NHS
Corby
Clinical Commissioning Group

Corby Urgent Care Centre

1. Foreword

The NHS Five Year Forward View, the GP Forward View and new policy guidance on moving Urgent Care Centres (UCC) to Urgent Treatment Centres (UTC) crystallise a consensus about why and how the NHS should change. Three areas of improvement are identified: a health gap, a quality gap and a financial sustainability gap. The challenges facing the NHS require sustained action over the coming years within the constraints of our requirement to deliver financial balance. It is worth noting the current specification for the urgent care centre does not fulfil this definition.

General practice is the bedrock of NHS care, with most of our care provided by our local primary care teams. One of the public's top priorities is to know that they can get a convenient and timely appointment with a GP (or appropriate health care professional) when they need one. If general practice fails, then so does the NHS. Demand for healthcare is increasing but it is also heavily impacted by rising public expectations for convenient and personal care. Within a given funding envelope there are always limits to what can and cannot be done. For example, a years' worth of unlimited GP care for each patient costs £85.35.

Making progress on such priorities and addressing our local challenges cannot be done without genuine involvement of patients and the wider community. NHS Corby CCG (CCG) has and will continue to ensure meaningful engagement and consultation on the local model of care. In doing so we will be better able to improve access to services, reduce health inequalities and make better use of resources.

The New guidance (as described in the first paragraph) is devised to ensure that healthcare provision is modernised in line with learning from best national practice. It ensures we reduce 'postcode' lotteries and that services continue to meet the mandates and standards at the core of NHS provision. The guidance highlighted two challenges. Firstly, we do not have enough local primary care to keep our population well and prevent ill health, and secondly the UCC appears to be a 'stranded service' and not fully integrated into the local urgent care system.

In February 2017 the CCG started that conversation with the local population on the future shape of primary care services and spoke with over 700 people who are registered with a GP practice in Corby. We wanted to know what was important to our population. How they would prioritise and weight any challenge we face to help us make the right decisions.

In February 2017 the CCG Governing Body discussed (in private) how we might bring our urgent care provision up to date in line with both national and local requirements. A number of options where 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*"**

We also note the urgent care model in place since 2012, although well-liked by the public, has not achieved its key objectives, which are:

- Reduce A&E attendances by 25%
- Reduce paediatric 24 hour emergency admissions by 25% and adults by 50%
- Reduce emergency admissions by working collaboratively with other community based services.

A full engagement plan to support discussions on the Urgent Care Centre (UCC) had been developed. Due to timing, these plans could not be brought to fruition as we entered a period where two elections were being conducted during which public conversations on such matters is not permitted and in March 2017 our local provider of UCC entered a legal dispute with us. The nature of this dispute prevented any meaningful conversation taking place in public.

The specific issue we currently face around securing the provision of urgent care services in the town and engaging with our local population serves two purposes:

- Firstly it ensures we have an open and honest conversation about what national policy changes might mean for us locally, and
- Secondly the CCG would be able to debate whether we can secure the provision at a cost level that would mean no (or limited) risk to other services we currently commission while we consider what the future might bring.

2. Introduction

This paper will aim to describe the background of the UCC, the function it performs, system pressures it solves and the pressures it creates and will outline the UCC options for its immediate future.

The Governing Body will make a decision on actions required to secure the immediate future of the UCC, as per our original plan or set actions to explore alternatives given the new financial pressures we face. The time pressure for these considerations is that the current contracting arrangement expires on 30 September 2017.

To that effect we are asking the Governing Body to acknowledge the original direction of travel to deliver a Same Day Access Hub and repurposing of the Urgent Care Centre whilst:

- Mitigating the end date of the current contract of 30 September 2017
- Recover the course of direction of travel within Commissioning Regulations (Z Regs) and the Law

3. 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 UCC was designed to provide timely treatment for less serious illnesses and injuries which required immediate care but which did not require the full services of an Accident & Emergency Department. The original business case for the UCC was approved on the basis that it reduced the overall spend on Urgent Care in Corby as set out below:

- Reduce A&E attendances by 25%
- Reduce paediatric 24 hour emergency admissions by 25% and adults by 50%
- Reduce emergency admissions by working collaboratively with other community based services.

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.

Since March 2017 there has been an ongoing dispute with Lakeside+ concerning the unit price paid per patient. The details of this dispute remain confidential; however an expert determination established a legally binding position on the dispute on the 4 August 2017. The findings of the determination leave a historic cost to be paid and a future cost pressure for the service. The historic dispute has a value that impacts on this year's operational plan delivery and is likely to require a recovery plan to be developed.

One of the original aims of the UCC was to reduce A&E costs. To fund the service £998k was extracted from the Kettering General Hospital (KGH) contract, together with the funds associated with the minor injury Local Enhanced Service (LES) delivered in practice (£48k) and GP Led Health Centre contract £709k. This added up to a total of £1.755m. Given the original aims of the UCC was to reduce cost and this has not happened, it should be noted that the price paid is nearly twice the original envelope.

Given the high levels of activity within the UCC and the financial pressure this brings to the system, please be assured that if the local urgent services improved clinical outcomes and offered value for money we would have found a way to support it.

With that in mind we have held discussion with the UCC over the contract period. To that end a series of clinical meetings were held with the UCC over the summer of 2016. At this stage future cost pressures were becoming apparent and activity levels for the UCC in its current configuration were becoming untenable for them. The original contracted numbers of 120 attendances a day having moved to circa 170 per day. These debates with the UCC formed part of the Northamptonshire Sustainable Transformation Plan development. Key partner organisations including KGH, Northamptonshire Healthcare Foundation Trust and local primary care providers were included in the workshop style discussions. The purpose of the workshops was to reduce the "orphaned" nature of the UCC by integrating it more fully into urgent services and diverting more of the patients who didn't require such urgent services back to primary care. This would provide continuity of care for patients and would meet national guidance for the development of UTCs.

These conversations stopped in September 2016, when it became apparent that we would need to make that we would need to change the fundamental governance structures of the providers to be able to combine the 4 hour transit time figures that are the measure of success in Urgent Care. As a group we realised that we could achieve this outcome by contracting for the service in a different way (alliance contract). As a result NHS Corby CCG issued notice to the current UCC provider in November 2016.

Between November 2016 and February 2017 clinical model debates were held with the CCG's membership body, the local Patient Participation Groups, NHS Nene CCG, and initial planning conversations in less detail held with Corby Borough Council.

The notice to re-procure the UCC fundamentally changed the open nature of the conversations with the incumbent provider as we had to ensure those conversations remained lawful under procurement regulations. This culminated in legal challenges being raised. These challenges although not pertinent to clinical decisions that needed to be made did influence how we could engage with people and altered the timeline we had originally planned to follow to secure the UCC provision.

Using the debates conducted with stakeholders between November and February. 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 where 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 contract 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 as agreed at its inception.

It is also worth noting that attendance at KGH A&E department has also increased by 30% over the same period, accompanied by an increase in emergency admissions by 10%.
When the service was originally commissioned it was expected that such activity would reduce.

The Fig 1 below provides a comparator between the North Northamptonshire Urgent Care system and the South Northamptonshire Urgent Care system. Growth in population has been taken into consideration and information presented in a way to allow direct comparisons to be made.

Fig 1: **A&E and UCC Attendance 1 April 2017-16 July 2017**

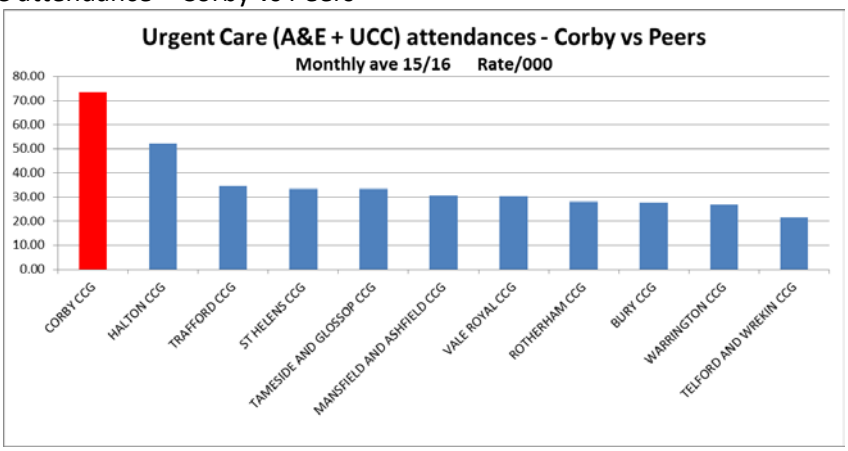
Catchment area **416,000 population**	**Catchment area** **333,000 population**	
Northampton, Daventry, South Northamptonshire	**Kettering, Wellingborough, Corby**	
NGH A&E Attendance	**KGH**	**UCC**
302 patients /day (avg)	223 patients per day (avg)	173 patients / day (avg)
302 patients /day (avg) **265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

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%.

It could be surmised from this information that the North Northamptonshire Urgent Care system may have sicker patients than South Northamptonshire. This does not however explain the 39% difference in footfall for the north of the county when comparing our local data to our national peers.

Figure 2 below measures Corby's UCC and A&E attendances in relative terms to other systems that have comparable levels of deprivation and 'illness' as in North Northamptonshire. This figure demonstrates when compared with similar systems we use more urgent care.

Fig2 – A&E and UCC attendance – Corby vs Peers



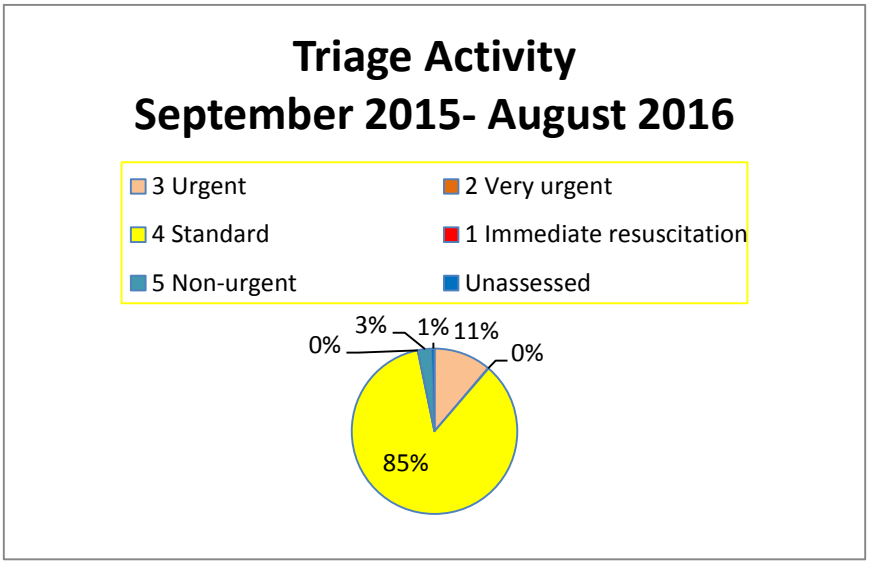
***This is the most up to date data NHS Corby Commissioners have access to**

The combination of these two factors demonstrates, local use is not only out of step with Northamptonshire as a whole, but also with national peer urgent care systems. This required us to look more deeply into the nature of use for the Urgent Care Centre. The questions that we must are :

- Is Corby truly unique as a system and does it truly warrant this level of urgent care?
- Or… is what our population told us about their concerns in accessing primary care (from early engagement sessions) leading them to use the Urgent Care Centre for primary care need?

Activity of the UCC for 2015/16 (see fig 3 below) demonstrates that 88% of attendees (activity) sit outside of any "urgent" definition, fitting into standard activity and non-urgent definitions. This means 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, practice nurse or local community pharmacist)

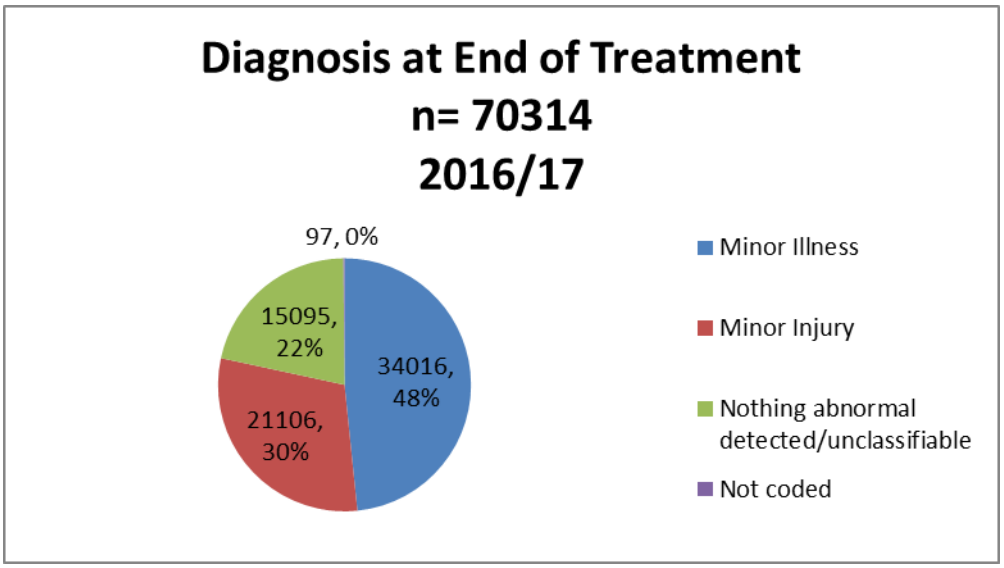
Fig 3 – Triage activity at the UCC for Sept 15 to Aug 16



***This is the most up to date data NHS Corby Commissioners have access to**

This hypothesis is further explained by fig 4 below, which gives an overview of the diagnosis categories of all patients who attended the UCC through the coding applied to each activity type after treatment has occurred.

Fig 4 – Diagnosis at end of treatment at UCC for 2016/17



The activity analysis (Fig 4) indicates that for 15,095 attendances last year (22%) had no illness or injury detected.

There is a significant cost associated with this activity. Under historic contract conditions that cost could be sustained while we worked with the public to change usage and models of care. Although we are still working through the consequences of the expert determination, we are unlikely to find ourselves in a position where we will be able to pay for activity for patients who have no discernible illness.

More detailed analysis of the UCC usage by the CCG GP practice (Fig5) does show that Lakeside Surgery practice patients are using the UCC more often than other practices in Corby. This could be explained by the proximity of the UCC to Lakeside Surgery, as the centre is based adjacent to the surgery. Commissioners will explore this further with Lakeside Surgery to see how the CCG can support the practice, as well as others in the town, to increase where necessary access to same day primary care.

Fig 5 – UCC attendance per CCG GP practice

All UCC Attendance 2016-17	Practice population As at 01/04/ 16	Weighted attendance at UCC /1,000	NHS Corby GP Practices
37438	48815	770.00	Dr Wilczynski & Partners
5286	9556	550.00	Dr Khalid & Partners
798	1740	460.00	Dr Sumira
3069	5150	600.00	Studfall Medical Centre
4826	10,626	450.00	Great Oakley Medical Centre
5		0.00	Corby CCG Residents unknown GP registration
51422	**75887**		

In summary, as described above, the introduction of an UCC has not delivered the outcomes of what was originally commissioned. Given our current financial challenges this failure to reduce urgent activity in any setting becomes challenging to justify.

3.2 Who are the people using the service?

Attendance at UCC for 2016-17 by age of presenting patients (Fig 6) is as follows (including areas outside of Northamptonshire)

Fig 6 - Attendance at UCC for 2016-17 by age of presenting patients

Count of Age group	Column												
Row Labels	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Grand Total
26-64	2,433	2,577	2,520	2,807	2,646	2,430	2,535	2,286	2,568	2,546	2,311	2,527	30,186
0-16	1,923	2,219	1,848	1,859	1,333	1,681	1,859	2,169	2,096	2,007	2,090	2,374	23,458
17-25	721	718	753	804	751	770	721	675	736	761	637	727	8,774
65-74	364	368	330	408	350	353	353	344	424	337	313	360	4,304
75-100	301	305	300	321	323	296	335	268	297	272	265	309	3,592
Grand Total	5742	6187	5751	6199	5403	5530	5803	5742	6121	5923	5616	6297	70314

The majority of attendance at the UCC is in the working age adults 26-64 age ranges (43%) and in the Children and young adults age ranges of 0-16 years old (33%). These are the groups that we will need to focus on for the same day access hub model for the future.

3.3 What people say about primary care services?

At the beginning of 2017 the CCG began a structured engagement programme that had a number of aims, including the need to raise awareness of the challenges facing local NHS services and the case for change. 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. The full report on its findings is available on the Corby CCG website.

What became clear from this engagement work was 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, with the need to improve access and ensure further service integration to improve patent experience 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, the CCG has been listening to the issues raised by the public directly and through key stakeholders, including the local MP and borough councillors. Two members of the Governing Body also attended the public meeting organised by the UCC campaign group, where they heard examples of patient stories and listened to the strength of feeling of support for the current service.

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.

3.4 Extension of the contract

In March 2017 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. The incumbent provider did not bid.

4. National policy drivers

The *"Next Steps on the NHS Five Year Forward View (5YFV)"* was published on 31 March 2017. This plan explains how the 5YFV's goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the NHS' main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients.

One element of the UEC section of the FYFV is "Roll-out of standardised new 'Urgent Treatment Centres'".

> *From the outset of NHSE's review of urgent treatment services in the NHS, patients and the public have stated there is a confusing mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service. Within and between these services, there is a confusing variation in opening times, in the types of staff present and what diagnostics may be available (NHSE Next steps Five Year forward View, p16).*

To end this confusion, NHSE have set out a core set of standards for urgent treatment centres (UTC) to establish as much commonality as possible. By December 2019 patients and the public will:

- Be able to access UTCs that will be open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
- Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
- Know that the UTC is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers

Commissioners believe that there is an opportunity for the commissioning of a genuine integrated urgent care service which aligns NHS 111, urgent treatment centres, GP out-of-hours and routine and urgent GP appointments with face to face urgent care.

It is expected that Commissioners should align thinking for urgent treatment centres with the core requirements for extended access, as well as opportunities with the clinical assessment service that supports NHS 111. There are many opportunities to integrate wider primary care with urgent care, to rationalise the service offer, reduce duplication and flex the workforce to provide urgent and primary care services which meet the needs of the local population.

The policy also identifies that co-location and strong links to other community urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector will also be beneficial in providing an effective and integrated service.

There are advantages if such services can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need but this will be determined by geographic distribution of urgent care sites and patient flows. Kettering General Hospital is currently at outline business case stage for the provision of an Urgent Treatment Centre in front of their A&E department.

Locally the debate we will need to have with the public on new models of care that meet the policy guidance is based on:

- clinical need would the best solution be a same day access hub which would cover 88% of the current UCC activity and deliver additional services such as mental health support, Musculoskeletal Support and some local surgery options
- does presenting clinical need require an Urgent Treatment Centre in Corby?

Further policy documentation pertinent to the review of the UCC is the GP Forward View (GPFV). The GPFV outlines the importance of the need to scale up and strengthen primary and out-of-hospital care as a means to managing same day healthcare needs. The emphasis of having community bases equipped to manage more diverse same day care needs indicates that services commissioned locally will need to provide a much more robust range of services without the need for healthcare professionals to refer patients on.

The new models of care will develop active signposting services through care navigators within GP practices and through local clinical hubs. There will be an opportunity to consider managing this activity cohort back into Primary Care delivery.

A recently published report regarding a study of 177 GP practices over 5 years, reported that the key source of pressure in primary care was people's desire for both rapid access and continuity of care, which nationally has also been backed up by the GP survey results (King's Fund 2016).

As a result of the need for a high proportion of appointments to be set aside as same day access, the wait for routine appointments can become very long. This in turn can put further pressure on same day activity as patients either become more unwell or claim that their appointment is urgent to bypass the extended waits. The overall NHS expenditure spent on Primary Care has reduced by 0.4% and the number of full time equivalent GPs per person aged 85 and over has steadily decreased despite a rise of 19% in said population compared to the general population (King's Fund, 2016).

It is important to ensure that both rapid access, (0-4 years, young people and adults of working age) and continuity of care (55+ age groups) are fully addressed in the future model going forward to make sure it is sustainable and achieving the right high quality clinical outcomes we all strive for.

Based on the feedback that the CCG received during its initial engagement with the public (February 2017), the need for additional services including Long Term Condition (LTCs) in primary care was identified. Further engagement with member GP practices and key stakeholders resulted in the development of locally commissioned services for LTCs. These business cases have now been approved. It is the CCGs focus to ensure that the public pound is directed to, identified areas of need. There are follow on plans in development which will allow the balance between same day appointments and pre-bookable to better match the presenting need in Corby.

4. Options for the Corby Urgent Care Service

Taking into account the challenging timeline, the Governing Body are required to make a decision on actions required to secure the immediate future of the UCC, and will explore and consider alternatives given the current financial pressures we face.

To that effect we are asking the Governing Body to acknowledge the original direction of travel to deliver a Same Day Access Hub and repurposing of the Urgent Care Centre whilst:

- Mitigate the end date of the current contract of 30 September 2017
- Recover the course of direction of travel within Commissioning Regulations (Z Regs) and the Law

Option 1: Caretaker (Interim) contract for 12 months

- Step 1: Discuss with the current provider, Lakeside+, an extension of the contract post September 2017 and continue the engagement plan with population and stakeholders

  <u>Failure to agree terms with Lakeside+, means that UCC will have to temporarily close</u>

- Step 2: Run procurement for a new caretaker and option 2 is commenced

Option 2: Allow the current contract to lapse leading to the closure of the UCC: Decision is which option to take (2a or 2b)

- 2a further engagement and consultation with the public and stakeholders
  - 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.

- 2b in addition to 2a above

  - Additionally the CCG will look to provide:
    - Paediatric hot clinic
    - Extended general practice (bookable on day appointments)
    - Minor Injuries provision

The governing body to note: The process the CCG ran to secure a 12 month caretaker arrangement for the UCC contract failed. The provider that applied to supply the interim service withdrew siting operational issues. It should be noted that pricing of the service was not identified as a barrier to deliver the interim service. The proposed service specification was on a like for like basis with the current service. It should also be noted that although we are still working through the full implications of expert determination, and the findings remain confidential; the finding does not appear to preclude us re-running a procurement on the same basis we approached the original caretaker procurement.

A fuller description of each option is provided in the table below. A draft clinical impact assessment and a draft equality impact assessment are available on request.

Option	Description
Option 1	**1: Caretaker (Interim) 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. **1a: Extension under historical contract conditions** We believe this is affordable under our current financial plan for 2017/18. **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 **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.
Option 2	**2: Allow the current contract to lapse leading to the closure of the UCC** **2a further engagement and consultation with the public and stakeholders** • 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. **2b in addition to 2a above** Additionally the CCG will look to provide: • Paediatric hot clinic • Extended general practice (bookable on day appointments) • Minor Injuries provision

4.1 Option 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.

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
1a: Extension under historical contract conditions	Need to ensure effective triage of patients to ensure cohort meets criteria for minor injuries and/or illness – this may require additional challenge to patients with presentation which are not deemed to be minor. This may result in additional burden on existing primary care facilities. **With mitigation:** The safest way to triage urgent patients is through 999/111 services where choices for attendance are made to support patients in choosing the right option Corby CCG practice staff are currently undertaking care navigation training to manage effective triage NHS Corby CCG has plans in place to increase bookable appointments to GP practices outside of normal opening hours and at weekends CCG analysis shows that the number of patients re-presenting to primary care/local practices in core hours is manageable for current services.	Multiple points of access for NHS services may be confusing for patients as to which option to choose. **With mitigation:** The CCG provides **'Choose well'** guidance to help guide patients to the correct services.	NHS Corby CCG believes this is affordable under our current financial plan for 2017/18. This circumstance that requires closer examination is the impact of historical settlement. Further consideration will need to be applied to the impact of this year's run rate and the outlier position of urgent care activity for North Northamptonshire will remain a financial challenge

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
1b Extension at mediated contract rate	Need to ensure effective triage of patients to ensure cohort meets criteria for minor injuries and/or illness – this may require additional challenge to patients with presentation which are not deemed to be minor. This may result in additional burden on existing primary care facilities. **With mitigation:** The safest way to triage urgent patients is through 999/111 services where choices for attendance are made to support patients in choosing the right option Corby CCG practice staff are currently undertaking care navigation training to manage effective triage NHS Corby CCG has plans in place to increase bookable appointments to GP practices outside of normal opening hours and at weekends CCG analysis shows that the number of patients re-presenting to primary care/local practices in core hours is manageable for current services.	Multiple points of access for NHS services may be confusing for patients as to which option to choose. **With mitigation:** The CCG provides **'Choose well'** guidance to help guide patients to the correct services.	Current payment is [redacted] per contact: [redacted] for Northamptonshire as per 16/17 activity levels The annualised financial impact of the extension of the current predicted expenditure of [redacted] against the forecasted [redacted] with a shortfall of [redacted] relating to Corby CCG) is best case QIPP would be required at [redacted] for Corby. This level of QIPP has not been achieved before. The risk to the CCG is high with the potential of the CCG failing to meet its financial targets and being required to make cuts elsewhere e.g. All elective hip or all elective knee replacements will cease (102 Hips replacements and 162 knee replacements were funded 2016/17) Existing provider contracts have agreed contractual activity and value for 2017/18, changes to this would in addition incur penalties

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
1c: Extension at A&E tariff rates	Need to ensure effective triage of patients to ensure cohort meets criteria for minor injuries and/or illness – this may require additional challenge to patients with presentation which are not deemed to be minor. This may result in additional burden on existing primary care facilities. **With mitigation:** The safest way to triage urgent patients is through 999/111 services where choices for attendance are made to support patients in choosing the right option Corby CCG practice staff are currently undertaking care navigation training to manage effective triage NHS Corby CCG has plans in place to increase bookable appointments to GP practices outside of normal opening hours and at weekends CCG analysis shows that the number of patients re-presenting to primary care/local practices in core hours is manageable for current services.	Multiple points of access for NHS services may be confusing for patients as to which option to choose. **With mitigation:** The CCG provides **'Choose well'** guidance to help guide patients to the correct services.	NHS Corby CCG anticipate that this will increase the cost to provide the service by a further [redacted] per annum If this situation is realised and the CCG attempts to contract for the UCC the CCG faces a [redacted] cost pressure. At this point the total spend of the UCC equates to [redacted] of the CCG total budget Given that we are seeing increased urgent care pressures the CCG would face a QIPP target of [redacted] in order to achieve financial balance Existing provider contracts have agreed contractual activity and value for 2017/18, changes to this would in addition incur penalties It is anticipated that NHS Corby CCG would enter into financial special measures at this stage

4.2 Option 2: Closure of the UCC

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
2a Further engagement and consultation with the public and stakeholders	Patients using the centre with minor injuries or minor illness will no longer have access, incl. out of area patients Continuation of x ray services within Corby UCC site may be subject to change **With mitigation:** NHS Corby CCG has plans in place to increase bookable appointments to GP practices outside of normal opening hours and at weekends	Redirection of patients to alternate services required **With mitigation:** Short term face to face navigators at UCC to support patients during transition The CCG is working with the local borough council to ensure equity of access for all through initiatives such as volunteer car driver and bus services The CCG provides **'Choose well'** guidance to help guide patients to the correct services Additional patient information to be made widely available: • Ring your local GP to make an appointment. • Not registered? Visit the NHS Choices website (www.nhs.uk) for details on how to register. • Many common illnesses such as coughs and colds can be easily treated by visiting your local pharmacist.	Total attendance of 17,000 Minor Injuries at UCC for 2016-17 across Northamptonshire 17,000 A&E attendances at tariff at KGH is [redacted] (diagnostics already included in Tariff)

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
		• If out of hours assistance is required, call your GP surgery and contact number for Out of Hours service • If you're still unsure or need urgent medical advice call the NHS 111 number. This service is available 24 hours a day, seven days a week. If you have an urgent, life-threatening condition, call 999. The CGG will work with KGH as the provider of minor injuries and diagnostics services to determine alternative options Corby CCG will ensure close working with neighbouring CCGs to ensure that alternative access is facilitated	
2b Closure of the UCC and provide additional service solutions that cover the known system pressure areas as well as continued engagement and consultation with the public and stakeholders	To close the UCC and divert any patients to existing Primary Care/GP providers, community services, KGH, Out of Hours and community pharmacists. According to the triage data used at the UCC 88% of current contacts at the UCC could be considered to be managed by primary care services	Navigation of patients to the 'Right service' at the Right Time' Redirection of patients to Same Day Access services required for those requiring on the day appointments Out of area patients attending the centre with minor injuries or minor	*Same day access hubs under Prime Minister challenge fund conditions deliver all same day access functions for a maximum £6 per head of GP practice registered population.*

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
		illness will no longer have access	
	With mitigation: Additional services provided in Primary care setting at scale: *Paediatric Hot clinic* Primary Care clinic for children and young people with a minor illness needing to be seen on the day who will have access to an extended hours clinic (e.g. early morning) with bookable or 'take a ticket' appointments as part of the Same Day Access model *Extended bookable on the day appointments in GP practices* Developing a Same Day Access model of care offering bookable appointments to GP practices outside of normal opening hours and at weekends, offering extended primary and community services *Minor Injuries provision* Offer a minor injuries service in Primary care setting as part of the Same Day Access model Approximately 1,700 patients attend the UCC for a minor injury	**With mitigation:** Short term face to face navigators at UCC to support patients during transition The CCG provides 'Choose well' guidance to help guide patients to the correct services Additional patient information to be made widely available: • Ring your local GP to make an appointment. • Not registered? Visit the NHS Choices website (www.nhs.uk) for details on how to register. • Many common illnesses such as coughs and colds can be easily treated by visiting your local pharmacist. • If out of hours assistance is required, call your GP surgery and contact number for Out of Hours service • If you're still unsure or need urgent medical advice call the NHS 111 number. This service is available 24 hours a day, seven days a week. If	

Sub- Options	Clinical Quality	Patient Experience	Financial Impact
	(2016-17)	you have an urgent, life-threatening condition, call 999. Corby CCG will ensure close working with neighbouring CCGs to ensure that alternative access is facilitated	

5. Legal consideration and Statutory Duties of the CCG associated with the options

Caretaker contract for 12 months

To retender for caretaker UCC services 08.00-20.00hrs, on a walk-in basis for the current NHS Corby and Nene footprint for the following pathways:

- Minor Injuries
- Minor Illnesses
- X ray and ultra sound diagnostic facilities

This option was implemented in May 2017. The process resulted in no bidders. There is insufficient time now to re –run a full process for the caretaker service again, given that the contract expires at the end of September 2017.

A request to launch an extremis consideration from NHSE could be considered. There have been approaches by interested parties who have made enquiries about providing the services outside of the procurement process. They have cited a variety of reasons for not previously engaging with the process.

For the CCG to consider this option further we would be required to:

- complete expert determination on 4 August 2017
- fully understand the impacts of the findings
- test the market prior to the CCGs 8 August 2017 Extra-ordinary Governing Body Meeting.

This only becomes a real option to progress if a potential provider feels they can issue an 'intent to supply' statement for GB to review.

When considering Option 2, the Governing Body are asked to note the potential for challenge under the legislation that governs the procurement of NHS services (e.g. Public Contract Regulations 2015/ National Health Service Procurement, Patient Choice and Competition [no.2] Regulations, 2013), and the impact the determination could have on this risk. The potential for a challenge via Judicial Review may arise should the commissioner award a contract for services without having undertaken a regulatory complaint and documented process that is able to demonstrate the open, transparent and equitable basis for completion and contract award. In addition, and dependent upon the outcome of the expert determination, a challenge via Judicial Review may be sought where a party considers the service procured does not reflect the service current provided and the commissioner has not acted in accordance with duties of public and patient engagement and consultation (NHS Act 2006, as amended Health and Social Care Act 2012, Section 14Z2) when changing the nature of services. The Governing Body are also asked to note that a challenging party may also seek an injunction on contract signature, which if successful would prevent the commissioner and existing provider from signing an extension. Lakeside+ has already threatened judicial review and an injunction.

Should no contract for services post 1 October 2017 be in place, it may be reasonable assumed the service would close. Such a closure may put the commissioner at risk of a Judicial Review being brought on the grounds of the CCGs non-compliance with duties of public and patient engagement and consultation (NHS Act 2006, as amended Health and Social Care Act 2012, Section 14Z2).

Option 1a Extension under historical contract conditions
To continue to deliver the current UCC services 08.00-20.00hrs, on a walk-in basis for the current NHS Corby and NHS Nene population footprint for the following pathways:

- Minor Injuries
- Minor Illnesses
- X ray and ultra sound diagnostic facilities

When considering Option 1a the Governing Body is asked to note that the current contract allows for the commissioner and provider to extend contracted arrangements post the current end date (30 September 2017). As such where the commissioner and provider agree an extension of the contract under the terms and conditions agreed pre 1 April 2017, it may be reasonably considered that the risk of legal challenge is minimal.

Option 1b/c Extension at a non- historical contract rate
For the purpose of considering legal considerations and statutory duties of the CCG options 1b and 1c pose the same issues:
To continue to deliver the current UCC services 8.00-20.00hrs, on a walk-in basis for the current NHS Corby and Nene footprint to include the following pathways:

- Minor Injuries
- Minor Illnesses
- X ray and ultra sound diagnostic facilities

When considering Options 1b and 1c the Governing Body are asked to note the potential for challenge under the legislation that governs the procurement of NHS services (e.g. Public Contract Regulations 2015/ National Health Service Procurement, Patient Choice and Competition [no.2] Regulations, 2013), and the impact the determination could have on this risk. The potential for legal challenge via Judicial Review may arise where the commissioner and provider agree to extend the contract at a rate greater than that identified through the original tender process, as the basis under which the contract was awarded may no longer be considered as valid in its entirety. The Governing Body are asked to note that a challenging party may also seek an injunction on contract signature, which if successful would prevent the commissioner and existing provider from signing an extension.

Should no contract for services post 1 October 2017 be in place, it may be reasonable to assume that the service would close. Such a closure may put the commissioner at risk of a Judicial Review being brought on the grounds of the CCGs non-compliance with duties of public and patient engagement and consultation (NHS Act 2006, as amended Health and Social Care Act 2012, Section 14Z2).

Option 2
When considering options 2a and 2b the Governing Body are asked to note that a decision to cease services as of 1 October 2017 may put the commissioner at risk of a challenge via Judicial Review on the grounds of the CCGs non-compliance with duties of public and patient engagement and consultation (NHS Act 2006, as amended Health and Social Care Act 2012, Section 14Z2).

As can be clearly noted by Governing Body members there is not a single option of those listed above which does not preclude legal challenge. There are however, further actions that can be taken to reduce the overall risk of legal challenge. Those further actions require us to review our overall CCG budget and propose other services that could be 'reduced' or cut to ensure that financial balance can be restored to NHS Corby CCG.

It should be noted at this stage that a failure to achieve financial balance or a re-planning of service delivery that is acceptable to NHS England for 17/18 puts the CCG in breach of its statutory duty (z reg) of financial balance and will place the CCG into special measures.

6. Conclusion

Given that no there is no option open to the CCG that precludes legal challenge, NHS Corby CCG Governing Body is asked to note the options in line with the clinical and equality impact assessments and set a series of actions that ensure safe legal decision making can be supported around the immediate future of Corby Urgent Care Centre:

Those actions include:

Continued engagement with the public and stake holders on the new model of care for Corby

To enter into negotiations with Lakeside plus on continuing service from the UCC site to see if contract extensions can be achieved whilst engaging with the public

To consider starting an interim procurement whilst engaging with the public if those negotiations fail.

Develop a recovery finance plan to determine that the options are the right and only options that we can consider.

7. References

King's Fund, *Understanding pressure in general practice*, King's Fund, London 2016.
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Department of Health, 2017, *Next Steps on the NHS Five Year Forward View*
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