

Same Day Access Hub Engagement – Final Report

Executive summary

This latest stage of Corby Clinical Commissioning Group's ongoing engagement programme took place over eight weeks from February to April. Its focus was on access and navigation relating to the Same Day Access Hub and enhanced GP services – a plan agreed by the CCG's Governing Body in January.

The engagement programme was supported by comprehensive communications and included:

- Face-to-face conversations with community groups and at locations with high footfall
- A printed engagement document with a questionnaire
- Online materials, including the document and questionnaire
- A workshop specifically aimed at gaining public insight to shape the contract specification for the new service.

The numbers

Engagement reach

- The programme reached more than 43,000 people online – around 1,500 via the CCG website and almost 42,000 through social media.
- More than 1,800 people were engaged face-to-face
- The CCG's engagement team visited 39 different venues (6.5 per week)
- 20 people attended the workshop
- 21 people were engaged via MP letters and 11 by direct email/letter

Questionnaire responses

- 513 people completed the questionnaire
- 90% of respondents support the extension of access to primary care to 12 hours a day, 365 days a year
- 60% of people support (30% strongly, 39% to some extent) the use of trained phone navigators to help people access the right care – but 21% do not support this
- Opinion is evenly split between having a centralised phone number (43%) or calling individual practices (40%)
- 45% of people are happy to wait 1 to 2 minutes for their call to be answered, while 31% would rather it was answered in 30 to 60 seconds
- 95% people thought it important (67% very important, 28% to some extent) to have flexibility around when they called
- 59% support the option to book a hub appointment online
- 73% were confident (47% very confident, 26% to some extent) that an appointments system would guarantee on-the-day access – but 24% were not

1. Introduction

In January 2018 the CCG Governing Body agreed to procure a new GP-led service known as a Same Day Access Hub. The CCG was advised that formal consultation on this plan was not required because:

- There was no material change in the core model of care
- There had been substantial and meaningful public engagement between September and December 2017.
- The planned service has been directly shaped by public opinion
- All other CCG options (including closing the Urgent Care Centre without a replacement service) had been dropped

The CCG's position on this was supported by the Northamptonshire Health Overview and Scrutiny Committee, the body with statutory oversight on such issues.

However, a further eight-week phase of public engagement was undertaken between Monday 12 February and Sunday 8 April 2018. The focus was on where there will be elements of change – from a walk-in arrangement to an appointments-based system, with the introduction of care navigation.

The intention was to give local people the opportunity to shape the access and navigation aspects of the new service, feeding directly into the contract specification.

We thank everybody who gave up their time to share their views, experiences and opinions of healthcare services. We would also like to thank the organisations, partners and businesses which supported the programme.

In planning and delivering this engagement, we have paid due regard to the need to gain the views, opinions and insight from members of all groups within the Corby community. This will help us understand the likely impact of any changes to local NHS services on disabled people, the elderly, racial minorities or any other group that has a protected characteristic as defined under the Equality Act 2010.

2. Delivery

An engagement document, with a pull-out questionnaire to be completed and returned via a Freepost address, was produced and distributed. The document included information about the Same Day Access Hub as well as explaining the issues faced by the NHS locally.

3,000 copies of the engagement document were printed. All but 200 of these were distributed, including at the following venues:

Location	Copies provided
Lakelands Hospice	20
Lakeside Surgery	100
Great Oakley Surgery	100
Forest Gate Surgery	100
Studfall	100
Studfall	100
Woodsend Surgery	100
TA centre	100
Corby Cube	200
Lakelands Emporium	10
Rooftop Arts	15
Lydia's Café, Gretton	10

Promotional posters were put up in all the above locations, in pharmacies, shops and cafes in Corby town centre, and at all the community venues and supermarkets we visited.

The questionnaire and all associated information were also accessible on the CCG's website.

The CCG's engagement team visited 39 different venues across the eight weeks (an average of 6.5 per week). These included most of the venues and community groups involved in the previous engagement programme at the end of 2017. Other groups and meetings were added to enhance community reach, with a particular focus on people with protected characteristics as defined under the 2010 Equality Act.

Presentations followed by question and answer sessions were made at the Corby HART Club, Corby Rotary Club, U3A and the Corby Business Club.

Finally, the CCG held a public workshop on Tuesday 3 April at the Best Western Hotel in Corby. A second afternoon event was cancelled prior to this due to lack of public interest. All activity was supported by comprehensive media and social media promotion, as well direct e-mail to interested groups and stakeholders.

3. Engagement reach

Questionnaire

531 people completed the questionnaire either online or using the paper version.

Online

Engagement copy was uploaded to the NHS Corby CCG website on February 12 2018: www.w.corbyccg.nhs.uk/current-conversations/. This included a main page, the engagement document, questions and answers, and a 'Get Your Views Heard' page with details of public events.

The following figures are for the eight-week engagement period.

a. www.corbyccg.nhs.uk/current-consultations/:

- Page views for Current Conversations page: 1,003
- Page views for Engagement Document: 296
- Page views for Get Your Views Heard: 175

Total number of page views for all engagement pages: 1,474 (The CCG's website has had an average of 5,397 page views per month this year across ALL pages)

b. Social media

Twitter:

- Tweets posted: 92
- Impressions: 29,648 (The NHS Corby CCG Twitter account has had an average of 23,433 impressions per month this year)
- Engagement (link clicks, retweets, likes): 440

Facebook:

- Posts: 81
- Reach: 12,183 (The NHS Corby CCG Facebook account has had an average reach of 12,289 per month this year)
- Engagement (Post clicks, reactions, comments, shares): 645

During this period, our total reach across Twitter and Facebook was 41,831.

Face to face

We spoke to approximately 1,841 people face-to-face. This figure does not include stakeholder meetings.

Appendix 1 lists all the groups and venues attended. Appendix 2 is a complete list of all the community groups, organisations and businesses we contacted and the outcomes. Where we attended community groups, notes were taken on the issues and questions raised. A summary of the key issues is in the engagement log in Appendix 3.

Workshops

We held one workshop in April. Invitees included:

- Corby Patient Representative Group (PRG)
- GP practices' Patient Participation Groups (PPGs)
- General public (promoted through social and local media)
- Stakeholders and community group representatives

20 people attended from a cross-section of stakeholders, patients and the public.

Responses to questions

A direct email address was promoted as a way for people to express concern or raise issues they felt were not covered by the engagement document or questionnaire. Each contact received a tailored response. Emails, letters and questions received are in Appendix 5. Responses were also given to correspondence forwarded by the local MP, Tom Pursglove, from his constituents.

Stakeholders

Alongside the public, we also ensured health and social care colleagues, statutory bodies and politicians were informed and involved:

- Members of CCG's executive have engaged with clinicians in Corby, across Northamptonshire and in neighbouring counties.
- We have had a number of meetings with Tom Pursglove MP.
- There were briefings for Corby Borough Council, the Health and Wellbeing Board and the Northamptonshire Overview and Scrutiny Committee.
- A stakeholder newsletter was produced prior to the engagement launch

4. Insight gained

Engagement questionnaire

- The majority of respondents support the extension of access to primary care to 12 hours a day, 365 days a year (90%)
- The majority of people either strongly support (30%) or support to some extent (39%) the use of trained phone navigators to help people access the right care; however, 21% do not support this
- People are fairly evenly split between having a centralised phone number (43%) or calling individual practices (40%)
- 45% of people are happy to wait 1 to 2 minutes for their call to be answered; 31% would rather it was answered in 30 to 60 seconds
- The majority of people thought it was very important (67%) to have flexibility around when they called and 28% thought it was important to some extent
- There is support for being able to book a hub appointment online (59%)
- 47% were very confident an appointments system would guarantee on-the-day access; 26% were confident to some extent; 13% are not confident in an appointments-based system and 11% are not at all confident

When asked if they wanted to expand on their answer relating to confidence in the service, a range of comments were made. These are summarised below:

Online access

Comments reflect the data – some people are happy and confident using an online booking service and prefer it to calling, others are not. There were suggestions that some navigation would be helpful online. Concerns included people using it to avoid navigation and abusing the system, and the disenfranchisement of those who can't/won't use the internet.

The change to an appointments-based service

Positive comments:

Some of these came from people who had experienced long waits to be seen at the Urgent Care Centre. They supported the idea of appointments as likely to reduce the anxiety they felt as a result of delays. Many people said they wanted to wait and see how the new system worked before judging it. People also stated there was less chance of the system being 'misused' if navigation and appointments were introduced.

Negative comments:

There is concern that the move to an appointments-based system will put further pressure on Kettering General Hospital's A&E department. Respondents also have concerns about potential delays in the telephones being answered, delaying care. In addition, there were requests for a walk-in service to be retained and a couple of comments referred to the service being 'down-graded'. There were a couple of queries from carers about how they would be able to access appointments for those they are caring for.

Current experiences at GP practices

People's current experience of accessing appointments at their GP surgery is reflected in their confidence in a telephone-based appointments system. Most comments referred to negative experiences, long telephone queues and not getting appointments when they got through to reception. In contrast, those who found it easier to get a GP appointment on the same day they needed one were more confident that the new system would work.

Comments about the navigation and navigators

People were generally happy with the idea of navigators as long as they were well-trained – possibly with clinical expertise – and there were adequate numbers of them.

Other concerns raised

- There was some confusion resulting from misinformation. Some people thought the UCC had already closed or was going to, others that the appointments system was already in play.
- A key issue raised was by residents (both of Corby Borough and elsewhere), who are not registered with Corby GP practices and therefore fear not being able to access the new Hub. This was of particular concern to people in Gretton, whose surgery is a branch of an Uppingham-based practice.
- People questioned whether there would be enough appointments and if they would run out at some point during the day.
- Some respondents cited examples of when they had used the UCC in the evening. They were concerned that with a telephone-based system, they would not be able to do this, as the appointments would already have gone.
- There is some concern that a telephone-based system would delay care.

Respondents' demographic information

- 64% have lived in Corby for over 10 years, 10% do not live in Corby
- Most had a NN17 (37%) or NN18 postcode (47%). 7% were from the LE16 area, 5.5% had a NN14 postcode and 1% a PE8 postcode – all geographical neighbours to Corby. There were also responses from people in the NN9, NN12, NN15, NN16 and MK44 areas.
- 55% are registered with Lakeside, 15% at Great Oakley and 15% at Woodsend; 5% with Dr Kumar's Studfall practice and 3% at Dr Sumira's Studfall practice. 11% stated they are registered with other practices.
- There was a reasonable age spread, but with some bias towards older people. 25% were aged 60-69, 20% were 70-79, 3% were 20-29.
- 68% were female and 30% were male
- 93% considered themselves as white British
- 83% did not consider themselves disabled, 14% did
- 14% are carers
- 9% work for the NHS

Respondents were also provided with a free text box to express an interest in receiving updates from the CCG about healthcare in Corby. We will contact those who provided contact details to confirm they wish to be kept informed, what data we will store and how they would like us to contact them, in line with current and in-coming data protection legislation.

Many respondents also used this box to add additional comments. These are shown in Appendix 4. The key themes from these comments reflect those listed previously.

Letters and emails

The engagement team responded to all emails and letters received. Where common themes and questions were identified these were added to a frequently asked questions (FAQs) document which was regularly updated on the website. Copies were also printed and made available to hand out when we were talking to people face to face. The FAQs document is available in Appendix 7.

The engagement team also responded to issues forwarded by Tom Pursglove MP from his constituents (21 letters/emails in total). The two key issues raised in these were:

- Access for people who are not registered Corby CCG patients, but where the current Urgent Care Centre provides the nearest access to an urgent/same day service
- How the new appointment system will work

Workshop insights

There was a noticeable presence of people aligned to the Save our Urgent Care Centre Group at the workshop. While they were welcome to attend and share their views, this did influence the event's outputs and outcomes. A list of all comments and questions can be found in Appendix 6.

Attendees were asked to consider in three smaller groups what a 'good' healthcare service would look like, by thinking about the following questions. The groups' responses have been collated under the questions/headings:

- What should be the standard time you should wait for your call to be answered?
Standard time to answering calls ranged from 1 to 5 minutes
- How long before your call to your practice transfers to the Hub?
Responses also ranged from 1 to 5 minutes. One group believed the call should not auto-transfer to the Hub, with the caller having the option to stay on the line if they want to see their own GP.
- How comfortable are you with the idea of phone triage?
People were comfortable with phone triage, but less so with explaining in person at a reception desk. There was concern about the ability of trained navigators to spot difficult conditions and the risks attached to this. It was suggested that if navigators were medically/clinically trained, it would give people confidence.

- What time should phone lines open?
Responses ranged from 6-7am, for appointments starting at 8am. There was also a suggestion that lines should open late evening (post 8pm) to allow people to book for the next day.
- Do you want to access appointments online as well as by phone?
There were mixed feelings about online booking. One group stated they would prefer the immediate response and feedback of a phone call and asked if an online chat was possible. They felt two-way communication online would be needed. There was concern about equity of access for people without internet access, and questions about how online booking would work alongside telephone triage. It was also suggested that this could enable people to avoid telephone triage and navigation.
- Would you rather call your GP or a central number?
The response was mixed. Two groups preferred the central contact number, one suggested a system where patients could pick from a menu depending on what service they required (eg GP; urgent service; minor injury; advice).
- Should some patients be directed to specific places?
Of the groups that discussed this question, it was thought people could be directed to pharmacy, physiotherapist or mental health services.
- What else?
 - The telephone number should be free or local call charge only.
 - An equality impact assessment needs to be carried out and consideration given to patients who do not recognise their symptoms as something serious.
 - If people get an appointment within a few hours [of calling], it would help patient behaviour and expectations
 - People need to be educated about what is a reasonable time to wait
 - Concerns about how people visiting Corby will access healthcare and how test results/feedback from investigations will be managed
 - The needs of vulnerable users need to be addressed
 - Data protection concerns about attending the Hub , over patient records and consent for sharing information with GP practices)

Mood boards

At the beginning and end of the workshop, we asked attendees to indicate how they felt emotionally about three aspects of the CCG's plans, on a scale of one to ten:

- The proposed plans will help me, and those that matter to me, keep well and healthy
- Navigation will assist me to get the right treatment from the right clinician at the right time
- Having access to appointments from 8am-8pm means I will be seen and treated the same day if needed

However fewer people completed this exercise at the end of the workshop than at the beginning, it is not possible to measure the output from this exercise.

Face to face engagement

Key comments and issues raised in conversations with people reflected those expressed in written responses:

- A mixed response to the move from a walk-in facility to an appointments-based system – some against (delays in care; currently can't get through on phones at GP) and some in support (gets rid of people who are misusing the centre; you don't have to wait around for hours to be seen)
- Corby Borough residents registered with GP practices under neighbouring CCGs not having access to the new Hub
- Rumours the UCC had been closed and the service was being 'downgraded'
- Triage by receptionists a concern in case they get it wrong.

At the visits to the Teamwork Trust, MIND, and the travellers' site on Dunlop Road, it was more appropriate to talk to people as a group first, rather than just hand out copies of the document to complete.

Additional information gained is included in Appendix 3. The comments from the group at MIND are included in the engagement log.

6. Conclusions and recommendations

This engagement has confirmed strong public support for extended access to primary care and recognised the need for consistency of access across Corby.

The majority support navigation (both online and on the telephone), to help people get the right care in the right place. However, there are some reservations around the level of training care navigators will have.

Other concerns are practical ones – how easy will it be to get through on the phone, how likely am I to get an appointment? The nature of people’s responses is clearly linked to their current experience of booking appointments at their GP practice.

There is still some opposition to the switch from walk-in to appointments, but there support for it too. Many want to wait and see how it works before commenting. A smooth implementation of the new service, care navigation and booking systems is essential, if the population is to be reassured that the CCG’s plan will benefit them.

Recommendations

- A comprehensive communications and engagement programme in the run-up to the launch of the new service is a must. There are too many misconceptions, too much misinformation and some confusion over how this will work in practice.
- On-going engagement and communication from post-purchase up to mobilisation is also needed to demonstrate the CCG has listened – not only to the comments/data from the questionnaire, but also to the additional concerns raised in relation to primary and urgent care access.
- People essentially want and need to know how to access healthcare for themselves, their families and loved ones, in the future.
- There are particular sectors of the community that will need additional communication and engagement prior to launch: travellers, carers, parents of young children, people with mental health conditions and learning disabilities, people with physical disabilities and their carers. (We have made further inroads into engaging with Eastern European communities locally, but this remains work in progress.)
- East Leicestershire and Rutland (ELR), Nene and Cambridge and Peterborough CCGs will need to communicate clearly to their patients where they can access care once the new Hub service is launched. Joint, consistent messaging and for these patients will be essential.
- In line with good engagement practice, a public-facing summary of this report should be made available, alongside this longer document, once this report has been through the assurance process at the CCG’s PPEA Committee. This will demonstrate continuing transparency in the process in the run-up to the launch of the Same Day Access Hub.

Appendix 1: Engagement Calendar

February

13	Tesco, Corby
13	Corby Rotary Club
15	Weetabix
20	RS Components
21	HART Group (presentation)
21	Corby MIND
22	The Autumn Centre
23	Great Oakley Surgery
24	Corby International Swimming Pool
26	Corby Alzheimer's Singing Group
26	U3A (presentation)
27	West Glebe Sports Centre
27	Corby Carers Group
28	Corby Cube Library

March

1	Lakeside Surgery (postponed due to snow)
2	Teamwork Trust (postponed due to snow)
5	Forest Gate Surgery
6	Rockingham Tuesday Coffee Club
6	Gretton Lunch Club
7	Morrisons, Corby
7	Health Overview and Scrutiny Committee
8	Corby Market
9	Kingswood Children's Centre
13	Lydia's Shop and Café, Gretton
14	Singing for Breathing, Corby Cube Library
14	Swan Gardens drop-in session
14	Protected Learning Time event for Corby GPs
15	Lakelands Emporium Café
15	Lakeside Surgery (rescheduled visit)
20	Asda, Corby
21	Corby Train Station (targeting commuters)
21	Corby LGBT Group
22	Corby Business Group
22	Pen Green Children's Centre
23	Cottingham and Middleton Shop and Café
23	Teamwork Trust (rescheduled visit)
26	Corby Cube Library
27	Studfall Surgery
27	PPEA Committee
28	PPG Chairs Meeting
29	Dunlop Close Traveller's Site (cancelled as no one on site)

April

3	Woodsend Surgery
5	Weetabix
6	Dunlop Close Traveller's Site (rescheduled visit)

Red text identifies activity which overlaps public and stakeholder engagement.

Appendix 2: Contacts made and outcomes to date

Type	Location / Group	Phone calls	Emails sent
Drop-in	Asda	3	1
Drop-in	Autumn Centre	2	0
Drop-in	Corby Cube Library	2	1
Drop-in	Corby International Swimming Pool	1	0
Drop-in	Corby Market	2	0
Drop-in	Corby Railway Station	3	2
Drop-in	Cottingham Village Shop	2	0
Drop-in	Forest Gate Practice	1	1
Drop-in	Great Oakley Practice	1	1
Drop-in	Gretton Lunch Club	3	0
Drop-in	Kingswood Children's Centre	4	3
Drop-in	Lakelands Emporium	4	0
Drop-in	Lakeside Practice	1	1
Drop-in	Lydia's Coffee Shop, Gretton	2	0
Drop-in	Mind Corby	6	3
Drop-in	Morrisons	7	2
Drop-in	Pen Green	4	3
Drop-in	Rockingham Tuesday Coffee Club	1	0
Drop-in	RS Components	1	0
Drop-in	Studfall Medical Centre x 2	1	1
Drop-in	Swan Gardens Care Home	2	1
Drop-in	Tesco	4	0
Drop-in	Weetabix - Plant 1 and Plant 2	3	5
Drop-in	West Glebe Sports Pavilion	1	2
Drop-in	Woodsend Practice	1	1
Materials distributed	Aardvarks Little Explorers	1	2
Materials distributed	Avon Cosmetics Customer Contact Centre	1	2
Materials distributed	Beanfield Neighbourhood Association		
Materials distributed	Benteler Automotive UK Ltd	1	2
Materials distributed	Bridge Substance Misuse Support Group	1	2
Materials distributed	Cambridge Weight Plan	1	2
Materials distributed	Centara Neighbourhood Association	0	1
Materials distributed	Ceva Logistics	1	2
Materials distributed	Corby Amateur Olympic Boxing Club	1	2
Materials distributed	Corby Borough Council	1	2
Materials distributed	Corby BC Talkback, for tenants/leaseholders	1	1
Materials distributed	Corby BC Neighbourhood Team Newsletter	2	1
Materials distributed	Corby Business Network social media		
Materials distributed	Corby Enterprise Centre	1	2
Materials distributed	Corby Focus Magazine	2	1

Materials distributed	Corby Food Bank	1	2
Materials distributed	Corby Irish Centre	1	2
Materials distributed	Corby LGBT Group	1	2
Materials distributed	Corby Masonic Complex Newsletter	0	1
Materials distributed	Corby Stroke Association	1	2
Materials distributed	Corby VCS	5	3
Materials distributed	Corby Widows Friendship Club	0	1
Materials distributed	Cottingham & Middleton Newsletter / social media	1	6
Materials distributed	Cottingham Parish Council Newsletter		
Materials distributed	Danesholme Playgroup	1	2
Materials distributed	East Lloyds Neighbourhood Association	0	1
Materials distributed	Exeter Children's Centre	1	2
Materials distributed	Exeter Neighbourhood Association		
Materials distributed	Family Support Link	0	1
Materials distributed	GEFCO	1	2
Materials distributed	Harmony Group	3	4
Materials distributed	Hazel Leys Neighbourhood Association		
Materials distributed	Home Start Corby	1	2
Materials distributed	Hope Church Parent and Toddler Group	1	2
Materials distributed	Integrated Cancer Therapies Group	1	2
Materials distributed	Jeakins Weir Limited	1	2
Materials distributed	Kettering Volunteer Network Newsletter	0	1
Materials distributed	Kingswood Neighbourhood Association	0	1
Materials distributed	Lakelands Hospice	1	2
Materials distributed	Made in Corby email updates	0	1
Materials distributed	Maplefield Circle of Friends	0	1
Materials distributed	Middleton Parish Council Newsletter		
Materials distributed	Morrisons Distribution Centre	1	2
Materials distributed	MPB	1	2
Materials distributed	Northants Walking Football Association	0	1
Materials distributed	Oakley Vale Neighbourhood Association	0	1
Materials distributed	Orchard House Foods Limited	1	2
Materials distributed	Pen Green / Kingswood Children's Centres	1	2
Materials distributed	Priors Hall Park Neighbourhood Association		
Materials distributed	Rockingham Village Hall	1	2
Materials distributed	Roquette UK Limited	1	2
Materials distributed	Royal Electrical and Mechanical Engineers Corp – Kettering, Corby & District Newsletter	0	1
Materials distributed	Stanion Parish Council Newsletter	0	1
Materials distributed	Stoke Association (Danesholme)	2	1
Materials distributed	Sunrise Families	1	2
Materials distributed	Swan Gardens Supported Living	1	2

Materials distributed	Tata Steel	1	2
Materials distributed	The Autumn Centre	1	2
Materials distributed	The Well Walking Group	0	1
Materials distributed	Valley Voice Choir	1	2
Materials distributed	Watermark Publishing	1	2
Materials distributed	Weetabix – Plant 1 and Plant 2	1	2
Materials distributed	Weldon Parish Council Newsletter	0	1
Materials distributed	Wincanton	1	2
Materials distributed	Young at Heart Lunch Club, Irish Centre	1	2
Materials distributed	Young Healthwatch		
Posters left	Asda		
Posters left	Bewitched Coffee		
Posters left	BHF Charity Shop		
Posters left	Corby Cube Library		
Posters left	Corby International Swimming Pool		
Posters left	Dr Sumira's Practice		
Posters left	Forest Gate Surgery		
Posters left	Great Oakley Medical Centre		
Posters left	Gretton Parish Council		
Posters left	Gretton Village Hall		
Posters left	H&M		
Posters left	Lakeside Surgery		
Posters left	Marie Curie Charity Shop		
Posters left	Morrisons		
Posters left	Rockingham Parish Council		
Posters left	Rockingham Village Hall		
Posters left	RS Components		
Posters left	Studfall Partnership		
Posters left	Swan Gardens		
Posters left	Tesco Extra		
Posters left	TX Max		
Posters left	Weetabix – Plant 1 and Plant 2		
Posters left	West Glebe Sports Pavilion		
Posters left	Woodsend Medical Centre		
Presentation	Corby Business Group	3	2
Presentation	Corby HART Group		
Presentation	Corby LGBT Group	2	5
Presentation	Corby Rotary Club	3	2
Presentation	U3A	2	2
Visit	Static Traveller site	4	2
Visit	Teamwork Trust	3	2
No visit	Corby Indoor Market	2	4

No visit	Gretton WI (and WI in general)	0	2
On-hold	Corby Business Academy	2	3
On-hold	Kingswood Academy	1	5

Appendix 3: Engagement log

Below is a list of the groups/venues visited during this phase of the engagement programme, the approximate number of engagement documents/questionnaires given out at each event and a summary of the issues raised/additional comments.

NHS CORBY CCG ENGAGEMENT LOG

Shaded = stakeholders other than patients and public

Date	Input – nature of engagement activity/subject matter/context	Numbers engaged	Arch input	Output – evidence captured
ENGAGEMENT PHASE – ON ACCESS				
12/1	Briefing for MP Tom Pursglove on CCG's plans	2	MY + JW/TH	MP supportive of plans
23/1	Briefing for Corby BC councillors and officers on CCG plans	15	MY + CD/CW	Largely supportive
24/1	PPG Chairs	3	CR	Positive about the engagement work so far and supportive of next steps
24/1	Meeting with UCC action group members about CCG plans/next steps	3	MY	Group still hostile, sceptical about the plans and suspicious of CCG motives
26/1	Meeting with MP	2	MY + CD	Seeking reassurance on access for E Northants and implementation
30/1	PPEA	5	MY + CR	No adverse comments on draft document
06/2	Health and Wellbeing Forum	8	CR	Generally supportive
13/2	Tesco	350	CG + AB	Key issues were telephone appointments and out of area; some

				mentions of 'downgrading' the service; observation bays were also raised
13/2	Corby Rotary Club	15	MY	Document distributed, Q & A on how new system would work
15/2	Weetabix plant 2	10	CR + AB	Spoke to approx. 10 people and handed out seven docs. Generally positive about the changes
20/2	RS Components	50 handed out and 20 conversations	CR + AB	General consensus was it's a good plan. Some very slight reservations over the difficulties in getting an appt now. One lady has concerns as she lives in Gretton so is registered with an Uppingham GP but works in Corby and has used / would like to continue to use the UCC.
21/2	HART Group	40	CR	Presentation and question and answer session with 40+ members of the group. 90 questionnaires given out (including 10 to the West Glebe Day Centre representatives and 30 to the group's leader to take to another group she leads across the road). Generally positive; questions on people living over the border using the UCC; some scepticism over using a telephone service; questions about what if it's an emergency and phone calls delaying treatment.
21/2	Corby Mind	20	CR	20 people including three peer support staff. General discussion about the changes and asked whether there were any issues people could see with calling before attending. None raised – some had long term conditions and so generally had easy access to their own practice. Copies of the questionnaire left with the support staff to read through and work with the peer groups to complete the questionnaires.
21/2	The TA Centre	100		100 questionnaires dropped off
22/2	The Autumn Centre	50	CR + AB	Approx. 50 attendees and staff. Talked to most people and almost all

				took a copy of the document (including staff). Manager did not want us to leave copies for the staff to give out but was happy for us to attend again. Main issue came from using the telephone to book appointments – those who struggle at their practice were sceptical about getting through and accessing treatment.
23/2	Great Oakley Surgery	46	AB	Five people said they didn't want to take one. Overall people were very pleased with the surgery. Three people I met had just moved over from Lakeside and were very impressed so far. Re Lakeside. One lady commented that her daughter-in-law asked them to sign and stamp a form for her grandson as he models and needed a doctor's note stamped.
23/2	Lakelands Hospice		AB	Dropped 20 off
24/2	Corby International Swimming Pool	150	AB	150 gave out and another 20 prominently positioned in the gym. Poster put up a poster on community noticeboard. There were some concerns the UCC was shutting which I dispelled. Others, especially those with young children, seemed to think an appt system made sense. One very angry couple who felt the new plan is a "complete farce and a downgrade". They were particularly concerned about people who can't afford a telephone having to book an appt at the UCC. I did my best to explain it but became quite shouty.
25/2	Corby Carers' Group (Singing for the Brain Alzheimer's Group)	16	CR	Gentleman running the group was not the usual co-ordinator and did not seem to be aware we were coming. He agreed I could hand out the document to carers attending and he kept some for other Corby-based groups he was covering. No issues raised as was not given the opportunity to talk.

26/2	U3A	85	MY	Presentation + Q&As. About 90 documents distributed. Audience largely supportive of CCG plans, while urging for sufficient phone answering capacity and navigator training. One key suggestion was for navigators to be able to book non-urgent appointments as well as same day.
27/2	West Glebe Sports Centre	20	CR + AB	Two aerobics sessions took place in the morning with approx. 10 in each. All took a copy of the document. Main issue is telephone access leading to a delay in access to care. Also concern about where GPs are coming from to provide the additional appointments.
	Carers Group	8 + 2 co-ordinators	CR + AB	All took a copy of the document and we spoke in detail to three people about their concerns. In the main people supporting the idea.
29/2	Corby Cube Library	40 copies handed out; conversations with approx. 20 people	CR + HP	12 copies to George (for Neighbourhood meeting that evening – stakeholder contact); 10 copies to Jane (works at library and attends a drug and alcohol support group). Concerns about telephone answering; one lady concerned about asthma so given FAQs doc with specific info on it; copies and poster left in the wellbeing area
1/3	Lakeside/UCC		CR + AB	Postponed due to snow
2/3	Teamwork Trust		AB + HP	Postponed due to snow
5/3	Forest Gate Surgery	30	CR + DG	Approx. 30 handed out. Some relief the UCC was staying open and one vocal complaint about the time that person had waited on the phone to get an appointment
6/3	Rockingham Tuesday Coffee Club	15	CR + AB	Approx. 15 people attended and all took a copy of the document. General support for the plans.
6/3	Gretton Lunch Club	40	CR + AB	Approx. 40 people attended the event and all took a copy (apart from a couple of members of the U3A who already had them). General support but some nervousness from people who attend Gretton

				surgery (a branch of Uppingham Surgery) about whether they will be able to use the urgent care service going forwards. Some concern that telephone appts may delay care.
7/3	Morrisons	200	CR + DG + AB	Concerns over perceived removal of UCC service. Many people thought it was appointment only now. Worries about how to access care when a child was injured – thought a phone call first would delay treatment. Lots of good things about care at the UCC. Frustrations with getting appointments at Lakeside / long call queues etc. Worries regarding those out of area still receiving care at the UCC.
8/3	Corby Market	2 documents, 7 posters delivered to local shops for display	CR + AB	Shops pleased to receive posters. Rainy and cold day and so not many people in the town centre.
9/3	Kingswood Children's Centre	15 (plus 12 left for nursery and children's centre staff)	AB	New system really well received by mums and childminders using the centre. Three commented they were concerned about issues raised in the social media coverage but when I explained it made total sense. One lady's daughter lives in Uppingham so concerns about her access. Frustrations over accessing Lakeside appointments. Praise for Great Oakley and Woodsend.
13/3	Lydia's Shop and Café, Gretton	12	CR + AB	Real concerns about access to urgent care for those who use the Gretton Surgery (branch of Uppingham). Examples of times when parents had used the UCC for children with injuries- excellent service. Pensioners who are reliant on it for out-of-hours urgent care and one lady who is frightened about a future without access. Lots of misunderstanding a feeling that a decision had already been made about access for Gretton/Uppingham patients. Praise for the UCC. Very good experiences reported.

				Comments made about the difficulty of getting into Lakeside – one lady has terminal cancer and still struggles to access a GP.
13/3	Corby Stroke Association	10	AB	Dropped off 10 copies to be distributed to Stroke Association Members
14/3	Singing for Breathing Group	8	AB	A mixture of good and bad experiences in terms of accessing GP appointments. Not much use of UCC. Some scepticism about change and complaints about government and local MPs. Group keen to have their say and all committed to completing the survey.
14/3	Corby Library	20	AB	Dropped an additional 20 copies off as they only had 8 left in the library area.
14/3	Tata Steel	PDF	AB	Emailed poster to Tata Steel CEO's PA who has shared it with colleagues who will print it and place it on noticeboards
14/3	Swan Gardens Drop In	30	AB	Confusion over my visit – manager not on site so I was not able to speak to residents. I emailed the manager and let her know when I left copies and asked her to encourage residents and their visitors to take a complete a copy.
15/3	Lakelands Emporium	5 (plus left 10 copies for staff/customers)	CR + AB	Talked to staff and patrons of the coffee shop/café in the Emporium. One question about access for minor injuries. Concern raised by one customer about using the telephone to book appointments and whether it would delay care.
15/3	Lakeside Surgery/UCC	100	CR + AB	Mainly handed these out to patients in the surgery waiting room and as they exited the building. Also gave to some healthcare staff (member of midwife team; healthcare assistant) as they expressed concern about the removal of walk in access.
20/3	Asda	100	CR + AB	Some concern over the removal of walk in access. Many people supported the idea of appointments as they believe it is being misused. One member of staff from Kettering General Hospital

				concerned about the impact it will have on A&E and the hospital at Kettering.
21/3	Corby Station	25	MY	
21/3	Corby LGBT Group	10 (plus 15 left for Rooftop Arts and 15 taken by a member to share with his church groups)	CR + JW	Dr Watt presented the plans to the group and answered a range of questions around the appointment-based service versus the drop-in; downgrading the service from an A&E; concerns about people from the surrounding but not registered with a Corby GP accessing the service; what happens if people don't have telephone or internet access; why we are not consulting; had we been underfunding the centre and the legal issues of last year; mums and the homeless; the need to be able to get through on the phone and not be stuck in a queue.
22/3	Corby Business Group Meeting	30	MY	
22/3	Pen Green Children's Centre	15	CR + AB	Spent the day in the drop-in centre. Spoke to a number of mums and childminders. No concerns raised about the plans.
23/3	Cottingham and Middleton Village Shop	15	AB	Queue of people waiting when I arrived. Real concerns about the new system. Feeling the triage part should be run by nurses; fear of receptionists getting it wrong and not listening to patient/carer concerns. Worry people will avoid the UCC and go to A&E at KGH instead. Good experiences of UCC – service praised. Real issues with accessing appointments at Lakeside.
23/3	Postponed trip to Teamwork Trust	30	AB + HP	30 copies left with centre manager to be handed to those service users she thinks are able to complete/those with engaged carers. Main comments are listed at the bottom of the document. One key question was how patients with extra needs would be dealt with if they call was answered at another surgery. AB looked into this and

				replied to centre manager to say there will be a flag system and notes will be made for those with additional needs. Centre manager happy with the reply. This session was run as a workshop to reflect the needs of the group.
26/3	Corby Cube Library	10	CR + HP	Very quiet day. One couple had heard the UCC had closed. One lady had concerns about the telephone triage replacing the walk-in option. Had further concerns but decided she would email her questions in. Some stories of being referred to the UCC by GP receptionists at surgeries eg for melanoma and concerns about a toddler's development. Also, two people talked about queuing on the telephone at Woodsend.
27/3	Studfall Medical Centre (rescheduled)	31	AB	Some confusion over current UCC status, rumours that it had closed. Praise for the UCC. A couple of people commented that a triage system seemed sensible. One man visited to raise specific concerns over collaborative care – these questions were sent to CR and MY and have been answered/dealt with direct.
27/3	Royal Society for the Blind Group	30 people plus carers	MY	Largely positive response – people happy with the idea of care navigation and like the idea of longer appointments – as long as phone-answering is sorted (lots of anecdotes about number 23 in the queue). One story from an amputee who couldn't get his flu jab at Lakeside because there were issues with wheelchair access – and a member of staff told him he couldn't have a home visit because he "wasn't disabled enough".
27/3	PPEA		CR	Positive response to the engagement so far. Healthwatch representative questioned why it was not a consultation as she had been asked this by patients.
28/3	PPG Chairs		CR	Positive response. Feedback from the PPG Chair of Lakeside that

				people were questioning why it couldn't remain a walk-in service; also concerns about sharing personal information with receptionists
29/3	Travellers (Dunlop Close) RESCHEDULED		AB	
03/4	Woodsend Surgery	27 (plus 5 copies left at the surgery as running low)	AB	Very few comments. One chap was concerned the UCC would become a "glorified GP surgery" under the plans. The reception team gave me 25 copies that have been handed back to them – AB uploaded on 03/04. Reception will ask patients to complete online / post back quickly from now on.
03/04	Workshop		MY	Please see separate comments.
05/4	Weetabix Plant 2	3	CR + AB	Very few comments made. Two people completed the questionnaire there and then. One man thought the UCC had closed. About eight other people spoke to us but were not interested in taking a document/questionnaire.
06/04	Travellers (Dunlop Close)	4 – people spoken to. Copies not given out as group couldn't read or write	AB	General chat rather than giving out surveys for completion. Notes from this discussion can be found below.

Notes from the meeting with the Teamwork Trust (2 March 2018):

28 people present including three members of staff. AB and HP attended and spoke to the group as a whole.

Questions

- How will surgeries cope with extra calls?
- How will the UCC work in terms of urgency of each patient?
- What about people who live outside Corby?

- Will there be more receptionists to deal with the new system?
- Has this been done elsewhere? Will it cost more than the current service?

Comments

- One person living in Gretton, goes to Uppingham Surgery, said she is worried about being able to get an appointment at the UCC.
- Several people said they'd heard the UCC is going to close
- Three people at Lakeside Surgery said they have problems getting GP appointments
- It makes sense to stop people going to the UCC when it's not necessary. Might cut out time wasters.
- It takes a long time to get an appointment at Studfall because it's very busy.
- I think the UCC is a very good service.
- I'm not convinced the new phone service will work. Will there be the loss of the personal touch. Some of the people here know their doctor and receptionists very well. Will the other surgeries be aware of their needs? Sometimes the people here need reassurance.
- When you ring Lakeside Surgery they say they have no appointments, then you go there and it's empty.
- I'm worried about how many people will have access to my details. At the moment you know who works at your surgery.
- I left Lakeside because I couldn't ever get appointments.
- My surgery is really good. Will the new system have a negative effect on my surgery?
- Four people said they could get on-the-day appointments. No one at Lakeside Surgery said they could get seen on-the-day.
- Five people said they have carers who go with them to the doctors.

Notes from the meeting with the Travellers on the Dunlop Close site (6 April 2018):

During the session AB spoke to four women. Three were in the 20-29 age bracket, and one in the 50-59 age bracket. All were registered at Lakeside Surgery. A summary of their comments and concerns are as follows:

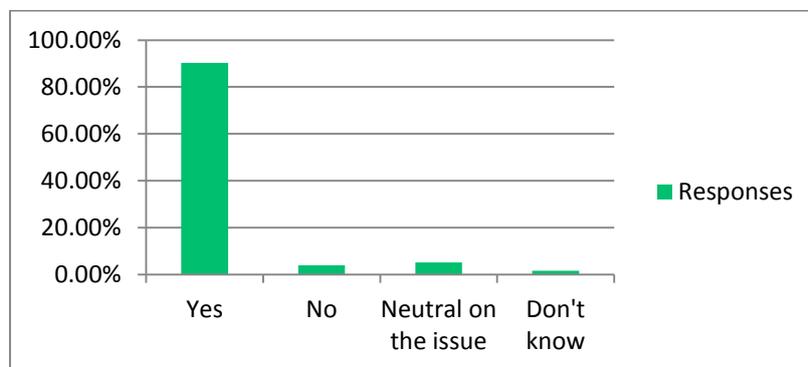
1. Very, very strong negative reaction to having to tell a health navigator about a medical problem. A feeling that medical things were private and only the business of a GP or nurse.
2. Only ever want to see their own GP – hate having to speak to someone else.
3. Absolutely hate the idea of an appointment-based urgent healthcare hub. Concerns around the ability to call to make an appointment if mobile phone credit has run out. A feeling that if you're ill you want to drive and see someone, there is no time for a call first.

4. Real frustration over the current Lakeside Surgery phone system and positivity around the new telephone system.
5. Delight that appointments won't have to be made at 8am and that GPs will operate longer hours.

Appendix 4: Full data from the questionnaire

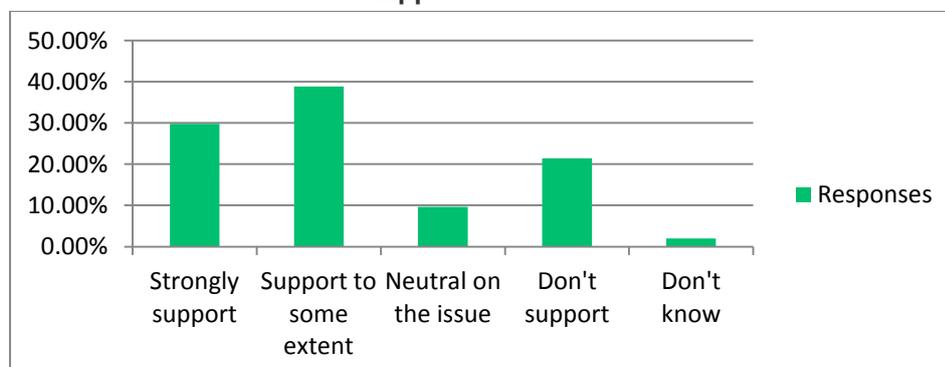
Q1. Do you support the extension to primary care to 12 hours a day, 365 days a year?

Answer Choices	Responses	
Yes	90.25%	463
No	3.90%	20
Neutral on the issue	5.07%	26
Don't know	1.56%	8
	Answered	513
	Skipped	0



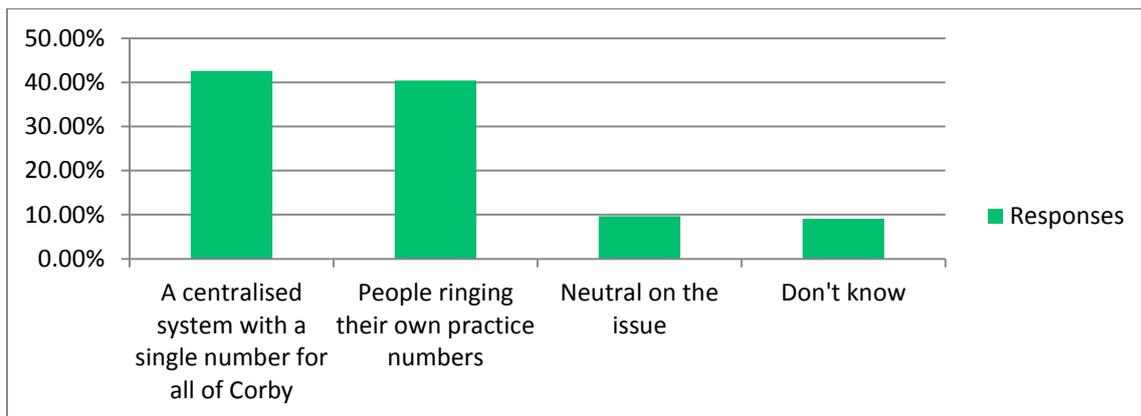
Q2. What do you think of the idea of phone answering by trained local navigators to direct you to the right care, first time?

Answer Choices	Responses	
Strongly support	29.80%	152
Support to some extent	38.82%	198
Neutral on the issue	9.61%	49
Don't support	21.37%	109
Don't know	1.96%	10
	Answered	510
	Skipped	3



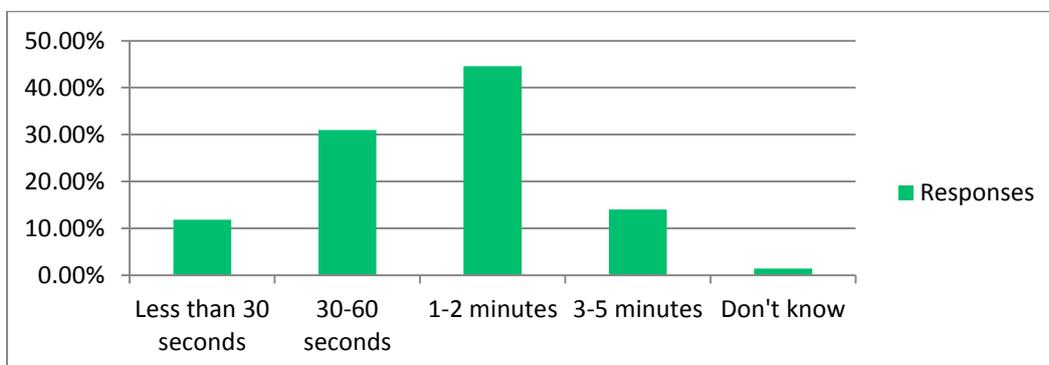
Q3. Which phone system for gaining access do you think would work best?

Answer Choices	Responses	
A centralised system with a single number for all of Corby	42.57%	215
People ringing their own practice numbers	40.40%	204
Neutral on the issue	9.70%	49
Don't know	9.11%	46
	Answered	505
	Skipped	8



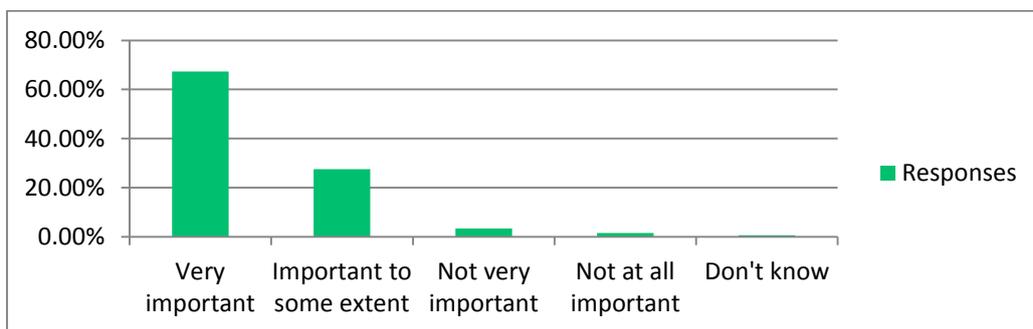
Q4. What do you think is a reasonable length of time to wait before your call is answered?

Answer Choices	Responses	
Less than 30 seconds	11.83%	60
30-60 seconds	30.97%	157
1-2 minutes	44.58%	226
3-5 minutes	14.00%	71
Don't know	1.38%	7
	Answered	507
	Skipped	6



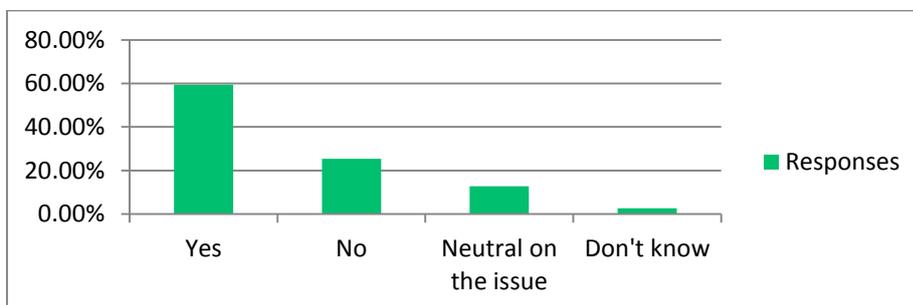
Q5. How important to you is it that you can have flexibility about what time you call to get an on-the-day appointment?

Answer Choices	Responses	
Very important	67.32%	342
Important to some extent	27.56%	140
Not very important	3.35%	17
Not at all important	1.57%	8
Don't know	0.59%	3
	Answered	508
	Skipped	5



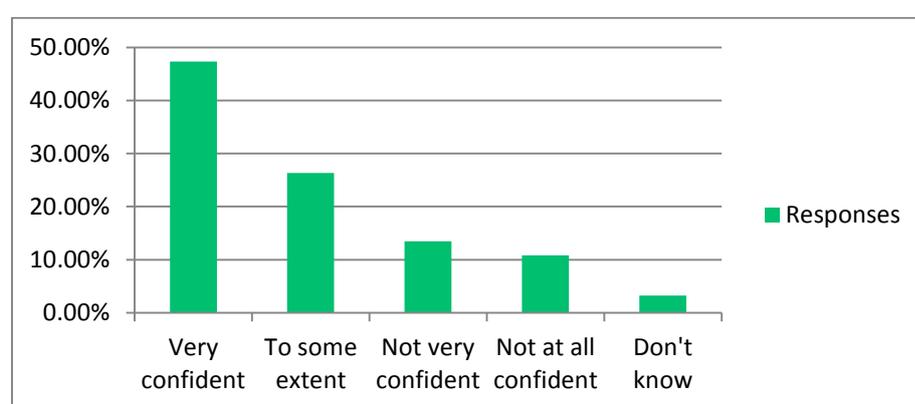
Q6. Bearing in mind you wouldn't have a navigator to help you, do you want the option to be able to book a Hub appointment online?

Answer Choices	Responses	
Yes	59.35%	292
No	25.41%	125
Neutral on the issue	12.80%	63
Don't know	2.64%	13
	Answered	492
	Skipped	21



Q7. How confident would you feel using an appointments system to guarantee you on-the-day access when you need it?

Answer Choices	Responses	
Very confident	47.35%	232
To some extent	26.33%	129
Not very confident	13.47%	66
Not at all confident	10.82%	53
Don't know	3.27%	16
	Answered	490
	Skipped	23



Q8. If you wish, explain why you answered the previous question as you did

This was a free text box and answers have been manually grouped as follows:

Online access: positive and suggestions

Issue	Number
Confident booking online/computer literate	8
Confident but needs to be user-friendly	2
Easier/quicker/more convenient to book online	4
Include navigation	11
Request to go direct to GP website to book	1

Online access: concerns

Issue	Number
People will bypass/abuse the system	3
Not confident booking online/don't have internet access	9
Concern for older people/equity of access	6
Concern with booking online when need urgent care	1
Quality of system implemented	4

Concerns about changes to the current urgent service

Issue	Number
Impact on Kettering A&E	2
Will delay access to healthcare/treatment	4
Unsure how navigation/triage will work over the phone	1
Should stay as a walk in	11
Need more education on what is 'urgent'	1
Appointment system will be better	2
Downgrading/anti-CCG	3
Retain observation bays	1

Current experiences at GP practices

Issue	Number
Long queues/telephone queues/calls not answered at current GP practice	18
Can't get appointment at current practice	20
Currently have good access to GP appointments	4

Positive comments about the appointment-based service

Issue	Number
Long wait on previous visit to UCC	2
Better because of working hours	2
If properly resourced will be a good thing	4
Support as guarantees access on the day	13
Support but will wait and see how it works in practice	8
Will prevent time wasters/improvement on current system	3
General support	3

Comments on navigation

Issue	Number
Staff need to be well-trained	10
Confident of their own concerns navigation not needed/want control (eg child unwell)	4
Centralised triage system needed	1
Free phone number	1
Not confident discussing health issues with receptionist	1
What happens if same day appt not needed, but future appt	1

Other concerns raised

Issue		Number
Uncertainty over how appointments can be guaranteed/appts will all be gone by early morning		36
Flexibility of appointments 3		3
Would prefer to see someone in person to be assessed		2
There needs to be enough staff		3
Negative comments on the engagement process/CCG		6
Access for people who registered with GPs outside Corby		5
The need to call for an appt with a minor injury		3
Concerns related to specific health issues/situations:		9 (split below)
	Carers	1
	Potential sepsis	1
	Deaf	1
	Children	3
	Alzheimer's	2
	No transport	1

Answered: 282

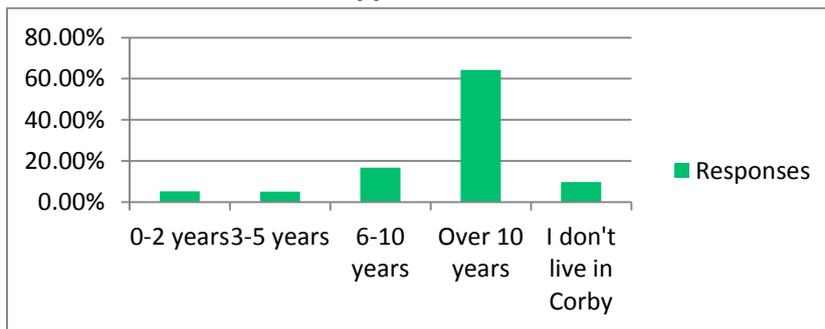
Skipped: 231

Q9. What is your full postcode?

Answer Choices	Responses	
NN17	37%	169
NN18	47%	215
LE16	7%	31
NN9	0.2%	1
NN12	0.2%	1
NN14	5.5%	26
NN15	1%	5
NN16	0.6%	3
PE8	1%	5
MK44	0.2%	1
	Answered	476
	Skipped	37

Q10. How long have you lived in the borough of Corby?

Answer Choices	Responses	
0-2 years	5.31%	26
3-5 years	5.10%	25
6-10 years	16.73%	82
Over 10 years	64.29%	315
I don't live in Corby	9.80%	48
	Answered	490
	Skipped	23



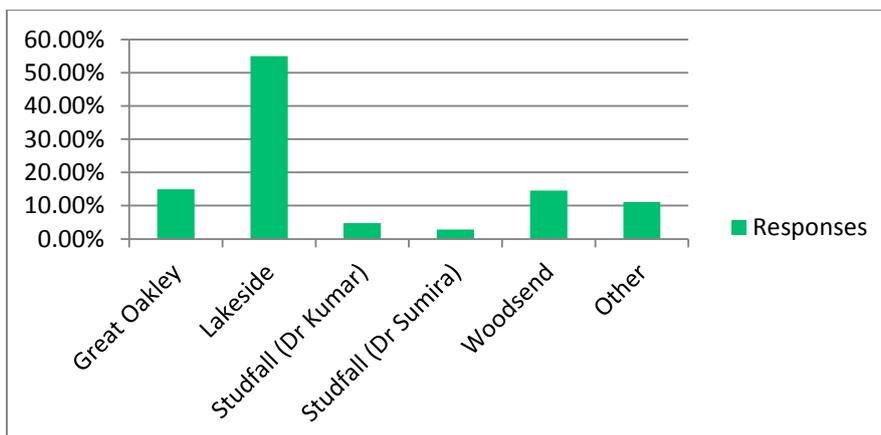
Q11. If you are responding on behalf of an organisation, which organisation do you represent?

Only two respondents identified that they were responding on behalf of an organisation:

- Oakley Vale Community Association.
- Disability & Disabled People

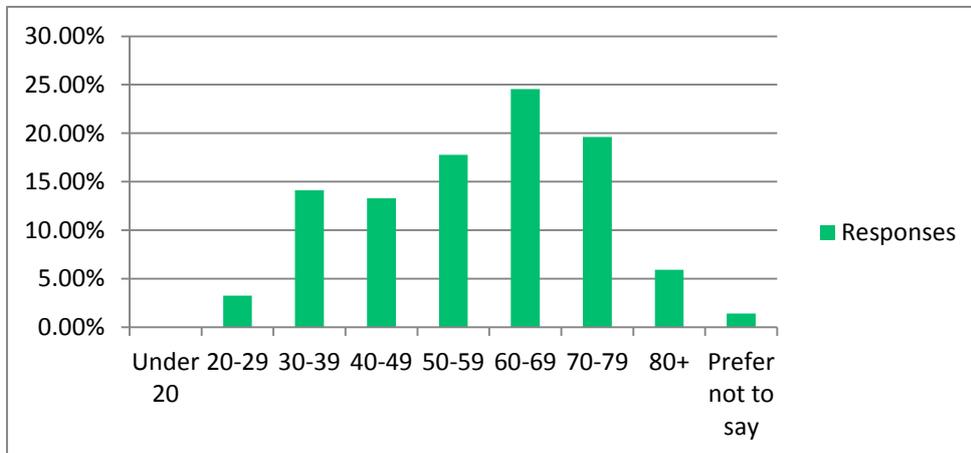
Q12. Which GP practice are you registered with?

Answer Choices	Responses	
Great Oakley	14.96%	73
Lakeside	54.92%	268
Studfall (Dr Kumar)	4.71%	23
Studfall (Dr Sumira)	2.87%	14
Woodsend	14.55%	71
Other	11.07%	54
	Answered	488
	Skipped	25



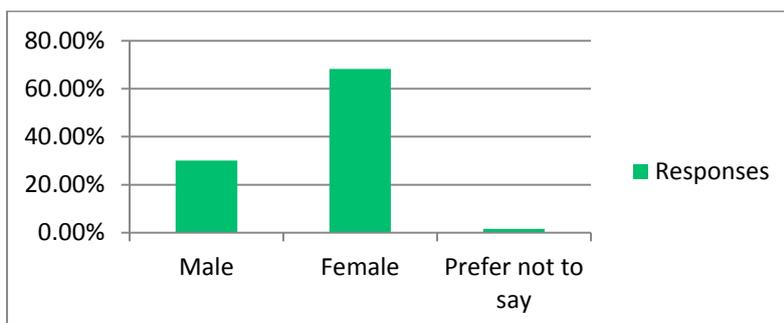
Q13. What was your age on your last birthday?

Answer Choices	Responses	
Under 20	0.00%	0
20-29	3.27%	16
30-39	14.11%	69
40-49	13.29%	65
50-59	17.79%	87
60-69	24.54%	120
70-79	19.63%	96
80+	5.93%	29
Prefer not to say	1.43%	7
	Answered	489
	Skipped	24



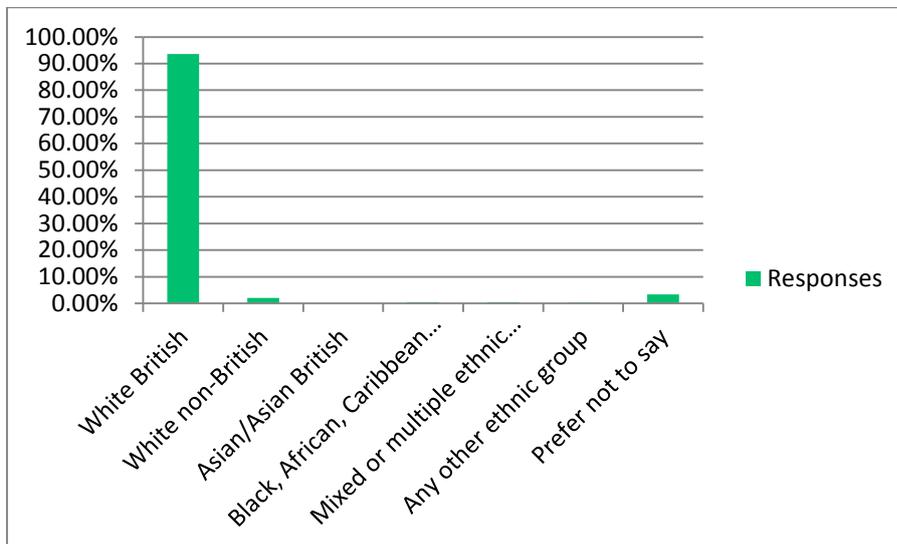
Q14. What is your gender?

Answer Choices	Responses	
Male	30.12%	147
Female	68.24%	333
Prefer not to say	1.64%	8
	Answered	488
	Skipped	25



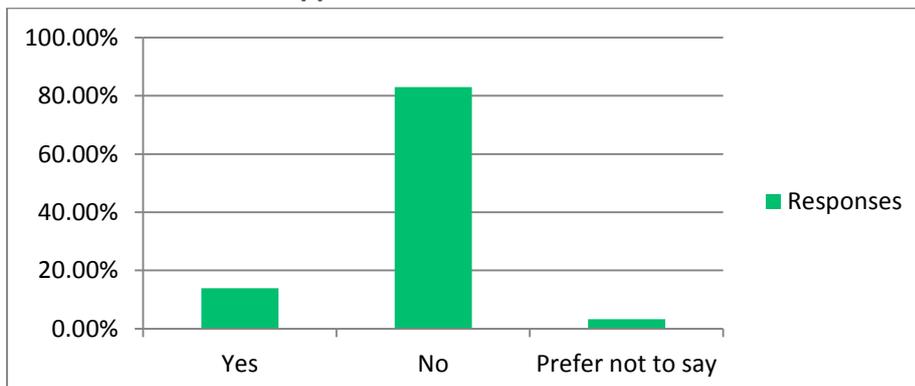
Q15. What is your ethnic group?

Answer Choices	Responses	
White British	93.56%	450
White non-British	2.08%	10
Asian/Asian British	0.00%	0
Black, African, Caribbean or Black British	0.42%	2
Mixed or multiple ethnic groups	0.42%	2
Any other ethnic group	0.21%	1
Prefer not to say	3.33%	16
	Answered	481
	Skipped	32



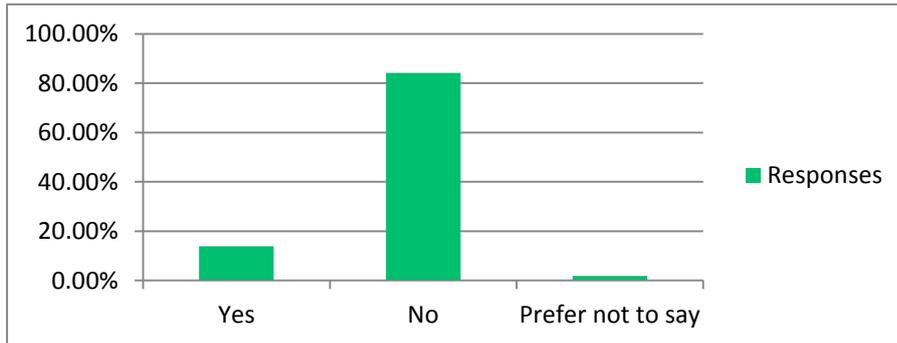
Q16. Do you consider yourself to be disabled?

Answer Choices	Responses	
Yes	13.93%	67
No	82.95%	399
Prefer not to say	3.33%	16
	Answered	481
	Skipped	32



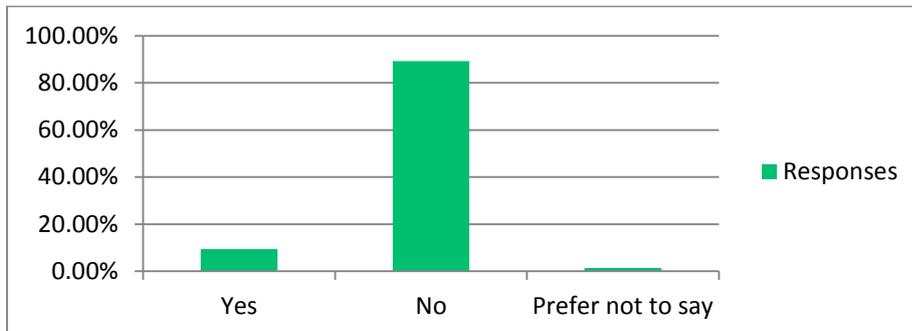
Q17. Are you a regular carer for someone with physical or mental ill-health?

Answer Choices	Responses	
Yes	13.96%	67
No	84.17%	404
Prefer not to say	1.88%	9
	Answered	480
	Skipped	33



Q18. Are you employed by the NHS or any other health or social care bodies?

Answer Choices	Responses	
Yes	9.34%	45
No	89.21%	430
Prefer not to say	1.45%	7
	Answered	482
	Skipped	31



Q19. If you would like to be more involved in decisions about your local NHS, please provide your address, phone number and email address here.

100 people provided us with full contact details and the comments added in this text box are summarised here:

Issue	Number
Comments criticising engagement process 2	2
When will the new system be put in place 1	1
Government policy and privatisation 1	1
Want a clearer and fairer system 1	1
Access for disabled people and those using public transport from villages	1

Answered: 116

Skipped: 367

Appendix 5: Comments and questions received by email

Arch Communications promoted the use of its own email address as a way for people to express concern or raise issues that they felt were not covered by the engagement document or the questionnaire. Arch responded to these on behalf of the CCG, as well as those passed on by the CCG's complaints department. The questions received are included below:

12 February 2018

Email 1:

Your proposals for changes to Corby Urgent Care centre.

In the plans will there still be observation bays? In the past we as a family have been admitted to these for various reasons on 2 occasions preventing the need to go to KGH and on one occasion monitoring in an emergency before transfer to KGH which prevented a fatality. Therefore, feel it is critical that these are maintained and also takes the pressure off KGH.

Also, appointment led in an emergency how likely is it to get through immediately on telephone and if critical how quickly will you be seen.

How will calls and requirements be prioritised. My daughter terminally ill has had situations where she needs to be seen now. Not 10 to 15mins down the line. When she has been to urgent care she goes straight through.

Email 2:

Thank you for your prompt reply. Yes, that has clarified it for me. I appreciate the reasons behind the change but it was/is an excellent facility in its current form and feel that the size of Corby that we still need the facility of a walk in of some nature for an emergency and in some instances you are not aware of how ill you are as was the case of my husband had urgent care not been available he would not of gone to KGH and would not be here now. Will there be a review of the system once it goes into operation to see if it meets the public's needs.

Email 3:

Thank you. I agree that it has been misinterpreted and as part of patients' participation group in the past this was highlighted on several occasions and should perhaps been renamed to minor treatment centre but it never happened plus you are diverted there from lakeside as well if no appointments available. I really do hope the facility remains as successful as it currently is.

12 February 2018

This is not a question but an observation. I filled in the new questionnaire and it is clearly designed to force people to give the answers the CCC want. The new system IS a downgrade and no amount of propaganda changes this. Corby needs the Urgent Care Centre as it is now, with a walk-in service and observation bays, in addition to extra GP appointments. If the GPs had enough appointments (Lakeside in particular), then The Urgent Care Centre would be able to continue to provide the excellent urgent care Corby needs. I am very angry that the true feelings of Corby people are not being listened to.

12-14 February 2018

Email 1:

What will happen to people who are short of breath? Need nebs and monitoring? Children with temps? That UCC treat and prevent admissions for. The chest pains that have bloods that indicate don't need hospital admission? The patients that are on DVT pathway that come for daily enoxaparin as can't get into DVT clinic for us? The sepsis that needs treated and monitored within an hour? Anaphylaxis patients? How can a child with an injury be expected to book a timeslot for injury?? Or someone having asthma attack book an appt for acute flare up? Have the local hospitals and EMAS been involved in CCG decision making? This is endangering lives; the acute hospitals are already not meeting targets!! This is ridiculous!!

Email 2:

How many more ambulances are EMAS supplying to provide the acute treatment to these patients?? How many more clinicians are being made available at KGH to treat these patients? As everyone already knows KGH is in special measures!! The CCG are supposed to be putting the local needs of patients first. This is all about money not patient care!!

17 February 2018

I have completed your online questionnaire but was disappointed that there was no place for other comments to be aired, so I would like to voice my concerns here.

Although I have never personally used the Corby UCC, this is primarily because on the few occasions when I or my family may have required its use, I did not know of its existence. Now I do know about it I do feel that it could be useful for minor injuries and urgent illness.

We live in Kings Cliffe, and the Corby UCC is closer and easier to access for us than either Peterborough City A&E or Stamford A&E or the Peterborough GP hub (which does not provide urgent access anyway). I want to be sure that patients not registered with a Corby area GP will still be able to access the UCC and will not be directed to either Peterborough or Stamford. This is especially true if the appointments are to be made via the patients calling their own GP.

It is very difficult to get a same day appointment with the Wansford & Kings Cliffe GPs, and it usually means a trip in the car to Wansford to wait for the end of the surgery to see the duty GP. So far this has been adequate for our needs, but I can envisage a time when it will not be good enough for my 91-year-old mother. Certainly, if anyone in the family sustains a minor injury I would much prefer to use Corby UCC than Peterborough A&E as I did last year when my daughter broke a toe.

Please can we have an assurance that patients outside of the Corby GP area will have access to the Corby UCC.

19 February 2018

I have the following questions that are not answered by the information you have provided:

Are you proposing to introduce a separate number for Corby residents to call for access to the Hub?

Why are you not just adding the services provided by the Hub to the local Directory of Services? (This would enable the telephone service to be managed by the National 111 service, who already have expertise in signposting patients to the appropriate care. It would also avoid the confusion of multiple telephone numbers to access services, something 111 was specifically designed to end.)

Will the telephone triage system use NHS Pathways so that it integrates with the existing national telephone triage system and allow access to the wider Directory of Services, allowing patients to be signposted to the most appropriate care provider in a consistent, safe and timely manner?

27 February 2018

I wanted to have my views on the proposed changes to Corby's Urgent care represented so I tried to fill in your on-line survey, however as it orientated only for Corby residents I cannot represent my views though it so I have decided to email you instead (to the only address I can find on your web site), please pass my comments on to the relevant person(s) if you are not the correct recipient.

Like many other users of the Corby Urgent Care Centre I live outside of Corby, in fact I live in Thrapston. I know people who live in Kettering, and other towns even further afield that currently use the Urgent Care Centre as an alternative to A&E at Kettering General Hospital, should the plans go through we would suddenly be unable to access this service. The service was never envisaged as an extended GP practice, it was built to relieve stress on the A&E department at KGH, it was built on the principles of the NHS which is open to all, repurposing it to an extended GP service discriminates against anyone who does not live in Corby.

I have no understanding of why Corby has its own CCG while all the surround area, which takes in Kettering, Wellingborough and several other large towns are lumped together in to a separate CCG, but this is an ineffective structure and the proposed plans demonstrate how little thought has been given to the wider community outside of Corby.

I do not take issue with the proposed plans with the single exception of limiting the service to Corby residents only. This is unfair and discriminatory those of us who live outside of Corby, the NHS is built on the principle of being open to all, I can walk in to any A&E department around the country and be seen.

My opinion is that is that this service should be available to any resident who wants to use it, if that is not achievable then the centre should be closed and the funding given to Kettering General Hospital to improve the A&E provision there, where any resident who needs to access the service can benefit from it.

Please take my comments into consideration with your wider survey.

8 April 2018

I have grave concerns regarding the new arrangements that are going to be put in place at the UCC when it is converted into a Same Day Access Hub.

The conversation asks "How will people access the new service?" I strongly feel that the following requirements must apply when the new service replaces the current UCC.

1 The service should be available to all residents who live in the area serviced by Corby CCG regardless of which Doctor they are registered with.

2 Those staff who carry out the navigation process must be properly trained and suitably qualified to enable them to carry out the navigation process in a timely manner and with accuracy.

3 Patients must be able to present for navigation in a manner of their own choosing whether that is in person at their Doctor's surgery or at the Same Day Access Hub, or on the telephone, either by calling their Doctor's surgery or the Same Day Access Hub, or online. Navigation must take place on the day the patient presents for navigation.

4 Once patients have been navigated they must next see, on the same day, a real human being face to face who is medically qualified to deal with their symptoms or condition. There must be no intervening telephone conversation.

5 Appointments offered must be on the same day as the day on which the patient presents for navigation and must be face to face with a real human being who is medically qualified to deal with the patient's symptoms or condition.

6 There must be a presumption that unless the patient agrees otherwise, appointments for patients who present in person will be offered in the same building as that in which the patient was navigated.

Robert Moore TechIOSH

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To: Corby Clinical Commissioning Group

20th March 2018

RE: Consultation on Corby Urgent Care Centre

I write regarding the current "conversation" over the future operating model of Corby Urgent Care Centre. As a local first aid professional, it is important to know what impact the changes will have on provision of services for "Minor Injuries" rather than "illness".

Over the years, whilst providing safety cover to local events, I have referred numerous people to the UCC for issues such as nasty wounds requiring stitching, but not serious enough to warrant a hospital admission, and also for query fractures where the x-ray facilities at the centre have proven useful, in many cases a quick x-ray and nurse consultation has resulted in a discharge and a return to the event.

I am concerned about what will happen to this side of the Urgent Care provision whilst the CCG opts for an "extended GP" service as a replacement for the current provisions.

Will the new System allow for an "urgent appointment" system or walk in capability for these sort of issues (which are not abuses of the current system)? Or will all "Injury" cases now be for referral to Kettering Emergency Department?

Another concern is that the "Corby only" nature of the new operating model will not account for visitors to the area such as those visiting family in Corby (from Scotland for example) and those who in my case, live elsewhere but partake in sporting competitions in the town, including in the case of events I have provided previous referrals from include Athletics, Rugby and Football, all for wounds to be glued or sutured, something you will be aware should only be done in a sterile area by a health care professional.

I am also very aware of the pressures that East Midlands Ambulance Service are under, and that the new operating model places further onus on them as an organisation where more patients will be referred directly to Kettering Emergency Department. Have you fully consulted with EMAS on their capacity? I speak with experience on this subject, again from working at events where waits for an ambulance for genuine "ambulance cases" has been in excess of 90 minutes, in one case involving serious lower limb fractures, a 3 hour wait was experienced which was raised with EMAS by Andy Sawford MP at the time, but for which he never received any satisfactory explanation.

Please can my views be taken into account. I have lived and worked in Corby all my life. Any replies to my queries that you can offer would also be appreciated.

R G Moore

Robert G. Moore

Robert Moore T/As Safety and Moore IOSH Membership Number 195263
30, Sheffield Walk, Corby, Northamptonshire, NN18 0NW www.safetyandmoore.co.uk

Appendix 6: Comments and questions from the 3 April workshop

The comments and questions have been grouped according to subject. All comments are as recorded at the event.

Mental health

- If someone has a mental health problem, they should be given more attention by the trained navigators/be able to speak to a clinician

Navigation

- I don't know about navigation. I can't imagine how it will work
- This sounds like 111. You're replicating something that doesn't work.
- I've personally experienced that care navigation systems work really well.
- If you're on the phone you have some privacy. At the front desk you don't. How can you ensure people's privacy at the front desk?
- It should be made abundantly clear that the navigator isn't there to stop you getting an appointment, and that if you don't need A&E you can go to the hub and won't be fobbed off and sent to KGH

GP practices and access

- Some surgeries are good, others you're lucky if you get an appointment within a fortnight
- I'm pretty confident that GP access will be improved
- Receptionists are telling people to go to the Urgent Care Centre
- There is no incentive for surgeries to do anything differently because they can still send people to the UCC instead of give them an appointment

Same day access hub

- The new hub will not be an Urgent Care Centre. It's what we already do with our GPs
- I manage a team of people in Corby who aren't registered with Corby surgeries. If they have an accident, I take them to the UCC. I won't be able to do that now.
- If you felt that you didn't need to go to A&E, the UCC was a buffer. I don't see urgent care in your plan. What is the difference between calling 111 and the new hub? 111 has a poor reputation nationally and doesn't work.
- If someone is having a stroke and doesn't know – they can go to the UCC and they'll facilitate them. If they don't know they are having a stroke and they don't have the UCC, they could die at home. You're putting a lot on people to know their illness themselves
- Chest pain could be a variety of things. You're going to put so much on A&E if everyone with chest pains goes straight there.

General comments:

- When we challenge you, you say it can't be debated. You don't like our questions
- Publish more data and show us the evidence for what you're proposing.
- Isn't it a case that those that shout the loudest and exaggerate their symptoms will be seen first?
- There are posters in KGH saying 'we're busy, go to the UCC' and they post on social media telling us to go to the UCC
- I don't believe A&E is full because of 290 people.
- You're asking us to make decisions without telling us what the impact of our decisions will be
- This won't stop people from going to A&E
- Where are the statistics coming from?"

Questions:

- I'd like to know more about how navigators will prioritise patients?
- How will the extra GP appointments be delivered? Will there be more GPs?
- What's the difference between the hub and GP surgeries? What are you providing?
- What are the statistics for people who have had a stroke and gone to the UCC instead of A&E?
- I've heard you'll still be able to go to the hub and ask for an appointment face-to-face?
- What navigation training has the staff had already and to what level?
- How can we be sure we can trust this service?
- Are UCCs closing across the country?
- Are you consulting with Cambridge and Peterborough CCGs? I know people from those areas who have gone to the Corby UCC
- Have any pilots been done on any of this?
- Is this just moving the queues around Corby?
- Will vulnerable people be flagged up?
- Is there a data protection issue?
- The UCC was a model of excellence, so what's happened?
- Why haven't the practices done more to keep people out of hospital?

Appendix 7: The FAQs document

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, it isn't – 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 will treat and the retention of x-ray and other diagnostics. The one significant change is the way 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 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.

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 will be a trained navigator at the front desk who will 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 – because of people using the UCC who 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.