

**Quality Impact Assessment
Urgent Care Review
September 2017**

Quality Impact Assessment

Title of scheme: Urgent Care

Project Lead for scheme: Elaine Richardson

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 Single Commissioning Board. This assessment will be refreshed in response to the consultation and included in the documents presented at the February Board meeting.

Our vision is that:

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

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

Key Outcomes will include:-

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

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

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)			Comments

Please consider any anticipated impact on the following additional areas only as appropriate to the case being presented. <u>NB please see appendix 1 for examples of impact on additional areas.</u>							What is the likelihood of risk occurring?					What is the overall risk score (impact x likelihood)			Comments	
0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25		
	Neutral / Positive	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High	
Human resources/ organisational development/ staffing/ competence			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 proposal included changes to existing provision at Ashton Primary Care centre and the Hospital site. This is expected to receive mixed responses during consultation including objections. Patients within Ashton Neighbourhood have the highest usage of the relocating services so may raise objections despite the services remaining within Ashton and access increasing.</p> <p>The options within the consultation include one which would mean a reduction in weekend access to booked appointments which may receive negative feedback.</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 with some funding linked specifically to the requirement to increase booked access. 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 within the proposed model (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>

Has an equality analysis assessment been completed?	YES	
Is there evidence of appropriate public engagement / consultation?	YES	The consultation will inform a review of this document which will be submitted with the final proposal

Sign off:

Quality Impact assessment completed by	Janna Rigby
Position	Head of Primary Care
Signature	
Date	10.10.17
Nursing and Quality Directorate Review	
Name	Gill Gibson
Position	Director of Safeguarding and Quality
Signature	
Date	10.10.17