

APPENDIX 8



Tameside & Glossop Single Commissioning Function Equality Impact Assessment (EIA) Form

Subject / Title	Urgent Care
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Team	Department	Directorate
Commissioning	Commissioning	Commissioning

Start Date	Completion Date
June 2017	March 2018

Project Lead Officer	Elaine Richardson
Contract / Commissioning Manager	Janna Rigby
Assistant Director/ Director	Jessica Williams

EIA Group (lead contact first)	Job title	Service
Elaine Richardson	Head of Delivery and Assurance	Commissioning
Jessica Williams	Interim Director of Commissioning and Care Together Programme Director	Commissioning
Janna Rigby	Head of Primary Care	Commissioning
Jody Stewart	Policy, Research and Improvement Manager	Policy and Communications

PART 1 – INITIAL SCREENING

1a.	What is the project, proposal or service / contract change?	The proposal sets out a vision for urgent care within Tameside and Glossop and how services will be configured to deliver the vision. The final arrangement will be decided following a public consultation with a decision being made at the February 2018 Single Commissioning Board. This assessment will be refreshed in response to the consultation and included in the documents presented at the February Board meeting.
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<p>1b.</p>	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The 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.</p> <p>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.</p> <p>Our proposed urgent care service will integrate the existing Walk-in Centre with Primary Care Streaming at A&E and the planned Urgent Treatment Centre all of which provide/will provide direct support to people along with our Alternative to Transfer service that works with paramedics. This will provide a key access point at the Tameside Hospital site alongside neighbourhood based access through GPs, Pharmacies, Opticians, Dentists and Neighbourhood Care Hubs</p> <p>People will have 24/7 access to urgent care within Tameside and Glossop. They 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.</p> <p>Key Outcomes will include:-</p> <ul style="list-style-type: none"> • People are able to access urgent primary care 24/7 and 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
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1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics? Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	x			<p>Urgent care services, including the Walk-in Centre are accessible and available to the whole population of Tameside and Glossop. However the age profile of attendances at the Walk-in centre shows that attendances are predominantly younger people, with 75.8% of attendances under 45 years old. The greatest percentage of attendances is the Under 16 age bracket (31.9%) of which the majority (55.9%) are aged 4 and under.</p> <p>The consultation process will be inclusive and accessible to ensure the views of this age group are sought, and effort will be made to ensure a representative response is received.</p> <p>Service user demographics are shown at appendix 1.</p>
Disability	x			<p>There is disabled access to both Ashton Primary Care Centre and the hospital and both sites are accessible by car and public transport. 2015/16 Fingertips data suggests that Chapel Street MP have 73.4% and Hattersley Group Practice have 72.2% of patients with a long standing condition that is significantly different to the England average. All other practices (including those with highest Walk-in Centre attendances) have patient numbers that are not statistically significant to the England average.</p>
Ethnicity		x		<p>The neighbourhoods with the highest levels of attendance at the Walk-in Centre are North and West, and for A&E these are North and South.</p> <p>2016 Fingertips data shows that the practices with the highest walk-in centre usage have ethnicity profiles as follows;</p>

				<p>Albion Medical Centre: 1.6% mixed, 14.3% Asian, 1.1% Black</p> <p>Bedford Medical Practice: 1.6% mixed, 13.5% Asian, 1.0% Black</p> <p>Tame Valley: 1.6% mixed, 14.9% Asian, 1.1% Black</p> <p>Medlock Vale 1.5% mixed, 3.1% Asian, 1.0% Black</p> <p>Denton Medical Practice: 1.7% mixed, 2.5% Asian, 1.1% Black</p> <p>Market Street Medical Practice: 1.7% mixed, 3.3% Asian, 1.9% Black</p> <p>Guide Bridge: 1.7% mixed, 6.9% Asian 1.3% Black</p> <p>HighlandsTrafalgar: 1.7% mixed, 16.2% Asian, 1.6% Black</p> <p>Chapel Street: 1.6% mixed 12.5% Asian, 1.3% Black</p> <p>This is compared to 91.8% White, 1.4% Mixed, 5.9% Asian, 0.7% Black and 0.2% Other for Tameside & Glossop overall (Census 2011).</p>
Sex / Gender		x		<p>Walk-in Centre data shows that there are more female service users than male, with 58.7% being female.</p> <p>This is compared to the Tameside & Glossop overall population which is 49% male and 51% female (2014 mid-year population estimates ONS)</p>
Religion or Belief			x	<p>There is no anticipation that the development or implementation of this model will impact directly or indirectly on religion or belief in any significant sense.</p>
Sexual Orientation			x	<p>There is no anticipation that the development or implementation of this model will impact directly or indirectly on sexual orientation in any significant sense.</p>
Gender Reassignment			x	<p>There is no anticipation that the development or implementation of this model will impact directly or indirectly on gender reassignment in any significant sense.</p>
Pregnancy & Maternity		x		<p>Walk-in Centre usage data shows that there were 260 pregnancy related attendances at the Walk-in Centre during 2016-17. We also know that the greatest percentage of attendances is in the Under 16</p>

				age bracket (31.9%), of which the majority (55.9%) are aged 4 years and under and a proportion of these will be babies.
Marriage & Civil Partnership			x	There is no anticipation that the development or implementation of this model will impact directly or indirectly on marriage and civil partnership in any significant sense.
NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health	x			<p>Tameside and Glossop's Mental Health prevalence rate is 0.83% (2024 people); and the national prevalence is 0.9%. Depression; 10.71% (20969 people) for Tameside & Glossop and 8.3% nationally.</p> <p>The proposed consultation will include targeted engagement with these groups.</p> <p>Access and transport times may be affected by the relocation of services. Changes to location and access points will have clear links to mental health pathways for this group to maintain quality of care.</p> <p>There are 7 (Medlock Vale, Awburn House, Lockside, Churchgate, The Smithy, The Hollies and Simmondley) practices in Tameside and Glossop whose Mental Health prevalence is significantly different (lower) than the average. All other practices are within the normal range and this includes those practices whose Walk-in Centre attendances are highest.</p>
Carers	x			<p>Access and transport times may be affected by the relocation of services.</p> <p>Change in location of the walk-in centre may impact on accessibility for those being cared for and therefore their carers.</p> <p>Of the practices identified with the highest usage of the Walk in Centre, the % of carers registered is as follows:</p> <p>Albion: 19.1%</p> <p>Bedford House MP: 16.3%</p> <p>Tame Valley: 25%</p>

				<p>West End MP: 20.8% Medlock Vale: 17.1% Donneybrook: 15.6% Denton MP: 21.7% Market St MP: 16.8% Guide Bridge MC: 13.5% Highlands Trafalgar; 18.1% The CCG average is 18.6% and the England average is 17.8%. The majority of the higher user practices have above average carer populations on their registered lists.</p>
Military Veterans			x	There is no anticipation that the development or implementation of this model will impact directly or indirectly on military veterans in any significant sense.
Breast Feeding			x	There is no anticipation that the development or implementation of this model will impact directly or indirectly on breast feeding in any significant sense.
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)				
Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Patients not registered with a GP (either within T&G or within another area)	x			Data tells us that 10% of service users of the Walk-in Centre are unregistered. Communicating the changes to this group will be imperative, particularly to those that are homeless.
Socio-economic	x			<p>The neighbourhoods with the highest levels of attendance at the Walk-in Centre are North and West, and for A&E these are North and South.</p> <p>Of the practices identified with the highest usage of the Walk in Centre, Deprivation Score (IMD 2015) as follows: Albion:34.1 Bedford House MP: 33.5 Tame Valley: 35.3 West End MP: 38.7 Medlock Vale: 24.3 Donneybrook: 31.0 Denton MP: 29.4 Market St MP: 26.9 Guide Bridge MC: 31.3 Highlands Trafalgar; 36.6 The CCG average is 27.9 and the</p>

				England average is 21.8 The majority of the higher user practices have above CCG average deprivation scores.
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There is no anticipation that the development or implementation of this model will impact directly or indirectly on military veterans in any significant sense. However we will continue to assess any potential impact this group could experience as a result of the proposals throughout the consultation period so these can be addressed accordingly.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	<p>The proposal constitutes a significant change to the way in which services are currently commissioned and delivered, however the model retains all of the elements of provision that are currently available. It is also a service that is universally available to everyone and decisions relating to the delivery of the service will affect a wide range of patients, public and stakeholders.</p> <p>A full EIA is required as the protected characteristics of age, disability, ethnicity, sex/gender, pregnancy and maternity, mental health and carers may be directly impacted by the proposed delivery model. There are also socio-economic factors to consider.</p>	

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>Our vision is that:</p> <p>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.</p> <p>Strong neighbourhood based access to General Practice with other support services readily accessible will reduce the need for people to attend A&E unless they have had an accident or need emergency care. It will also support a seamless transfer for people who present as urgent but would be best managed as more routine.</p> <p>Our vision will be delivered over the next four years as we develop both the range of support that can be delivered in General Medical Practices and other Primary Care providers and the services that can be wrapped around a patient in their own home, including care homes.</p> <p>Existing services such as the Community Paramedic Service in Glossop, the Community Response Service, Digital Health and Integrated Urgent Care Team have demonstrated the opportunities to support people in their own homes when an urgent need arises. These working systematically with General Practice, community services and the voluntary sector will maximise the number of people who stay in their own home supported by Primary and Neighbourhood care which will benefit individuals and</p>

their carers/family through prompt recovery and help maintain independence.

In addition to this vision, there is a mandate from NHS England to implement Primary Care Streaming within the hospital. This was implemented on the 1st October 2017.

The current services that provide Primary Care support for people with an urgent need overlap as seen below. This means we have multiple access routes for patients who have an urgent but not accident or emergency need and a level of duplication in the offer available

		Weekdays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
GP (GMS)		Bookable appointments (same day for urgent need)																								
GP Out of Hours													Telephone Support													
Extended Access													Appointments at WIC/EA Hub/out of area facility or Home Visits													
WIC		Walk in appointments at Ashton Primary Care Centre											Bookable appointments (same day for urgent need)													
A&E Streaming		Walk in appointments identified at A&E																								
Minor Eye Complaints		Bookable appointments at specific Opticians (within 1-5 days according to need)																								
Minor Aliments		Walk in support at Pharmacies																								
111		Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																								
Alternative to Transfer		Telephone support to NWAS																								
		Home Visits when required by NWAS																								

		Weekends and Bank Holidays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
GP Out of Hours		Telephone Support																								
Extended Access		Bookable appointments (same day for urgent need)											Appointments at WIC/EA Hub/out of area facility or Home Visits													
WIC		Walk in appointments at Ashton Primary Care Centre																								
A&E Streaming		Walk in appointments identified at A&E																								
Minor Eye Complaints		Bookable appointments at specific Opticians (within 1-5 days according to need)																								
Minor Aliments		Walk in support at specific Pharmacies																								
111		Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																								
Alternative to Transfer		Telephone support to NWAS																								
		Home Visits when required by NWAS																								

Key to our proposal is the simplification of services whilst extending the hours people can book into appointments and providing access to urgent diagnostics. A single integrated urgent care service will work alongside the urgent access provided by GPs, Pharmacists and Opticians as seen below. This utilises the resources available to better effect, using the skill mix available to deliver care for our population.

		Weekdays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
GP (GMS)		Bookable appointments (same day for urgent need)																								
Integrated Urgent Care		Bookable appointments and walk in access to integrated urgent care at Ashton Urgent Treatment Centre and Neighbourhood Hubs with telephone and home visit support to NWAS																								
Minor Eye Complaints		Bookable appointments at specific Opticians (within 1-5 days according to need)																								
Minor Aliments		Walk in support at Pharmacies																								
111		Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																								

		Weekends and Bank Holidays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Integrated Urgent Care		Bookable appointments and walk in access to integrated urgent care at Ashton Urgent Treatment Centre and Neighbourhood Hubs with telephone and home visit support to NWAS																								
Minor Eye Complaints		Bookable appointments at specific Opticians (within 1-5 days according to need)																								
Minor Aliments		Walk in support at specific Pharmacies																								
111		Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																								

There are several key drivers for change. Including the mandated requirement to introduce primary care streaming and develop an Urgent Treatment Centre. The model proposed for urgent care is designed to meet all national requirements whilst making provision more efficient and simpler to navigate for patients.

Urgent care will be delivered across practices, the Neighbourhood Care Hubs and the Urgent Treatment Centre. These will operate as an integrated service to ensure that people:-

- Are able to access urgent care support 24/7 and are supported by the most appropriate person fully utilising the skills of the wider Primary Care teams

- Whose need can be met by Primary Care do not need to access A&E
- Have access to an average of 45 minutes of evening and weekend/BH appointments per 1000 register population per week
- Are able to book routine and urgent appointments at the Urgent Treatment Centre and agreed Neighbourhood Care Hub sites
- Can be seen at the Urgent Treatment Centre 12 hours a day seven days a week including Bank Holidays either by booking an appointment or presenting as a 'Walk-in'
- Receive definitive treatment, which may include self-care advice, prescription issue or treatment of the presenting condition appropriate to primary care and people are equipped to reduce the risk of the same need arising in the future
- Are supported to navigate the system so they receive effective care first time and do not represent to other services for the same issue
- Who require urgent investigations/diagnostics receive these through the Urgent Treatment Centre
- Who need a same day home visit out of hours will either be seen by a GP or another appropriate service
- Can expect, following consent, that the treating clinician has access to their up-to-date electronic patient care record

Our urgent care service will integrate the existing Walk-in Centre, OoH, Extended Access with the live Primary Care Streaming at A&E and the planned Urgent Treatment Centre all of which provide/will provide direct support to people along with our Alternative to Transfer service that works with paramedics. This will provide a key access point at the hospital site in Ashton alongside neighbourhood based access through GPs, Pharmacies, Opticians, Dentists and Neighbourhood Care Hubs.

People will get 24/7 phone access to support through their practice (111 or OOH when the practice is closed) and will be booked into an appropriate appointment or if they need a same day home visit will be seen through the practice/neighbourhood offer, an OOH GP or the Integrated Urgent Care Team. Health care professionals such as paramedics and care home nurses will continue to get 24/7 access through the Health Care Professionals helpline or Alternative to Transfer.

The first point of contact in hours will be an individual's GP practice. People will make initial contact with their own practice and appropriate advice/ appointment will be provided to enable them to be seen by the right professional on the same day or at a later date as required. If a patient needs to be seen that day, it could either be by the General Medical Practice team or appropriate other primary care provider (dentist, optician, pharmacist) or if there is no capacity or due to reasons of convenience, the patients could be booked into a Neighbourhood Care hub.

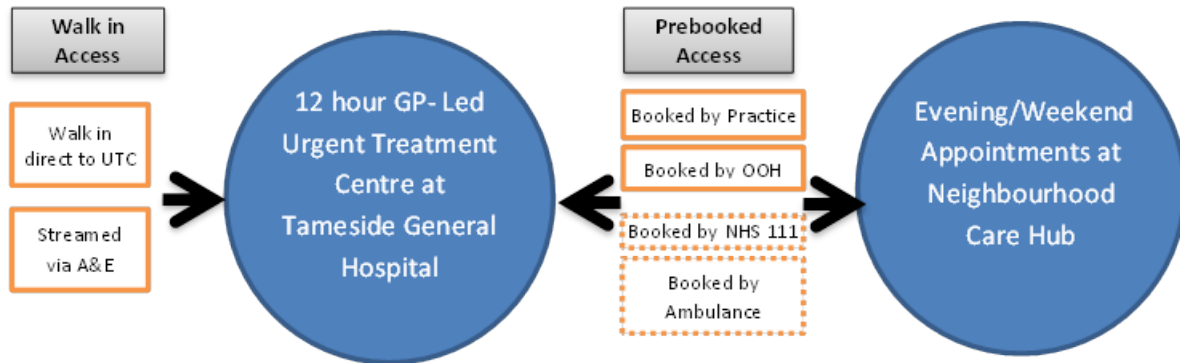
People will still have access to NHS 111 which will continue to direct people with a primary care need to practices/Out of Hours, Minor Eye Condition Service (MECS), Local pharmacies and dentists as appropriate but also to the Neighbourhood Care Hubs.

If a patient needs to be seen by a GP or another practice professional an appointment will be made either at that practice during it's opening hours or a Neighbourhood Care hub where there will be appointments 6.30pm to 9pm Monday to Friday and 9am to 1pm Saturday and Sunday or at the Urgent Treatment Centre open 9am to 9pm seven days a week. People who may need diagnostics or could need to be transferred to a hospital based specialist service may be advised to book an appointment at the Urgent Treatment Centre rather than having a choice of all locations.

If people have eye conditions, minor ailments or dental needs they will be directed to other Primary Care Providers and those with other more social care needs will be advised of the appropriate voluntary or statutory sector support.

People who chose to walk-in at the Ashton Urgent Treatment Centre site will be seen between 9am and 9pm seven days a week and may be booked into an appointment but may have to wait for up-to 2 hours for treatment.

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 shown 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 colocation of the Urgent Treatment Centre on the hospital site will also ensure that patients who require more specialist urgent care will be transferred promptly.

It is expected that the majority of people will contact their GP first and will be given choice of all available appointments reducing the need for people to have to 'walk-in' to the Urgent Treatment Centre and wait to be seen. People who are not registered with a Tameside and Glossop GP will be able to 'walk-in' to the Urgent Treatment Centre. There are national projects to enable Ambulance services and NHS 111 to book into Urgent Treatment Centres, GP and Extended Access appointments so in time unregistered people and visitors may have more options regarding where they are seen.

In Tameside and Glossop medical care is available via a number of access points to both the registered and unregistered population.

An address is not required to register at a GP practice and we do know that there are a number of homeless people who are registered with practices within the locality, however the scale of this is not known. The population that are registered homeless are less likely to attend for routine care for their health, and so access to same day services is required to ensure there is a way for health care to be delivered.

In order to improve the way that patients can access same day and urgent care services, a detailed review of the total urgent primary care offer has been carried out and a new model of delivery with a single point of access to an Urgent Treatment Centre which will include all of the current provision and with access to diagnostics but in a single service, to simplify for patients where they should go if they have an urgent care need. In addition to the Urgent Treatment Centre, there will be further Neighbourhood Care Hubs offering a service that incorporates the Extended Access appointments, out of hours and Alternative to Transfer services, that will be available to pre-book either on the same day or for a date in the near future. There is great potential for the homeless and unregistered populations to benefit from the UTC as it will offer immediate and necessary treatment but also be able to access pre-bookable appointments (which those not registered with a GP cannot otherwise access at the moment), with a skill mix of workforce, which might include Care Navigators who can be trained to the needs of the people attending.

Our proposed integrated urgent care service is fully in line with national expectations and will enable

Tameside and Glossop to use the resources available to deliver an excellent service for local people.

Consultation

In October 2017 the Strategic Commissioning Board approved the proposal that the Urgent Care model should be subject to a period of formal consultation. This consultation needed to offer local people the opportunity to comment on the proposals and options developed and considered by the Strategic Commissioning Board. The consultation was on the following two options:

Option 1 - An Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access and Urgent Care booked appointments in **three** Neighbourhood Care Hubs

Option 2 - An Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access and Urgent Care booked appointments in **five** Neighbourhood Care Hubs

The consultation ran from 1st November 2017 to 26th January 2018.

The online consultation closed on Friday 26th January. Paper copies of the questionnaire were accepted until 5pm on Monday 29th January 2018.

The consultation was hosted on the CCG website <http://www.tamesideandglossopccg.org/get-involved/urgent-care-consultation>. There was a standard questionnaire with an introduction to explain the reason for the changes followed by a series of questions. A free format text box was included to allow people the opportunity to provide any comments, views and suggestions they wish to be taken into account. A copy of the questionnaire used is attached at **Appendix 2 of the main SCB paper for presentation on the 20th March 2018**.

In addition to the online consultation, paper copies were made available in all 39 GP surgeries across Tameside & Glossop, the Walk-in Centre and in all libraries in Tameside and the High Peak area (Glossop, Hadfield and Gamesley). Pre-paid envelopes were also provided for responses to be returned. Copies were also available at all public meetings and meetings with community groups. Each paper questionnaire returned was given a 'unique reference number' and inputted to the online consultation system, with the reference number included in the response.

Posters advertising the consultation were produced and distributed across the locality, including to all GP surgeries. Copies of the posters are included at **Appendix 3 of the main SCB paper for presentation on the 20th March 2018**.

A 'Fact Sheet' and 'Frequently Asked Questions' were posted on the CCG website consultation page and were reviewed throughout the consultation process to ensure they reflected questions raised through the public meetings and other community engagement processes undertaken. These are included at **Appendix 3 of the main SCB paper for presentation on the 20th March 2018**.

URGENT CARE SERVICE OPTIONS

There are two options for the delivery of the urgent care service both of which have the Urgent Treatment Centre based at the hospital site open 12 hours seven days a week 9am to 9pm. This will offer bookable same day/urgent and routine appointments and walk in access for urgent care and be able to provide direct access to urgent diagnostics along with safe transfer to other more specialist services when necessary. It will replace the existing Walk-in service at Ashton Primary Care Centre which will relocate to the hospital site ensuring that patients with an urgent care need will be able to be seen within Tameside and Glossop 24/7.

The early ideas and potential options developed from the feedback were discussed by a Local Design Group made up of representatives from a range of stakeholders details are below:

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.

The options were then further discussed in the Professional Reference Group on 2nd August in the light of recently released national guidance. Following the discussion it was agreed to refine the options taking into account analysis of the Local Design Group feedback. Three options were then presented to the 6th September Professional Reference Group. These were refined again taking into account some early feedback from patient representatives, elected councillors and MPs which resulted in the two options presented to the Strategic Commissioning Board.

The options vary in the number of Neighbourhood Care hubs where bookable appointments can be made and when those hubs will be open as shown below.

Option 1

	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	To be Confirmed
South Hub	6.30pm to 9pm	9am to 1pm	Yes	No	To be Confirmed

Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Glossop Primary Care Centre
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Option 2

	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	None*	Yes	No	To be Confirmed
South Hub	6.30pm to 9pm	None*	Yes	No	To be Confirmed
West Hub	6.30pm to 9pm	None*	Yes	No	To be Confirmed
East Hub	6.30pm to 9pm	None*	Yes	No	To be Confirmed
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Glossop Primary Care Centre

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

The Key Points are:

- Relocation of the Walk-in access from Ashton PCC Walk-in Centre to the ICFT as an Urgent Treatment Centre which has additional diagnostics and direct access to other services.
- Bookable provision at the Urgent Treatment Centre seven days a week
- Bookable provision in Glossop 6.30-9pm Monday to Friday, and 9am-1pm Sat and Sun
- Bookable provision in other neighbourhoods dependent on options below.
- Out of Hours provision utilising bookable appointments where possible and seeing patients within Tameside and Glossop locality

The options have been developed having considered the feedback from a number of pre-engagement actions, including from a local design group made up of public and stakeholder representatives (28 July 2017).

2b. Issues to Consider

- Travel times
- Transport routes
- Parking (at the hospital site)
- Communications to ensure patients are able to navigate their way to the right services
- Access to appointments within general practice

- Our consultation and pre-engagement will need to be carefully planned and carried out to ensure all relevant groups, stakeholders are able to respond.
- Ensure that the final delivery model does not adversely affect accessibility and how patients are able to manage their usage

Key factors in deciding where to go for help included:

- How serious the need was perceived to be,
- Trust in the person they will be seen by, with trust in general practice being high
- Ease of getting to a service, including transport links and car parking,
- The time it would take to be seen and
- Access to medical records was also seen as important in the quality of any response.

The relocation of the Ashton Primary Care Centre support service that delivers the Walk in element to the hospital site will mean a return to the position before the mandated implementation of A&E Streaming to Primary Care (October 2017) where there is one walk in arrangement for urgent care.

GM Academic Health Sciences Network have undertaken a Literature Review on Walk-In services and the findings suggest that the opening of walk-in centres has a minimal impact on the demand for other urgent care or primary care services, not significantly affecting either ED attendances or activity at primary care services. It is suggested that walk-in centres may instead increase overall demand for urgent care as patients who would previously have self-treated minor illnesses or injuries may instead attend the walk-in centres.

The finding of work based on patient questionnaires looking at what would have happened in an area if there had been no walk-in centre suggests, 50% of people would have attended a GP or requested a home visit, 26% would have attended the ED, 5% would have utilised the pharmacist and almost 10% would have self-treated rather than attended elsewhere and therefore would not increase demand on other services had the walk-in centre been unavailable. However, research into what happens after attending a walk-in centre suggests that almost 40% of patients may have duplicate attendances in other primary or urgent care services rather than using the walk-in centre as an alternative so activity may not increase as suggested from questionnaires. One study reported that 30% of patients attending an A&E facility over a 4 week period stated that the A&E was not their first point of contact. So by ensuring that the first contact delivers the outcome a patient needs it should mitigate any risk of activity increasing in A&E or other services and could decrease current A&E activity.

Access to the Tameside and Glossop Walk In Centre services is through people presenting at Ashton Primary Care Centre although some may be advised to attend by NHS 111, OOH, another clinician or their own practice. As with A&E, people who are not registered with a T&G GP can attend and between 1st June 2016 and 31st May 2017 the service supported around 3700 individuals who were not registered with a GP which represents 10% of the individuals who have used the service. This includes people who are overseas visitors and people who chose not to register.

Ensuring that unregistered people are able to access primary care when they feel they need it is important in maintaining their general health and widening what could be available to them when they attend could improve the level of support they receive and the health outcomes they experience.

	Usage between 1st June 2016 and 31st May 2017					
	T&G Registered	GM (exc T&G) Registered	Out of GM Registered	Unregistered	GP unknown	Total
Unique Individuals	26253	3964	1678	3740	166	35801
	73%	11%	5%	10%	0.5%	

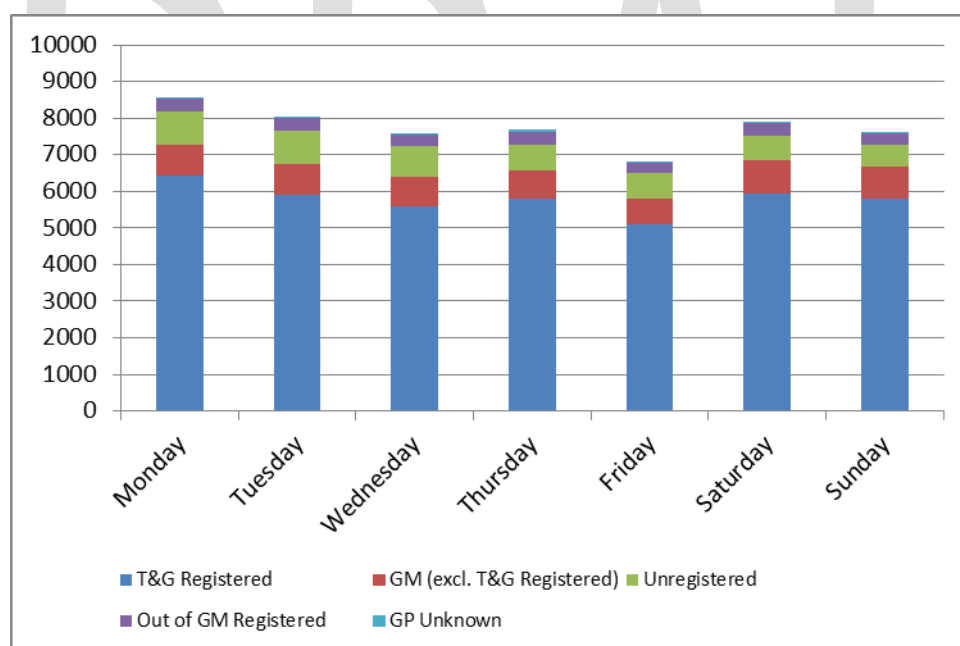
Several individuals have used the service on multiple occasions as shown. Not surprisingly visitors registered out of GM are less likely to attend multiple times.

	T&G Registered	GM (exc T&G) Registered	Out of GM Registered	Unregistered	GP unknown	Total
Attendances	40589	5708	2288	5353	238	54176
	75%	11%	4%	10%	0%	75%

It is suspected that some individuals using the WIC will also attend other services for the same conditions as a GM Academic Health Sciences Network Literature Review of research into what happens after attending a walk-in centre suggests that almost 40% of people may have duplicate attendances in other primary or urgent care services rather than using the walk-in centre. One study reported that 30% of people attending an A&E facility over a 4 week period stated that the A&E was not their first point of contact.

If we can ensure that the first contact with Urgent Primary Care is in the most appropriate place and delivers the outcome a person needs it should mitigate the need for people to attend multiple locations.

There is no real variation in usage by day for any particular cohort of people. The highest daily attendances at the WIC are recorded on a Monday and a Saturday although attendance levels are fairly consistent.



For our registered population weekend activity accounts for 30% of total weekly attendances.

Neighbourhood	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
North	2735	2502	2407	2523	2256	2108	1977	16508
West	1626	1473	1379	1396	1207	1381	1285	9747
South	1132	1121	1007	1005	875	1380	1376	7896
East	831	723	685	791	685	881	905	5501
Glossop	115	92	113	99	67	201	250	937
Total	6439	5911	5591	5814	5090	5951	5793	40589
Proportion	15.9%	14.6%	13.8%	14.3%	12.5%	14.7%	14.3%	

North is the only neighbourhood that sees a reduction in usage at the weekend.

The majority of WIC attendances by T&G registered Practices are from North (41%) and West (24%)

neighbourhoods. Similarly North registered people are high users of A&E accounting for 28% of the last 12 months activity with 10% being for minor conditions and 18% for majors. South usage at A&E is similar to North.

Neighbourhood	WIC Usage	A&E Usage		
		Minor	Major	Total
North	41%	10%	18%	28%
West	24%	6%	12%	18%
South	19%	9%	18%	27%
East	14%	6%	12%	18%
Glossop	2%	3%	6%	9%
Total	75%	34%	66%	

Geography may be a key factor in usage as Glossop is a lower user of all the services. There are some anecdotal reports that Glossop people use the New Mills WIC but there is no data to demonstrate how extensive this use is.

For the non-registered user, the data (above) shows that Data tells us that 10% of service users of the Walk-in Centre are unregistered. Communicating the changes to this group will be imperative, particularly to those that are homeless. In addition to this, A&E data also tells us that there are an average of 44 attendances at A&E each month is unregistered with a GP (activity data from April-September 2017, n=531). The tables below show the actual attendances per month and the average frequency by day of the week.

Unregistered Patient A&E Attendances Per Month	
Month	Attendances
Apr-17	33
Aug-17	57
Dec-16	56
Feb-17	35
Jan-17	45
Jul-17	48
Jun-17	41
Mar-17	30
May-17	34
Nov-16	49
Oct-16	49
Sep-17	54
Total	531

Unregistered Patient A&E Attendances by Day	
Attendance Day	Attendances
Friday	82
Monday	77
Saturday	86
Sunday	77
Thursday	66

Tuesday	80
Wednesday	63
Total	531

At the Walk-in Centre there is a higher proportion of female to male attendances overall with 58.7% of attendances being by females.

Neighbourhood	Female Service Users	Total Female	Male Service Users	Total Male
North	9854	23973	6653	23862
West	5914	35305	3831	33,298
South	4677	24033	3219	22805
East	3270	29504	2231	28912
Glossop	547	16966	390	16211
Non T&G	7551	N/A	6035	N/A
Proportion	58.7%	50.9%	41.3%	49.00%

The WIC is predominantly used by younger people, with 75.8% of attendances under 45 years old. The greatest percentage of attendances is in the Under 16 age bracket (31.9%), of which the majority (55.9%) are aged 4 years and under.

Females						
Neighbourhood	Service Users Under 16	Total Population Tameside and Glossop Under 16	Service Users 16-45	Total Population Tameside and Glossop 16-45	Service Users 46-65	Total Population Tameside and Glossop 46-65
North	2946	4914	4537	9433	1646	5817
West	1528	6256	2767	12767	1063	9472
South	1331	4864	2301	9102	733	6084
East	817	5567	1653	11149	585	7856
Glossop	155	2930	257	5997	99	4995
Non-T&G	1793	N/A	4047	N/A	1264	N/A
Total	8570	24531	15562	48448	5390	34224
Proportion	16%	9%	29%	19%	10%	13%

Females				
Neighbourhood	Service Users 66-75	Total Population Tameside and Glossop 66-75	Service Users Over 75	Total Population Tameside and Glossop Over 75
North	485	2086	240	1723

West	332	3,696	224	3,114
South	207	2227	105	1756
East	141	2853	74	2079
Glossop	26	1794	10	1250
Non-T&G	275	N/A	172	N/A
Total	1466	12656	825	9922
Proportion	3%	4%	2%	3%

Males

Neighbourhood	Service Users Under 16	Total Population Tameside and Glossop Under 16	Service Users 16-45	Total Population Tameside and Glossop 16-45	Service Users 46-65	Total Population Tameside and Glossop 46-65
North	3014	5223	2011	9308	1057	6133
West	1619	6269	1225	12289	660	9210
South	1292	4770	1201	8609	528	6083
East	838	5846	843	10895	403	7907
Glossop	150	3122	147	5857	67	4802
Non-T&G	1776	N/A	2788	N/A	1082	N/A
Total	8689	25230	8215	46958	3797	34135
Proportion	16%	9%	15%	18%	7%	13%

Males

Neighbourhood	Service Users 66-75	Total Population Tameside and Glossop 66-75	Service Users Over 75	Total Population Tameside and Glossop Over 75
North	367	2063	204	1135
West	216	3,342	111	2,188
South	135	2139	63	1249
East	108	2858	39	1406
Glossop	13	1627	13	803
Non-T&G	274	N/A	115	N/A
Total	1113	12029	545	6781
Proportion	2%	4%	1%	2%

2c. Impact

The following groups with protected characteristics were identified prior to the consultation

process as those that would be directly impacted by the proposed changes. Further to this the consultation undertaken made direct contact with a number of stakeholder groups with representation of these protected characteristics. In all, around 50 groups were contacted to take part in the consultation.

Age

Urgent Primary Care services, including the Walk-in Centre are accessible and available to the whole population of Tameside and Glossop. However the age profile of attendances at the Walk-in centres shows that attendances are predominantly younger people, with 75.8% of attendances under 45 years old. The greatest percentage of attendances is the Under 16 age bracket (31.9%) of which the majority (55.9%) are aged 4 and under (see tables in section 2b)

Disability

There is disabled access to both Ashton Primary Care Centre and the ICFT and both sites are accessible by car and public transport. 2015/16 Public Health England's Public Health Profiles (Fingertips data) suggests that Chapel Street MP and Hattersley Group Practice have % of patients with a long standing condition that is significantly different to the England average. All other practices (including those with highest Walk-in Centre attendances) have patient numbers that are not statistically significant to the England average.

Data from 2011 Census shows that 10.3% of people across Tameside and Glossop had some form of disability which limited day to day activities 'a lot' and a further 10.2% whose day to day activities were limited 'a little'.

Ethnicity

The neighbourhoods with the highest levels of attendance at the Walk-in Centre are North and West, and for A&E these are North and South.

2016 Fingertips data shows that the practices with the highest walk-in centre usage have ethnicity profiles as follows;

- Albion Medical Centre: 1.6% mixed, 14.3% Asian, 1.1% Black
- Bedford Medical Practice: 1.6% mixed, 13.5% Asian, 1.0% Black
- Tame Valley: 1.6% mixed, 14.9% Asian, 1.1% Black
- Medlock Vale 1.5% mixed, 3.1% Asian, 1.0% Black
- Denton Medical Practice: 1.7% mixed, 2.5% Asian, 1.1% Black
- Market Street Medical Practice: 1.7% mixed, 3.3% Asian, 1.9% Black
- Guide Bridge: 1.7% mixed, 6.9% Asian 1.3% Black
- HighlandsTrafalgar: 1.7% mixed, 16.2% Asian, 1.6% Black
- Chapel Street: 1.6% mixed 12.5% Asian, 1.3% Black
- This is compared to 91.8% White, 1.4% Mixed, 5.9% Asian, 0.7% Black and 0.2% Other for Tameside & Glossop overall (Census 2011).

Sex / Gender

Walk-in Centre data shows that there are more female service users than male, with 58.7% being female.

This is compared to the Tameside & Glossop overall population which is 49% male and 51% female (2014 mid-year population estimates ONS)

Pregnancy & Maternity

Walk-in Centre usage data shows that there were 260 pregnancy related attendances at the Walk-in Centre during 2016-17. We also know that the greatest percentage of attendances is in the Under 16 age bracket (31.9%), of which the majority (55.9%) are aged 4 years and under and a proportion of these will be babies.

Mental Health

Tameside and Glossop's Mental Health prevalence rate is 0.83% (2024 people); and the national prevalence is 0.9%. Depression; 10.71% (20969 people) for Tameside & Glossop and 8.3% nationally.

Access and transport times may be affected by the relocation of services. Changes to location and access points will have clear links to mental health pathways for this group to maintain quality of care.

Carers

Access and transport times may be affected by the relocation of services.

Change in location of the walk-in centre may impact on accessibility for those being cared for and therefore their carers.

Of the practices identified with the highest usage of the Walk in Centre, the % of carers registered is as follows:

- Albion: 19.1%
- Bedford House MP: 16.3%
- Tame Valley: 25%
- West End MP: 20.8%
- Medlock Vale: 17.1%
- Donneybrook: 15.6%
- Denton MP: 21.7%
- Market St MP: 16.8%
- Guide Bridge MC: 13.5%
- Highlands Trafalgar; 18.1%
- The CCG average is 18.6% and the England average is 17.8%.

The majority of the higher user practices have above average carer populations on their registered lists.

Patients not registered with a GP (either within T&G or within another area)

Data tells us that 10% of service users of the Walk-in Centre are unregistered. Communicating the changes to this group will be imperative, particularly to those that are homeless. Data also tells us that there are an average of 44 attendances at A&E each month is unregistered with a GP (activity data from April-September 2017, n=531).

In Tameside and Glossop medical care is available via a number of access points to both the registered and non-registered population.

An address is not required to register at a GP practice and we do know that there are a number of homeless people who are registered, however the scale of this is not known. The population that are registered homeless are less likely to attend for routine care for their health, and so access to same day services is required to ensure there is a way for health care to be delivered.

In order to improve the way that patients can access same day and urgent care services, a detailed review of the total urgent primary care offer has been carried out and a new model of delivery with a single point of access to an Urgent Treatment Centre which will include all of the current provision and with access to diagnostics but in a single service, to simplify for patients where they should go if they have an urgent care need. In addition to the Urgent Treatment Centre, there will be further Neighbourhood Care Hubs offering Extended Access appointments that will be available to pre-book either on the same day or for a date in the near future. There is great potential for the homeless to benefit from the UTC as it will offer immediate and necessary treatment but also be able to access pre-bookable appointments (which those not registered with a GP cannot otherwise access at the moment), with a skill mix of workforce, which might include Care Navigators who can be trained to the needs of the people attending.

Socio-economic

The neighbourhoods with the highest levels of attendance at the Walk-in Centre North and West, and for A&E these are North and South.

The urgent care services are provided universally for everyone resident and registered across Tameside and Glossop. However it is anticipated that changes to how the service is delivered may impact on those protected characteristics identified; age, disability, ethnicity, sex/gender, pregnancy and maternity, mental health, carers, the unregistered user and socio-economic. The issue anticipated to have the greatest impact is transport and travel times for all of these groups.

It is not possible to provide a data analysis of demographics from the consultation due to the level of responses received.

A primary concern identified through the consultation was transport to an alternative location of the urgent Treatment Centre, from Ashton Primary Care Centre to the hospital site. The impact of this change was noted to have both a positive and negative impact for people according to where they are travelling from. This was an anticipated impact and details of the respective transport offer across the locality are provided below. The consultation responses showed particular transport challenges for residents within Droylesden and Gamesley and transport considerations will need to be included in the transport offer in the future, along with the Neighbourhood Care Hub locations.

Accessibility of Services

Basemap's TRACC software has been used to calculate travel times to Ashton Primary Care Centre, Tameside & Glossop Integrated Care NHS Foundation Trust site and the example out of hours hubs using public transport at both peak and off peak time periods.

This covers all major public transport options across Tameside and Glossop including bus, train and tram.

TRACC was also used to calculate drive times at both peak and off peak time periods, and walk times.

Detailed drive time, public transport and walk time analysis (Including maps) is attached at appendix 1.

Travel time analysis for Ashton Primary Care Centre and Tameside and Glossop Integrated Care NHS Foundation Trust

Drive Time

For all time periods analysed the proportion of Tameside and Glossop residents who are within travelling distance by car to Ashton Primary Care Centre (APCC) is similar to or the same as the proportion who are within travelling distance by car to Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT).

On weekday mornings at peak times (Monday-Friday 0700-0900):

- 87.2% of residents can travel to APCC by car within 0-15 minutes and 86.3% can travel to T&G ICFT by car within 0-15 minutes.
- 99.8% of residents can travel to both locations by car within 0-30 minutes

On weekdays, off-peak (Monday-Friday 1000-1600):

- 88.4% of residents can travel to APCC by car within 0-15 minutes and 89.3% can travel to T&G ICFT by car within 0-15 minutes.
- Again 99.8% of residents can travel to both locations by car within 0-30 minutes

On weekday afternoon/evenings at peak times (Monday-Friday 1600-1900):,

- 86.5% can travel to APCC and 86.2% can travel to T&G ICFT within 0-15 minutes by car.
- Again, 99.8% of residents can travel to both locations by car within 0-30 minutes

On weekends (Weekend 0700-1900)

- 90.5% can travel to APCC and 92% can travel to T&G ICFT within 0-15 minutes by car.
- Again 99.8% can travel to both locations within 0-30 minutes by car

Public Transport

For all time periods analysed the proportion of Tameside and Glossop residents who are within travelling distance by public transport to Ashton Primary Care Centre (APCC) within 0-60 minutes is similar to the proportion who are within travelling distance by public transport to Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) within the same time scale. However there are some differences in the proportion of residents who can access both locations via public transport within shorter time scales as outlined below.

On weekday mornings at peak times (example time of Tuesday 0700-0900):

- 97.1% of residents can access APCC and 96.4% of residents can access T&G ICFT within 0-60 minutes.
- Within 0-15 minutes 11.9% can access APCC and 9% ICFT;
- Within 0-30 minutes 58.1% can access APCC and 39.1% can access ICFT;
- Within 0-45 minutes 86.5% can access APCC and 71.6% can access ICFT.

On weekdays at off-peak times (example time of Tuesday 1000-1600):,

- 99.4% of residents can access APCC and 99.2% can access T&G ICFT within 0-60 minutes.
- Within 0-15 minutes 11.5% can access APCC and 9.2% can access ICFT;

- Within 0-30 minutes 62.4% can access APCC and 40.3% ICFT;
- Within 0-45 minutes 89.4% can access APCC and 79.6% can access ICFT.

On weekday afternoon/evenings at peak times (example time of Tuesday 1600-1900):

- 99.2% of residents can access APCC and 99% of residents can access ICFT within 0-60 minutes.
- Within 0-15 minutes 13.5% can access APCC and 8.5% ICFT;
- Within 0-30 minutes 62.4% can access APCC and 37.8% can access ICFT;
- Within 0-45 minutes 88.7% can access APCC and 77.7% can access ICFT.

On weekends (example time of Saturday 1000-1600)

- 99.4% of residents can access APCC and 99% of residents can access ICFT within 0-60 minutes.
- Within 0-15 minutes 11.8% can access APCC and 9.2% ICFT;
- Within 0-30 minutes 62.4% can access APCC and 40.1% ICFT;
- Within 0-45 minutes 89.4% can access APCC and 78.7% can access ICFT.

Further to feedback through the Urgent Care Consultation, the following information has been collated to identify the existing public transport availability across the locality.

Bus Routes to ICFT Hospital Site from Key Locations across Tameside and Glossop

Direct bus routes are available from Ashton, Droylsden, Hyde, Mossley, Mottram-in-Longdendale and Stalybridge to Tameside & Glossop ICFT (Tameside Hospital) as shown in the table below. Those travelling from Audenshaw, Denton, Dukinfield, Glossop and Gamesley have to travel via another point and change e.g. at Ashton Bus Station. The routes illustrated in the table below are based on consideration of the most direct service to the hospital site, the least amount of walking, the frequency of service and the earlier and latest bus. There are many other potential routes that could be taken. Routes can be viewed and planned via: <https://my.tfgm.com/#/planner/> full timetables can be found at: <https://my.tfgm.com/#/timetables/>

Direction ¹	Bus Service	Departure and Destination	First Bus (Weekdays)	Last Bus (Weekdays)	Number of buses operating on this route during daily operating hours ²
Ashton Outbound	350	Ashton-Under-Lyne, Ashton Bus Station (Stand D) to Tameside General Hospital (Stop C)	06:00	22:35	63

¹ 'Outbound' defined as from the key transport points of the towns/areas to the T&G ICFT (Tameside Hospital) site; 'Inbound' defined as from the T&G ICFT (Tameside Hospital) site to the key transport points of the towns/areas

Ashton Inbound		Tameside General Hospital (Stop C) to Ashton-Under Lyne, Ashton Bus Station (Stand D)	05:45	23:24	64	
Droylsden Outbound	231	Droylsden, Edge Lane Tram Stop (Stop C) to Tameside General Hospital (Stop C)	06:40	20:13	36	
Droylsden Inbound		Tameside General Hospital (Stop C) to Droylsden, Edge Lane Tram Stop (Stop F)	06:00	19:08	33	
Hyde Outbound	387	Hyde, Hyde Bus Station (Stand C) to Tameside General Hospital (Stop C)	06:50	18:09	12	
Hyde Inbound		Tameside General Hospital (Stop C) to Hyde, Hyde Bus Station (Stand C)	07:59	18:02	11	
Mossley Outbound	350	Mossley, Mossley Stn (Stop B) to Tameside General Hospital (Stop C)	05:33	23:13	64	
Mossley Inbound		Tameside General Hospital (Stop C) to Mossley, Mossley Stn (Stop C)	06:08	22:42	63	
Mottram-in-Longdendale Outbound	387	Mottram, Mottram Jct (Stop A) to Tameside General Hospital (Stop C)	07:09	18:28	12	
Mottram-in-Longdendale Inbound		Tameside General Hospital (Stop C) to Mottram, Mottram Jct (Stop A)	07:59	18:02	11	
Stalybridge Outbound	387	Stalybridge, Stalybridge Bus Stn (Stop E) to Tameside General Hospital (Stop C)	07:22	18:43	12	
Stalybridge Inbound		Tameside General Hospital (Stop C) to Stalybridge Bus Stn (Stop A)	07:59	18:02	11	
Audenshaw Outbound	216	Audenshaw, Audenshaw Metrolink Stop (Stop B) to Ashton-Under-Lyne, Ashton Bus Station (Stand E) (<i>Then use 350 as according to Ashton Outbound</i>)	05:50	23:30	100	
Audenshaw Inbound		(<i>Use 350 as according to Ashton Inbound then:</i>) Ashton-Under Lyne, Ashton Bus Station (Stand L) to Audenshaw, Ryecroft Hall (Stop D)	04:31	23:35	102	

² Number buses operating on this route during daily operating hours that stops at both departure and destination stops

Denton Outbound		Denton, Crown Point (Stop F) to Ashton-Under-Lyne, Nr Shopping Centre Ashton Bus Station <i>(Then use 350 as according to Ashton Outbound)</i>	05:35	(next day) 00:05	88	
Denton Inbound	347	<i>(Use 350 as according to Ashton Inbound then:)</i> Ashton-Under-Lyne, Ashton Bus Station (Stand H) to Denton, Crown Point (Stop F)	05:05	23:39	88	
Dukinfield Outbound		Dukinfield, Dukinfield Town Hall (Stop B) to Ashton-Under-Lyne, Ashton Bus Station (Council Offices) <i>(Then use 350 as according to Ashton Outbound)</i>	05:53	(next day) 00:18	95	
Dukinfield Inbound	330	<i>(Use 350 as according to Ashton Inbound then:)</i> Ashton-Under-Lyne, Ashton Bus Station (Stand K) to Dukinfield, Dukinfield Town Hall (Stop A)	04:50	23:30	96	
Glossop Outbound		Glossop, opp Arundel Street to Ashton-Under-Lyne, Ashton Bus Station (Stand E) <i>(Then use 350 as according to Ashton Outbound)</i>	05:44	23:43	27	
Glossop Inbound	237	<i>(Use 350 as according to Ashton Inbound then:)</i> Ashton-Under-Lyne, Ashton Bus Station (Stand E) to Glossop, adj Arundel Street	06:18	23:31	27	
Gamesley Outbound		Gamesley, Opp Samas Roneo to Glossop, adj Arundel Street <i>(Then use 237 as according to Glossop Outbound then use 350 as according to Ashton Outbound)</i>	06:35	18:54	15	
Gamesley Inbound	341	<i>(Use 350 as according to Ashton Inbound then use 237 as according to Glossop Inbound then:)</i> Glossop, opp Arundel Street to Gamesley, adj Samas Roneo	07:40	17:15	10	






In addition to travel within Tameside and Glossop, it was identified during the consultation that a number of patients in the Glossop area do make use of the Walk-In Centre in New Mills, Derbyshire. The following travel information has been identified to demonstrate the accessibility to this alternative service:

Glossop to New Mills Clinic





Weekdays

- Searched TFGM Route Planner (<https://my.tfgm.com/#/planner/>) from Norfolk Square, Glossop (SK13 8) to New Mills Clinic (SK22 4BP) leaving after 17:30
- Tuesday, Wednesday, Thursday and Friday gave the below, where there is only one direct service, the 61 (but which still involves walking), and after that the only routes involve multiple changes and walking. Monday has no evening 61 service at this time.

☆ Do you want to favourite this route?

Depart	Arrive	Changes	Duration
02/03/2018			
18:34	19:03	0	0:29
			
18:58	21:55	2	2:57
			
20:42	22:55	2	2:13
			
21:42	23:55	2	2:13
			
17:30	19:43	0	2:13
			

👁 Do you want to monitor this journey?

Mode	Description
	18:34 → 18:35 Walk to Henry Street (Stop B), Henry Street, Norfolk Street, Glossop 1 minute, 90m
	18:35 → 18:56 Take 61 bus to Church Road Adj Marsh Lane, New Mills High Peak Timetable 21 minutes 
	18:56 → 19:03 Walk to SK22 4BP 7 minutes, 0.6km

Weekends

- Saturday: 61 leaves from Henry Street (Stop B), Glossop on the hour, every hour from 08:00 until 17:00 and travels to Adj Marsh Lane, New Mills, which is identified as near the New Mills Clinic
- Sunday: 61 leaves from Henry Street (Stop B), Glossop on the hour, every hour from 09:00 until 16:00, and then again at 17:15, and travels to Adj Marsh Lane, New Mills, which is identified as near the New Mills Clinic

Walk Time

By foot, 4.1% of residents can access APCC within 0-15 minutes, 18.1% within 0-30 minutes, 37.8% within 0-45 minutes and 54.5% within 0-60 minutes. In comparison 3.6% of residents can access the ICFT site within 0-15 minutes, 15.7% within 0-30 minutes, 31.8% within 0-45 minutes and 43.5% within 0-60 minutes.

Key Locations Analysis

Travel times between 14 key locations across Tameside & Glossop (Ashton, Mossley, Stalybridge, Dukinfield, Hyde, Broadbottom, Hattersley, Mottram, Denton, Audenshaw, Droylsden, Hadfield, Gamesley, and Glossop) to both Ashton Primary Care Centre (APCC) and Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) were calculated for various modes of transport and time periods.

Drive Times

When travelling by car during weekday mornings at peak-time (Monday-Friday 0700-0900), weekday off-peak (Monday-Friday 1000-1600), weekday afternoons/evenings at peak time (Monday-Friday 1600-1900) or weekend (weekend 0700-1900) Ashton town centre was the shortest travel time of all 14 locations to both APCC and T&G ICFT, whilst Glossop town centre was the longest travel time to both sites.

For all four of the drive time time-periods the time in minutes between Glossop town centre and APCC was longer than the time between Glossop town centre and ICFT. For example on weekday mornings the time in minutes between Ashton town centre and APCC was 2.69 and the time in minutes between Ashton town centre and ICFT was 4.67. The time between Glossop town centre and APCC was 19.12 and the time between Glossop town centre and ICFT was 17.55.

Public Transport

When travelling by public transport during weekday mornings at peak time (example Tuesday 0700-0900) weekday off-peak (Tuesday 1000-1600), weekday afternoons/evenings at peak time (Tuesday 1600-1900) or weekend (Saturday 1000-1600) Ashton town centre was the shortest travel time for both APCC and T&G ICFT, whereas the longest travel time varied.

For all four public transport time-periods the travel time in minutes between Ashton town centre and APCC was 3.7, whereas the travel time in minutes between Ashton town centre and ICFT was 12.13 for three of the time-periods and 10.96 for the weekday afternoon/evenings peak time time-period.

For weekday mornings at peak time using public transport the longest time in minutes from APCC was to Gamesley (55.83 minutes) and from ICFT was also to Gamesley (48.65) minutes. For weekdays off-peak using public transport the longest time in minutes from APCC was to Gamesley (46.83 minutes) but from ICFT was to Broadbottom (47.93 minutes). For weekday afternoon/evenings peak-time using public transport the longest time in minutes from APCC was to Gamesley (46.83 minutes) but from ICFT was to Broadbottom (44.93 minutes). For weekends using public transport the longest time in minutes from

APCC was to Gamesley (46.83 minutes) but from ICFT was to Broadbottom (47.93 minutes).

Walk Times

By foot, Ashton was the shortest walk time to APCC at 8.6 minutes, and the longest walk time for APCC was to Glossop at 158.48 minutes. For ICFT the shortest walk time was to Stalybridge at 22.49 minutes whereas the longest walk time was to Glossop at 137.32 minutes.

Car Availability Census Data

The following data taken from Census 2011 outlines some key information relating to car and van availability across Tameside & Glossop.

1.1% of households in Tameside and Glossop have 4 or more cars or vans, 4% of households have 3 cars or vans, 22.4% have 2 cars or vans, 43.9% have 1 car or van and 28.6% have no car or van. Ashton Primary Care Centre is located in St Peter's ward, which has the highest percentage of any Tameside and Glossop ward for the category of households with no car or van (50.1%). The ward with the lowest percentage of households with no car or van was Simmondley (5.5%). The ward with the highest percentage of households with 4 or more cars or vans was St John's (4.7%). The ward with the lowest percentage of households with 4 or more cars or vans was Gamesley (0.2%).

Example Hubs Census Tables Analysis

The census population tables in appendix 3 show the percentage and count of Tameside and Glossop residents within the time bands of 15, 30, 45, 60 and 60 + minutes of the example hubs (Glossop Primary Care Centre, Haughton Thornley Medical Practice Denton Festival Hall and St Andrew's Medical Centre). The percentage figures are calculated for each mode of transport and time bracket that are displayed on the example hub maps.

Glossop Example Hub

For Glossop Primary Care Centre, when travelling by car:

- Weekdays 0700-0900: 28.2% of residents are within 0-15 minutes.
- Weekdays 1600-1900: 25.6% of residents are within 0-15 minutes.
- Weekend 0700-1900: 36.4% of residents are within 0-15 minutes.
- For all three drive time time-periods above, 99.8% of residents are within 0-30 minutes.

For Glossop Primary Care Centre, when travelling by public transport:

- Tuesday 0700-0800: 8.9% of residents are within 0-15 minutes and 47.3% are within 0-60 minutes.
- Tuesday 1830-2130: 9.6% of residents are within 0-15 minutes and 86.9% are within 0-60 minutes.
- Saturday 0900-1700: 10% of residents are within 0-15 minutes and 90.5% are within 0-60 minutes.

For Glossop Primary Care Centre, when travelling by foot 3.7% are within 0-15 minutes and 14% are within 0-60 minutes.

South Example Hub

For Haughton Thornley Medical Practice, when travelling by car:

- Weekdays 0700-0900: 87.6% are within 0-15 minutes.
- Weekdays 1600-1900: 82.4% are within 0-15 minutes.
- Weekend 0700-1900: 89.4% are within 0-15 minutes.
- For all three drive time time-periods above, 99.8% of residents are within 0-30 minutes.

For Haughton Thornley Medical Practice, when travelling by public transport:

- Tuesday 0700-0800: 7.2% are within 0-15 minutes and 87.2% are within 0-60 minutes.
- Tuesday 1830-2130: 10.9% are within 0-15 minutes and 98.8% are within 0-60 minutes.
- Saturday 0900-1700: 7.8% are within 0-15 minutes and 99.2% are within 0-60 minutes.

For Haughton Thornley Medical Practice, when travelling by foot 5% are within 0-15 minutes and 36.4% are within 0-60 minutes.

West Example Hub

For Denton Festival Hall, when travelling by car:

- Weekdays 0700-0900: 83.8% are within 0-15 minutes.
- Weekdays 1600-1900: 81.6% are within 0-15 minutes.
- Weekend 0700-1900: 86.3% are within 0-15 minutes.
- For all three drive time time-periods above, 99.8% of residents are within 0-30 minutes.

For Denton Festival Hall, when travelling by public transport:

- Tuesday 0700-0800: 9.7% are within 0-15 minutes and 81.1% are within 0-60 minutes.
- Tuesday 1830-2130: 13.6% are within 0-15 minutes and 96.3% are within 0-60 minutes.
- Saturday 0900-1700: 13.7% are within 0-15 minutes and 94.9% are within 0-60 minutes.

For Denton Festival Hall, when travelling by foot 3.9% are within 0-15 minutes and 42.2% are within 0-60 minutes.

East Example Hub

For St Andrew's Medical Centre, when travelling by car:

- Weekdays 0700-0900: 95.4% are within 0-15 minutes.
- Weekdays 1600-1900: 91.8% are within 0-15 minutes.
- Weekend 0700-1900: 96.7% are within 0-15 minutes.
- For all three drive time time-periods above, 99.8% of residents are within 0-30 minutes.

For St Andrew's Medical Centre, when travelling by public transport:

- Tuesday 0700-0800: 16.1% are within 0-15 minutes and 96.4% are within 0-60 minutes.

- Tuesday 1830-2130: 20.3% are within 0-15 minutes and 99.1% are within 0-60 minutes.
- Saturday 0900-1700: 15.6% are within 0-15 minutes and 99.5% are within 0-60 minutes.

For St Andrew's Medical Centre, when travelling by foot 4% of residents are within 0-15 minutes and 45.6% are within 0-60 minutes.

Tables show travel time in minutes between each example hub and key locations for each mode of transport and time period. The travel times are calculated for each mode of transport and time bracket that are displayed on the example hub maps. These can be found at appendix 3.

The current service delivery model has access points in Ashton Primary Care Centre (Walk-in Centre, GP Out of Hours and Extended Access appointments), Glossop Primary Care Centre (Extended Access appointments) and Haughton Thornley Medical Practice in Hyde (Extended Access appointment).

The tables below show the travel times from key locations to Ashton Primary Care Centre (APCC) and to the Hospital site (ICFT).

Location	Drive Time Mon-Fri 0700-0900 (Time in Minutes)		Drive Time Mon-Fri 1000-1600 (Time in Minutes)		Drive Time Mon-Fri 1600-1900 (Time in Minutes)		Drive Time Weekend 0700-1900 (Time in Minutes)	
	APCC	ICFT	APCC	ICFT	APCC	ICFT	APCC	ICFT
Ashton	2.69	4.67	2.8	4.5	2.78	4.66	2.7	4.27
Mossley	9.19	7.11	9	7.18	9.39	7.09	8.37	7.02
Stalybridge	5.96	4.71	5.95	4.71	6.47	4.87	5.47	4.58
Dukinfield	3.37	5.98	3.87	5.79	3.97	6	3.31	5.46
Hyde	9.08	12.4	9.22	12.33	9.43	12.8	8.59	11.3
Broadbottom	16.03	14.45	15.63	14.14	16.2	14.43	14.54	13.41
Hattersley	14.12	12.54	13.51	12.02	14.28	12.51	12.7	11.57
Mottram	11.53	9.96	11.03	9.54	11.95	10.18	10.34	9.22
Denton	7.32	10.64	7.21	10.41	7.36	10.73	6.68	9.77
Audenshaw	4.8	8.12	4.24	7.44	4.43	7.8	3.9	6.99
Droylsden	6.54	9.29	6.52	9.16	6.69	9.54	6.35	8.89
Glossop	19.12	17.55	19.62	18.13	20.74	18.98	18.59	17.47

Location	Public Transport Saturday 1000-1600 (Time in Minutes)		Public Transport Tuesday 1000-1600 (Time in Minutes)		Public Transport Tuesday 1600-1900 (Time in Minutes)		Public Transport Tuesday 0700-0900 (Time in Minutes)	
	APCC	ICFT	APCC	ICFT	APCC	ICFT	APCC	ICFT
Ashton	3.7	12.13	3.7	12.13	3.7	10.96	3.7	12.13
Mossley	24.81	14.5	24.81	14.5	24.81	17.5	22.81	15.5
Stalybridge	18.23	14.58	18.23	14.58	18.23	14.58	18.23	14.58
Dukinfield	8.25	25.32	8.25	25.32	7.25	27.14	8.92	28.06
Hyde	21.76	38.83	21.76	38.83	22.76	39.2	24.76	39.2
Broadbottom	36.83	47.93	36.83	47.93	36.24	44.93	39.83	45.81

Hattersley	39.41	34.79	39.41	34.79	41.41	34.79	42.41	32.79
Mottram	30.12	26.51	30.12	26.51	30.12	26.51	30.12	26.38
Denton	19.35	37.37	19.35	36.37	17.35	37.37	20.35	40.39
Audenshaw	15.73	31.77	15.73	31.77	15.73	32.42	14.73	33.92
Droylsden	16.97	31.14	17.97	31.14	16.97	33.34	15.97	31.14
Glossop	42.88	41.06	42.88	41.06	44.67	41.06	45.88	48.49

Location	Walk Time (Time in Minutes)	
	APCC	ICFT
Ashton	8.6	25.9
Mossley	77.12	56.05
Stalybridge	41.9	22.49
Dukinfield	15.2	37.22
Hyde	59.17	69.83
Broadbottom	122.77	101.61
Hattersley	98.44	89.88
Mottram	95.96	74.8
Denton	50.52	80.28
Audenshaw	30.61	60.69
Droylsden	42.61	73.01
Hadfield	134.99	113.82
Gamesley	136.32	115.16
Glossop	158.48	137.32

2d. Mitigations (Where you have identified an impact, what can be done to reduce or mitigate the impact?)

Transport and travel times

A series of detailed maps have been produced to show the relative travel times if attending by car, public transport or walking (appendices 1-2). In addition to this, information relating from First Bus and Stagecoach, and Transport for Greater Manchester (appendices 4-9) is available. Community travel options include Ring and Ride which is available to those who hold a TfGM Concessionary Disabled Person Pass; or are 70 years old or over, have mobility issues and hold a TfGM Over 60 Concessionary Pass www.tfgm.com/ringandride/Pages/default.aspx and the Local Link service available to Dane Bank, Glossop and East Tameside through Transport for Greater Manchester www.tfgm.com/buses/local_link/Pages/index.html.

There are also a number of buses from Glossop, Hyde, Stalybridge, Denton and Ashton that go to the hospital site. Public Transport routes to both the ICFT and New Mills WiC sites have also been identified and demonstrate the range of routes and frequency of buses between locations.

<p><i>Age</i></p>	<p><i>The data in section 2c. shows that the predominant age group using urgent care services are under 45 years of age. The WiC for example, is predominantly used by younger people, with 75.8% of attendances under 45 years old. The greatest percentage of attendances is in the Under 16 age bracket (31.9%), of which the majority (55.9%) are aged 4 years and under. Within the proposed model, access to urgent care will be available 24/7 to accommodate the working day and health care needs.</i></p> <p><i>The Consultation documentation was made available online and paper copies available at GP practices, the Ashton WiC, local libraries, Action Together and The Bureau (Glossop).</i></p> <p><i>Unfortunately it was not possible to provide a data analysis of demographics from the consultation due to the level of responses received.</i></p>															
<p><i>Disability</i></p>	<p><i>The consultation included targeted contact with the following groups: Deaf & Hearing Support/VIP/Tameside Fibromyalgia & ME/CFS Support group/High Peak MS support contacted to offer attendance at meeting/targeted engagement.</i></p> <p><i>Data from 2011 Census shows that 10.3% of people across Tameside and Glossop had some form of disability which limited day to day activities 'a lot' and a further 10.2% whose day to day activities were limited 'a little'.</i></p>															
<p><i>Ethnicity</i></p>	<p><i>The neighbourhoods with the highest levels of attendance at the Walk-in Centre North and West, and for A&E these are North and South. The consultation included targeted contact with Hyde Bangladesh Welfare contacted to offer attendance at meeting/targeted engagement.</i></p>															
<p><i>Sex/ gender</i></p>	<p><i>Walk-in Centre data shows that there are more female service users than male, with 58.7% being female.</i></p>															
<p><i>Mental Health</i></p>	<p><i>We will work with commissioning leads for mental health to ensure the model of care we develop is appropriate for people with an urgent primary care need and support where they also have a mental health need. The consultation process was inclusive of people with mental health needs and their carers and included targeted contact with Anthony Seddon Trust to offer attendance at meeting/targeted engagement.</i></p>															
<p><i>Carers</i></p>	<p><i>Carers data taken from Census 2011 for Tameside & Glossop CCG area around provision of unpaid care:</i></p> <table border="1" data-bbox="483 1693 1374 2029"> <thead> <tr> <th>Care Provision</th> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Provides no unpaid care</td> <td>224,820</td> <td>89.1</td> </tr> <tr> <td>Provides 1 to 19 hours unpaid care a week</td> <td>16,435</td> <td>6.5</td> </tr> <tr> <td>Provides 20 to 49 hours unpaid care a week</td> <td>4,036</td> <td>1.6</td> </tr> <tr> <td>Provides 50 or more hours unpaid care a week</td> <td>7,123</td> <td>2.8</td> </tr> </tbody> </table>	Care Provision	No.	%	Provides no unpaid care	224,820	89.1	Provides 1 to 19 hours unpaid care a week	16,435	6.5	Provides 20 to 49 hours unpaid care a week	4,036	1.6	Provides 50 or more hours unpaid care a week	7,123	2.8
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	<p>The Consultation documentation was made available online and paper copies available at GP practices, the Ashton WiC, local libraries, Action Together and The Bureau (Glossop).</p> <p>Unfortunately it was not possible to provide a data analysis of demographics from the consultation due to the level of responses received.</p>
<i>Pregnancy and Maternity</i>	<p><i>Walk-in Centre usage data shows that there were 260 pregnancy related attendances at the Walk-in Centre during 2016-17. We also know that the greatest percentage of attendances is in the Under 16 age bracket (31.9%), of which the majority (55.9%) are aged 4 years and under and a proportion of these will be babies.</i></p> <p>The Consultation documentation was made available online and paper copies available at GP practices, the Ashton WiC, local libraries, Action Together and The Bureau (Glossop).</p> <p>Unfortunately it was not possible to provide a data analysis of demographics from the consultation due to the level of responses received.</p>
Unregistered service users	<p>Data tells us that 10% of service users of the Walk-in Centre are unregistered. Data also tells us that there are an average of 44 attendances at A&E each month is unregistered with a GP (activity data from April-September 2017, n=531).</p> <p>The consultation included targeted contact with The Greystones to offer attendance at meeting/targeted engagement.</p> <p>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</p> <p>The Consultation documentation was made available online and paper copies available at GP practices, the Ashton WiC, local libraries, Action Together and The Bureau (Glossop).</p> <p>Unfortunately it was not possible to provide a data analysis of demographics from the consultation due to the level of responses received.</p>
<i>Socio-economic factors</i>	<p>The neighbourhoods with the highest levels of attendance at the Walk-in Centre North and West, and for A&E these are North and South.</p>

2e. Evidence Sources

- Activity data supplied from current services including the Walk-in Centre, OOH, Extended Access, ATT and ED
- Travel time analysis and mapping for public transport and drive times – Basemap TRACC (attached)

- Greater Manchester Transport routes (attached)
- Staff and public engagement
- Census 2011
- Mid-year population estimates (ONS)
- Fingertips data 2016 <http://fingertips.phe.org.uk/profile/general-practice/data#mod,5,pyr,2016,pat,153,par,E38000182,are,P89003,sid1,2000003,ind1,-,sid2,2000005,ind2,639-4>

2f. Monitoring progress

Issue / Action	Lead officer	Timescale
<i>The project team will take ongoing responsibility for this work with reporting as required via the appropriate governance. We will ensure that progress on the monitoring of the consultation will be undertaken.</i>	<i>Elaine Richardson</i>	<i>Ongoing</i>

Signature of Contract / Commissioning Manager	Date
Elaine Richardson	6th March 2018
Signature of Assistant Director / Director	Date

EIA Appendices

Appendix 1	Service User Demographics
Appendix 2	Travel Time Maps
Appendix 3	Travel Time Maps (2)
Appendix 4	Derbyshire and High Peak Public Transport
Appendix 5	Buses to Tameside Hospital
Appendix 6	TFGM Public Transport routes map, Tameside
Appendix 7	First Bus Disability Access
Appendix 8	Stagecoach Disability Access
Appendix 9	Rail-network map
Appendix 10	North Neighbourhood Profile
Appendix 11	West Neighbourhood Profile
Appendix 12	Glossop Neighbourhood Profile
Appendix 13	South Neighbourhood Profile
Appendix 14	East Neighbourhood Profile

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