

RE-SETTING HEALTHCARE IN CORBY

Answers to questions you may have

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 of the engagement document. 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.

Is the CCG plan a downgrading of the service?

No – as our engagement document explains. The model of care in the Same Day Access Hub is the same as that for the Urgent Care Centre. This covers the opening hours, the clinical staffing, the types of illnesses and minor injuries it is designed to treat and the retention of x-ray and other diagnostics. The one significant change is how the service will be accessed – by appointment, rather than walking in. This is to help people get to the right service, first time. Exactly how this will work is what we are talking to the public about now.

Why are you only asking about access, not the change 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 will be the same. It's 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.

Why can't things stay as they are?

People have told us that we need to improve access to GP services. 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 Corby UCC model doesn't comply with national guidelines for future urgent care. The CCG has a plan which addresses all these issues AND retains the same model of care. What will change is how people access this care – through appointments, rather than walking in. This will ensure that everyone is directed to the right care, first time. The CCG's plan is also much more affordable.

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 that 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.

What guarantees can you give about being able to see a GP on the same day?

The CCG's plans will significantly increase the number of primary care appointments available in Corby. Anyone with a medical need for an appointment that day will be guaranteed one – either at their GP practice or at the new Same Day Access Hub.

Why is it a problem for people to use the UCC when they can't get to see their GP?

The UCC was never designed for that purpose. Such cases increase the centre's workload, extend waiting times and potentially delay urgent treatment. It is also a major waste of resources, because the cost to the NHS of someone attending the UCC (£63 each time) is much greater than it is for seeing a GP (£82.50 per patient for all care across an entire year).



Will you be increasing the number of GP appointments available?

Yes. As well as ensuring enough capacity for the Hub to deal with all of the UCC's current workload for Corby people, there will be another 12,000 primary care appointments every year on top of that. People have told us that access is a problem – particularly on the day – and we want to address that. We'll also ensure that the service can grow if it needs to.

How will 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, they would book you in at the new Urgent Care Service. Importantly, you'd no longer have to call at 8am to ensure support that day, because there'd be so many more appointments available.

Will it take ages to get through and book an appointment?

We are working with Corby GP practices to ensure that when you call your surgery you are dealt with quickly and efficiently. There will still be times when the phones are busy and you may have to wait to speak with someone, but when you do it should be easier and quicker to get an appointment booked because so many more will be available.

What do I do outside the hours of 8am – 8pm?

Out of hours, the system won't change. You should ring NHS111 to be assessed on your need and to get advice on the right course of action.

What will be the impact on Kettering Hospital?

Detailed modelling indicates the overall effect will be positive. There'll be fewer hospital admissions per year because of the extra support for people with long term conditions, 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 will continue – but better navigation will help patients to go to A&E immediately rather than delaying their treatment by seeking treatment elsewhere first.

Who will make decisions regarding appointments?

Patients have told us of their concern that receptionists can act as a barrier to accessing care. All receptionists are already receiving special "navigator" training on how best to meet patients' needs. They will also always have access to clinical advice. People in need of an on-the-day appointment will get one.

Will the new Hub accept people from outside Corby, like the UCC does?

Corby CCG is planning to advertise a contract specifically for the people of Corby. This means that patients not registered to a Corby GP won't automatically be able to access the service. However, CCGs in neighbouring areas will be able to buy access to the Hub for their own populations if they wish. That is a matter for them. Were they to do so, it would not compromise the number of appointments available to Corby people.

Will the Same Day Access Hub actually turn away people who just turn up?

The Hub will work on an appointments basis, so people won't be able to turn up and expect to be seen there and then. However, there'll be a trained navigator at the front desk who'll be able to help them make the right decision about which service to use. That could involve booking them in to see someone at their own GP practice or at the Hub later that day, if that is needed. Clinical need will always be the key factor. Anyone not registered with a Corby GP is likely to be told to contact their own practice, unless their own CCG has purchased access to the Hub. Those decisions will be made before the new service starts.



Do the proposed changes mean I won't be able to see my own GP?

Exactly how the appointment system will work will depend on what people tell us. Your first point of contact may well still be your GP surgery. If your practice has appointments available, they'll book you in. If not, they would arrange an appointment for you at the new Hub. As a result of the changes, if you have a long term condition and your GP has identified that you need regular support to keep you well, you are likely to have more time with your doctor as a priority case. Continuity of care is important in such circumstances.

When I last booked an appointment at the GP I ended up seeing a nurse – why?

It is important to realise that primary care is not just about GPs. Nurses and therapists are also highly trained professionals who, like doctors, can specialise in different areas of healthcare. Some are also trained to prescribe medicines. It is not always necessary to see a GP and your surgery uses the information you provide about your condition to decide the best person for you to see.

Why is there no proposal for an Urgent Treatment Centre in Corby?

GP-led Urgent Treatment Centres (UTCs) are part of national NHS plans to establish a more consistent approach across the country – providing walk-in help for patients whose need is immediate but not serious enough for A&E. The national thinking is that they should cover very large populations (up to a million). Development of such a centre for Corby in isolation is not a realistic option, and doctors at the East Midlands Clinical Senate recommended that UTC provision should be considered on a wider population basis.

Why has the company running the UCC disputed figures used by the CCG?

There are differing views on exactly how to interpret data about how the UCC is used. However, there is clear evidence that not everyone gets the right care first time. Some people using the UCC could have had their needs met elsewhere, if they had been supported to make a different choice about which service to use. This is confirmed by what people have told us themselves. The CCG's plan is designed to address this.

Will the new service retain the observation bays in the UCC?

The planned Same Day Access Hub will not have dedicated observation bays. However, it is important to stress that the new service will have the staff and facilities (including consulting rooms) for the same interventions. So there will be no adverse impact.

How will calls and patients be prioritised?

The special training given to the care navigators who answer the phones will enable them to take appropriate action and prioritise cases (including immediately ringing for an ambulance if necessary). They will also have access to clinicians if they feel they need further input.

How quickly will calls for appointments be answered?

One of the key things we are asking people is exactly how the navigation and appointments system should work. For example: what is a reasonable length of time to have to wait before a call is answered? The public input on this will be used to build standards into the new service contract. The CCG is also looking at how new technology can create extra phone-answering capacity – such as automatically re-directing calls from a GP surgery to the new Hub if they're not answered quickly enough.

How can a parent with an injured child or anyone in distress be expected to book an appointment?

Some appointments at the Same Day Access Hub will be held back and kept available for people who need to be seen very quickly. The navigator will make the booking and there'll be no wait on arrival – especially important where injured children are concerned.



WITH THE NEW SERVICE, WHAT WILL HAPPEN IF...

...someone is short of breath and may need nebulising?

For those struggling to speak or with reduced consciousness, the navigator will call a 999 ambulance. For those short of breath but not in immediate danger, a same day appointment will be booked at the Same Day Access Hub at the earliest opportunity. There will be the ability to flex appointments to ensure earlier timeslots are reserved for people who may require them for clinical reasons. We expect the Hub to be able to give nebulised medication and monitor people in the same way as the UCC and GP practices currently do. If someone failed to respond to a nebuliser, they'd be admitted to Kettering Hospital if needed. This is the same as current practice.

...a child has a temperature?

Children with fevers will be offered a same day appointment at the new Hub for clinical assessment. There will be the option to refer to the CATCH team (Care, Assessment and Treatment of Children at Home) for ongoing monitoring and parental reassurance. The East Midlands Clinical Senate was very clear that they could not support paediatric observation couches in the new service. We continue to ensure that there is sufficient capacity in the CATCH team to care for these children.

...someone has chest pains?

Anyone in this situation should attend Kettering A&E for assessment, via a 999 ambulance. The best management of suspected cardiac chest pain is for the patient to be rapidly assessed in a place where blood vessels can be unblocked – to ensure faster treatment for cardiac problems. A service in Corby is never going to be the right place for such cases.

...someone has a deep vein thrombosis and needs daily blood thinning drugs, but can't get into their regular clinic?

The CCG recognises that it is not good for such patients to have any delay in this treatment. Most people can be shown how to self-administer the drug, so we don't expect many to require daily visits. If they do, they'll be able to choose whether to attend their own GP practice or the Same Day Access Hub.

...someone has sepsis (blood poisoning)?

Sepsis is potentially life-threatening. It is important that anyone in this situation gets treatment in a place with critical care facilities as quickly as possible. If someone booked into an appointment at the new Hub was found to have sepsis, staff there would provide initial treatment. However, the patient would then need to transfer to Kettering Hospital. Where a care navigator thinks someone may have sepsis at the point of requested an appointment, they will despatch an emergency ambulance to ensure rapid access to treatment.

...someone has anaphylaxis (a severe allergic reaction)?

People with suspected anaphylaxis must get definitive treatment on a site with critical care facilities as quickly as possible, as they may need their airways opened or other specialist services. These patients should be transported to Kettering Hospital via a 999 ambulance, if necessary called by the navigator.

...someone has an acute asthma flare-up?

The extra primary care capacity we are commissioning will give practices more time for people known to have asthma. Such patients should therefore be aware of when to seek help, and be provided with a care plan and standby medication where appropriate. This plan will tell them when to call a 999 ambulance and when to attend a facility like the Same Day Access Hub. The Hub will have treatment room facilities and be able to administer nebulised medication where appropriate. Hub staff will also be able to book someone straight into a follow-up appointment with their GP – something the UCC cannot do.



Have the local hospitals and ambulance service been involved?

Kettering General Hospital and East Midlands Ambulance Service have been involved. Both organisations have received and been able to comment on our plans.

