

# Re-setting Corby's NHS

A conversation about how to access some  
Corby healthcare services in future

[www.corbyccg.nhs.uk/current-conversations](http://www.corbyccg.nhs.uk/current-conversations)



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## Glossary

### Explaining key terms used in this document

- **Corby Clinical Commissioning Group** (CCG for short) is the NHS body which plans and pays for healthcare services for the people of Corby.
- **Primary care** is the term for all the services centred around local general practices. It is by far the most used part of the NHS and is wide-ranging – involving doctors (GPs), nurses and other care professionals such as physiotherapists and counsellors.
- **Urgent care** is the term covering the treatment of illnesses and injuries which require immediate attention, but are not dangerous or life-threatening. It can be delivered in various settings.
- **Accident and Emergency** (A&E for short) is the service for patients with life-threatening illness or injury. For people in Corby, the nearest A&E is at Kettering General Hospital.
- **East Midlands Clinical Senate** is an independent body of doctors which has provided extra scrutiny of the need to change services in Corby and the CCG's proposals.
- **Same Day Access Hub** (Hub for short) is the technical term for the proposed GP-led centre which would deliver a new urgent service – so named because it would provide appointments on the day they were booked.

# Introduction

The NHS matters to us all. We rely on it to keep us well and to make us better when we're not.

It is therefore vital that our healthcare can continue to meet the changing needs of Corby people in the years to come.

This is the responsibility of NHS Corby Clinical Commissioning Group (CCG). The CCG plans and buys health services needed for the Corby population. It is run by Corby GPs, and we receive around £108m a year from the Government to commission services which:



Commissioning involves constantly balancing these three things. There's no point having a brilliant service if it's not affordable, or a cheap service that is sub-standard.

The CCG has been having a conversation with the people of Corby about proposals to strengthen our local NHS's ability to respond to local need – by helping you to get the right care, in the right place, at the right time.

We have explained why some changes are needed – in particular, to provide better access to GP services and to support people in making the right choices about which service to use.

This is part of an ongoing process to ensure patients and public have a say in how Corby's NHS works (see page 9).

There's also been a lot of discussion about the future of Corby Urgent Care Centre. In response to public opinion, the CCG intends to ensure that Corby continues to have an urgent service.

As part of our continuing conversation with the public, we now want people to help us with the detail of how the new service will be accessed.

To do this, we are running a period of engagement from 12 February until 8 April. During this time, you can give your view via the questionnaire in this document or online. Our team will be out and about in Corby throughout this period to raise awareness and answer questions.

Your feedback will be one of the things the CCG will take into account when deciding access arrangements for the new service – alongside clinical, financial, procedural and legal requirements. This includes shaping the service contract itself.

To help with our engagement, this document explains the issues our local NHS is facing and sets out some questions for you to consider. The more responses we receive from local people, the more meaningful our conversation will be – so please get involved.

## Dr Joanne Watt, Clinical Chair, NHS Corby CCG

"It is our role to ensure healthcare services are meeting the needs of the people of Corby. We want to put more effort into keeping people well and out of hospital, while improving access to support for those who really need it. Our proposals will achieve this."



# A summary of the issues

This page sums up what our conversation is about, and why it's happening. For you to have a fully informed view, please read all of this document.

Our local NHS successfully cares for thousands of people every day. But it needs to work differently to deal with major challenges:

- The population is growing and getting older, and demand for healthcare is rising.
- Not everyone is getting the right care, in the right place, at the right time. This can delay effective treatment and wastes resources.
- GPs need more time to keep vulnerable people well, so they don't end up in hospital.
- Budgets are under severe strain. Without change, some services won't be affordable.

Corby is thriving. Our town is growing and changing, with people choosing to move here to start families in the thousands of new homes available.

As the population has increased, some people have struggled to get the healthcare they need because local NHS services haven't grown at the same rate. There's pressure across the system, but especially at Kettering General Hospital and Corby Urgent Care Centre (UCC) – possibly because they're open for longer and people can just walk in to be seen.

Corby UCC was set up to deal with less serious illnesses and injuries which require immediate care. However, many using it could have had their issue dealt with by their general practice. At the other end of the spectrum, some potentially very ill patients have gone to the UCC and then had to be transferred to A&E. Such delays to treatment increase risk. People need more support to make the right choice about which service to use.

The CCG has been discussing the case for change with the people of Corby in recent months. Most accept that change is needed. You have told us:

- Getting same day access to GP services (primary care) can be difficult.
- It's not always easy to decide which service to use to get the "right care, first time".
- Corby should retain an urgent service.

**We have listened to what you have said. The CCG plans to maintain an urgent service AND expand local primary care.**

The current UCC contract is due to expire. Under a new contract, it will become a GP-led Same Day Access Hub. Because the model of care won't change, there's no need to consult on this. However, we want you to tell us:

## **How will people access the new service?**

Your views will shape the introduction of pre-booked appointments rather than the current walk-in arrangement. The Hub will provide tens of thousands of appointments a year (with extra appointments to support continued population growth) and will be open 8am to 8pm, 7 days a week.

The plans are explained in detail on pages 10-14. They will give GPs more time for patients most at risk from ill-health, and **guarantee** an on-the-day appointment for anyone with a medical need for one – such as a sick child or someone with a minor injury.

Because the service will have a different type of contract, it will cost significantly less and therefore be affordable in the long term.

Doctors in the East Midlands Clinical Senate have conducted an independent review. They say the way urgent care currently operates in Corby is not in line with national thinking. This is why they support our plans.

# Why change is needed

## The bigger picture

Every part of England has produced a local Sustainability and Transformation Plan (STP), setting out how health and social care will develop over a number of years.

Our STP covers the whole of Northamptonshire. It has been produced in partnership by local NHS organisations (including Corby CCG), the county council and the voluntary sector, to ensure all care services are of the right quality and sustainable.

It is a national priority to improve urgent and emergency care across the NHS. The STP is doing this for Northamptonshire, because round-the-clock services on this scale need to be managed at a county level.

For example, the need for new 24/7 Urgent Treatment Centres (UTCs) is being considered across the country. UTCs will operate under a consistent set of standards set out by NHS England, to make it easier for patients to choose the right service for their need. These centres will be in addition to existing A&E departments.

Doctors at the East Midlands Clinical Senate have reviewed the situation. They recommend that any Urgent Treatment Centre for Northamptonshire should be considered for a population of around one million, rather than the 76,000 locally registered patients Corby CCG commissions services for.

This explains why the work on Urgent Treatment Centres is being led by the STP. Corby CCG's role is to focus on Corby, ensuring that the services we commission at a local level complement and fit in with the bigger picture.

Our plans are designed to do just that – with your input.

You can find out more about Northamptonshire's STP at [www.northamptonshirestp.co.uk](http://www.northamptonshirestp.co.uk).

## Corby's challenges

### Our Population

Corby is one of the fastest-growing towns in Britain. There have been 10,000 new homes built in and around the town since 2011. The population has increased by approximately 12,000 to 67,000 in the past 13 years and this is expected to continue:

Age	2016	2021	2026	Increase 2016-2026
0-19	17,820	19,770	21,270	19%
20-64	40,700	44,200	47,700	17%
65-84	8,540	9,490	10,440	22%
85+	1,120	1,370	1,620	45%
<b>Total</b>	<b>68,180</b>	<b>74,380</b>	<b>81,480</b>	<b>19.5%</b>

*(Northamptonshire Public Health, 2016)*

Larger numbers of children and older people in particular generate a greater demand for health services, but these groups use services in different ways.

Older patients, especially those with long term conditions, rely on general practice for ongoing support. But their more routine needs can mean they struggle to get appointments when others claim their needs are more urgent.

Those of working age, including those with children, can experience greater time pressures. As a result, they are more likely to be influenced by the convenience of service access, and to consider different options if they feel their needs are not being met.

Corby also has above-average levels of social deprivation and lifestyle choices which increase the risk of ill health:



This creates challenges for local doctors. For example, when they checked for diabetes in their patients, it was over 400 times the expected level. Such conditions are best managed in general practice (primary care), where care can be planned over the long term and patients supported to stay well.

However, some of these people end up needing hospital treatment when they could have been cared for in primary care. General practices need more capacity to care for those vulnerable people with complex needs.

A growing population is increasing demand for healthcare. We're not dealing with this as well as we could.

## Primary Care

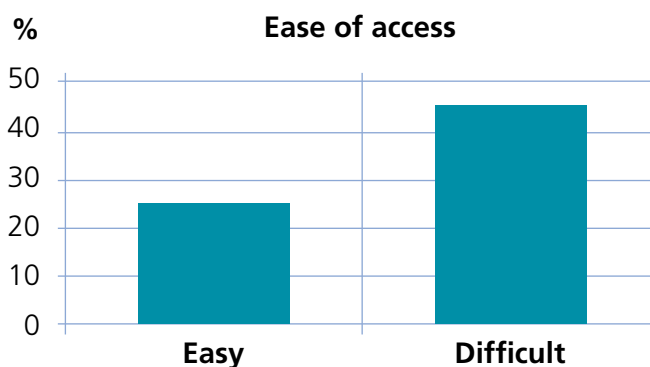
In a CCG survey last year, almost half of the 700 respondents said they found it difficult to access GP services (primary care), especially on the same day.

The 2017 national survey of GP patients produced similar findings. While Corby patients are generally happy with their practice, their experience of booking an appointment is less positive than in England as a whole. Getting through on the phone is a particular issue.

In both surveys, the results vary between practices.

Because of these difficulties, people look for alternatives. Many choose to go to the Urgent Care Centre, because they know they will be seen without the need for an appointment.

We must improve access to primary care.



### Dr Miten Ruparelia, Clinical Vice Chair, NHS Corby CCG

"We want to provide high-quality care which is readily available when the people of Corby need it. But we also have a duty to make the best possible use of the resources we have. This conversation is about addressing both issues."



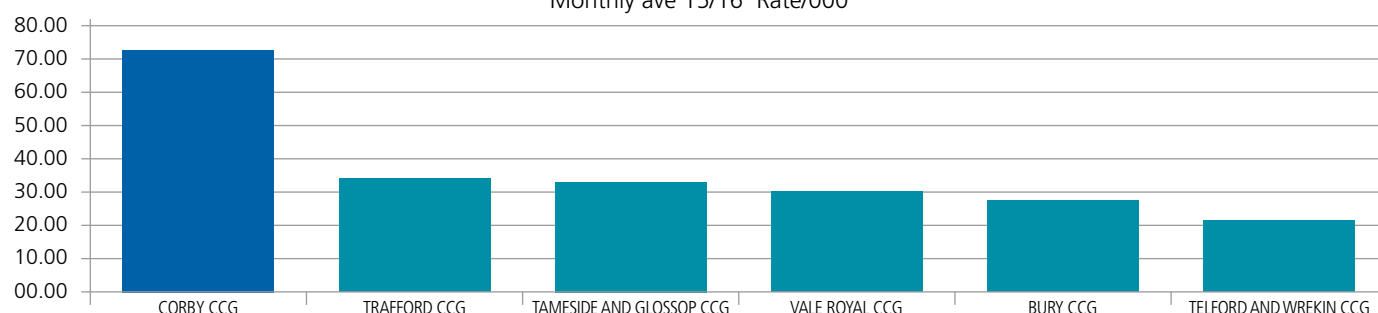
## Urgent Care

Corby has the highest urgent care attendance rates in England (A&E and UCC combined).

One possible explanation is that local people are sicker. However, this is not borne out when Corby is compared with CCGs with similar levels of deprivation and ill health. The comparison shows that Corby is out of step nationally.

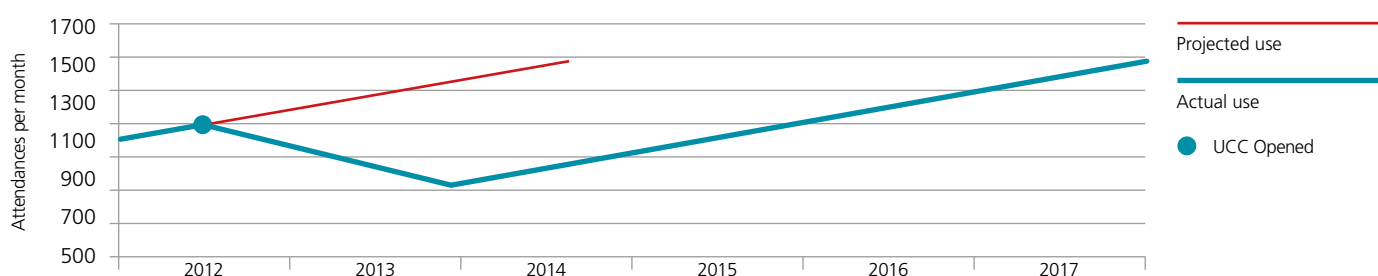
**Urgent Care (A&E + UCC) attendance – Corby vs Peers**

Monthly ave 15/16 Rate/000



Having a local service available as an alternative for people struggling to see a GP is probably driving this use.

**KGH site A&E Attendances from Corby**



Local services including our UCC were established to reduce A&E demand and costs, but it's not had the expected long-term impact. This chart shows how, after an initial dip when the UCC first opened, the overall rate of increase in A&E use at Kettering General Hospital by Corby people hasn't changed.

## Complex care

In a single year:



This repeated need for urgent hospital care offers a bad experience for those involved and is very expensive. Some A&E attendances by such patients could have been avoided with the right management in primary care. People with complex needs especially benefit from the continuous care given by GPs and their teams.

Primary care needs more capacity to keep complex patients well and out of hospital.

## “Right Care, First Time”

Doctors at the East Midlands Clinical Senate have observed that Corby is very unusual because people aren't helped to find the right care in times of crisis. With a range of choices and no support, it's not surprising that people don't always get the “right care, first time”.

Because of that lack of support, some people go to A&E when they could be seen by their GP or the Urgent Care Centre. Others who could go to their GP or should go straight to hospital attend the UCC instead, and those who need to see their own doctor can't always get an appointment.

The UCC is a great facility providing good care. But its walk-in nature and the absence of any filtering of patients undermine the principle of right care, first time. In 2016/17:

 more than **50%** of **all** UCC cases could have been dealt with in general practice

**4,600** needed to go on from the UCC to Kettering Hospital (to A&E or a specialist)

 **17%** of all cases involved further work (eg hospital referrals or repeat visits)

There are differing views about exactly how to interpret UCC data. However, there is clear evidence that not everyone gets the right care, first time.

## Not enough people are getting the right care, first time.

### Finance – preventing waste

The fact that too few people are getting the right care, first time, leads to waste.

This is because the CCG pays for service contracts in different ways. For each patient registered with them, GPs receive £82.50 per year, regardless of how often they're seen. With urgent services (A&E or the UCC), the CCG pays a minimum of £63 per visit. As use of urgent services increases, so does the cost.

If people can't get support when they need it or they're not helped to choose the right services, they can use more expensive urgent services. We need to make the right care available when they need it, in a more planned way. That makes the money go further to pay for other important services.

Our contract with the UCC was taken out to reduce the cost of urgent care. That hasn't happened. Current levels of use are 42% above the activity contracted for. In fact, the UCC costs the CCG more than Kettering A&E, even though it is not open around the clock and cannot offer the same levels of support for really sick people.

The CCG has a legal duty to balance its budget. Overspending is not an option. If one service costs more, the extra money to deliver it has to be found from another.

## We spend too much on urgent care and not enough on planned care.

Corby CCG has a plan to address all the challenges we have described. Our proposals (see pages 10-14) are supported by our local GPs and other doctors.

**Corby's needs are changing. We are asking you to help us ensure that our local NHS meets those needs, by shaping what happens next.**



# What you have already told us

This conversation is part of a continuing process to help the people of Corby understand issues facing their local NHS and to give them a say in decisions about it. In the past year, we have:

1. Conducted a public survey – both online and face-to-face in GP surgeries – which attracted almost 700 responses – [www.corbyccg.nhs.uk/engagement-so-far/](http://www.corbyccg.nhs.uk/engagement-so-far/).
2. Run workshops with community representatives and others, to consider the need for change and to seek views on what primary care should look like in future.
3. Had face-to-face conversations with hundreds of Corby people about the case for change, and reached thousands more through social media.
4. Helped people to test their ability to find the right care in a range of different situations – [www.corbyccg.nhs.uk/healthcare-in-corby-where-would-you-go-for](http://www.corbyccg.nhs.uk/healthcare-in-corby-where-would-you-go-for).

From our ongoing engagement work you have told us:

- There are significant difficulties with access to GP services – in particular, getting an appointment on the same day (the position does vary between practices).
- You like the idea of primary care being available in evenings and at weekends.
- It is not always easy to decide which service to use to get the “right care, first time”.
- You want an urgent service to continue in Corby.
- Most of you think services should change, but some are nervous about what that might mean – such as having to travel further.
- You understand the benefits of helping people to stay well and would like to see more resources devoted to this.
- Some of you have used the UCC when other services (including A&E) would have been more appropriate.

In December 2017, we held a final workshop where members of the public were invited to identify viable ways of addressing the challenges described on pages 5–8. They said:

- Convert the Urgent Care Centre into a GP-led service with extended hours to increase primary care capacity – a “Same Day Access Hub” providing urgent on-the-day access, including for minor injuries.
- Introduce a local triage/navigation system (both by phone and at the front door), run by specially-trained staff to help people find the right service for their need.
- Ensure enough phone-answering capacity for making appointments.
- Provide longer appointments for those who need them.
- Make greater use of new technology to enhance access and support self-care.

The CCG’s plans have been shaped by all the information gathered over the past year. When you look at pages 10–14, you will see how we have taken account of what you have told us.

# Our plans

We have explained the challenges our local NHS is facing on pages 5-8. With your help, the CCG has devised a solution which will:

- **Ensure better access** – making it easier for you to use GP services.
- **Support people to stay well** – you have told us you want us to focus more on this.
- **Match services to need** – directing people to the right care, and away from services which are not the most appropriate for them.
- **Maximise resources** – spending limited budgets to best effect, with a care system which avoids wasteful duplication.

The CCG has listened closely to what the people of Corby have told us. For example, our plan involves many of the key suggestions made at last December's workshop (see previous page).

We have also involved the East Midlands Clinical Senate, an independent body of doctors, in assessing the situation in Corby. They have advised that Corby is out of step nationally. The Senate favours a better connected urgent service, and filtered access where patients are navigated so that all attendance is appropriate for their need.

## **We will maintain an urgent service in Corby AND expand local primary care.**

We intend to procure a GP-led service to take up the work of the Urgent Care Centre, when the UCC's contract expires. We are commissioning this for the people of Corby, but CCGs from other areas will be asked whether they wish to be included in the new service.

It will be dealing with illnesses and minor injuries needing attention that day – but through pre-booked appointments rather than the walk-in system which currently operates.

This will significantly improve access to GP services (primary care) by providing thousands of additional appointments across the week, including evenings and weekends.

The service will operate as a Same Day Access Hub – guaranteeing an on-the-day appointment for **all** people with a clinical need for one.

Like the UCC and Corby's general practices, it will be staffed by GPs and Advanced Nurse Practitioners. What will make the new Hub different from practices is the continued on-site access to x-ray and other diagnostics.

Because the new model of care will not be a material change to what is currently offered, there is no need to consult on this. However, we do want to hear your views about what is changing – how you would access the service.

Corby Urgent Care Centre is run by a company called Lakeside Plus. Their contract has been extended while this conversation with the public takes place. The terms of the contract mean that it cannot continue beyond the end of March 2019.

## Continuing an urgent service

The people of Corby have expressed strong support for an urgent facility in the town. The CCG has listened to those views. We also recognise that many people find it difficult to make the correct choices to ensure they get the right care, first time.

That is why we will be seeking a provider for a new GP-led service in Corby – to deal with both urgent on-the-day cases AND those better suited to primary care.

The UCC's remit has been to provide treatment in situations where immediate care is required, but not at the life-threatening level of a full A&E Department. It deals with minor injuries and illnesses, and provides X-ray and diagnostic facilities – for patients who need some investigation or treatment but are unlikely to be admitted to hospital.

Examples of minor injuries are wound infections, minor burns or scalds, and suspected broken wrists or fingers.

The new Hub will continue all of this work. Ideally, it will be in the same location as the UCC, though that will be subject to negotiation.

The new service will have a different type of contract and will therefore be covered by a different set of standards. For example, it will not be subject to the rule that people must be seen and treated within four hours. But it will guarantee that people are seen in the right order and on the same day.

This table shows how we are preserving the core service and adding to it, to offer care for those whose needs are not currently being met:

Service elements	Old model	New model	Impact
Opening hours	8am–8pm every day (including Bank Holidays)	8am–8pm every day (including Bank Holidays)	No change
Diagnostics	Available	Available	No change
Clinical assessment and treatment	Minor injury Minor illness Paediatric Urgent Care	Minor injury Minor illness Paediatric Urgent Care	No change
Navigation	NHS111 Local health professionals	NHS111 Local navigation via practices and Hub	Enhanced – subject to public engagement
Staffing	GP Advanced nurse practitioner	GP Advanced nurse practitioner Extended primary and community roles	Enhanced – same staffing + other roles to provide additional aspects of care
Access	Walk-in only	Appointment: – Telephone – Online	To be shaped by public engagement
Observation bays	Yes	No	No evidence locally of observation bays reducing A&E attendance/hospital admissions

## Extending and enhancing primary care

There will be significantly **more** capacity in the local NHS than now – available 12 hours a day, every day. Overall there will be 59,000 appointments a year:

- 47,000 to cover **all** current Urgent Care Centre cases involving Corby people who don't require a visit to A&E or a hospital specialist
- An additional 12,000 to improve access to primary care in Corby

Trained navigators will ensure patients are helped to get to the service most appropriate for their need. For example, access will improve for parents who currently find it difficult to get an on-the-day appointment when one of their children is ill.

The CCG has also started to commission enhanced primary care services for people with long term conditions. We have ambitions to increase access to physiotherapists, pharmacists and other community-based professionals.

Having this enhanced support is something people in Corby have told us they would like to see. It will enable continuity of care and the proactive management of patients with ongoing conditions, keeping them well for longer.

Our plans will put Corby in line with national best practice (see NHS England's *General Practice Forward View* ([www.england.nhs.uk/gp/gpfv/](http://www.england.nhs.uk/gp/gpfv/)))

## How it will work

Exactly how the appointments system will operate will be influenced by what you tell us, so please answer our questionnaire.

The system is likely to involve people ringing their Corby GP practice. If their practice could not provide an appointment that day, or if the Hub was thought to be better equipped to meet their need, an on-the-day appointment would be arranged there instead.

Staff will be specially trained to help direct you to the right service for your need. They will always have access to clinical expertise, to support this process. This will include directing people straight to hospital if that is the best option for them – helping to avoid situations where patients are seen for the same issue in more than one place.

Because more appointments will be available, there'll no longer be a need to call first thing in the morning. Online bookings will be available too – though people using that route won't get support from a trained navigator.

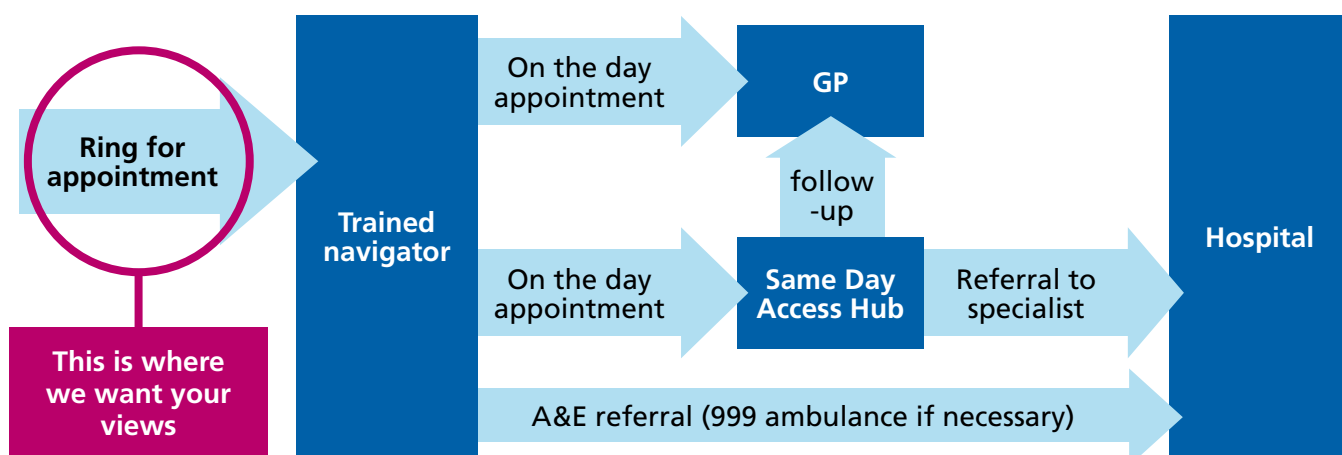
People won't be able to walk straight into the Hub to be seen. Anyone trying to do so will be given an appointment, either in their own practice or later that day at the Hub. Clinical need will always be the key factor.

Anyone using the Hub could also potentially be booked there and then for a follow-up appointment (if needed) with their GP practice – or referred directly to a hospital specialist. This is something the current Urgent Care Centre cannot do.

Hub staff will also be trained for this. They will have direct computer links to Corby's GPs for booking appointments at practices. Staff in both places will be able to see and update electronic patient records.

Patients from outside Corby wanting to use the Hub will be referred back to their own practice – unless their need is very urgent, in which case an ambulance will be called. CCGs from other areas will have the option of commissioning access to the Corby Hub for their own patients, if they wish.

This diagram shows how the new appointments could work. This is just one possibility. What actually happens will be shaped directly by what you and others tell us.



## The benefits of change

### The CCG's plan will bring many important benefits:

- Clearer direction for patients – increasing their chances of right care, first time
  - A big increase in GP-related capacity, addressing public concern around access
  - Guaranteed on-the-day access for anyone who needs it, including sick children
  - A service better aligned with need, with sicker patients directed straight to A&E
  - A better patient experience and improved outcomes
  - More time for GPs to support people to stay well, reducing A&E attendances
  - Maintenance of an urgent service in Corby
  - A more resilient healthcare system
  - Controllable costs and long-term affordability
  - New systems for direct patient referrals from the Hub to GPs or hospital services
  - Time-based appointments to reduce waiting times on arrival
- **Finance.** As the service will be procured under a different type of contract, it is expected to free up significant resources for use elsewhere. Filtered access will also control its cost. Financial projections show that the Hub will be viable and affordable, and can grow as our population continues to grow.
  - **A&E.** Detailed modelling shows the CCG's proposal will have a positive effect on Kettering Hospital. It indicates fewer admissions per year (because of better management of complex patients) – and minimal impact on A&E, with navigation directing people to the correct service for their need. The 4,600 Corby patients who currently go on to A&E from the Urgent Care Centre will still go to A&E – but without any delay. Those with minor injuries who currently use the UCC from outside Corby will be able to use other urgent care facilities in places like Oakham and Market Harborough. Direction from NHS111 will support this.
  - **Complex care.** The Hub's extra capacity and more joined-up systems will give GPs more time to support patients with complex needs (such as mental health issues or long term conditions), to keep them out of hospital. This will include longer appointments than the standard 10 minutes available now. The aim is to ensure these high-risk patients are identified and carefully managed, with detailed ongoing care plans in place and regular supervision by doctors, nurses and other professionals. As a result, they will be much less likely to need hospital care.

## What it means for patients

What can happen now	What would happen in future
<p><b>Stroke Symptoms</b></p> <p>63-year-old Yvonne woman has a numb face and is driven by her husband to Corby UCC. There, a doctor calls for an ambulance to take her to the specialist stroke unit in Northampton. She arrives there three hours after setting off for the UCC. Stroke treatment has reduced benefits after three hours, because speedy intervention saves lives and reduces long-term disability.</p>	<p>Yvonne's husband knows that he can't just turn up to the urgent service at the Same Day Access Hub. He rings their practice, where the care navigator immediately dials 999 for an ambulance. Yvonne arrives at hospital 30 minutes later.</p>
<p><b>Respiratory Disease</b></p> <p>75-year-old Joe, who has long-term lung disease, has a suspected infection and is having trouble breathing. His carer takes him to the UCC where he is assessed and given medication. When Joe falls ill again six weeks later, his carer calls an ambulance and he is taken to Kettering A&amp;E, where he is admitted after a six-hour wait. He stays in hospital for 10 days before coming home.</p>	<p>Joe regularly sees his GP as part of his ongoing care package. When he gets ill, his carer knows to ring the practice. As a high-priority patient, Joe's booked by the care navigator onto an appointment that day at the Hub. There he is checked, given medication and allowed home – but only after staff have booked him a follow-up appointment at his practice in a few days' time.</p>
<p><b>Poorly toddler</b></p> <p>27-year-old single mum Sally regularly uses Corby UCC when her children are under the weather. She's stopped trying to ring her GP practice because it's hard to get through at 8am when she's getting the two older ones ready for school. When her youngest is poorly, she goes to the UCC after the school run. Her boy is diagnosed as having a mild temperature and sent home to recover.</p>	<p>Sally knows she can't see a doctor or nurse without an appointment, but with the new Hub she's confident that won't be a problem. She knows she can ring at any time and get an appointment that day. The care navigator books her in at the Hub at a time convenient to her. The doctor at the Hub provides advice on when she can care for her son on her own – with support from her local pharmacist.</p>

### Dr Nathan Spencer, GP Member of the Governing Body for NHS Corby CCG

"Too many of our patients have not been getting the right care, in the right place, at the right time. At best, that provides a poor experience but, at worst, it can delay treatment and put people at risk. We want to correct that."



# Questions and answers

This page provides answers to some questions you may have. You can find a fuller version with more questions at [www.corbyccg.nhs.uk/current-conversations](http://www.corbyccg.nhs.uk/current-conversations).

## Does my view really have influence?

Yes. People's views matter and there has already been significant public input into this process, as described on page 9. The responses we receive will help to shape the terms of the contract for the new Hub – alongside other issues such as safety, affordability and legal considerations.

## Why can't things stay as they are?

The Corby UCC model doesn't comply with national guidelines for future urgent care. Doctors from the East Midlands Clinical Senate have also expressed concern that many thousands of local people aren't getting the right care at the first time of asking. The CCG has a plan which addresses these issues AND retains the same models of care. What will change is how people access this care – through appointments, rather than walking in. This will ensure everyone is directed to the right care, first time. The CCG's plan is also much more affordable.

## Why are you only asking about access, not the change from an Urgent Care Centre to a Same Day Access Hub?

Although the name of the service will change and it may be delivered by a different organisation (depending on the contract procurement process), the actual model of care being provided will be the same. It is also important to note that the CCG's plans have already been directly shaped by what the people of Corby have told us. Therefore the model of care is not something on which to consult. However, we want to continue involving local people in our decisions. We are focussing on where change is proposed – the switch from a walk-in facility to an appointment-based system, and how that should work in practice.

## Is this about cutting costs?

The primary reason for changing access to services is clinical, not financial. In other words, the current service is not ensuring people get the right care in the right place. That can lead to delays and can even increase risk for the patient. There are budget pressures within the local NHS, which have made this need for change more urgent. The new Hub is expected to cost significantly less than the Urgent Care Centre, which will free up resources for other services.

## How would I get an appointment?

Exactly how this will work is what we are having a conversation about. At present if you want an appointment at your GP you usually call, use online booking or drop in. At the Urgent Care Centre, you walk in and wait – there are no appointments. The proposal is to standardise and simplify the system, with all access provided through your practice. If you needed a same day appointment and your practice couldn't provide one, a trained care navigator would book you in at the new Hub. Importantly, you'd no longer have to call at 8am to ensure support that day, because there'd be so many more appointments available.

## What will be the impact on Kettering Hospital?

Detailed modelling indicates the overall effect would be positive. There would be fewer hospital admissions per year and minimal impact on A&E attendance. 4,600 Corby patients already have to go on to A&E from the Urgent Care Centre. That level of activity would continue – but better navigation will help patients to go to A&E immediately rather than delaying their treatment by seeking treatment elsewhere first.

# Next steps

You have until **Sunday 8 April** to give us your views. Responses received after that date will not be taken into account.

## You can participate by:

- Completing the questionnaire in the middle of this booklet and returning it to the Freepost address given (ensuring you FOLD the questionnaire so that the envelope you use is no bigger than half a standard sheet of paper)
- Completing and submitting the online form at [www.corbyccg.nhs.uk/current-conversations](http://www.corbyccg.nhs.uk/current-conversations)
- Writing out your own responses to our questions in an email and sending it to [info@arch-comms.co.uk](mailto:info@arch-comms.co.uk)
- Writing out your own responses in a letter and sending it to this address (this is all you need to write on the envelope and there is no need for a stamp):

## Freepost

### NHS Corby Responses

- Attending one of the many presentations and conversations the CCG will be holding during the engagement period. Information about these will be regularly updated at [www.corbyccg.nhs.uk/current-conversations](http://www.corbyccg.nhs.uk/current-conversations)

Please note this is a conversation with the people of Corby. Responses received from all individuals, groups and organisations will be carefully assessed, but the CCG reserves the right to give particular weight to the opinions of those for whom we commission healthcare.

Responses will be used to inform the decisions of the Governing Body of Corby CCG – alongside clinical, financial, procedural and legal considerations.

Any resulting changes will be put in place by 31 March 2019 at the latest – the date when the current contract for the Urgent Care Centre stipulates it must end.

## Dr Sanjay Gadhia, GP Member of the Governing Body for NHS Corby CCG

"We have an opportunity to improve our local NHS by helping it to focus on what really matters. This will have major benefits for all of us in Corby."

