

APPENDIX 5

Community and Wider Engagement

Email to Stakeholders

From: Urgentcareconsultation (NHS TAMESIDE AND GLOSSOP CCG)

Subject: Launch of Urgent Care Consultation

As you know we are continually looking at new ways to provide vital high quality health and care services to our patients while balancing the need to ensure they meet the growing demands of an ageing population but are still affordable. Through the Care Together programme every aspect of our work with our partners across social care, community services and both primary and secondary care is being looked at to achieve those aims.

At the Single Commissioning Board (31 October 2017) we agreed to start a consultation from the 1st November 2017 on options for Urgent Care running for twelve weeks until 26th January 2018.

We are committed to ensuring that people with an urgent need are assessed and treated on the same day by the most appropriate professional. We recognise that for most people Primary Care is best suited to meet urgent (non-life threatening) care needs but this can only happen if we increase the appointments available.

The importance of freeing up A&E to care for the sickest people, including older people is at the centre of our plans. We have introduced A&E Streaming in line with National policy and our consultation includes our plan to deliver the mandated Urgent Treatment Centre that will provide additional access to urgent diagnostics.

The options being consulted on and further detail on the proposals can be found at this link <http://www.tamesideandglossopccg.org/urgentcare>

We and the Single Commissioning Board are committed to listening to the views of a range of stakeholders alongside those of the public and patients before making any decision on which option to take forward. With this in mind commissioning officers and clinical leads will be attending meetings across Tameside and Glossop to present the proposal and the consultation process. If there are any specific groups who you think it would be useful for us to engage with please let us know via tgccg.urgentcareconsultation@nhs.net and we will look to add them to our consultation programme. Please feel free to share details of the consultation with interested parties.

If you have any questions please do not hesitate to contact us through tgccg.urgentcareconsultation@nhs.net and we will come back to you.

Regards,

Alison Lea

GP Governing Body Member

Jessica Williams

Interim Director of Commissioning

Urgent Care Consultation Mailbox

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Direct Dial: 0161 342 5517 | Email: tgccg.urgentcareconsultation@nhs.net

Website: <http://www.tamesideandglossopccg.org/urgentcare>



Key Stakeholders

Providers
ICFT
GTD
Orbit
GMPEC
Local Optical Committee
Local Pharmaceutical Committee
Local Dental Committee
Local Medical Committee
Pennine Care
Strategic Commisioners
CCG Governing Body Meeting
Strategic Commissioning Board
Executive Board - Tameside Council
Primary Care Committee
Scrutiny/LA
Scrutiny - Tameside - Integrated Care
Scrutiny - Derbyshire - Health
Community Select Committee (High Peak)
High Peak and Derbyshire Councillor Briefing
HWBB - Tameside
HWBB - Derbyshire
Patient representatives
Patient Neighbourhood Group - Glossop
Patient Neighbourhood Group - Hyde
Patient Neighbourhood Group - Ashton
Patient Neighbourhood Group -Dukinfield/ Stalybridge/Mossley
Homeless representatives
Public representative groups
Healthwatch Derbyshire
Healthwatch Tameside
The Bureau (GVC)
Action Together
High Peak CVS
Council Groups
Denton Town Council
Hyde Town Council
Dukinfield Town Council
Audenshaw Town Council
Mossley Town Council
Droylsden Town Council
Longdendale Town Council
Stalybridge Town Council
Ashton Town Council

Practices
GPs
Practice Managers
Practice Nurses
Ashton Neighbourhood meeting
Glossop Neighbourhood meeting
Hyde Neighbourhood meeting
Stalybridge/Mossley Neighbourhood meeting
Denton Neighbourhood meeting
MPs
General Public
Community Groups

Local Design Group

Organisation/Representing	Type of Organisation / Representing
T&G ICFT Council of Governors	Veteran
Hyde Bangladesh Welfare Association	Bangladeshi Community Group
Infinity Initiatives	Support homelessness, substance instance, financial and debt problems, isolations, loneliness, anti-social behaviour victims and perpetrators
Anthony Seddon Centre	Peer-led community mental health project
Greystone Housing Group	Homelessness
Change, Grow, Live	Provides help and support to adults, children, young people and families. Services cover a wide variety of areas including health and wellbeing, substance use, mental health, criminal justice, domestic abuse and homelessness.
Adullam Homes	
Glossop Practice Neighbourhood Group	GP Registered Patients
Stroke.org	Support for people who have had a stroke and their family and carers.

Community Groups Contacted

Targeted groups

Targeted Cohorts/Engagement work undertaken from Equality Impact Assessment
<p>Disability Deaf & Hearing Support/VIP/Tameside Fibromyalgia & ME/CFS Support group/High Peak MS support contacted to offer attendance at meeting/targeted engagement.</p> <p>Ethnicity Hyde Bangladesh Welfare contacted to offer attendance at meeting/targeted engagement.</p> <p>LBGT Anna Hynes at Action Together contacted to seek relevant group but was advised that there is no group in operation at the moment.</p> <p>Mental Health Anthony Seddon Trust contacted to offer attendance at meeting/targeted engagement.</p>

Homelessness

Greystones contacted to offer attendance at meeting/targeted engagement.

Workshop held Friday 26 January to engage with relevant stakeholders. Those in attendance included Regenda homes/New Charter/Change Grow live/Tameside Housing Advice/Foundation UK/TMBC/Ashton Pioneer Homes

Maternity

Verbal update/paper questionnaires and supporting information given to Tameside NCT Breastfeeding group at Ikea Ashton Tuesday 16 January

Verbal update/paper questionnaires and supporting information given to Ashton Library - Rhyme Time

Paper questionnaires/supporting information/posters circulated to Tameside libraries/Children's centres

T&G Housing Groups	T&G E&D Groups	Other Tameside & Glossop Groups
Accent Group	Andrew Gilliver	Active Tameside
Adullam Homes	Caroline Gregory	Carers Support Group
Ashton Pioneer Homes	Jean Hurlston	Countryside Volunteers
Contour Homes	Jennifer Voorhees	Grafton Centre
Enable Housing Association	Katy Robinson	Information Ambassador Network
Greystones	Nicola Jeffery Sykes	Live, Work, Invest
Irwell Valley HA	Penny Noel	Town Team Chairs
Mosscares Housing	Pete Forrester	Youth Forum
New Charter	Rehana Begum	
Peak Valley Housing Association	Safina Rashid	
Regenda Homes		
Sanctuary Group		
Stockport Homes		
Your Response Homes		

General Community Groups

Access Glossop	G52	Padfield Community Coffee Group
Alzheimers Society	GALOP (over 50s group)	Padfield Residents Society
Alzheimers Society Dementia Support Group	Glossop Arts Project	Parish Church of All Saints Glossop
Amber Trust	Glossop Sure Start Children's Centre	Parkinsons UK – Denton Methodist Church
Anthony Seddon Centre	Glossopdale Furniture Project	Patient Advice & Liaison Service
Ashton Asian Carers Support Group	Glossopdale VIP Group	Peak Active Sport
Bare Necessities	Glossopdale Women's Institute	Peak Film Society
Be Well	High Peak Disability Sport	Peaks and Dales Advocacy
Blythe House	High Peak Fibromyalgia& ME CFC Support Group	People First
Branching Out Glossop	High Peak Foodbank	Reubens Retreat
Cancer Warriors	High Peak MS Support Local Contact	Samaritans Buxton
Carers Connect Support Group	High Peak Nightstop	SSAFA
Carers Support Group	High Peak Prostate Cancer Support Group	St Mary's RC Church
Cascade Baby Bundles	High Peak ROKPA	Stockport Cerebral Palsy Society
Central Methodist Church Hyde	Home Start High Peak	Tameside African Refugee Association
Change, Grow, Live	Hyde Bangladesh Welfare Association	Tameside Armed Service Community (TASC)
Church of the Nazarene	Hyde Community Action	Tameside Arts over 50's (carers and cared for)
Citizens Advice Bureau	Infinity Initiatives	Tameside Fibromyalgia & ME/CFS Support Group
Countryside Volunteers	Jericho Café	TASCA (Tameside Action for Social Communication and Autism Support Group)
Cranberries	Khush Amdid	The Helping Hand Hyde
Deaf & Hearing Support	Life You Choose	Timeswap Time Bank
Dementia Carers Support Café	MIND TOG	Trinity Church Audenshaw
Derbyshire Alcohol Advice Service	National Childbirth Trust Glossop and District	Wellbeing Group – Age UK
Derbyshire Carers	New Life Church Ashton	West African Development
Dream Centre Carers Support Group	Outreach Glossop	Whitfield House (supported living)
Europia	Over 50s Computer Group	Whitfield Parish
Fairplay		Write From the Heart
Forget Me Not Buddies		Youth Forum

Ashton Patient Neighbourhood Group 17 November 2017	<ul style="list-style-type: none"> ➤ Questions about the sense of creating increased services at the hospital when for years been trying to reduce use of A&E ➤ Questions about Car parking at the hospital site and the need to ensure sufficient spaces ➤ Comments about learning from GTD and how they developed their service ➤ Questions about use of APPC if WIC leaves
Hyde Town Council 13 November 2017	<ul style="list-style-type: none"> ➤ Recognition that same day appointments were improving though there are issues with waits for more routine appointments. ➤ View from Hyde is that the Hubs/EA needs to be promoted more and that GPs also need to publicise better. ➤ Issue raised with quality of access at some practices
Dukinfield Town Council 16 November 2017	<ul style="list-style-type: none"> ➤ Concerns about people not realising WIC closed and paying for parking then discovering- can we ensure we look at putting poster in car parks before and after any planned relocation. ➤ Would like self-care to be reinforced
Denton Town Council 7 December 2017	<ul style="list-style-type: none"> ➤ Concerns about being able to access practice to book appointments ➤ Concerns about travel
Ashton Town Council 21 November 2017	<ul style="list-style-type: none"> ➤ Extended discussion with main issues being; <ul style="list-style-type: none"> - Telephone access to GPs – stories shared of having to ring 30 times to get through - Access to GP for urgent and routine appointments - Reception staff being rude - Want to keep evening surgeries local ➤ No major objections to the relocation of the WIC
Audenshaw Town Council 7 November 2017	<ul style="list-style-type: none"> ➤ If I have an urgent problem and I go to the hospital, how will the service prevent me from just going to A&E anyway? ➤ Have we identified sites for Stalybridge and Denton yet? ➤ Clarity on the options (weekday and 7 day provision and where) ➤ Who will we be seen by at the UTC? ➤ What will the walk-in bit look like?
Stalybridge Town Council 6 December 2017	<ul style="list-style-type: none"> ➤ Car parking at APCC and the ICFT noted as an issue – responded to confirm additional spaces being made at the hospital and by relocating the WiC to the ICFT, carparking should ease at the PCC. ➤ Clarity on times that the hubs etc will be open and what each will provide. ➤ Locations for hubs in Stalybridge and Denton queried – confirmed not yet identified

	<ul style="list-style-type: none"> ➤ Comms – has the consultation been publicised in local newspapers etc? good way to reach local communities
Mossley Town Council 6 December 2017	<ul style="list-style-type: none"> ➤ Encouraged the use of innovative means of providing consultations such as Skype
Longdendale Town Council 12 December 2017	<ul style="list-style-type: none"> ➤ Positive feedback
Practice Manager Forum 21 November 2017	<ul style="list-style-type: none"> ➤ Concerns about having primary care at the hospital as will encourage people to use it is more access available ➤ Questions about the letters practices will get from A&E streaming and UTC to say that patients have attended. Some practices wanted to be able to see easily when patients did not need to attend so they can challenge them ➤ Questions about ensuring the GPs working in EA and UTC are familiar with local standards and processes so deliver same quality of care ➤ Wanted to understand the pathways for referrals from UTC and streaming in particular. ➤ Some thought WIC should have always been at the hospital site ➤ Would like self-care to be reinforced along with using own GP.
Practice Nurse Forum 6/9 November 2017	<ul style="list-style-type: none"> ➤ Some questions at the meeting regarding: ➤ Interoperability of clinical systems and data sharing ➤ Clarification of options and 7 day access in each option ➤ Members of the group confirmed that they have seen the comms that was sent out about the consultation last week.
Gamesley Mens group 15 January 2018	<ul style="list-style-type: none"> ➤ 7 attendees plus representatives from the volunteer bureau. <p>UTC impacts</p> <ul style="list-style-type: none"> ➤ Transport – 3 buses to Ashton PCC via the hospital, 2 buses to the ICFT ➤ Combination of transport requirements for the group including public transport, carers with cars and community transport service users ➤ ‘Brilliant idea’ – know can go there ➤ Very little negative discussion about the UTC model aside from transport to Ashton <p>Options</p> <ul style="list-style-type: none"> ➤ Access to a registered GP is mixed (individuals within the group are registered across a range of practices in the Glossop footprint) ➤ The local pharmacist was highly rated and used for minor ailments by the group ➤ The timing of health appointments is very important to this group, as those using a bus pass can only do so between 9.30am-4pm. <p>Further feedback:</p>

	<ul style="list-style-type: none"> ➤ Dental access is a problem in the Gamesley area and patients locally do not access a dentist ➤ Need for chiropody service for the community ➤ What services are in Glossop PCC? Impression that it is not well utilised.
<p>Practice Managers Meeting 17 November 2017</p>	<p>Elaine Richardson – Urgent Care Consultation Money has been put into Social Care to prevent people staying in hospital when don't need to. Nationally also been asked to put in AE Streaming which is a Primary Care Practice at the front door in AE. No new money for this. Went live from 1 October. The building isn't best designed for this but no capital money. Patient attends AE, are assessed to see if its Primary Care. They will be treated but the message could be, watch and wait and see your GP if no better. It is urgent care, non-life threatening. Unlikely they will refer. (What do reports look like?).</p> <p>Looking at urgent care system, the service developed over time has caused duplication. Have consulted and looked at how people use the service.</p> <p>Two options – currently two places where can walk in for care is confusing. NHS has mandated a urgent treatment centre, access to diagnostics, have to be able to walk-in and book in. This would be on same site as hospital, so single place. This would re locate the walk-in centre in Ashton to the hospital.</p> <p>Neighbourhood care hubs – Glossop, Ashton and Hyde (venue to be arranged). Open for bookable appointments. Book via GP. Out of hours will still exist. It will work differently, use appointments more.</p> <p>Option Two – Five neighbourhood care hubs. Glossop. Ashton. Hyde. Denton. Stalybridge. At weekends just Glossop and Urgent Treatment Centre.</p> <p>The Options are out to consultation. Practices have paper copies, plus electronic. Have had responses, thus far option two is preferred.</p> <p>Currently, 10% of users at walk-in centre are not registered with a GP. 11% are from other areas in Greater Manchester. 5% registered outside of GM.</p> <p>Request for PM's to promote this. Need to make sure that people are listened to. Decision to be made on the 7 February, Primary Care Committee and Strategic Management Board.</p>

	<p>Consultation end on 26 January. Staffing will be via commissioning a service from a Provider.</p>
<p>Derbyshire Health and Wellbeing Board 7 December 2017</p>	<p>73/17 NHS TAMESIDE AND GLOSSOP CLINICAL COMMISSIONING GROUP URGENT CARE CONSULTATION</p> <p>Dr A Dow provided an update on the Tameside and Glossop Urgent Care Consultation. Key to the proposal was the simplification of access to urgent care whilst improving the level of service available. Multiple access points would be replaced by telephone access through a patient's own GP practice to book appointments, as well as a single location for urgent walk-in services, and reduce the need for people to 'self-triage'.</p> <p>The aim of the consultation, which was to run from 1 November 2017 to 26 January 2018, was to inform the public about the implementation of the Urgent Treatment Centre at Tameside and Glossop Integrated Care NHS Foundation Trust hospital site, the proposed relocation of the current Aston Walk-In Centre service to facilitate this and the locations for evening and weekend appointments. Two options were included in the consultation; all included the Urgent Treatment Centre operating 9.00 am to 9.00 pm, seven days a week at the hospital in Ashton-Under-Lyne and offered a choice on additional evening and weekend appointments. Feedback from the consultation would be collated and analysed and the final proposal would be presented to the Strategic Commissioning Board and the Primary Care Committee on 7 February 2018 for dual approval, with the initial implementation of the final proposal anticipated to take place in July 2018.</p> <p>RESOLVED to note the Public Consultation on Urgent Care being undertaken by Tameside and Glossop Clinical Commissioning Group.</p>
<p>Tameside Health and Wellbeing Board 25 January 2018</p>	<p>31. TAMESIDE AND GLOSSOP PROPOSAL FOR EFFECTIVE URGENT CARE</p> <p>Consideration was given to a report of the Interim Director of Commissioning and accompanying presentation explaining that the proposal for effective urgent care was considered at the Single Commissioning Board on 31 October 2017 and approval was given for formal consultation. She provided an update on the consultation that started on 1 November 2017 continuing to 6 January 2018 and meetings scheduled with interested parties.</p> <p>The proposed integrated urgent care service would ensure people were seen by the right professional in the right place to meet their needs. It built on the trusted relationship with GPs making practices the key point for access for advice and treatment. Through the practice, Out of</p>

Hours service or NHS 111, people would be able to book appointments seven days a week in the most appropriate Primary Care service.

Walk-in access would be maintained but the proposal moved the Walk-in service at Aston Primary Care Centre to the hospital to create an Urgent Treatment Centre that was co-located with A&E and able to provide Primary Care services and access to diagnostics.

There were two options for the delivery of the integrated urgent care service. Both created an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9.00 am to 9.00 pm. This would offer bookable, same day / urgent and routine general practice appointments and walk-in access for urgent care. The options varied in the number of Neighbourhood Care hubs where bookable appointments could be made and when those hubs would be open.

It was reported that as of Tuesday 9 January 2018, 284 surveys had been submitted. 89% indicated they were registered with a GP in Tameside and Glossop. Respondents included people with caring responsibilities and people whose day to day activities were limited because of a health problem or disability.

The majority of respondents who had 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 that it had better weekend availability and 8% thought Option 1 might have a positive impact on the availability of appointments.

The survey would continue to be analysed and used to inform the final proposal that would be presented for decision to the Strategic Commissioning Board and Primary Care Committee in March 2018.

RESOLVED

That the process of engagement and consultation being followed to develop the integrated urgent care service be noted.

Tameside Scrutiny Board

11 January 2018

26. REVIEW OF URGENT CARE IN TAMESIDE AND GLOSSOP

The Panel welcomed Jessica Williams, Programme Director of Care Together, to receive an update on the review and consultation process for the delivery of Urgent Care in Tameside and Glossop.

It was reported that urgent care consists of any form of medical attention needed on the same day which is not life threatening and requires prompt assessment and treatment. This includes a range of injuries and medical conditions which can be dealt with effectively without the need to attend hospital.

The Panel heard that the Care Together programme is committed to making the urgent care system in Tameside and Glossop as simple as possible in order that a person's journey through illness to recovery is clear, easy to access and of high quality. Current services don't always work together as well as they could and the consultation includes proposals for improvement.

There is a significant need to generate more capacity for Accident & Emergency (A&E) at the hospital to care for the sickest people. In order to show demand across services, the presentation provided data relating to attendances at Tameside's urgent and emergency care centres. It showed that:

- The Ashton Walk-in Centre currently sees around 154 people per day, with many conditions being non-urgent and requiring self-care support.
- A&E at the hospital sees on average 236 people per day, of which around 80 are judged to have only minor and non-emergency health needs.

Health systems need to ensure that those in most need of emergency care receive the quickest treatment. From October 2017, there was a national requirement to provide a streaming service at every A&E department. In addition to this, we are mandated to provide an Urgent Treatment Centre which is led by GPs, open 12 hours a day, 7 days a week.

Ms Williams informed the Panel that we want to ensure our services are easy to understand so that people receive appropriate care first time, in the right place and do not have to visit multiple services for the same issue. To enable improvements to happen a number of outcomes have been identified in order for plans to be achieved.

- A simpler system
- An efficient system
- Care closer to home
- Reduce pressure on A&E
- Sustainability

The Panel heard that as part of wider Care Together consultation and engagement, work has been carried out to talk to residents with the view to developing proposals for the future of urgent care in Tameside and Glossop. This has included talks with Practice Neighbourhood Groups and ensured protected and under-represented groups have their voices heard on urgent care.

Feedback has told us that defining and understanding what is 'urgent' can be a problem and that communications on this need to improve. Residents also want a simpler means of access and consistent opening times to avoid confusion, even if this means less choice. The 12 week public consultation on Urgent Care has run from 1 November 2017 and will end on 26 January 2018.

Proposals show a simplification of access to urgent care services with the planned introduction of a 12 hour GP-led Urgent Treatment Centre (UTC) at the Hospital site and across Neighbourhood Care Hubs. The UTC will have access to urgent diagnostic equipment such as X-Ray and ECG. Patient records will be accessible and up-to-date wherever a person is seen to aid safer transfer when specialist care is needed.

The consultation provides two options for urgent care delivery, with no preference. Both options create additional bookable appointments at the UTC and a single location for walk-in access that removes the need for a person to 'self-triage'. The options differ in the number of locality hubs and weekend access.

The Panel asked about the future of the GP surgery based at Ashton Primary Care Centre if urgent care services are relocated to the hospital site.

Ms Williams informed members that the centre would remain as an enhanced hub and GP surgery. The plan will be for more services from the hospital to be moved into the centre and it is also important to note that more work is required to increase the number of appointments available within general practice across Tameside and Glossop.

	<p>The Panel asked about the risks associated with a shortage of GPs nationally and potential issues this may cause at a local level to ensure new delivery plans for urgent care are achievable and able to make a real difference.</p> <p>Ms Williams advised that GP shortages remain an issue nationally and this is no different in Tameside. Both delivery options for urgent care bring workforce challenges, including GPs. A wider and more specific piece of work will need to be undertaken for how to manage GP capacity, the support from Go-to-Doc and patients having access to the right professional which may not always be a GP. This work will also include the way health services are supported within the community and the role of pharmacists.</p> <p>RESOLVED:</p> <p>(1) That Ms Williams be thanked for attending the meeting. (2) That following outcomes from the consultation and the decision on urgent care, the Panel receive a future update on delivery plans and timescales.</p>
<p>Improvement and Scrutiny Committee 27 November 2017</p>	<p>30/17 REVIEW OF URGENT CARE IN TAMESIDE AND GLOSSOP</p> <p>Jessica Williams of Tameside and Glossop CCG presented information on a review on the options for the delivery of urgent care. The purpose of the review was to look at ‘care together’ by driving up healthy life expectancy, reducing inequalities, improving outcomes and improving financial stability. This form of care was designed to support local people to remain well, provide high quality integrated services designed around the needs of the individual in the most appropriate location and equip people to take greater control over their own care needs and the services they receive. Urgent care is any form of medical attention needed on the same day but is not life threatening and includes injuries, an illness, ailment or any other medical condition where advice is sought from a health professional (GP, pharmacist, NHS 111 or a Walk-in-Centre). The review proposed two options for consideration: Walk-in Access to 12-hour GP-led urgent treatment centre in hospital or pre-booked access evening/weekend appointments at neighbourhood care hubs. These are being considered for development. The ultimate outcome of the review would be to free up more A&E resources for emergency treatment.</p> <p>RESOLVED that the report be noted.</p>
<p>Community Select Committee 29 November 2017</p>	<p>18/27 URGENT CARE CONSULTATION - TAMESIDE AND GLOSSOP CCG (Agenda Item 7)</p> <p>Dr Alan Dow, Chair of Tameside and Glossop CCG and Elaine Richardson, Head of Delivery and Assurance at Tameside and Glossop CCG outlined the review of urgent care provision in</p>

Tameside and Glossop being undertaken by the CCG.

In line with national requirements, the CCG needed to establish streaming at A & E departments, and to establish an urgent care centre within each locality. It was proposed that the walk-in centre at Ashton under Lyne would be moved to Tameside Hospital where there would also be access to diagnostics. Neighbourhood Care hubs will provide extended, more local access to primary care services and appointments could be booked either through GP surgeries, out of hours or via the 111 service. Appointments could also be booked for the urgent care centre between 9 am – 9 pm.

Two options were being proposed for the neighbourhood care hubs, option 1 included hubs in Ashton, Hyde or Longdendale and Glossop, and option 2 included hubs in Ashton, Hyde or Longdendale, Stalybridge, Dukinfield or Mossley, Denton, Droylsden or Audenshaw and Glossop. Under both options, the neighbourhood care hubs would be open from 6.30 pm – 9.00 pm weekdays and from 9 am – 1 pm at weekends (Glossop hub only under option 2).

Three public meetings were to be held to discuss the proposals, with the Glossop meeting being on 11 January at Glossop Cricket Club.

Regarding funding, it was confirmed that no new funding was available for the development of the streaming service at A & E, or for the urgent care centre, but there was some ring fenced funding available for extended access.

Regarding the current use of Glossop Primary Care Centre, members were assured that where services were delivered out of the facility they would be offered to residents, but it was acknowledged that it has taken some time to get services to be delivered from the facility.

Some concern was expressed regarding Glossop being the only hub available under option 2, to which members were advised that this was as a result of the additional hubs being offered under option 2, and that appointments would also be available at the urgent care centre.

Reference was made to the 111 service, and instances where Glossop callers had been directed to Derbyshire services rather than Tameside and Glossop, which would be investigated. Some concern was also expressed regarding the need to book extended hours services through the 111 service.

	<p>RESOLVED: That the presentation be welcomed, together with the investigations into the 111 service.</p>
<p>Stalybridge Neighbourhood meeting 14 November 2017</p>	<p>Urgent Care Consultation: Janna Rigby attended the meeting to discuss the Urgent Care Consultation. At the Single Commissioning Board on 31 October 2017 a decision was taken to start a consultation on options for access to Urgent Care in Tameside and Glossop. This will run for 12 weeks from 1 November 2017 until 26 January 2018. With an increasing demand on the health and social care system, we need to ensure that those who are the sickest and in most need of emergency care receive the quickest treatment. To achieve this there is now a national requirement to provide a streaming service in every Accident and Emergency (A&E). In addition, we have also been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. This UTC needs to be equipped to diagnose and deal with many of the most common ailments which people attend A&E with that aren't a life-threatening emergency.</p>
<p>Denton Neighbourhood Meeting 7 November 2017</p>	<p>Urgent Care Consultation: Elaine Richardson attended the meeting to discuss the Urgent Care Consultation. At the Single Commissioning Board on 31 October 2017 a decision was taken to start a consultation on options for access to Urgent Care in Tameside and Glossop. This will run for 12 weeks from 1 November 2017 until 26 January 2018. With an increasing demand on the health and social care system, we need to ensure that those who are the sickest and in most need of emergency care receive the quickest treatment. To achieve this there is now a national requirement to provide a streaming service in every Accident and Emergency (A&E). In addition, we have also been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. This UTC needs to be equipped to diagnose and deal with many of the most common ailments which people attend A&E with that aren't a life-threatening emergency.</p> <ul style="list-style-type: none"> ➤ Concerns about how resource practices to handle more calls ➤ Droylsden patients will have further to get to hospital ➤ Location of Denton hub to suit all may be difficult
<p>Ashton Neighbourhood Meeting 1 November 2017</p>	<p>Urgent Care Consultation: Jess Williams attended the meeting to discuss the Urgent Care Consultation. At the Single Commissioning Board on 31 October 2017 a decision was taken to start a consultation on</p>

	<p>options for access to Urgent Care in Tameside and Glossop. This will run for 12 weeks from 1 November 2017 until 26 January 2018. With an increasing demand on the health and social care system, we need to ensure that those who are the sickest and in most need of emergency care receive the quickest treatment. To achieve this there is now a national requirement to provide a streaming service in every Accident and Emergency (A&E). In addition, we have also been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. This UTC needs to be equipped to diagnose and deal with many of the most common ailments which people attend A&E with that aren't a life-threatening emergency. Practices will receive a pack within the next week including paper copies of the feedback forms for those residents who do not have access to the on-line version.</p>
<p>Glossop Neighbourhood Meeting 30 November 2017</p>	<p>Urgent Care Consultation: Elaine Richardson updated the meeting on the Urgent Care Consultation. At the Single Commissioning Board on 31 October 2017 a decision was taken to start a consultation on options for access to Urgent Care in Tameside and Glossop. This will run for 12 weeks from 1 November 2017 until 26 January 2018. With an increasing demand on the health and social care system, we need to ensure that those who are the sickest and in most need of emergency care receive the quickest treatment. To achieve this there is now a national requirement to provide a streaming service in every Accident and Emergency (A&E). In addition, we have also been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. This UTC needs to be equipped to diagnose and deal with many of the most common ailments which people attend A&E with that aren't a life-threatening emergency.</p>
<p>Homelessness Workshop 26 January 2018</p>	<p>Issues/points raised regarding our homeless population and their use of our services included:-</p> <ul style="list-style-type: none"> - Tend not to be registered with GP, they will access A&E. Registering with a GP would be low on their priority lists. - Some do have GP – Can sometimes be resistance from GPs if the homeless person has not presented for a while. - GPs seem to put in place barriers to homeless people to access practices. Will also access walk in centre, some GPs want photo ID – not always available. - If homeless person is placed out of borough temporarily, GPs sometimes see this as a change of address when it's not. - Drugs & Alcohol clients tend to be registered due to their needs - None diagnosed mental health issues prevalent amongst homeless.

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- Fighting between organisations as to who owns a person's care
- In terms of transience patients/clients tend to stay around same area in Tameside
- T&G ICFT good at dealing with homeless patients.
- Partnership working in Tameside is key.
- This year's rough sleeper count = 43 in Tameside which is triple last year's figures. Knock on effect of providers losing bed spaces.
- Location wise prominence is within Ashton Town Centre and professionals feel 43 is an underestimate.
- 38 Households B&B plus social services in temporary accommodation at this point in time.
- Single males most likely to make up homeless cohort. Drug & alcohol often drives to this but bereavement is often underlying cause.
- Difficult to get mental health support for these clients – particularly if still using drugs and alcohol.
- Long Ambulance waiting times.
- Varying age ranges but often within their 30s/40s. This range is getting older though.
- Housing associations working on preventative measures e.g. shared lives. Affordability criteria and assessment to look at sustainability of tenancy. Often those aged 25-40 (previously homeless) whose tenancies fail challenge to join up spaces, homeless people and ensuring sustainable. There is a need for ongoing support.
- Can only support small numbers in Tameside. Gap to working with / supporting those with Secondary Mental Health.
- Ashton Pioneer purchased Enville Place – discussions with Local Authority as to way to best utilise property.
- Some families (with children) in B&B settings and sometimes English is not the first language. Families do tend to be registered with a GP.

Our Proposals

Relocation of walk in access from Walk in Centre to ICFT site. What problems do you envisage?

- Location of current Walk In Centre close to housing advice, job centre and homelessness organisations however hospital isn't too far away. There may be travel implications but a lot of homelessness people got to A&E anyway.
- How can we ensure people got to the right place?

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- How long will people have to wait? Should not be there 4 hours in A&E and 2 hours in Urgent Treatment Centre. There needs to be clarity that the time should not be any longer than at the current walk in centre.
- Language is important – you will be getting better to do things this way. If you don't have a GP Urgent Treatment Centre is only place you can go. Different posters/comms messages for homeless cohort, need to manage expectations and promote that it is not an easy route to get a bed.
- There is more likeliness to walk to A&E (sometimes put in a taxi if an urgent situation)
- Need to think about how to inform those not linked in with services. *Homeless people will often use last address they were registered at/can't remember.
- Term urgent care is important
- Need to tie in with Drug & Alcohol services
- Connection needed with Housing Advice – ICFT to contact if dealing with discharge for homeless.
- Do those registered use GP? – Waiting times for GP appointments can dissuade people from booking appointments. Having bookable appointments would be really helpful for those who are homeless but are registered with Tameside & Glossop GP.
- Care professional bookings – Can these be made to Urgent Treatment Centre rather than the patient calling themselves?
- Should all be arranged within one call and can there be feedback confirming that the client attended the appointment.
- Option 1 or 2?
- Option 1 provides enough cover for people to access weekend access from a homelessness perspective would be beneficial. Simpler for service users to understand with fewer locations.
- Would link in with new personal plans for those who are homeless.
- Reconvene meeting to discuss comms and best way to do this.
- Potential confusion by still including Primary Care Committee as North hub. People may still turn up there to access Walk in Centre services.
- Where can prescriptions be dispensed/issued? At ICFT only or any other pharmacies.

Practice Nurses
6 and 9 November 2017

- Interoperability of clinical systems and data sharing
 - Clarification of options and 7 day access in each option
- I addressed each of these during the discussion.
Members of the group confirmed that they have seen the comms that was sent out about the consultation last week.

<p>Gamesley Ladies 25 January 2018</p>	<p>11 in attendance (plus me and Elaine) – stakeholder representation Comments/ Issues raised:</p> <ul style="list-style-type: none">• Access to own GP – getting through on the phone• Utilisation of George St – would be good to know all the services that are in there and future plans as view is that it is not well used• A&E waiting times – some bad experiences with long waits including with children• Transport to the hospital site from Glossop/ Gamesley – community transport has been relocated to Bakewell <p>A lot of discussion about the above points but no general feedback about the model to challenge the proposal. Opportunities for this community to see the benefits of a more integrated UC service model.</p>
<p>Carers Rights Group 24 November 2017</p>	<p>Good and productive engagement following the presentation. Main queries raised were about how challenging it can be to get access to a GP promptly (4 carers provided lived examples) and so how extended hours might be able to help in this was explained. No objections received regarding the proposed relocation of the Walk In Centre. Handed out a number of paper versions of the consultation document.</p>

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