

Executive Summary – Corby Urgent Care Centre

1. Introduction

This paper aims to summarise the issues connected with the Corby Urgent Care Centre (UCC) in advance of the Governing Body meeting on Tuesday 8 August 2017. A fuller paper will be published shortly.

NHS Corby Clinical Commissioning Group (CCG) wants to provide as much information as possible to the public in advance of the Governing Body meeting on Tuesday 8 August. Until the expert determination is made (which is expected Friday 4 August), the CCG is still restricted in what information can be made public.

It is at this meeting the Governing Body will make a decision on the immediate future of the UCC given that current contracting arrangement expires on 30 September 2017 and a recent procurement to secure a caretaker provider resulted in no bids.

2. Service background

The UCC opened in 2012, and became fully operational in February 2013, following a competitive tendering process by NHS Northamptonshire Primary Care Trust (NPCT), the commissioning organisation which preceded the Clinical Commissioning Group.

The service was designed to provide timely treatment for less serious illnesses and injuries which required immediate care but did not require the full services of an Accident and Emergency department.

Lakeside+ was the successful bidder. They offered to run the service at £44 per 120 patients per day. Above this number the amount paid dropped to a marginal rate of £13.20 per patient. This was increased to £44.50 per patient with a marginal rate of £15 in 2014. There have been a number of 'one off' payments made to Lakeside+ by the CCG since then; to take into account increased attendance and subsequent workload.

There is an ongoing dispute with Lakeside+ concerning the unit price paid per patient. An expert determination is due to establish a legally binding position on the dispute on the 4 August 2017.

A decision was made at the February 2017 Governing Body Meeting (Private) identifying a number of clinical options for the service provision moving forward. A number of options were discussed with Option 3 being approved as a clinical preference:

“Option 3: To repurpose the UCC to deliver a Same Day Access (SDA) Hub (8.00-20.00hr)” run as an “appointment based service including minor injuries for the NHS Corby footprint”

The decision included a caretaker provision and the development of a full communications plan to ensure an open and transparent conversation with the public was conducted.

3. In pursuit of Option 3 – Same Day Access Hub

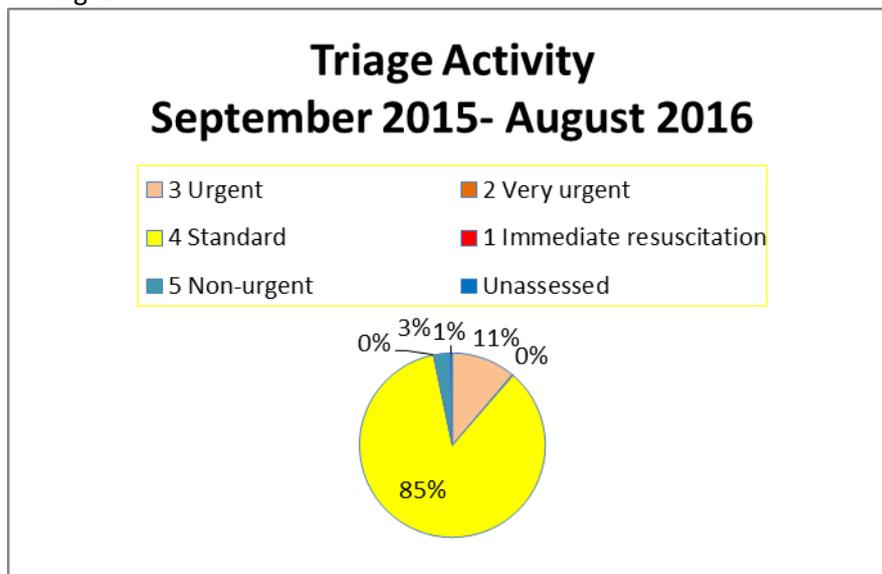
3.1 Current usage of the UCC

Activity analysis has shown an increase in attendance at the UCC, on average 170 patients a day; that exceeds the expected activity level of 120 patients per day.

It is also worth noting that attendance at Kettering General Hospital (KGH) A&E department has also increased by 30% over the same period, accompanied by an increase in emergency admissions by 10%. This is counter to the original remit of the UCC of reducing A&E attendance by 25% and emergency admissions by 25% for children/young people and adults by 50%.

When we look at the activity of the UCC for 2015/16 (see fig 1 below) we find that 88% of attendees (activity) sit outside of any “urgent” definition, fitting into standard activity and non-urgent definitions. What this means is of the 170 patients who attend on a daily basis, 149 could potentially be seen in current commissioned services in a primary care setting (for example seen by a GP or local community pharmacist).

Fig 1



In summary, as described above, the introduction of an UCC has not delivered the outcomes of what was originally commissioned.

In planning healthcare services for the future, the CCG has taken into account national policy changes, specifically those relating to urgent care provision. These are outlined in the [“Next Steps on the NHS Five Year Forward View \(5YFV\)”](#), published by NHS England on 31 March 2017. This plan explains how the 5YFV’s goals will be implemented over the next two years. The roll out of standardised urgent treatment centres is part of one of the NHS’s national service improvement priorities.

3.2 Conversation with local population

In pursuit of Option 3, in Feb 2017 the CCG started a conversation with the local population on the shape of primary care services and engaged with over 700 people who are registered with a GP practice in Corby.

The full report on its findings is available on the [Corby CCG website](#).

As part of this programme the CCG conducted a well-publicised public survey and ran workshops with invited representatives from the local voluntary sector, councils and other organisations that represented the Corby community. What is evident from this engagement work is that more than half of the people responding accepted that local services might need to change. A third were strongly in agreement. When asked which reasons for service change they most agreed with, rising demand through population change was ranked highest. The need to improve access and ensure further service integration to improve patient experience were second and third respectively.

In addition, those attending the workshops were keen for guaranteed same day access to healthcare services where appropriate, as well as longer opening hours. They also strongly favoured co-location of services to create a 'one stop shop' for healthcare.

The report's publication was delayed until mid-June due to local and national elections which led to an extended period of purdah.

Since then, Corby CCG has been listening to the issues raised by the public directly and through key stakeholders, including the local MP and borough councillors. Three members of the Governing Body also attended the public meeting organised by the UCC campaign group.

The CCG is committed to carrying out a proper dialogue with the public to ensure it has genuine insight into the opinions, wishes and concerns of the people of Corby.

3.3 Extension of the contract

In March 2017, and pending the outcome of the expert determination, the CCG and Lakeside+ agreed to extend the UCC contract to 30 September 2017. The terms of this contract are confidential. The extension to the contract was not a long term solution

To ensure service continuity and allow time for further engagement with the local population, the CCG advertised a 12-month caretaker contract to run the UCC from 1 October 2017 until 30 September 2018.

A formal procurement process took place and the only bidder for the caretaker contract subsequently withdrew their bid.

4. Options for the Corby Urgent Care Service

Following the lack of bidders for the 12 month UCC contract, the CCG has called an extraordinary Governing Body meeting to look at the options available to them and decide what course of action to take. This meeting will be held in public.

A number of options will be considered. A fuller description of each option and an equality impact assessment will be provided in the final Governing Body paper which we hope will be after the expert determination has been announced on the 4 August 2017. The implications of this legal decision will have a significant impact on the viability and relevance of the options.

Option	Description
<p>Option 1</p>	<p>1: Caretaker contract for 12 months Caretaker arrangement for UCC services 08.00-20.00hrs, on a walk-in basis for the current NHS Corby and Nene footprint. <i>All the sub options below are subject to the outcome of the expert determination.</i></p> <p>1a: Extension under historical contract conditions We believe this is affordable under our current financial plan for 2017/18.</p> <p>1b Extension at mediated contract rate The concern here will be the affordability of this to the health economy going forward, without having to make difficult decisions on healthcare spending elsewhere</p> <p>1c: Extension at A&E tariff rates This option will be unaffordable to the Corby health system without radical savings and cuts elsewhere. The CCG have not determined where these savings or cuts would be made.</p>
<p>Option 2</p>	<p>2: Closure of the UCC</p> <p>2a further engagement and consultation with the public and stakeholders</p> <ul style="list-style-type: none"> • Clinical navigation specialist to support patients turning up to the closed UCC to redirect them to alternative services. • CCG will work with member practices with mitigation where there are existing access problems to primary care to ensure access to appointments is improved. <p>2b Closure of the UCC the addition of service solutions that cover the known system pressure areas and further engagement and consultation with the public and stakeholders</p> <ul style="list-style-type: none"> • As above in 2a • Additionally the CCG will look to provide: <ul style="list-style-type: none"> ○ Paediatric hot clinic ○ Extended general practice (bookable on day appointments) ○ Minor Injuries provision