Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 23 May 2018

Officer of Single Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: **INTEGRATED URGENT CARE IN TAMESIDE AND GLOSSOP**

Report Summary:

In 2017/18 Tameside & Glossop Strategic Commission led the development of a locality vision for an enhanced offer of urgent care. Following a public consultation the Strategic Commissioning Board (SCB) agreed the model for an Integrated Urgent Care Service comprising:

- The Urgent Treatment Centre
- The Primary Care Access Service

The level of integration between the Urgent Treatment Centre, A&E streaming, A&E and diagnostic provision, along with strategic way forward for Tameside and Glossop Integrated Care NHS Foundation Trust, means that the Urgent Treatment Centre element will be commissioned within the Integrated Care Foundation Trust (ICFT) contract.

This report sets out the National and Local Requirements of the Tameside and Glossop Urgent Treatment Centre.

Recommendations:

The Strategic Commissioning Board is recommended to confirm the intention to commission an Urgent Treatment Centre that delivers the Standards and Outcomes stated in this report and recommend the same to CCG.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC Adult Services	-	-	-	-
TMBC Children's Social Care	-	-	-	-
TMBC Population Health	-	-	-	-
TMBC Other Directorate	-	-	-	-
CCG	9,882	0	1,018	10,900
Total	**9,882**	**0**	**1,018**	**10,900**

Section 75 - £'000 Strategic Commissioning Board	Current cost of A&E at the ICFT is £9,882k which is included in the S75 pooled budget
CCG – In Collaboration - £'000 CCG Governing Body	GP walk In Centre currently costs £1,018k p.a. and is funded from

	delegated co-commissioning budgets which are in collaboration for the ICF.

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

Recurrent savings of £118k p.a. are expected from the implementation of the Urgent Treatment Centre. This is based on efficiencies created from bringing together GP Walk in Centre and A&E.

Realisation of these savings are dependent on completing a programme of capital works to reconfigure the ICFT estate. This is subject to a separate capital business case.

We currently have non recurrent funding in budgets to fund GP Streaming until July 2018. This service will cease once the Urgent Treatment Centre is operational, but is required until the new service goes live. Any slippage beyond July will create a pressure of around £50k per month in CCG budgets.

Legal Implications: **(Authorised by the Borough Solicitor)**	The Board should be satisfied that the proposals represent value for money and on balance demonstrate that they will successfully implement an Urgent Treatment Centre that delivers the stated standards and outcomes.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the living and ageing well elements of the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The Urgent Treatment Centre standards and outcomes are in line with the locality plan and the Care Together model of care
How do proposals align with the Commissioning Strategy?	The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme
Recommendations / views of the Health and Care Advisory Group:	The Health and Care Advisory Group considered the standards and suggested local standards relating to use of Neighbourhood services, discharge back to GPs, Adult safeguarding and Advanced Care Plans. These have been incorporated into this document.
Public and Patient Implications:	This standards and outcomes in this report reflect the national standards and feedback from the 12 week period of public consultation and engagement with communities in Tameside & Glossop.
Quality Implications:	A Quality Impact Assessment has been completed and is attached to this report.
How do the proposals help to reduce health inequalities?	The Urgent Treatment Centre will contribute to the delivery of urgent care services to meet individuals' needs across the locality and address health inequalities.
What are the Equality and Diversity implications?	A full Equality Impact Assessment (EIA) was completed and attached as an appendix to the March SCB paper.

What are the safeguarding implications?	The provider of the Urgent Treatment Centre will be Tameside & Glossop Integrated Care NHS Foundation Trust and the GM Safeguarding Standards are included in the ICFT contract.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	As part of the implementation of this model of care, a data flow mapping exercise will be undertaken to understand what information will be transferred and to where; from that it will be possible to identify the requirements for robust data sharing agreements and protocols between the parties sending or receiving the data. The commissioner will seek assurance from all parties involved in the delivery of urgent care that appropriate arrangements are in place. The locality's Information Governance Working Group will sense check the data flows and Information Governance requirements relating to this project.
Risk Management:	This transformation programme will be managed via the Care Together Programme Management Office. The risks will be reported and monitored via this process.
Access to Information :	March 2018 Strategic Commissioning Board Report – obtainable at http://tameside.moderngov.co.uk/documents/g1511/Public%20reports%20pack%2020th-Mar-2018%2014.00%20Strategic%20Commissioning%20Board.pdf?T=10 **Appendix 1** – Quality Impact Assessment The background papers relating to this report can be inspected by contacting Elaine Richardson, Head of Delivery and Assurance: Telephone: 078554569931 e-mail: elaine.richardson@nhs.net

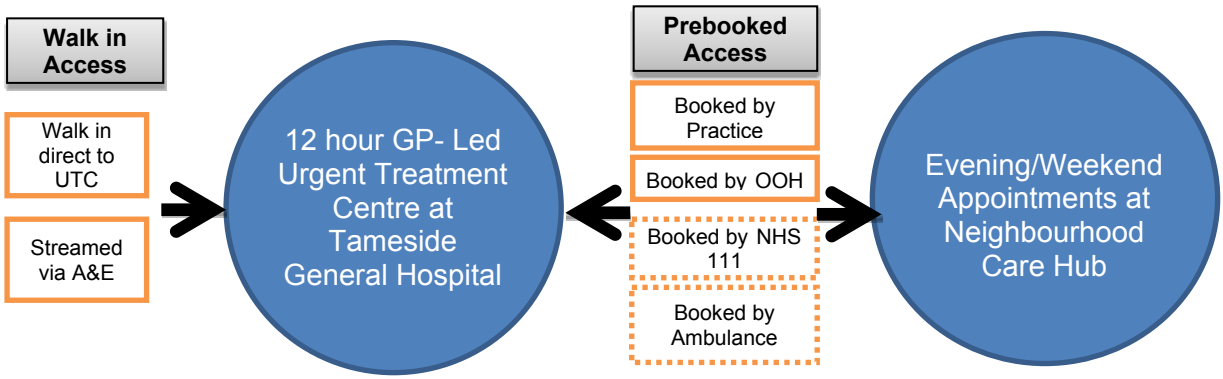
1 INTRODUCTION

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 availability of appointments and access agreed is shown 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

1.6 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

1.7 The level of integration between the Urgent Treatment Centre, A&E streaming, A&E and diagnostic provision, along with strategic way forward for Tameside and Glossop Integrated Care NHS Foundation Trust, means that the Urgent Treatment Centre element will be commissioned within the Integrated Care Foundation Trust (ICFT) contract.

1.8 This document specifies the Standards and Outcomes required which will be used to commission the Urgent Treatment Centre from the ICFT.

2 NATIONAL CONTEXT

2.1 The expectation that Localities will have an Urgent Treatment Centre was set out the, 'NEXT STEPS ON THE NHS FIVE YEAR FORWARD VIEW – March 2017'.[1]

Roll-out of standardised new 'Urgent Treatment Centres' which will open 12 hours a day, seven days a week, integrated with local urgent care services. They offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine. We anticipate around 150 designated UTCs, offering appointments that are bookable through 111 as well as GP referral, will be treating patients by Spring 2018.

2.2 This was then followed by the 'Urgent Treatment Centres – Principles and Standards - July 2017'[2] which further clarified the national expectations.

Urgent treatment centres (UTCs) are community and primary care facilities providing access to urgent care for a local population. They encompass current Walk-in Centres, Minor Injuries Units, GP-led Health Centres and all other similar facilities, including the majority of those currently designated as "Type 3 and Type 4 A&E Departments". Urgent treatment centres will usually be led by general practitioners, and are ideally co-located with primary care facilities, including GP extended hours / GP Access Hubs or Integrated Urgent Care Clinical Assessment Services (formerly known as "GP out of hours" services).

By December 2019 patients and the public will:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.

b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.

c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.

d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

---

[1] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

[2] https://www.england.nhs.uk/publication/urgent-treatment-centres-principles-and-standards/

3 LOCAL AIMS AND OUTCOMES

3.1 As agreed by Strategic Commissioning Board in March 2018. the Tameside and Glossop Urgent Treatment Centre will be located on the site same site as A&E in Ashton to enable direct and prompt access to urgent diagnostics or other hospital services, This single walk-in access point will reduce duplication and remove the need for the individual attending to differentiate between an urgent and emergency need as the triage point on the hospital site will ensure the patient is treated by the most appropriate professional.

3.2 The aims of the Urgent Treatment Centre are:

- To treat people with an urgent care need within primary care reducing attendance at A&E thus ensuring people who have an accident or need emergency acute health care can be treated quickly in A&E.

- To, along with the Primary Care Access Service and General Medical practices, create a culture of booking appointments across Tameside and Glossop to support effective demand management and efficient patient flow.

3.3 The key outcomes of the Integrated Urgent Care Service are:

- 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 are supported to care for themselves and make informed choices regarding future use of services.

4 STANDARDS FOR TAMESIDE AND GLOSSOP URGENT TREATMENT CENTRE

4.1 The standards below are derived from the national minimum standards (N) and include the additional local requirements identified through the development of the Integrated Urgent Care Service or stated as key mitigations following the consultation process.

Urgent Treatment Centre	N	Urgent treatment centres should be open for at least 12 hours a day seven days a week, including bank holidays, to maximise their ability to receive streamed patients who would otherwise attend an A&E department. Typically this will be an 8-8 service, but commissioners will wish to tailor to local requirements based on locally determined demand.
	L	Operational at least 09:00 to 21:00 as specified in the public consultation to align with the Primary Care Access Service. Subject to review after 6 months to ensure capacity meets demand.
2	N	Urgent treatment centres should provide both pre-booked same day and “walk-in” appointments, however patients and the public should be actively encouraged to use the telephone or internet to contact NHS 111 first whenever an urgent care need arises, with access via NHS 111 becoming the default option over time, as walk-in attendances diminish.
	L	Direct Booking must be available through GP practices, NHS 111 or the Primary Care Access Service.
3	N	Urgent treatment centres, and NHS 111, should support patients to self-care and use community pharmacy whenever it is appropriate to do so. Urgent treatment centres should promote and record the numbers of patients offered self-care management and patient education.
	L	Patients should be linked to Neighbourhood based support for self-care and social prescribing to reduce the risk of the same need arising in the future.

		Patients whose needs could have been met by other Neighbourhood based services (including minor ailments, minor eye conditions services and other services with self-referral mechanisms) should be encouraged to utilise these in the future.
4	N	The urgent treatment centre should ensure that there is an effective and consistent approach to primary prioritisation of “walk-in” and pre-booked appointments, and the allocation of pre-booked routine and same day appointment slots.
	L	A minimum of 3600 minutes of bookable appointments across the multidisciplinary team should be available each week. 90% of which should be after 18:30 weekdays or at any time weekends and bank holidays. The timings of appointments should be flexible and aligned with demand. Subject to review after 6 months.
5	N	For patients who require an appointment in the urgent treatment centre this should be booked by a single phone call to NHS 111; locally patients should be encouraged to use NHS 111 as the primary route to access an appointment at an urgent treatment centre.
	L	Direct Booking must be available through GP practices, NHS 111 or the Primary Care Access Service.
6	N	Patients who “walk-in” to an urgent treatment centre should be clinically assessed within 15 minutes of arrival, but should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary.
	L	No additional requirement.
7	N	Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of arrival.
	L	No additional requirement.
8	N	Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.
	L	All prebooked appointments should be able to access the Urgent Treatment Centre directly without additional triage and be seen and treated within 30 minutes of their appointment time.
9	N	Protocols should be in place to manage critically ill and injured adults and children who arrive at an urgent treatment centre unexpectedly. These will usually rely on support from the ambulance service for transport to the correct facility. A full resuscitation trolley and drugs, to include those items which the Resuscitation Council (UK) recommends as being immediately available in its guidance '*Quality standards for cardiopulmonary resuscitation practice and training', should be immediately available.* At least one member of staff trained in adult and paediatric resuscitation present in the urgent treatment centre at all times. This should all be part of an approach of ‘design for the usual, and plan for the unusual’.
	L	Effective procedures will be in place with A&E to manage the above.
10	N	An appropriately trained multidisciplinary clinical workforce will be deployed whenever the urgent treatment centre is open. The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. There will be an option for bookable appointments with a GP or other members of the multi-disciplinary team. Where the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.
	L	The service will be solely or jointly led by a GP.
		The multidisciplinary teams should ensure people are supported by the most appropriate person fully utilising the skills of the wider Primary Care teams.
11	N	The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head

		and eye injuries.
	L	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.
12	N	All urgent treatment centres should have access to investigations including swabs, pregnancy tests and urine dipstick and culture. Near patient blood testing, such as glucose, haemoglobin, d-dimer and electrolytes should be available. Electrocardiograms (ECG) should be available, and in some urgent treatment centres near-patient troponin testing could also be considered
	L	No additional requirement.
13	N	Bedside diagnostics and plain x-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of an urgent treatment centre, particularly where not co-located with A&E. Where facilities are not available on site, clear access protocols should be in place.
	L	Effective procedures will be in place with diagnostic services and A&E to manage the above.
14	N	All urgent treatment centres should be able to issue prescriptions, including repeat prescriptions and e-prescriptions (e-prescribing should be in place in all sites by June 2019).
	L	The urgent treatment centre should issue patients with prescriptions and sick notes as appropriate to avoid the need for representation at the practice for the same episode of care.
		The urgent treatment centre should ensure patients know where prescriptions can be dispensed. When medication is time critical and pharmacy access is limited consideration should be given to supplying medication.
15	N	All urgent treatment centres should be able to provide emergency contraception, where requested.
	L	No additional requirement.
16	N	All urgent treatment centres must have direct access to local mental health advice and services, such as through the on-site provision of ‘core’ liaison mental health services where services are co-located with acute trusts or links to community-based crisis services.
	L	Mental Health support should be an integrated offer within the Urgent Treatment Centre.
17	N	All urgent treatment centres should have arrangements in place for staff to access an up-to-date electronic patient care record; this may be a summary care record or local equivalent. This access will be based on prior patient consent, confirmed where possible at the time of access, or in the patient’s best interests in an emergency situation where the patient lacks capacity to consent.
	L	The Urgent Treatment Centre clinicians will have access to the up-to-date electronic patient care record for a T&G registered patient following consent.
		The Urgent Treatment Centre should ensure that patients are supported in line with any Advance Care Plans in place.
18	N	There must be the ability for other services (such as NHS 111) to electronically book appointments at the urgent treatment centre directly, and relevant flags or crisis data should be made available for patients
	L	No additional requirement.
19	N	A patient's registered GP should always be notified about the clinical outcome of a patient’s encounter with an urgent treatment centre via a Post Event Message (PEM), accompanied by a real-time update of the electronic patient care record locally. For children the episode of care

		should also be communicated to their health visitor or school nurse, where known, within two working days
	L	No additional requirement.
20	N	Where available, systems interoperability should make use of nationally-defined interoperability and data standards; clinical information recorded within local patient care records should make use of clinical terminology (SNOMED-CT) and nationally-defined record structures.
	L	No additional requirement.
21	N	Urgent treatment centres should make capacity and waiting time data available to the local health economy in as close to real-time as is possible for the purposes of system-wide capacity management; relevant real-time capacity information should also be made available for use across Integrated Urgent Care nationally.
	L	The Urgent Treatment Centre data is managed as a key component of the Emergency and Urgent Care dataset and is available as required by GM and the Locality.
22	N	Urgent treatment centres should refer to and align with the Integrated Urgent Care Technical Standards to ensure effective service and technical interoperability.
	L	No additional requirement.
23	N	Urgent treatment centres should provide the necessary range of services to enable people with communication challenges to access British Sign Language, interpretation and translation services.
	L	No additional requirement.
24	N	Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting to local community and social care services where they can self-refer (for example, smoking cessation services and sexual health, alcohol and drug services).
	L	Patients should be linked to Neighbourhood and T&G wide based support.
25	N	All urgent treatment centres should collect contemporaneous quantitative and qualitative data, including patient experience. From October 2018 all urgent treatment centres must return the data items specified in the Emergency Care Data Set (ECDS). Locally collected data should be used in a process of continuous quality improvement and ongoing refinement of the service.
	L	No additional requirement.
26	N	All healthcare practitioners working in urgent treatment centres should receive training in the principles of safeguarding children, vulnerable and older adults and identification and management of child protection issues.
	L	No additional requirement.
27	N	All urgent treatment centres to 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.
	L	The Urgent Treatment Centre should ensure that any adult safeguarding concerns are raised promptly through the appropriate process.
28	L	The Urgent Treatment Centre should be a multi professional learning environment with links to local Higher Education Institutes.

5 IMPLEMENTATION EXPECTIONS

5.1 The consultation identified four key concerns regarding car parking and communication. The following mitigations were agreed by Strategic Commission Board in March and will need to be addressed by the Strategic Commission and the Tameside and Glossop Integrated Care NHS Foundation Trust during the implementation phase.

- Availability of car parking
  Mitigation
  A development scheme in partnership with the hospital will provide an additional 240 parking spaces.

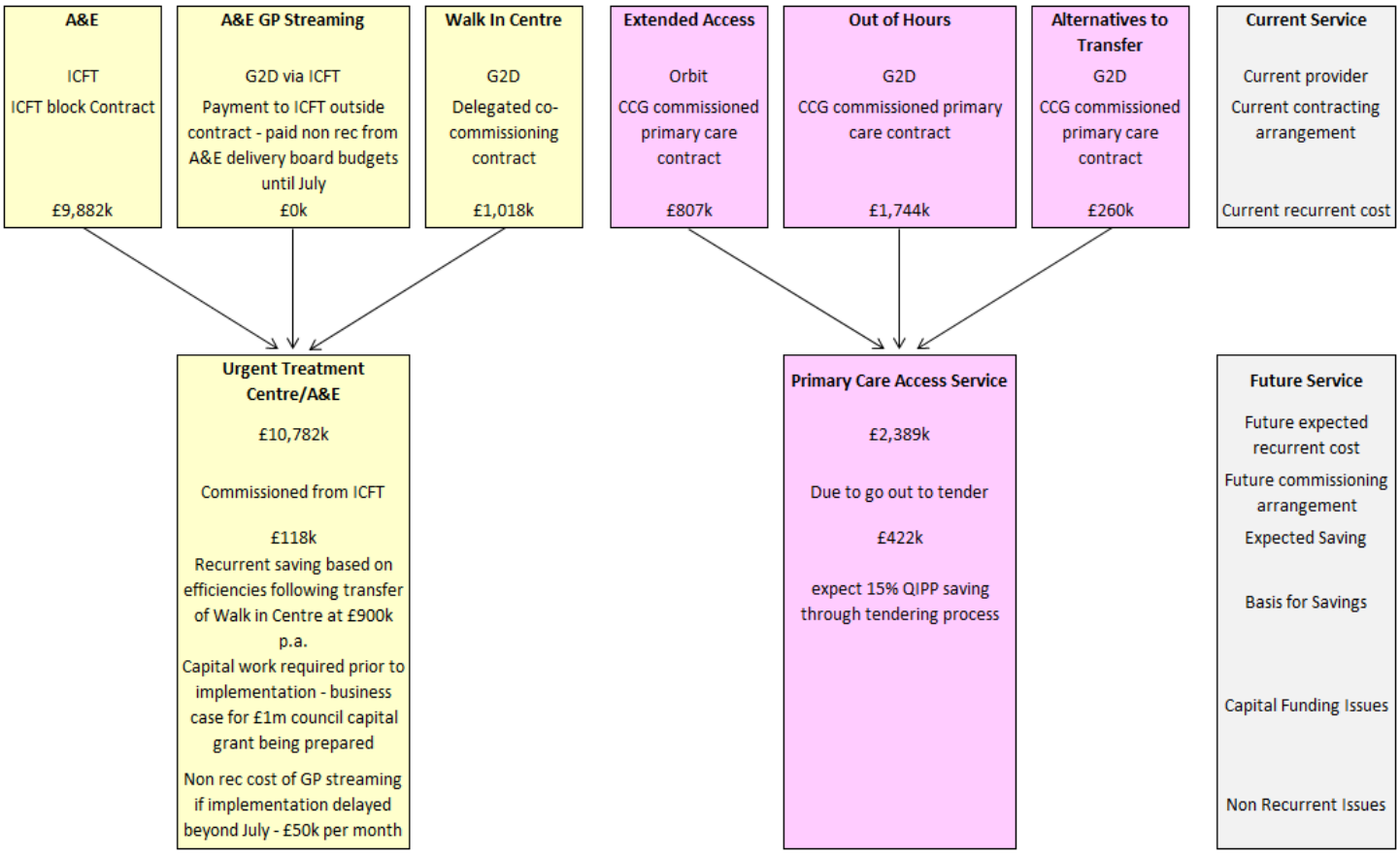
- Accessibility
  Mitigation
  The implementation phase will consider the drop off and pick up arrangements at the Urgent Treatment Centre and availability of Disabled car parking.

- Confusion regrading where to attend
  Mitigation
  The implementation phase will ensure the development of clear signage that directs individuals that walk-in to the correct building and access point.

- Communication of new arrangements
  Mitigation
  A communications plan will be used to ensure that local people are aware how they can access urgent care effectively.

6 FINANCIAL IMPLICATIONS

6.1 The diagram below maps out the financial consequences of the proposed vision for integrated urgent care in Tameside and Glossop:



6.2 Business cases for the Primary Care Access Service have already been approved and this is proceeding to procurement with an expectation of a 15% saving versus the current cost.

6.3 The recurrent cost of A&E and Walk in Centre at present is £10,900k per annum. In addition to this, GP streaming is being funded on a non-recurrent basis for approximately £50k per month. Non recurrent money is included in budgets to continue funding GP streaming until July.

6.4 When the new Urgent Treatment Centre is in place, the requirement for GP streaming will cease. It is also expected that efficiencies can be generated by bringing the Walk in Centre and A&E together. As such it is proposed that an additional £900k is varied into the ICFT contract to run the Urgent Treatment Centre. This will creating a commissioner saving of £118k per annum versus the current cost of the GP led Walk in Centre (and ending the requirement for non-recurrent funding of GP streaming).

6.5 In order to enable these savings and before the Urgent Treatment Centre can go live, some capital work is required on the A&E site. The cost of these works is estimated at £1m and is subject to a separate business case for a capital grant from the Local Authority.

6.6 Initial time lines expected the Urgent Treatment Centre to be operational in July 2018. This now feels unachievable and some degree of slippage is inevitable, while capital funding issues are addressed and work to reconfigure the hospital site takes place. Until capital works are complete current arrangements for the Walk in Centre and GP steaming will need to be extended, delaying realisation of planed savings and creating a cost pressure of £50k per month for every month GP streaming is required beyond July.

7 RECOMMENDATION

7.1 As stated on the front of the report.