



## **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 with 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.

areas of quality? NE	ne anticipated impact on the following quality? NB please see appendix 1 for of impact on quality.															Comments
	Neutral / Positive	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	Hiah	
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	5-25	
Patient Safety	х						х						х		Ì	A positive impact is anticipated
															ı	The ability to book appointments in advance through the registered GP will enable people to be treated at the place that is best suited to meet the described need and ensure if urgent diagnostics may be required appointments are arranged at the Urgent Treatment Centre.
															ı	The ability to book appointments until 9 pm will support people to plan their access and so reduce congestion in walk-in services.
																People who chose to walk-in will attend the Urgent Treatment Centre will be assessed on arrival and seen by the most appropriate professional with prompt transfer to on the same site to emergency care when needed. Simplifying the pathways and locations will improve patient access to the most appropriate services including diagnostics.
																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.
																The increased access to urgent care and the initial assessment at the 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.

							The Urgent Treatment Centre and Neighbourhood Care hubs will be able to access patient records with the appropriate consent.  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.  Access to patient notes will reduce risk when planning treatment.  The provider will need to assure the SCF of its governance and quality assurance mechanisms.
Clinical	X			х		x	A positive impact is anticipated
effectiveness							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.
							Access to urgent diagnostics at the Urgent Treatment Centre will improve diagnosis and treatment in a single appointment.
							Access to patient notes will improve the planning of treatment both immediate and any follow up care.
							Reduced minor activity in A&E will enable A&E specialists to focus on the most complex patients
Patient experience		х			x	x	Although it is expected that the proposed model will improve patient experience through alignment of access points and increased appointments, a degree of dissatisfaction from some people is anticipated as any change attracts negative responses. This is particularly noted due to negative media interest and patient feedback in other GM localities where there have been complete closure of their Walk-in Centres.
							The proposed model retains a walk-in element and is fully aligned with national and GM expectations. Through consultation we are collecting people's perception of the impacts so we can identify any areas where we will need to take action to mitigate risk. We will use the feedback and opinions to ensure effective communication when the final service arrangement is agreed and to support implementation in the summer.
Safeguarding children or adults	х			х		x	No impact expected as staff will be fully trained and the provider will have safeguarding procedures in place.

Please consider any the following additional appropriate to the constant of th	onal ase l	area bein <u>1 fo</u>	s on g pre	ly as esent	ted.									at is ove scc pact	era ore	2	Comments
	O Neutral / Positive	Negligible	5 Minor	ى Moderate	4 Major	ص Catastrophic	O No risk identified	L Rare	∿ Unlikely	ω Possibly	4 Likely	ص Almost certain	5 <b>Low</b>	6-12 Moderate		5-25 High	
Human resources/ organisational development/ staffing/ competence			X							X			9-0	x		15	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.  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.  The provider will need to carefully manage the transition period and the long term plans for workforce. HR and OD management.
Statutory duty/ inspections	x						х						X				No impact expected – this will be managed by the provider in line with guidance and contractual responsibilities.  Any changes to CQC registration will need to be managed by the provider to ensure it is appropriate and up to date.

Adverse publicity/ reputation		X				х			х	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.  The options within the consultation include one which would mean a reduction in weekend access to booked appointments which may receive negative feedback.  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.
Finance			x				X		X	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.  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.
Service/business interruption			х			х			X	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.
Environmental impact	х				х			х		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.

Compliance with NHS Constitution	х		Х		Х	The ability to focus A&E on Emergency patients will reduce the risk of failure of the national standard for A&E waiting times.
Partnerships	х			×	х	A positive impact is expected as the service will involve integrated and partnership working to deliver the service.
Public Choice	x		X		X	No negative impact on quality anticipated; the service will enable appointments to be made outside traditional working hours and at different locations which will provide more choice and convenience. The service will offer choice for urgent care access and enable people to be in more control of when they are seen.  The consultation will collate feedback on impacts which will be used to identify and mitigate issues around choice.  The consultation will include stakeholder meetings with those groups that may be impacted, either directly or indirectly, by the changes. The groups identified are for age, disability, carers, pregnancy and maternity. There may also be impact on those more deprived populations for socio-economic reasons. Representatives of the unregistered population, including the homeless, have been involved in pre-consultation and will be further involved during consultation.
Public Access	х		X		х	No negative impact on quality anticipated The service will enable appointments to be made outside traditional working hours and at different locations.  In terms of transport and travel times this has been mapped and the findings suggest that a greater proportion of the population will have a shorter journey time, particularly in relation to the relocation of services from Ashton PCC to the ICFT. A key element of the mobilisation phase will be to ensure that those identified in the EIA to be impacted by this will have the information about the changes to enable them to plan how they will attend services in the future.

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	G. G.							
Date	10.10.17							