

**Report to:** HEALTH AND WELLBEING BOARD

**Date:** 25 January 2018

**Board Member / Reporting Officer:** Jessica Williams, Interim Director of Commissioning and Programme Director (Care Together)

**Subject:** TAMESIDE AND GLOSSOP PROPOSAL FOR EFFECTIVE URGENT CARE

**Report Summary:**

The proposal for effective urgent care was considered at Single Commissioning Board on 31 October 2017 and approval was given to move to formal consultation. This report provides an update on the consultation that started on 1 November 2017 and continues until 26 January 2018 and sets out the meetings scheduled with interested parties.

There are two options for the delivery of the Integrated urgent care service. Both create an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9 am to 9 pm. This will offer bookable, same day/urgent and routine general practice appointments and walk in access for urgent care. The options vary in the number of Neighbourhood Care hubs where bookable appointments can be made and when those hubs will be open.

**Option 1**

	Opening Hours		Access	
	Weekday	Sat and Sun	Booked appointments	Walk-in
<b>Urgent Treatment Centre</b>	9am to 9pm	9am to 9pm	Yes	Yes
<b>North Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No
<b>South Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No
<b>Glossop Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No

**Option 2**

	Opening Hours		Access	
	Weekday	Sat and Sun	Booked appointments	Walk-in
<b>Urgent Treatment Centre</b>	9am to 9pm	9am to 9pm	Yes	Yes
<b>North Hub</b>	6.30pm to 9pm	None*	Yes	No
<b>South Hub</b>	6.30pm to 9pm	None*	Yes	No
<b>West Hub</b>	6.30pm to 9pm	None*		
<b>East Hub</b>	6.30pm to 9pm	None*		
<b>Glossop Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No

\* Able to book appointments at the Urgent Treatment Centre in Ashton or at Glossop Neighbourhood Care Hub

As of 16:00 on Tuesday 9 January 2018, 284 surveys have been submitted, 1% were entirely blank and 7% only answered question 1. 89% of respondents indicated they were registered with a GP in Tameside and Glossop. Respondents include people with caring responsibilities and people whose day-to day activities were limited because of a health problem or disability.

The age profile of those who provided their age ranges from 28 to 93. Of those that described their gender around 70% used female and 26% male. Around 92% of those providing an Ethnic group stated White - English / Welsh / Scottish / Northern Irish / British.

Previous usage of service accessible in Tameside and Glossop for an urgent need suggests most respondents are aware of the support available to them locally.

The majority of respondents who have stated a preference preferred Option 2 as 63% stated Option 2 and 37% Option 1.

Of those who chose option 2, 27% mentioned a positive impact on local services in their response, 27% mentioned an increase in choice of service or location in their response and 18% thought option 2 might have a positive impact on the availability of appointments.

Of those who chose option 1, 3% believed it had better weekend availability and 8% thought option 1 might have a positive impact on the availability of appointments.

The survey will continue to be analysed and used to inform the final proposal that will be presented for decision to the Single Commissioning Board and Primary Care Committee in March.

**Recommendations:**

This report is for information only.

**Links to Health and Wellbeing Strategy:**

Aligns with Living Well and Aging Well.

**Policy Implications:**

This report describes the process of engagement and consultation that is being followed to develop the integrated urgent care service.

The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme.

**Financial Implications:**

**(Authorised by the Section 151 Officer)**

Until consultation is completed and a decision on the chosen option is known, it is not possible to finalise costs. Both proposed options are within the funding envelope and therefore deemed affordable and expected to deliver efficiencies.

The urgent care proposals within this report sit within the context of the local economy optimising the use and impact of all the urgent care funding available.

Further efficiencies are expected from streamlining services and removing duplication to drive improved outcomes for Tameside and Glossop residents.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

An open and transparent consultation process is required to attract maximum public engagement in order to ensure the public sector equality duty has been complied with. This should be reflected in the Equality Impact Assessment, which decision makers must have due regard to before making any decision.

**Risk Management :**

This programme will be managed via the Care Together Programme Management Office and therefore the risks will be reported and monitored via this process

**Access to Information :**

The background papers relating to this report can be inspected by contacting



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## 1. INTRODUCTION

- 1.1 The proposal for effective urgent care was considered at Single Commissioning Board on 31 October 2017 and approval was given to move to formal consultation. This report provides an update on the consultation, summarises the proposal and sets out the process for the final decision on the future model for urgent care.

## 2. CONSULTATION PROCESS

- 2.1 The consultation started on 1 November 2017 and continues until 26 January 2018. GPs, Practice Managers and Practice Participation Group Chairs along with Patient Neighbourhood groups were all notified by email of the start of the consultation and provided the link to the website <http://www.tamesideandglossopccg.org/get-involved/urgent-care-consultation> on which all related documents can be found. Councillors, MPs, representative voluntary groups and other key providers were also notified and asked to encourage involvement in the consultation.

- 2.2 Press releases have been issued to the following to promote the consultation:

Mossley Correspondent;  
BBC Radio Manchester;  
Probash Bangla news;  
Revolution radio;  
High Peak radio;  
Tameside Reporter;  
In & Around Tameside magazine;  
Key 103;  
Glossop Chronicle;  
Manchester Evening News;  
BBC News online;  
Granada Reports;  
About Tameside magazine;  
Your Tameside magazine.

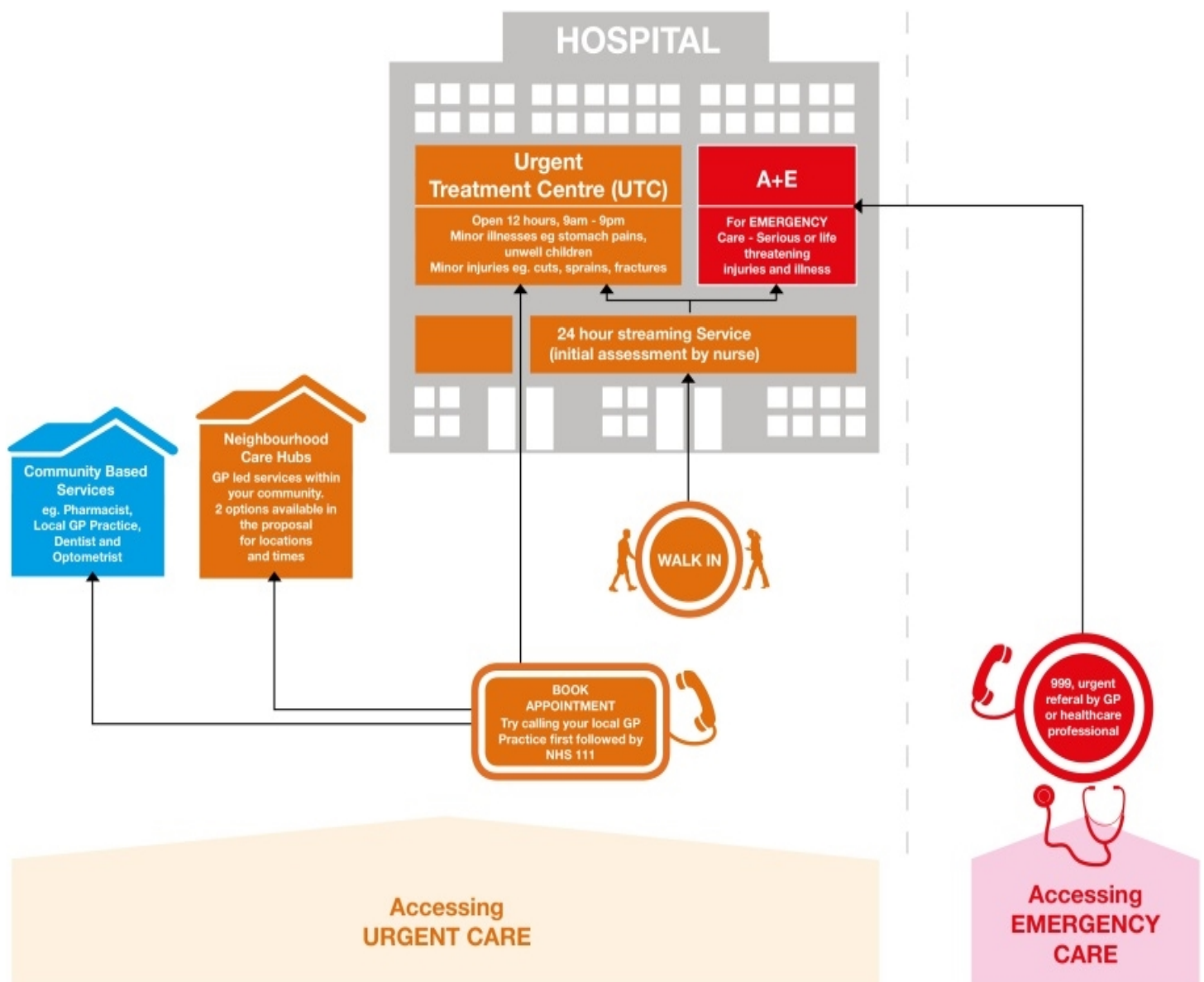
- 2.3 The Big Conversation online (consultation and engagement) community members (249) were directly emailed about the Urgent Care Consultation and the Big Consultation website promotes the consultation.
- 2.4 Social media activity posted on the Tameside Council, Tameside and Glossop Clinical Commissioning Group, and Care Together social media accounts started on 15 November and is summarised in **Appendix 1**.
- 2.5 Meetings with interested parties have taken place throughout the consultation period. Alongside specific meetings such as Town Councils, Neighbourhood Meetings, Patient Neighbourhood Groups and community groups, three public meetings have been scheduled one in Droylsden, one in Ashton and one in Glossop.
- 2.6 The current schedule of meetings (**Appendix 2**) is being updated as community groups respond to the offer of us attending their meetings to explain the consultation.
- 2.7 Work is on-going with the Voluntary, Community and Faith Sector to promote awareness of the consultation, identify any impacts the proposal may have on particular groups and develop solutions to mitigate any negative impacts.
- 2.8 Feedback from any meetings will be collated along with the survey results and used to inform the final proposal.

### 3. CONSULTATION MATERIAL

- 3.1 There are a range of materials (attached) on the website that set out what the proposal is and provide answers to questions that may be asked. The Frequently Asked Questions will be updated on a regular basis with any new questions raised through meetings or the survey.
- 3.2 Practices and public centres such as libraries have been provided with paper copies of the survey for people who prefer not to access via the internet.

### 4. THE PROPOSAL

- 4.1 The proposed integrated urgent care service will ensure people are seen by the right professional in the right place to meet their need. It builds on the trusted relationship with GPs making practices the key point of access for advice and treatment. Through the practice, Out of Hours service or NHS 111 people will be able to book appointments seven days a week in the most appropriate Primary Care service.
- 4.2 Walk in access will be maintained but the proposal moves the Walk-in Service at Ashton Primary Care Centre (APCC) to the hospital to create an Urgent Treatment Centre that is co-located with A&E and able to provide Primary Care services and access to diagnostics.
- 4.3 The diagram below summarises the proposed model.



- 4.4 There are two options for the delivery of the new urgent care service. Both create an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9 am to 9 pm. This will offer bookable, same day/urgent and routine general practice appointments and walk in access for urgent care.
- 4.5 The options vary in the number of Neighbourhood Care hubs where bookable appointments can be made in addition to the Urgent Treatment Centre and when those hubs will be open.
- 4.6 These options are shown below:

#### Option 1

	Opening Hours		Access	
	Weekday	Sat and Sun	Booked appointments	Walk-in
<b>Urgent Treatment Centre</b>	9am to 9pm	9am to 9pm	Yes	Yes
<b>North Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No
<b>South Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No
<b>Glossop Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No

#### Option 2

	Opening Hours		Access	
	Weekday	Sat and Sun	Booked appointments	Walk-in
<b>Urgent Treatment Centre</b>	9am to 9pm	9am to 9pm	Yes	Yes
<b>North Hub</b>	6.30pm to 9pm	None*	Yes	No
<b>South Hub</b>	6.30pm to 9pm	None*	Yes	No
<b>West Hub</b>	6.30pm to 9pm	None*	Yes	No
<b>East Hub</b>	6.30pm to 9pm	None*	Yes	No
<b>Glossop Hub</b>	6.30pm to 9pm	9am to 1pm	Yes	No

\* Able to book appointments at the Urgent Treatment Centre in Ashton or at Glossop Neighbourhood Care Hub

- 4.7 Both options have:
- Additional bookable appointments at the hospital based Urgent Treatment Centre;
  - The option of an appointment on the hospital site for patients that are likely to need additional hospital based care e.g. diagnostics or a period of observation;
  - A single location for walk in access that removes the need for the person attending to 'self-triage' and decide if their need requires A&E or could be better managed in urgent care;
  - increased patient safety for people who walk in through direct transfer to A&E and hospital based care when required
  - Access to urgent diagnostics

## 5. CONSULTATION ANALYSIS

- 5.1 As of 16:00 hours on Tuesday 9 January 2018, 284 surveys have been submitted however 1% were entirely blank and 7% of respondents only answered question 1, whether they are registered with a GP in Tameside and Glossop, and then no further questions.

- 5.2 89% of respondents indicated they were registered with a GP in Tameside & Glossop and 97% of remaining 11% said they were registered with a GP in another area.
- 5.3 Respondents include people with caring responsibilities and people whose day-to day activities were limited because of a health problem or disability.
- 5.4 The age profile of those who provided their age ranges from 28 to 93 with the majority of respondents who stated an age being between 40 and 59 years.

Registered with	Age Range (years of Age)			
	18 to 39	40 to 59	60 to 69	70 and over
<b>Tameside and Glossop</b>	54	72	36	15
<b>Other Clinical Commissioning Group</b>	1	9	2	1
<b>Total</b>	<b>55</b>	<b>81</b>	<b>38</b>	<b>16</b>

- 5.5 Of those that described their gender around 70% used female and 26% male. Around 92% of those providing an Ethnic group stated White - English / Welsh / Scottish / Northern Irish / British.
- 5.6 The analysis of the demographic data is also being used to identify if we need to meet with any specific groups to ensure representative feedback from the whole of Tameside and Glossop. We have asked several groups for specific support and are awaiting responses.
- 5.7 Previous usage of service accessible in Tameside and Glossop for an urgent need suggests most respondents are aware of the support available to them locally and reinforces earlier analysis that Neighbourhood based services are well used.

NHS 111	NHS Choices	Pharmacies	MECS	GP	Out of hours	Walk-In Service	Accident & Emergency
60%	45%	87%	39%	94%	52%	69%	80%

- 5.8 Usage responses will be analysed alongside postcode data to identify if residents of specific geographical areas appear to routinely use out of area services. The response level by geographic area is shown below.

Geographical Area	% of surveys
North Neighbourhood: Ashton	10.6
West Neighbourhood: Denton, Droylsden, Audenshaw	12.7
East Neighbourhood: Stalybridge, Dukinfield, Mossley	14.8
South Neighbourhood: Hyde and Longdendale	12.3
Glossopdale Neighbourhood	7.4
Tameside and Glossop but partial code only so specific neighbourhood cannot be identified	10.2
No postcode, or a postcode outside of the Tameside and Glossop CCG	32.0

- 5.9 At this stage the majority of respondents who have stated a preference preferred Option 2 as 63% stated Option 2 and 37% Option 1.
- 5.10 Of those who chose option 2 (Five Neighbourhood Care Hubs):

27% mentioned a positive impact on local services in their response;  
27% mentioned an increase in choice of service or location in their response;  
18% thought option 2 might have a positive impact on the availability of appointments.

- 5.11 Of those who chose option 1 (Three Neighbourhood Care Hubs): 3% believed it had better weekend availability and 8% thought option 1 might have a positive impact on the availability of appointments.
- 5.12 3% of respondents alluded to an alternative option that would have a positive impact on local services. Also 3% of respondents mentioned reducing the misuse of services.
- 5.13 The final report will show both the option preferred by the majority of respondents and the key criteria that people used when making their preferred option. These will be used to ensure that every attempt can be made to mitigate any negative impacts highlighted in the consultation.
- 5.14 When commenting on the relocation of the Walk-in-service 13% of respondents thought the relocation would have a positive impact on local services and 14% thought the relocation would have a negative impact on local services.
- 5.15 13% of respondents mentioned a positive impact on the distance they would have to travel if the walk in service was relocated, i.e. the Tameside Hospital site is nearer to them than Ashton Primary Care Centre.
- 5.16 Detailed analysis of the impacts along with the work that will be undertaken to mitigate any negative impacts will be set out in the final report.

## **6. DECISION MAKING PROCESS**

- 6.1 All the feedback received during the consultation will be collated and analysed and used to refresh the Equality Impact Assessment presented with the request to consult and inform the final proposal which will be presented to the Single Commissioning Board and the Primary Care Committee in March 2018 for dual approval.
- 6.2 It is anticipated that the initial implementation of the final proposal will take place in July 2018.



# Appendix 1

## Urgent Care Consultation Digest – 15th November 2017 – 7th January 2018

### External Communication

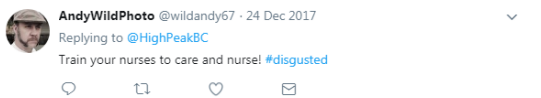




#### Newspapers

Articles on the Tameside Reporter and Glossop Chronicle websites on 2<sup>nd</sup> January 2018. The same article also featured in the print edition of the Tameside Reporter on 2<sup>nd</sup> January 2018.

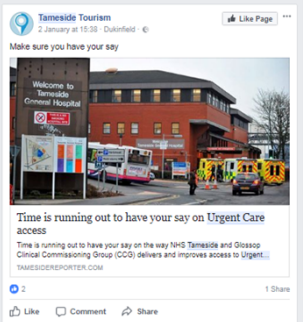

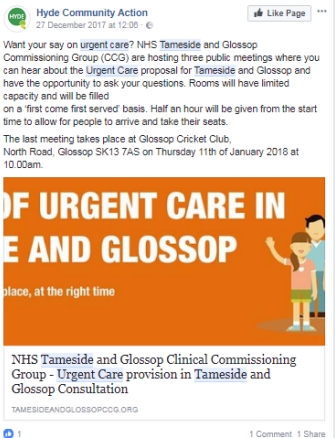

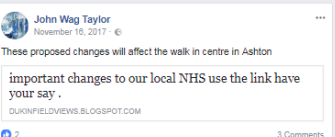
<https://glossopchronicle.com/2018/01/time-is-running-out-to-have-your-say-on-urgent-care-access/>

<https://tamesidereporter.com/2018/01/time-is-running-out-to-have-your-say-on-urgent-care-access/>

#### Twitter

Who	What	When
Tameside Reporter		January 2, 1:15pm
High Peak Borough Council		December 28, 4:25pm December 21, 12:35pm December 19, 4:35pm December 18, 9:30am December 14, 12:30pm December 8, 4:55pm December 6, 12:55pm December 4, 9:15am
AndyWildPhoto (response to High Peak BC tweet)		December 24, 9:04pm
AndyWildPhoto (response to High Peak BC tweet)		December 24, 9:06pm
Padfield Village Residents		November 21, 6:03pm
Councillor John Taylor		November 16, 8:18pm
Ben (reply to Councillor John Taylor)		November 17, 2:32am

## Facebook

Who	What	When
Tameside Tourism		January 2, 3:38pm
Tameside Reporter		January 2, 1:18pm
Hyde Community Action		December 27, 12:06pm
High Peak CVS		December 1, 9:52am
Councillor John Taylor		November 16, 8:17pm

## Internal Communication

### Chief Executive's Brief

Item included in the Chief Executive's Brief (3 November) for all Council staff which includes pension fund and Elected members, all CCG staff, all GPs, Practice Nurses and Practice Managers, CCG Board, ECG Board and Mark Tweedie.

### **Social Media**

<b>Page</b>	<b>Tweets</b>	<b>Comments</b>	<b>Retweets</b>	<b>Likes</b>
Tameside Council Twitter Page	41	0	13	5
T&G CCG Twitter Page	25	1	17	5
Care Together Twitter Page	24	0	7	6

Additional posts will be made on Twitter, Facebook and Instagram as the consultation period continues.

## Appendix 2

### Urgent Care Consultation Communications & Engagement Work Plan

Group/Meeting	Date of session
<b>Single Commissioning Board</b>	31 Oct 17
<b>Start of consultation</b>	1 Nov 17
Brief GM	Ongoing
E-mail to all stakeholders	Actioned
E-mail to all community groups	Actioned
Email to all GPs	Actioned
Email to all Integrated Neighbourhood Managers	Actioned
Briefing to staff affected – Providers	Actioned
<b>Staff</b>	
Steven's Weekly Brief (TMBC/CCG)	27 Oct 17/8 Dec 17
ICFT – Provider	TBC
GTD – Provider	Actioned
Orbit – Provider	TBC
<b>SCF Governance</b>	
CCG Governing Body Meeting	22 Nov 17
Executive Board - Tameside Council	13 Dec 17
Primary Care Committee	6 Dec 17/3 Jan 18/7 Feb 18
<b>Partner Governance</b>	
ICFT Board Meeting	30 Nov 17
GTD Board Meeting	TBC
Orbit Board Meeting	TBC
GMPEC	24 Oct 17
LOC	TBC
LPC	TBC
LDC	TBC
LMC	13 Nov 17
Pennine Care Board Meeting	n/a
<b>Scrutiny/LA</b>	
Scrutiny - Tameside - Integrated Care	11 Jan 17
Scrutiny - Derbyshire – Health	27 Nov 17
Community Select Committee (High Peak)	29 Nov 17
High Peak and Derbyshire Councillor Briefing	29 Nov 17
<b>HWBB</b>	
HWBB – Tameside	25 Jan 18
HWBB – Derbyshire	7 Dec 17
<b>Patients</b>	
PNG – Glossop	12 Dec 17
PNG – Hyde	TBC
PNG – Ashton	17 Nov 17
PNG -Dukinfield/ Stalybridge/Mossley	TBC
<b>Public representative groups</b>	
Healthwatch Derbyshire	TBC
Healthwatch Tameside	TBC
The Bureau (GVC)	TBC
Action Together	TBC
High Peak CVS	TBC
<b>Council Groups</b>	
Denton Town Council	7 Dec 17
Hyde Town Council	13 Nov 17
Dukinfield Town Council	16 Nov 17

Audenshaw Town Council	7 Nov 17
Mossley Town Council	6 Dec 17
Longdendale Town Council	12 Dec 17
Stalybridge Town Council	6 Dec 17
Ashton Town Council	21 Nov 17
<b>Practices</b>	
GP Target session	16 Nov 17/19 Jan 17
GP Practice Managers	21 Nov 17
Practice Nurse	6 Nov /9 Nov 17
Ashton Neighbourhood meeting	1 Nov 17
Glossop Neighbourhood meeting	30 Nov 17
Hyde Neighbourhood meeting	3 Nov 17
Stalybridge/Mossley Neighbourhood meeting	14 Nov 17
Denton Neighbourhood meeting	7 Nov 17
Millbrook PPG	24 Jan 18
<b>MPs</b>	
MP Briefing	20 Oct 17
<b>Public Consultations</b>	
Ashton	6 Dec 17
Droylsden	5 Dec 17
Glossop	11 Jan 18
<b>Engagement Events with Specific Groups</b>	
Carers rights	24 Nov 17
BME	23 Nov 17
Gamesley Men's Group	15 Jan 18
Gamesley Ladies Group	25 Jan 18