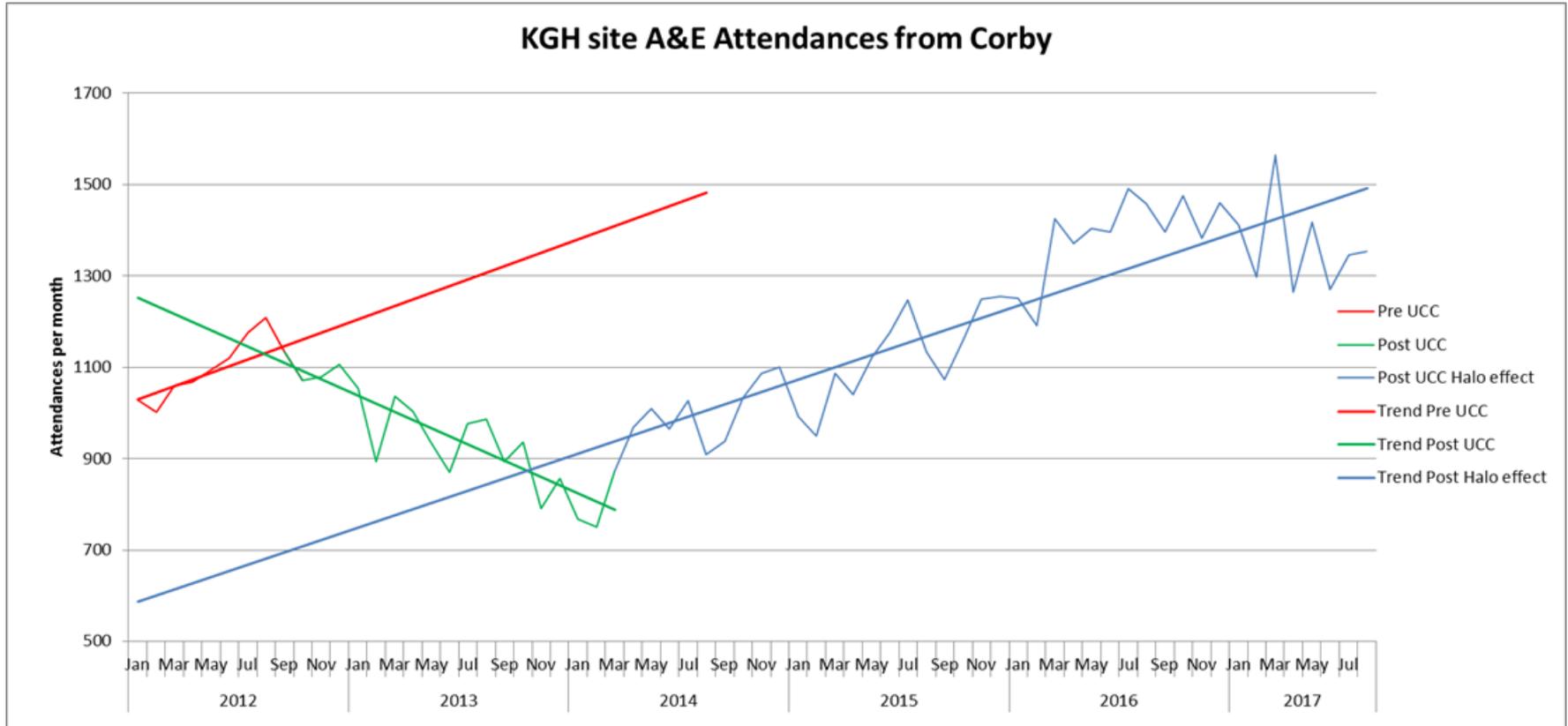
Pay once in UCC and once in general practice

**Not enough “right care, first time” –  
the urgent care system is not working  
as it should**



# Urgent care

## A&E attendance



**The UCC is not reducing A&E demand**



# Finances

- Annual budget = **£108m**
- July – very challenging position, but deliverable
- August 4<sup>th</sup> - UCC legal dispute **expert determination**:
  - Back dated payment of **£2.5m**
  - Recurring cost pressure of **£1m** } **£3.5m liability in 17/18**  
**No bail out**
- Efficiency target for 17/18 = **£3.65m**
- Total savings needed this year = **£7m**
  - major challenge to financial legal obligations



**NOW: Likely to require substantial savings and difficult decisions**

**FUTURE: Questions about current service affordability**



# Considering solutions

We must:

- improve access to primary care
- help patients to navigate the system to get the
- right care, first time

Corby's urgent care services:

- have not reduced A&E demand
- are not sustainable in their current form
- are not always meeting clinical need
- should not be used to replace primary care capacity

Why unsustainable?

- cost per case at A&E tariff prices

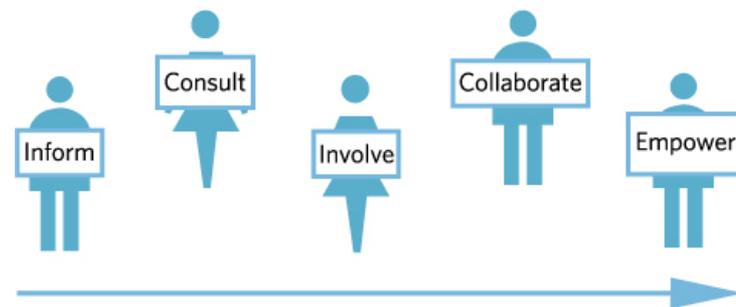
**How do we address the issues in primary and urgent care  
AND balance the books?**



# Engagement and Consultation

- CCG is now engaging with thousands of Corby people about the need for change

- East Midlands Clinical Senate providing independent expert scrutiny of future service options



- 2018: 3-month public consultation when options are ready

**Consultation will inform CCG decisions – alongside clinical safety & quality, legal considerations and finance**

