NHS
Corby
Clinical Commissioning Group

QUESTIONS AND ANSWERS FROM THE MEETING OF NHS CORBY CCG'S GOVERNING BODY, 30 January 2018

The following questions were submitted in advance, for a response from the CCG. The responses were read out at the start of the Governing Body meeting.

Questions submitted on behalf of Save Corby Urgent Care Action Group

1. **Please provide evidence that 20,000 people were engaged online and what questions were asked from this part of the engagement "Conversation" and how this evidence was used to inform the outcome.**

The evidence of the engagement period will be presented at the Public Governing Body meeting today (see the Engagement Plan in the Governing Body papers).

2. **On the pre consultation events only three questions were asked, which did not include questions on the use or need for Corby Urgent Care Centre. Why?**

The new model will include all of the service elements of the current service provision

3. **Phase 3 of the engagement process only included 10 members of the public in a workshop, how important has this been in providing evidence as some of the wording in this report is misleading or did not happen.**

A wide range of engagement events have taken place including workshops and all feedback received during the engagement sessions has been considered as part of the engagement report feedback

4. **The action group sees very little evidence gathered for options in the engagement process around urgent care and minor injuries**

See answer to Q2

5. **Why were people promised a consultation on options open to them which the CCG has now decided not to honour?**

In line with good practice, the CCG was anticipating consultation about service change. But the CCG now has a focused plan which:

- Has been directly and substantially influenced by public opinion
- Does not significantly materially change the model of care – same opening hours, same clinical staffing (if not enhanced), same clinical caseload, retention of x-ray and diagnostics

This means there is no need for formal consultation – and NHS England agrees.

6. **Has an assessment been completed on the option chosen by NHSE and their response?**

NHS England have the responsibility to oversee and assure service model changes. In this case they concluded the proposed change was not of a material nature.

7. **Given that the Corby CCG started the pin and procurement process for this enhanced 8-8 same day access hub in September 2017, which was due to start in January 2018, why is this service now not up and running (GB papers October 2017)**

This is a subject of the one of the Governing Body questions for consideration (see Governing Body papers).

8. **If this is due to the problems between the GP federation and the GPs in the Super practice, how will you bring all the GPs together on delivering an integrated Healthcare for Corby?**

We cannot comment on behalf of other organisations. However, the CCG are committed to working with any interested parties through a proper procurement process going forward.

9. **If the population in Corby have no faith in the appointment system now, how will this be assured in the future?**

This is the purpose of the public engagement going forward.

10. **Urgent offer, you have said that you will be retaining the urgent care centre albeit in a reduced capacity, is this true? If so why are you considering changes to the x-ray system?**

We are enhancing the service and retaining the x ray in our plans.

11. **The urgent care offer will be triaged by trained care navigators. Will any of them have clinical experience e.g. doctors or nurses?**

This is the purpose of the next stage of engagement.

12. **CNPs (clinical nurse practitioners) work well in a GP setting, as has already been done in some Corby practices where it is a filter pathway – but open to countless risks in the Urgent Care pathways, how will this be managed?**

This is the purpose of the next stage of the engagement (which will feed into setting the specification of the new service contract).

13. **Have the East Midlands Clinical Senate given the all clear on using non clinical staff for triage pathways?**

See answer to Q12.

14. **What training will CNPs have and at what costs?**

See answer to Q12.

15. **The CCG approved a new Policy for Service Review, Disinvestment and De-commissioning Decisions at their October meeting has this assessment been used for the option on the table today and what are the outcomes?**

The purpose of this policy is to ensure that the NHS Nene and NHS Corby CCGs have a clear and consistent process for identifying and evaluating proposals for decommissioning and disinvesting services. The proposed new model of care doesn't fall into either category.

16. **How will you ensure that patients with mental health issues have their needs met through the new pathway, and what training will CNPs have?**

The service will be a primary medical service with access to mental health expertise; this will form part of the next stage of engagement.

17. **There are many urgent treatments that cannot be delivered in GPs surgeries for example one patient asks when her young son goes down with breathing difficulties he has been treated in the UCC and put on a nebuliser in the observation bays, with these going would she need to take him to A&E? Or be treated somewhere in Corby?**

The regional clinical senate has recommended that a local clinical triage and navigation process is added to the current model of care, to ensure that patients such as this case are directed to the right place where their needs can be met most clinically appropriately.

18. **What impact assessments have been completed on the impact on EMAS ambulance service?**

The number of EMAS patients to the UCC is very low (24 per month on average out of 5,500 attendances on average). There is no change to the current model of care for EMAS as the new model of care will still deliver the same service elements currently provided.

19. **People without access to a car are being encouraged to attend A&E by public transport. Are you being real, do you fully understand what you are asking?**

This statement is not endorsed by the CCG. Access to transport was tested by the East Midlands Clinical Senate. The proposed new model of care will still deliver the same service elements currently provided.

20. **What faith can the people of Corby have in the decisions of the CCG Governing body on the healthcare within Corby? Does the GB have confidence on the information given to inform their decision making?**

Not relevant to this forum.

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Questions submitted by Janita Makin, Lakeside Healthcare

1. **Appointments for all, including for injury, will mean extra pressure on phone lines and manpower to answer. With GP practices already under pressure, how does the CCG propose to deal with this issue without further pressure on practices?**

   Resolving this issue is a key part of the next stage of engagement. Member practices and the public will be asked for their views on how access can be secured.

2. **Minor injuries are proposed to be by appointment, which will result in patients presenting at Practices to be seen with injuries. A few years ago, minor injury money was taken away from primary care to resource the new minor injury service. Under the proposal, potentially there will be minor injuries coming to practices. Does this mean money will be paid for primary care seeing these patients?**

   No – they are a key cohort for the new service

3. **The paper states that the majority of patients attending the UCC are suitable for primary care. However there has been no investment for primary care, in fact money has been kept by the CCG rather than investing in primary care to improve the situation. Why has the CCG not invested in primary care to improve access?**

   The proposed new model of care will provide better access to primary care.

4. **Validated Data from NHS digital through the Primary Care Web Tool shows A&E attendances from Corby CCG practices are well below the national average. In Lakeside's case 52.64 against a national average of 81.96. The information provided by yourselves would indicate exactly the opposite. Can you clarify the reasons behind the discrepancy and what external validation of the data you have used was undertaken - as the argument about activity levels is key to the rationale behind the proposed change in service delivery.**

   National data will only include A&E attendance, not UCC attendance. Therefore it is an incomplete picture for Corby.

5. **Will the successful APMS provider have a registered patient list and provide GMS services to these patients?**

   This has not been part of the discussions to date – the agenda item is approval of a model. This may become a debate point in the next phase of the engagement. We encourage you to participate in that phase of the engagement.

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Questions submitted by Lorna Garner (as a resident, not as an employee of Lakeside+, the company which runs the UCC)

1. **The Corby Urgent Care Centre is a type 3 A&E Department and is a designated P3 (that is a certain type of A&E patient) receiver during every time of pressure on the A&E services at KGH and NGH. If there are no Obs Bays and no ED GP skills resident under the new system, where will these patients go?**

   The dispersal route for patients with LTC is into enhanced GP services (this is already working well for some local practices). The dispersal route for paediatrics is primary care observations and catch team, rather than observation bays, since this was an area raised with us by Kettering General Hospital and the East Midlands Clinical Senate.

2. **Has the public had clearly explained to them that Corby is losing an Urgent Care Centre (ie Type 3 A&E Department) with walk in access and are gaining an appointment only GP and minor injuries service, where the GPs are not ED or Urgent Care GPs, and that will have a reduction in the type of diagnostic capability?**

   There is no reduction in diagnostic capability. We are a national outlier in having a walk-in service with no triage. The public have been involved in engagement to date, where the movement of the UCC to a service offering that matches latest policy has been discussed. The next stage will explicitly engage and develop a specification with their help on how to manage access.

   We do not recognise the registration status you describe as urgent care GPs. The current service does not utilise doctors on the GMC Specialist Register for Emergency Medicine, but does offer access to General Practitioners. The new model proposed will NOT change this position.

3. **Why are the added GP bookable slots and minor injury slots not being proposed for every surgery rather than a completely separate centre?**

   To run an effective Minor Injuries Unit, access to diagnostics is required. There is no change to our current diagnostic offer.

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Questions submitted on behalf of Lakeside+ Ltd

1. **Bearing in mind GMC 'Duties of a Doctor' requirements, can the CCG confirm the name of the clinician who approved / signed off the clinical performance data that the CCG widely circulated before Christmas? Importantly, did the clinical senate rely on this same information, since this varies very significantly from that the provider has publicly disputed?**

   Not relevant to the agenda.

2. **Given that staff are deeply unsettled by your plans, can the CCG confirm the intention to include provision for TUPE in the new service specification?**

   Yes

3. **Can you confirm whether the UCC will continue to be a Type 3 A&E?**

   No, it will not.

Questions submitted by Beth Miller

1. **It seems the proposals are primarily financially driven. What work is underway to ensure Corby (and Northamptonshire more broadly) receives parity (in terms of funding) with the rest of the UK? And, with Corby growing so quickly how does that CCG plan to engage with the Department for Health on receiving additional funding?**

   Decisions are made on a number of principles including: clinical best evidence, finance and public engagement outcomes. However, obtaining the right level of funding for the area is a national policy issue and therefore not within the gift of the CCG to influence.

2. **The papers prepared for this board meeting allude to the disparity in the allocation of new registrations across the five doctors surgeries in Corby, this ranges from 0.2% to 33% grown in practice registrations - why is there such a disparity? And what is being done to ensure we do not rely too heavily on just one of two providers? Furthermore, there seem to be some GP surgeries that have a much higher percentage of their registered patients accessing the UCC – what is being done to understand why this is the case, whether a conflict of interests exists, and how these surgeries will be able to respond to your proposals, without significant more investment in their services?**

   The disparity seems to be related to access challenges faced by the public, but this is not an exact science (some of the new populations are just nearer to some of the practices).

   The issue of access to the new service will form part of the new service specification, and specification development will be part of the next stage of engagement. If conflicts of interest are revealed, they will be dealt with as part of our routine contract management processes. This policy is due to be published on our website.

3. **The papers say there will be more primary care places - how will this be achieved in practice?**

   All current Corby UCC centre usage will be provisioned for – and an additional 12,000 appointments will be procured on top of that.

4. **The timeline for procurement looks quite tight, and the papers suggest the CCG would like the proposals in place by this November. If there is slippage in the timeline, what provisions are in place to ensure the UCC doesn't close for a period of time? My concern is that the current providers rolling contact could come to an end and the new providers would not yet be ready.**

   All times shown in the document at this stage are indicative. The date the contract cannot be extended beyond is April 2019. There is a four month notice period that will not be enacted until Corby CCG are at a safe stage in the procurement process

5. **I understand Corby CCG has given or will give Nene CCG the opportunity to contribute to the service of the newly proposed hub so that patients from outside of Corby can use the facility. Presumably Nene CCG is, like Corby CCG, under significant financial pressure and working closely to their budget as allocation from central government - given the tight timeframe, and likelihood that Nene will have produced their budgets for the year ahead, what are the chances that they will be in the position to contribute to the new proposals?**

   We cannot comment on behalf of other organisations. However, the CCG are committed to working with any interested parties through a proper procurement process going forward.