

Appendix 1



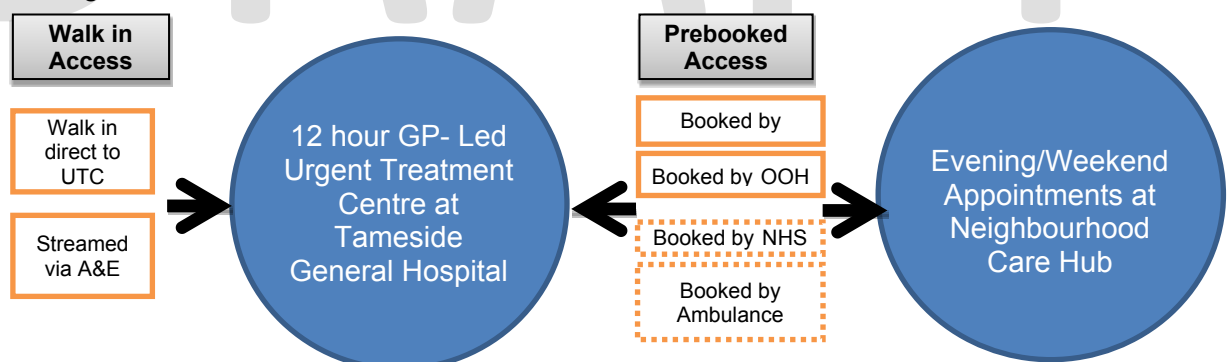
Quality Impact Assessment Urgent Treatment Centre April 2018

Quality Impact Assessment

Title of scheme: Urgent Treatment Centre

Project Lead for scheme: Elaine Richardson

- 1.1 The Tameside and Glossop vision for urgent care is that people who develop an urgent care need will be assessed by the most appropriate person on the same day within primary care and either a treatment plan agreed within the service or a safe transfer made to the care of another neighbourhood based service. This will also ensure that people who have an emergency need can access the expertise they need quickly through A&E.
- 1.2 Tameside & 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. This included a twelve week public consultation that informed the final model for an Integrated Urgent Care Service.
- 1.3 In March 2018, the Strategic Commissioning Board approved the final model for future provision of urgent care which included the relocation of walk-in access from Ashton Primary Care Centre to hospital site.
- 1.4 The Integrated Urgent Care Service model means people with an urgent care need will be able to access support in their neighbourhood or through an Urgent Treatment Centre based at the hospital site in Ashton. People will get 24/7 phone access to support through their practice or NHS 111 which provides appropriate advice or an appointment with the right professional on the same day either at their practice, one of the five Neighbourhood Care Hubs or the Urgent Treatment Centre. People who are not registered with a local GP or who prefer not to make an appointment can walk-in at the Urgent Treatment Centre.



- 1.5 The Integrated Urgent Care Service comprises the following two component parts that will work together and with General Medical Practices, to ensure people can access same day care when necessary.
 - The Urgent Treatment Centre
 - The Primary Care Access Service

This quality impact assessment considers the Urgent Treatment Centre which will be commissioned from Tameside and Glossop Integrated Care NHS Foundation Trust.

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 ensure if urgent diagnostics may be required appointments can be 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 at 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>

																		<p>Urgent Treatment Centre will reduce the use of A&E for non-life threatening conditions and free up resources to manage people who require emergency treatment.</p> <p>The Urgent Treatment Centre will be able to access patient records with the appropriate consent.</p> <p>The provider will be expected to ensure robust and consistent care and safety for patients. Safety incidents will be reported and monitoring of these will be carried out via provider governance and as part of the performance management and assurance of the contract.</p> <p>Access to patient notes will reduce risk when planning treatment.</p> <p>Safeguarding: The urgent treatment centre will ensure that Child Protection Information Sharing system is in use to identify vulnerable children on a child protection plan (CPP), Looked After Child (LAC) or in utero. This will ensure that information is shared with social care and other NHS colleagues to enable appropriate action to safeguard the child.</p> <p>The Urgent Treatment Centre will ensure that any adult safeguarding concerns are raised promptly through the appropriate process.</p> <p>The provider will need to assure the SCF of its governance and quality assurance mechanisms.</p>
Clinical effectiveness	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 by the most appropriate professional which will improve effectiveness.</p> <p>Access to urgent diagnostics at the Urgent Treatment Centre will improve diagnosis and treatment in a single appointment.</p> <p>Access to patient notes will improve the planning of treatment both immediate and any follow up care.</p> <p>Reduced minor activity in A&E will enable A&E specialists to focus on the most complex patients</p>

Patient experience		x								x			x					<p>Although it is expected patient experience will improve through alignment of access points and increased appointments, a degree of dissatisfaction from some people is anticipated as any change attracts negative responses.</p> <p>The Urgent Treatment Centre includes a walk-in element and is fully aligned with national and GM expectations. Through consultation we have collected 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.</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> <p>Both concerns and approval of the co-location with A&E were expressed with regard to the impact on waiting times.</p> <p>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.</p>
Safeguarding children or adults	x							x					x					<p>No impact expected as staff will be fully trained and the provider will have safeguarding procedures in place.</p>

<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>	
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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		<p>The model reflects the feedback gained through a 12 week public consultation.</p> <p>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 will be shared as part of the consultation documentation.</p>
Finance				x						x				x		<p>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.</p> <p>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.</p>
Service/ business interruption				x					x					x		<p>Mobilisation phase of delivery will need to be robust and of sufficient duration to ensure transition is planned and managed to mitigate potential interruptions to service provision.</p>
Environmental impact		x						x						x		<p>There will be a change to the location of services specifically Ashton PCC to ICFT. The travel in relation to this will increase footfall at the hospital site, with a greater number of cars on site. There will be a corresponding positive impact at the Ashton PCC site.</p>
Compliance with NHS Constitution	x						x							x		<p>The ability to focus A&E on Emergency patients will reduce the risk of failure of the national standard for A&E waiting times.</p>

Partnerships	x												x	x			A positive impact is expected as the service will involve integrated and partnership working to deliver the service.
Public Choice	x							x						x			<p>No negative impact on quality anticipated.</p> <p>The Urgent Treatment Centre is one of six locations where appointments can be made outside traditional working hours and at different locations which will provide more choice and convenience.</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>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	30/4/18
Nursing and Quality Directorate Review	

Name	Gill Gibson
Position	Director of Safeguarding and Quality
Signature	

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