

Appendix 7



Quality Impact Assessment Urgent Care Review September 2017

Quality Impact Assessment

Title of scheme: Urgent Care

Project Lead for scheme: Elaine Richardson

Tameside and Glossop Strategic Commission have led the development of a locality vision for an enhanced offer of urgent care i.e. support for conditions that need prompt medical help to avoid them deteriorating but are not life threatening. Officers were asked to bring back a fully developed proposed model to the Strategic Commissioning Board (SCB) following public consultation.

This quality impact assessment is based on the model set out in the consultation and in particular option 2 which was the preferred option of most consultation respondents.

Our vision is that:

People with an urgent care need are assessed by an appropriate Primary Care service and advice or a treatment plan is provided to support their recovery.

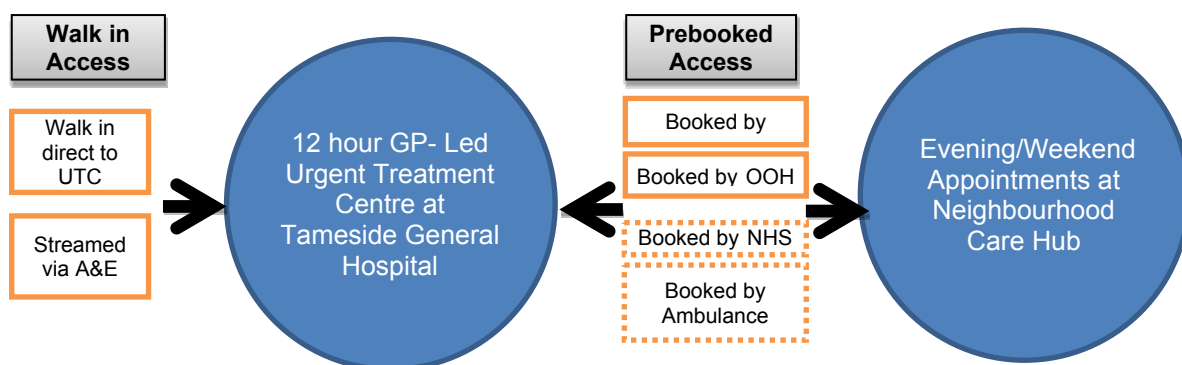
By 2022 we expect people who develop an urgent care need to be assessed by the most appropriate person on the same day within primary care (whether this is registered GP practice, dentist or pharmacy or optician or through a Locality-wide service) and either a treatment plan agreed to manage the immediate need within the service or a safe transfer made to the care of another neighbourhood based service.

Key Outcomes will include:-

- People are supported to navigate the system so they receive effective care first time and do not represent to other services for the same issue.
- People are supported by the most appropriate person fully utilising the skills of the wider Primary Care teams.
- People whose need can be met within a Neighbourhood do not attend A&E.
- People are equipped to reduce the risk of the same need arising in the future.

People will have 24/7 access to urgent care within Tameside and Glossop with the GP telephone number being the key number to use for support and direction. People registered with a Tameside and Glossop practice will be able to book same day appointments in their own practice, in a Neighbourhood Care Hub or at the Urgent Treatment Centre on the hospital site. People who are not registered with a Tameside and Glossop GP or who prefer not to book in advance will be able to walk-in to the Urgent Treatment Centre. People who need to be seen by a GP when practices, the Neighbourhood Care Hubs and Urgent Treatment Centre i.e. 9pm to 8 am weekdays and 9pm to 9am weekends and Bank Holidays are closed will be seen on the hospital site.

In summary the Urgent Treatment Centre will provide walk-in access with bookable access available at both the Urgent Treatment Centre and the Neighbourhood Care Hubs as below.



The services at all access points will include General Medical Primary Care with both routine and urgent needs accommodated through appointments available with GPs or members of the wider Primary Care Team. In addition, the Urgent Treatment Centre will be able to directly access urgent diagnostics e.g. urinalysis, ECG and in some cases X-ray. The integrated nature will enable people to receive a range of physical and mental health support promptly both on the hospital site and within neighbourhoods.

The two options within the consultation were:

Option 1 - In addition to the Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access, Urgent Care booked appointments in **three** Neighbourhood Care Hubs via GP or NHS 111 as below:

	Opening Hours		Access		Location
	Weekday	Sat and Sun	Booked appointments	Walk-in	
Urgent Treatment Centre	9am to 9pm	9am to 9pm	Yes	Yes	Hospital Site in Ashton
North Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Ashton Primary Care Centre
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Glossop Primary Care Centre
South Hub	6.30pm to 9pm	9am to 1pm	Yes	No	To be Confirmed

Option 2 - In addition to the Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access, Urgent Care booked appointments in five Neighbourhood Care Hubs via GP or NHS 111 as below:

	Opening Hours		Access		Location
	Weekday	Sat and Sun	Booked appointments	Walk-in	
Urgent Treatment Centre	9am to 9pm	9am to 9pm	Yes	Yes	Hospital Site in Ashton
North Hub	6.30pm to 9pm	Not open*	Yes	No	Ashton Primary Care Centre
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Glossop Primary Care Centre
South Hub	6.30pm to 9pm	Not open*	Yes	No	To be Confirmed
East Hub	6.30pm to 9pm	Not open*	Yes	No	To be Confirmed
West Hub	6.30pm to 9pm	Not open*	Yes	No	To be Confirmed

Not open* - Appointments can still be booked at the Urgent Treatment Centre and Glossop Hub

What is the anticipated impact on the following areas of quality? NB please see appendix 1 for examples of impact on quality.							What is the likelihood of risk occurring?					What is the overall risk score (impact x likelihood)			
	Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25
Patient Safety	x						x						x		
<p>A positive impact is anticipated</p> <p>The ability to book appointments in advance through the registered GP will enable people to be treated at the place that is best suited to meet the described need and ensure if urgent diagnostics may be required appointments are arranged at the Urgent Treatment Centre.</p> <p>The ability to book appointments until 9 pm will support people to plan their access and so reduce congestion in walk-in services.</p> <p>People who chose to walk-in will attend the Urgent Treatment Centre will be assessed on arrival and seen by the most appropriate professional with prompt transfer to on the same site to emergency care when needed. Simplifying the pathways and locations will improve patient access to the most appropriate services including diagnostics.</p> <p>The single point of walk-in access will avoid the need for people to 'self-triage' and reduce the risk of an individual selecting a service that cannot meet a person's need.</p> <p>The increased access to urgent care and the initial assessment at the</p>															

people's perception of the impacts so we could identify any areas where we will need to take action to mitigate risk. The feedback shows that some people will have to travel a little further (1.5miles) which will take longer to the walk-in access when it is at the hospital but others will have shorter journeys and journey times. The EIA contains the detailed travel analysis.

To address concerns regarding car parking at the hospital site a development scheme in partnership with the hospital will provide an additional 240 parking spaces.

Both concerns and approval of the co-location with A&E were expressed with regard to the impact on waiting times. The specification for the service will ensure that patients are treated in line with the national expectations and we will encourage use of the Friends and Family test and Care Opinion to gain feedback and identify areas for further improvement.

The majority of comments made relating to impact there would be for them if the walk-in service currently provided at Ashton Primary Care Centre is relocated to an Urgent Treatment Centre on the Tameside Hospital site this were themed as:

- Relocation will have no/minimal impact (27.2%)
- Parking is worse at hospital site (22.2%)
- Services will be less locally accessible (21.8%)

The local availability through hubs was welcomed by many and the implementation plan will ensure strong communications to support people in booking appointments through their practices and 111.

Option 2 was the option most respondents (63.2%) felt would best suit the urgent care needs of the population across Tameside & Glossop. Option 1 was selected by 36.8% of respondents.

The most commonly mentioned reasons for selecting Option 2 were:

- Preferred option will provide more local services (62.1%)

																		<ul style="list-style-type: none"> • Preferred option provides more choice e.g. locations, options to access service (55.6%) • Preferred option will have better availability of appointments/services (32.0%) <p>The most commonly mentioned reasons for selecting Option 1 were:</p> <ul style="list-style-type: none"> • Preferred option will have better weekend availability (34.8%) • Preferred option will have better availability of appointments/services (25.0%) • Preferred option will provide more local services (22.8%) <p>We will use all the feedback and opinions to ensure effective communication when the final service arrangement is agreed and to support implementation.</p>
Safeguarding children or adults	x													x				No impact expected as staff will be fully trained and the provider will have safeguarding procedures in place.

<p>Please consider any anticipated impact on the following additional areas only as appropriate to the case being presented.</p> <p>NB please see appendix 1 for examples of impact on additional areas.</p>	<p>What is the likelihood of risk occurring?</p>	<p>What is the overall risk score (impact x likelihood)</p>	<p>Comments</p>
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	Neutral / Positive	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High	
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25	
Human resources/ organisational development/ staffing/ competence			x							x				x		<p>The proposal will provide more flexibility in how skill sets and expertise can be utilised and reduce some of the risks around capacity that the duplication of services suffers.</p> <p>The relocation of the Walk-in services from Ashton Primary Care Centre will have an impact on some people but the services remain within Ashton so disruption should be minimal.</p> <p>The provider will need to carefully manage the transition period and the long term plans for workforce. HR and OD management.</p>
Statutory duty/ inspections	x						x						x			<p>No impact expected – this will be managed by the provider in line with guidance and contractual responsibilities.</p> <p>Any changes to CQC registration will need to be managed by the provider to ensure it is appropriate and up to date.</p>

**Adverse publicity/
reputation**

x

x

x

The proposal included changes to existing provision at Ashton Primary Care centre and the Hospital site. This received mixed responses during consultation as shown below

Theme	No.	%
Relocation will have no / minimal impact	71	27.2
Parking is worse at the ICFT site	58	22.2
Services will be less locally accessible	57	21.8
Relocation will mean the walk in centre would be further away or further to travel	54	20.7
General positive comments about proposal to relocate walk in centre	42	16.1
Services will be more locally accessible	41	15.7
Service will be easier to access / a more simple service	26	10
Comments relating to parking / travel costs	25	9.6
Relocation will mean the walk in centre is closer, nearer or the same distance	24	9.2
The relocated walk in centre will be more difficult to access by public transport	23	8.8
Relocation will mean the walk in centre is more difficult to access via public transport	19	7.3
Patient care / service / treatment will be better as a result of service relocation	14	5.4
Comments relating to appointments and services e.g. availability, waiting times etc	13	5
General negative comments about proposal to relocate walk in centre	10	3.8
Relocation of service will reduce misuse of services	10	3.8
The relocated walk in centre will be easier to access by public transport	9	3.4
Centralisation of services will be beneficial	9	3.4
Relocation may increase misuse of services	8	3.1
Parking is better at the ICFT site	5	1.9
Centralisation of services may be detrimental	5	1.9
Comments relating to staffing / capacity	4	1.5
Disabled / those with mobility issues may have difficulty accessing hospital site	4	1.5
Relocation will mean the walk in centre is more accessible via public transport	3	1.1
Other	3	1.1
Service will be more difficult to access / a more complicated service	2	0.8
Not sure what impact of relocation will be	2	0.8
Relocation will have a lot of impact	1	0.4

D R A F T

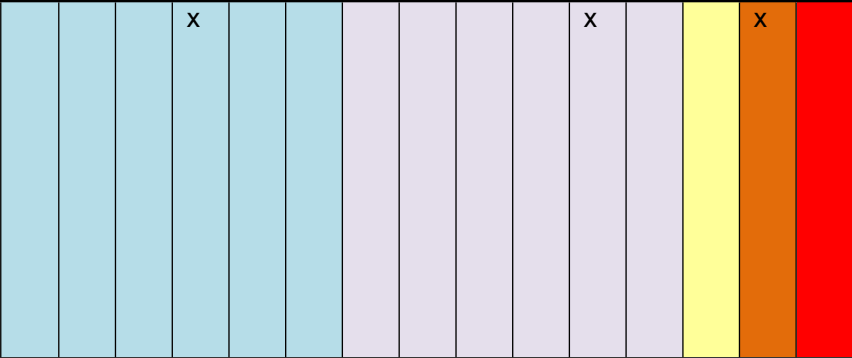
Developments to mitigate some of the concerns express had already been considered and had been explained in the consultation material e.g. car parking and travel times. Where needed additional mitigation such as effective communication plans, ongoing review of capacity and demand, improved

The options within the consultation included one which would mean a reduction in locations for weekend access to booked appointments which could receive negative feedback. This option was Option 2.

Option 2 was the option most respondents (63.2%) felt would best suit the urgent care needs of the population across Tameside & Glossop. Option 1 was selected by 36.8% of respondents.

A robust communications plan will be in place for the life of this project and communications, engagement and consultation activity will be monitored and evaluated throughout the life of the plan. The data we have relating to current usage of existing services is known. Transport mapping has been done to demonstrate the impact of relocation by car and public transport – and this shows that more people will have a shorter journey to services located at the hospital site rather than Ashton Primary Care Centre. All of the mapping and data we have available was shared as part of the consultation documentation.

Finance



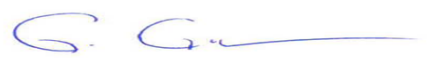
Existing funding will be used. The national mandate for A&E Streaming and the GM requirement for an Urgent Treatment Centre in Tameside and Glossop have to be delivered within existing funding. By maximising efficiency and reducing duplication the risk of additional costs will be minimised and the new service should be able to contribute to financial recovery.

A Capital funding requirement at the ICFT site has been identified as part of the A&E Streaming project and a submission has been made to NHSE.

Public Choice	x					x						x				<p>No negative impact on quality anticipated; the service will enable appointments to be made outside traditional working hours and at different locations which will provide more choice and convenience. The service will offer choice for urgent care access and enable people to be in more control of when they are seen.</p> <p>The consultation feedback showed that choice was a factor in some people's decision regarding their preferred option.</p> <p>The most commonly mentioned reasons for selecting Option 2 were:</p> <ul style="list-style-type: none"> • Preferred option will provide more local services (62.1%) • Preferred option provides more choice e.g. locations, options to access service (55.6%) • Preferred option will have better availability of appointments/services (32.0%) <p>Whilst there was some feedback that there should be a choice of walk-in services many recognised the benefit of a simpler single walk-in access point that could ensure people could get the right care first time.</p>
Public Access	x					x						x			<p>No negative impact on quality anticipated The service will enable appointments to be made outside traditional working hours and at different locations.</p> <p>In terms of transport and travel times this has been mapped and the findings suggest that a greater proportion of the population will have a shorter journey time, particularly in relation to the relocation of services from Ashton PCC to the ICFT. A key element of the mobilisation phase will be to ensure that those identified in the EIA to be impacted by this will have the information about the changes to enable them to plan how they will attend services in the future.</p> <p>To address concerns regarding car parking at the hospital site a development scheme in partnership with the hospital will provide an additional 240 parking spaces.</p>	

Has an equality analysis assessment been completed?	YES	
Is there evidence of appropriate public engagement / consultation?	YES	The consultation has informed a review of this document

Sign off:

Quality Impact assessment completed by	Elaine Richardson
Position	Head of Delivery and Assurance
Signature	
Date	20/2/18
Nursing and Quality Directorate Review	
Name	Gill Gibson
Position	Director of Safeguarding and Quality
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Date	8th March 2018

