Report to:	**SINGLE COMMISSIONING BOARD**
Date:	31 October 2107
Officer of Single Commissioning Board	Jessica Williams, Interim Director of Commissioning and Care Together Programme Director
Subject:	**TAMESIDE AND GLOSSOP PROPOSAL FOR EFFECTIVE URGENT CARE**

Report Summary:

This report describes the 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. It sets out the case for change summarising the national, Greater Manchester and local context; reflects the insights gained through previous pre-consultation engagement exercises and outlines potential scenarios for the enhanced urgent care offer.

Key to the proposal is the simplification of access to urgent care whilst improving the level of service available. Multiple access points will be replaced by telephone access through a patient's own GP practices to book appointments as well as a single location for urgent walk-in services. This will reduce the need for people to 'self-triage' i.e. decide if it is A&E or another service they need, and maximise opportunities for people to receive the right care in the right place at the first appointment. In addition, Neighbourhood support will be strengthened through increased evening and weekend appointments alongside advice and treatment available through local Opticians and Pharmacists.

We will move from our current multiple service arrangement shown below;

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)

Service	Provision
GP (GMS)	Bookable appointments (same day for urgent need)
GP Out of Hours	Telephone Support
	Appointments at WIC/EA Hub/out of area facility or Home Visits
Extended Access	Bookable appointments (same day for urgent need)
WIC	Walk in appointments at Ashton Primary Care Centre
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)

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Alternative to Transfer	Telephone support to NWAS
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The proposed integrated urgent care service is;

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)

Service	Provision
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

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Service	Provision
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
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Minor Aliments	Walk in support at specific Pharmacies
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service

The aim of the consultation will be to inform the public about the implementation of the Urgent Treatment Centre at Tameside and Glossop Integrated Care NHS Foundation Trust hospital site, the proposed relocation of the current Ashton Walk-In Centre service

to facilitate this and the locations for evening and weekend appointments. Two options are proposed within the consultation. All include the Urgent Treatment Centre operating 9 am to 9 pm, seven days a week at the hospital in Ashton-Under Lyne and offer a choice on additional evening and weekend appointments as follows;

Option 1		
Neighbourhood Care Hub	**Weekdays**	**Weekends**
North	6.30pm to 9.00pm	9.00am to 1.00pm
South	6.30pm to 9.00pm	9.00am to 1.00pm
Glossop	6.30pm to 9.00pm	9.00am to 1.00pm
Option 2		
Neighbourhood Care Hub	**Weekdays**	**Weekends**
North	6.30pm to 9.00pm	None*
South	6.30pm to 9.00pm	None*
West	6.30pm to 9.00pm	None*
East	6.30pm to 9.00pm	None*
Glossop	6.30pm to 9.00pm	9.00am to 1.00pm

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

Both options provide:

- Additional bookable appointments at the Urgent Treatment Centre
- The ability for practices to arrange appointments directly at the Urgent Treatment Centre for patients likely to need diagnostics or additional hospital based care
- A single location for urgent walk in access that removes the need for the person attending to 'self-triage'
- Improved patient safety as people with emergency/serious conditions currently attending the Walk In Centre and then are transferred to A&E will already be in the correct place
- Access to urgent diagnostics

Recommendations:

The Single Commissioning Board is asked to approve the move to consultation on the options for the Tameside and Glossop urgent care offer and to note the Equality Impact Assessment and Quality Impact Assessment in **Appendices 1 and 2.**

Financial Implications:

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

Budget Allocation (if Investment Decision)	To be confirmed subject to the consultation and subsequent decision making process. Both proposed options are within the funding envelope - therefore deemed affordable and expected to deliver efficiencies.
CCG or TMBC Budget Allocation	CCG.
Integrated Commissioning Fund Section – S75, Aligned,	Section 75 and In Collaboration (NHSE delegated co-commissioning) funding sources of

In-Collaboration	the ICF.
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB for the S75 elements. CCG Governing Body for the delegated co-commissioning elements (via Primary Care Committee).
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Until consultation is completed and a decision on the chosen option is known, it is not possible to finalise costs. However, urgent care modelling work undertaken has identified both options as being affordable, with efficiencies being released and therefore value for money increased.

Additional Comments

The urgent care proposals within this paper sit within the context of the local economy optimising the use and impact of all the urgent care funding available.

Further efficiencies are expected from streamlining services and removing duplication to drive improved outcomes for Tameside and Glossop residents.

Legal Implications:

(Authorised by the Borough Solicitor)

An open and transparent consultation process is required to attract maximum public engagement to ensure the public sector equality duty has been complied with. This should be reflected in the Equality Impact Assessment which decision makers must have due regard to before making any decision.

Legal implications will need to be reviewed in a timely way once the consultation process has been completed, to ensure any final proposals arising out of the same are aligned to any proposed changes to National Health Service legislative requirements.

These will also need to be satisfied that value for money considerations which are not yet quantifiable by finance have been properly assessed, and appropriately weighed against the most important need to ensure that those requiring urgent care receive the priority treatment they require. As a public health service these considerations are highly relevant to the final outcome, to ensure there is no successful legal challenge to the final proposals, and that if there are concerns that those urgent health needs may be compromised by resources, or lack of them, they are raised at the highest level and ways of ensuring this does not happen are rationalised and clearly articulated. Given the legal structures of the two organisations a decision will be made by the CCG's Primary Care Committee following a recommendation by the Single Commissioning Body.

How do proposals align with Health & Wellbeing Strategy?

The Health and Wellbeing strategy requests equitable and accessible services which deliver high quality care as close to home as possible. Determining how primary care can deliver this effectively as well as ensuring a financially sustainable economy is key to successful implementation of the strategy.

	Urgent care combined with close liaison with enhanced primary care, Integrated Neighbourhoods and the wider Integrated Care Foundation Trust urgent care services will ensure appropriate care for those presenting with an urgent need.
How do proposals align with Locality Plan?	The proposal is fully aligned to our Care Together vision of people being treated as close to home wherever possible and providing a single access point for those people who choose to seek help outside of their neighbourhood or need a more specialist level of care. The key principle being people with urgent care needs are supported by the right person first time.
How do proposals align with the Commissioning Strategy?	In September 2016, all A&E Delivery Boards and Acute Trusts were nationally mandated to implement A&E streaming at the front door to Ambulatory and Primary Care. In August 2017 the National Service Specification for Integrated Urgent Care Services was released and confirmed the requirement to develop Urgent Treatment Centres. Greater Manchester has specified that each Locality should have an Urgent Treatment Centre. Greater Manchester has also confirmed they expect the following: • Core general practice will be able to utilise the urgent treatment centre to help manage their same day demand; • The A&E streaming service will be able to stream directly into the urgent treatment centre; • The principle in GM will be 'GP Practice First - 24/7'. This paper responds to these requirements whilst ensuring that where possible people will be able to access urgent care through their own GP or other neighbourhood based primary care services.
Recommendations / views of the Professional Reference Group:	Professional Reference Group supported the proposed model for urgent care and the move to consultation on the options.
Public and Patient Implications:	The detailed impact of the proposed options has been analysed through the Equality Impact Assessment in **Appendix 1**. The pre-consultation discussions (**Appendix 3**) have highlighted the fact people want a simple trusted arrangement that is well communicated to avoid confusion when an urgent need arises. The consistent opening times should help reduce confusion. Access through the registered practice should ensure people are seen in the most appropriate place whilst reducing travel and increasing choice. The access to a patient's record will improve the quality and safety of care. The single 'walk in' location on the same site as A&E will reduce the need for people to decide whether their need requires A&E or a Primary Care service and avoid people having to go to another site when diagnostics or more specialist care is needed. The use of Neighbourhood Care Hubs will provide increased access reducing the need for people to travel so far and offering more evening and weekend appointments.

Quality Implications:	The detailed quality Implications are set out in the Quality Impact Assessment in **Appendix 2**. Positive or neutral impacts are anticipated in: • Patient Safety; • Clinical effectiveness; • Safeguarding children or adults; • Public Access,; • Public Choice ; • Partnerships; and • Compliance with NHS Constitution. Through: The GP practice being the default number to contact for advice. The ability to book appointments in advance enabling 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. Increased access to primary care clinicians who have access to the medical notes of the patient reducing the need for people to have to explain the wider health context and improving continuity of care. The single point of walk-in access reducing the risk of an individual selecting a service that cannot meet a person's need. Only emergency patients will need to be seen in A&E which should reduce A&E waiting times ensure the A&E staff can focus on those in greatest need. Increased patient control over the time and where they are seen. The negligible impact anticipated for patient experience is linked to the fact the new arrangement involves change as it relocates walk in access. It is expected that the proposed model will improve patient experience through alignment of access points and increased appointments. Those areas where a minor or moderate impact is identified relate to the operational management and will be mitigated when the final arrangements are agreed.
How do the proposals help to reduce health inequalities?	The service will be available to everyone within Tameside and Glossop and the final model will take into account the views of vulnerable groups.
What are the Equality and Diversity implications?	The service will be available to everyone registered with a Tameside and Glossop GP, those who are unregistered with a GP and those who are registered out of area. An Equality Impact Assessment has been completed and is an iterative document to be revised in line with the findings from the consultation.
What are the safeguarding implications?	The providers will be established healthcare providers who operate appropriate safeguarding procedures.
What are the Information Governance implications? Has a privacy impact	Ensuring appropriate and safe data sharing will be key in the development of the service. A privacy impact assessment will be undertaken when the provider develops the operational

assessment been conducted?	arrangements for the service.
Risk Management:	The requirement to consult is fully understood and our process will be in line with national expectations. It is not expected that there will be any increased clinical risk but this will be reviewed once the final model is understood. The financial envelope for urgent care will be worked up as the final model becomes clear. The financial envelop for the urgent care includes NHSE delegated co-commissioning budget funding for Extended Access which is subject to meeting certain eligibility criteria.
Access to Information :	The background papers relating to this report can be inspected by Contacting Janna Rigby: Telephone: 07342056001 e-mail: janna.rigby@nhs.net

1. INTRODUCTION

1.1 Tameside and Glossop Health and Social Care economy recognised that because our health and social care services did not always work together optimally to meet local people's complex needs, local people were not always experiencing or receiving the best health and social care. Given increasing demand for services and demographic changes, unless we made some changes, the quality of care could potentially deteriorate.

1.2 The Tameside and Glossop Care Together programme was launched in 2015 as the programme through which we support changes to our health and social care system to improve healthy life expectancy, reduce inequalities, improve patient experience and improve financial sustainability. Through the programme, we will ensure that local people – rather than process and systems – are at the heart of their own care and people's holistic needs are considered rather than treating conditions 'one at a time'. .

1.3 Ensuring people are able to access appropriate care when an urgent or emergency medical or social need arises is an essential element of our Care Together programme. This includes providing services as locally as possible and ensuring people are maintained in their own homes whenever possible.

1.4 The primary purpose of this Urgent Care proposal is to:

- Summarise relevant national, Greater Manchester and local context;
- Reflect on the insights gained through previous and pre-consultation engagement exercises;
- Request authorisation for a public consultation process, scheduled to be launched on 1 November 2017, to engage with the public to help us decide on future provision of urgent care services;
- Outline potential options for an integrated urgent care offer to be used within the proposed consultation.

1.5 Through the consultation process, the Single Commission is seeking feedback and ideas on the clinical model and options contained within this document to help improve and refine the concepts for future Urgent Care commissioning.

2. PROPOSED TIMESCALE AND MILESTONES

2.1 The proposed consultation will commence on 1 November 2017 and conclude on 24 January 2018. Following analysis of the consultation responses, updated Equality Impact assessment, financial modelling, there will be a presentation of a proposed final model to the Single Commissioning Board in February 2018.

3. LOCAL CONTEXT

3.1 Through the Care Together programme, we are developing a new kind of NHS provider organisation known as an Integrated Care Foundation Trust. Tameside and Glossop Integrated Care NHS Foundation Trust is one of the first in England, bringing together a wide range of health and social care services for the benefit of local people. The Integrated Care Foundation Trust will manage a person's entire care in the future, by linking up hospital services with community care, mental health services and working closely with GPs, the voluntary sector and other primary care contractors.

3.2 In September 2014 Price Waterhouse Cooper (PwC), appointed by Monitor as a Contingency Planning Team to test the financial and clinical sustainability of the then

Tameside Hospital NHS Foundation Trust. This proposed a model of care that included an Urgent Integrated Care Services. The Urgent Integrated Care Services would support people who were seriously unwell or in a social crisis through a single point of access to get people well and back in most appropriate care setting as quickly as possible. The service would ensure support was available both in the community and a hospital setting to maximise opportunities to keep people in their own home whilst providing high quality diagnostics and expertise when required. An 'Urgent Care Village' was described as a combined A&E and GP-Led Urgent Care Centre, with a single front door and working as a single team under the same operational management to provide resilience and flexibility.

3.3 In 2015, the Tameside and Glossop Locality plan, 'A Place-Based Approach to Better Prosperity, Health and Wellbeing'[1] we set out our vision for people in crisis or who need urgent medical attention. This proposed a single urgent care service to align a range of urgent and out of hours care services around A&E to make it easier for people to access the most appropriate service.

4. OUR VISION FOR URGENT CARE

4.1 We aim to ensure people are seen by the right professional in the right place to meet their needs, with a strong focus on preventative and proactive care to reduce the risk of people requiring urgent care. Our plans for Care Together are fully aligned to the recent national and Greater Manchester guidance and we are in a strong position to deliver the expected services.

4.2 Our Neighbourhoods, with Primary Care at their centre, will support people in self-care with statutory and voluntary services able to wrap around those individuals that need additional help to keep them well. However, even with excellent preventative and proactive care, there will be times when people wish to access support urgently. Delivery of our vision will ensure that people get to the most appropriate service to meet their needs.

4.3 We want people who have an accident or need emergency acute health care to be seen quickly in A&E and discharged either back home or, if not possible, to an appropriate bed in the community or hospital all within 4 hours. We aim to achieve this by ensuring those in A&E are only those with an emergency need and that those with urgent or other needs can be seen in a different but aligned alternative.

4.4 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.

[1] A Place-Based Approach to Better Prosperity, Health and Wellbeing

5. THE CURRENT URGENT CARE SYSTEM IN TAMESIDE AND GLOSSOP

5.1 The current commissioned services which provide Primary Care support for people with an urgent need are complex and overlap considerably as seen below. This results in multiple access routes for people, who have an urgent need, and a significant 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
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5.2 This complexity makes it harder for people to choose the most appropriate service and can led to people attending several places for the same need. People may also attend A&E when this is not optimal for their care and has the knock on effect of reducing access to emergency services for others who may need these.

5.3 The national directives, outlined in section 6, are to provide A&E streaming on hospital sites by October 2017 and to have an Urgent Treatment Centre ideally co-located with A&E as soon as possible. Adding in these services to our already complex urgent care system would result in significant duplication if we did not change delivery of our existing services.

5.4 Key to our proposal set out in detail in section 11 is the simplification of how to access urgent care services. In addition, the proposal extends the hours people can book into GP appointments and provides 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.

	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
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5.5 The integrated urgent care service has been developed from analysis of existing services (section 9) and public and patient feedback (section 10) to deliver the national and Greater Manchester expectations (sections 6 and 7).

6. NATIONAL CONTEXT

6.1 The 'NHS Five Year Forward View' published in October 2014 [2]described three improvement opportunities: a health gap, a quality gap, and a financial sustainability gap and proposed a series of measures to bring about the 'triple integration' of primary and specialist hospital care, of physical and mental health services, and of health and social care. In 2016/17 the 'Next Steps On The NHS Five Year Forward View' [3] was published in recognition that, whilst progress had been made, demands on the NHS are higher than envisaged when the Five Year Forward Review was published. The 'Next Steps on the Five Year Forward View' sets out the NHS' main national service improvement priorities, within the constraints of what is necessary to achieve financial balance across the health service.

6.2 Two of the national service improvement priorities for the NHS that relate to urgent care are:

- Improving A&E performance - This also requires upgrading the wider urgent and emergency care system so as to manage demand growth and improve patient flow in partnership with local authority social care services.
- Strengthening access to high quality GP services and Primary Care, which are far and away the largest point of interaction that people have with the NHS each year.

6.3 These priorities are interlinked with around 85 million of the annual 110 million urgent same-day patient contacts being urgent GP appointments, and the rest A&E or minor injuries-type visits. In addition it is suggested that between 1.5 and 3 million people who attend A&E each year could have their needs addressed in other parts of the urgent care system but people use A&E because it seems like the best or only option.

6.4 The key deliverables for 2017/18 and 2018/19 that will enable the above priorities to be achieved include:

- Every hospital having comprehensive front-door clinical streaming by October 2017, so that A&E departments are free to care for the sickest people, including older people.
- The use of Clinical Assessment by NHS 111 to ensure people are not directed to A&E when other services are more appropriate.
- NHS 111 being able to book people into urgent face to face appointments where this is needed.
- New 'Urgent Treatment Centres' which will open 12 hours a day, seven days a week, integrated with local urgent care services.
- Evening and weekend GP appointments (including through collaborative arrangement) available.

6.5 The current contract for General Medical Services includes the requirement for practices to, 'have in place arrangements for its patients to access (essential) services throughout the core hours in case of emergency'. The Evening and Weekend appointments will also provide the same essential service access.

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[2] Five Year Forward View
[3] Next steps on the five year forward view

6.6 By expanding multidisciplinary primary care as well as the hours during which primary care can be accessed individuals will be able to see the most appropriate clinician at a time that is more convenient. Practices are increasingly 'streaming' people so as to offer convenient same day urgent appointments, while preserving continuity of care for people with more complex long term conditions. Through this, more people should be able to access the care they need through their registered practice rather than attending A&E.

6.7 The draft NHS England Urgent and Emergency Care Delivery Plan sets out seven priorities as shown below. The first four of which will work together to ensure people have access to urgent care and the latter three focus on meeting more complex needs.

1. NHS 111 Online	2. NHS 111 Calls	3. GP Access	4. Urgent Treatment Centre
• Online triage services that enable people to enter their symptoms and receive tailored advice or a call back from a healthcare professional • Services closely connected to NHS 111 calls (and other services including Primary Care over time) • Offer an increasingly personalised experience to people	• Increase the percentage of calls transferred to a clinician when a patient calls the NHS 111 service • The service will better support the number of people who can be dealt with as 'self-care' • Where applicable people will be referred on to an appropriate point of care • NHS 111 Care Home Line will enable dedicated access for healthcare professionals (starting with care home staff) to get urgent advice from a GP out of hours	• Continued provision of urgent care services by general practice • Additionally by March 2019 the public will have access to pre-bookable evening & weekend appointments with general practice • Delivering this aims to secure: ➢Transformation in general practice ➢Step change in use of digital technologies ➢The foundations for a model of more integrated services	• Urgent Treatment Centres across the country will be: ➢Open at least 12 hours a day ➢Staffed by doctors and nurses ➢Will do blood tests, and most will have x-ray facilities ➢People will be able to book an appointment via NHS 111, their own GP, or walk in ➢Able to give a prescription, when needed

5. Ambulances	6. Hospitals	7. Hospital to Home
• More clinically focused response for people • Quicker recognition of life threatening conditions • Telephone advice, treatment on scene or conveyance to hospital • End to long waits for an ambulance and handover delays at hospitals	• Highly skilled emergency department workforce to deliver life-saving care for our most sick people • Variation between hospitals will be reduced • People streamed by a highly trained clinician to the most appropriate service • Rapid, intensive support to those people at highest risk of admission • Use of a wide range of ambulatory care services. • Effective metrics used in oversight of hospitals	• People only stay in hospital for as long as they need to be • Earlier planning of discharge and further joint working across different sectors • With liaison across sectors, coordinated and timely transfer of care from hospital to the most appropriate setting • Provide people with comprehensive packages of health and social care

6.8 Priority 3, GP Access and Priority 4 Urgent Treatment Centres are at the heart of our plans in this document.

6.9 The Urgent Treatment Centres – Principles and Standards published July 2017 [4] describes in more detail what it expects to be available to the public in the Urgent Treatment Centres and how commissioners need to ensure they 'end the confusing variation in opening times, the types of staff present and what diagnostics may be available in urgent treatment centres'.

6.10 The report describes an opportunity for commissioning a genuine integrated urgent care service, aligning NHS 111, Urgent Treatment Centres, GP Out of Hours and routine and urgent GP appointments with face to face urgent care. It states, "Commissioners should align thinking for Urgent Treatment Centres with the core requirements for Extended Access, as well as opportunities with the clinical assessment service that supports NHS 111. There are many opportunities to integrate wider primary care with urgent care, to rationalise the service offer, reduce duplication and flex the workforce to provide urgent and primary care services which meet the needs of the local population."

6.11 Co-located Urgent Treatment Centres with primary care facilities, including GP extended hours/ GP Access Hubs or Integrated Urgent Care Clinical Assessment Services are seen as key to the above with even greater benefits available if they are also located alongside the hospital A&E department and other urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector. A central site that enables access to multiple services will ensure that people quickly get to the service that best serves their need.

6.12 The report also explains that the Urgent Treatment Centre could be commissioned as an integral part of a service delivery model which contributes towards the GP access commitment (minimum of 30 minutes per 1000 population, rising to 45 minutes per 1000 population) by providing routine pre-bookable and same day appointments as part of a hub and spoke model. So Clinical Commissioning Groups could plan a hybrid model where some of the routine access appointments could be delivered in Urgent Treatment Centres to maximise resources and estates.

7. GREATER MANCHESTER CONTEXT

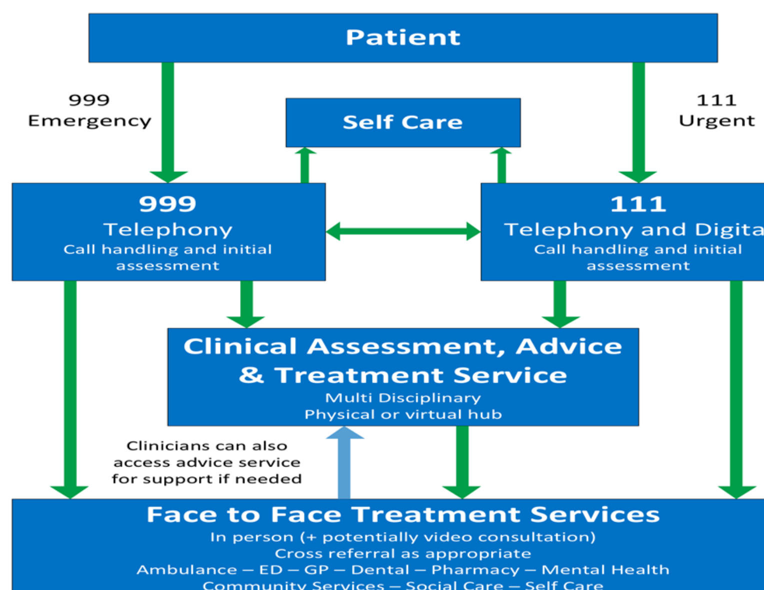
7.1 Local commissioners have always worked together across Greater Manchester to enable cost effective commissioning of key urgent care services. Some services, such as the Paramedic Emergency Service of 999 and NHS 111 have until April 2017 been commissioned on a North West footprint managed by NHS Blackpool but the contracts are now being managed through Greater Manchester Health and Social Care Partnership.

7.2 Greater Manchester Health and Social Care Partnership have already progressed several of the seven key national priorities one of which is the NHS 111 Clinical Assessment. Greater Manchester implemented an Acute Patient Assessment Service (APAS) in 2016/17 to provide an enhanced clinical assessment to people identified as possibly requiring support from A&E but not as an emergency. This assessment is via the telephone with a clinician within an Out of Hours provider who is then able to support people who, on further discussion, can be more appropriately managed in primary care. In a similar way people who ring 999 and the Urgent Care Desk identifies they would be a Low Acuity ambulance transfer will be passed to Out of Hours for an enhanced clinical assessment.

[4] Urgent Treatment Centres Principles and standards

7.3 Locally the Acute Patient Assessment Service initially operated between 18:30 and 08:00 Monday to Friday and 24 hours Saturday and Sunday but since July 2017 a Greater Manchester wide pilot has been operating during in-hours namely between 08:00 and 18:30 Monday to Friday. If proved effective the expectation is pilot will be fully implemented to provide a 24/7 service.

7.4 The integrated working across NHS 111, 999 and Out of Hours enables people to receive the advice and care that is most suited to their need and reduces the risk of people being directed to A&E unnecessarily.



7.5 The Greater Manchester Health and Social Care Partnership has also undertaken a review of all primary care out of hours provision and has developed a Greater Manchester framework to support commissioners. This contains three themes:

Theme 1: Urgent & Out of Hours Primary Care should be provided at scale

Theme 2: Urgent & Out of Hours Primary Care should be integrated with other local services

Theme 3: Access Routes for Urgent & Out of Hours Primary Care should be simplified and rationalised

7.6 Each theme has three underlying principles with actions identified as summarised below.

Theme 1: Urgent & Out of Hours Primary Care should be provided at scale

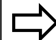
Principle		Actions
Urgent Primary Care (UPC) services will be provided through a single provider (or alliance of providers) within a locality	⇨	➢ Extended Access, OOH, walk-in/ Urgent Care Centres (UCC) & ED streaming should be provided by a single provider or alliance of providers within a locality to provide care in an integrated fashion, in-line with developing arrangements within local Local Care Organisations (LCOs). ➢ A single contract for UPC services should be let on a locality (or wider) basis – to include extended access, OOH, ED streaming, walk-in/ UCC centres (let either to single organisation or to some form of provider alliance). ➢ At scale UPC contracts should to give consideration to the impact on the wider primary care workforce.
At scale UPC services will support in-hours statutory services (e.g. core primary care, community services & social care)	⇨	➢ At scale UPC services should demonstrate how they provide additional capacity and support to in-hours primary care. ➢ At scale UPC services should, wherever possible, be provided alongside (or jointly) with community and social care services (such as reablement and rapid community response), and focused on complex cases of care, consideration must be given to how diagnostics are provided for. Commissioners will need to justify why, if they elect not to do so. ➢ Core primary care staff should be fully engaged with throughout the life-cycle of the UPC contract, including pharmacy and dental.

UPC provision will be rationalised across localities, or wider geographical footprints wherever possible		➢ At a minimum, the "at scale" UPC contracts should cover the entire locality. E.g. Bury or Bolton. ➢ Consideration should be demonstrated to broadening UPC provision across a wider geographical footprint e.g. across multiple GM localities. ➢ The NHS 111 (or equivalent) Clinical Advice Service (CAS) should be developed in-line with current plans to provide robust clinical advice as appropriate across the whole of GM.

Theme 2: Urgent & Out of Hours Primary Care should be integrated with other local services

UPC services should work to provide care at the most convenient point of resolution for patients		➢ Patient's should be fully engaged in the co-design of the new UPC contracts across GM. Improving patient experience of the total UPC system within a locality should be a key priority and monitored closely through the life-cycle of the UPC contract. Focus should be given to maximising service utilisation. ➢ UPC & NHS 111 (or equivalent) should make full use of late opening pharmacies directing patients to them rather than into UPC services whenever appropriate, with these services being accurately profiled in the NHS 111 DoS. A consistent approach should be taken across GM. ➢ UPC & NHS 111 (or equivalent) contracts should demonstrate how they will better integrate with urgent dental services and ensuring links to pharmacies for pain relief for patients with dental pain (potentially linked through the NUMSAS pilot).
Service hours within the UPC/ OOH primary care space will not duplicate or overlap, with capacity being rationalised		➢ Extended access, Directed Enhances Services, OOH provision, ED streaming & walk-in centre/ UCC provision should be rationalised, opening times and service provision must not overlap. This should include rationalisation of type of appointment e.g. routine versus urgent in the OOH timeframe must not overlap and must be rationalised. Services will need to meet national requirements. ➢ Localities should show consideration to digital integration between providers of UPC within the contract, including booking appointments interoperable and to view/update records.
UPC services will be well integrated with acute services and embedded in the LCO		➢ The UPC contract should be designed to reduce inappropriate ED attendances within outside-of-core hours as a priority. Where ED streaming isn't co-located with an UTC they need to have the facility for warm transfer through whatever means is deemed appropriate locally. ➢ ED streaming & co-located services should operate as a single team with the wider ED teams within hospitals, with agreed MoUs in place for how to ensure fully integrated operations included within the UPC contract. Consideration should be given to how these teams can operate as MDTs within the context of wider LCO delivery plans. ➢ GPs and wider primary care teams must be heavily engaged with the design of ED streaming services from inception to delivery.

Theme 3: Access Routes for Urgent & Out of Hours Primary Care should be simplified and rationalised

There will be a single point of access for Urgent primary care, this will be standardised across GM		➢ There is an ambition that eventually primary care in GM will transition to the gatekeeper of ED services in out-of-core hours for all minors' presentations (excluding children). No individual should be presenting within and ED for 'minor' incidences without prior authorisation/referral from the single primary care provider/ alliance within a locality. ➢ This will be underpinned by a Single Point of Access (SPA) for urgent primary care within a locality, this will be a single point of access for urgent primary care within a locality, for example through NHS 111 or through GP numbers. ➢ Localities should explore digital access routes for services at a GM level, e.g. NHS 111 apps as piloted elsewhere in the country.
The physical and virtual locations of services will be rationalised, with services being co-located wherever possible.		➢ All types of urgent/OOH primary care appointments should be directly bookable/ referable to through NHS 111 (or equivalent) this includes telephone appointments, this will not replace clinical triage e.g. through OOH services. ➢ There is currently a requirement for one UCC per locality to be developed by December 2019 (although policy is still developing) It's strongly encouraged that where appropriate "at scale" urgent primary care provision is located alongside other service provision, either within community hubs or co-located on A&E site, maximising the impact of the UCC development on the wider resilience of the primary care system
Patients will be actively engaged with to ensure continual improvement in access and quality		➢ Effective communications methods should be developed to communicate access options for UPC on a locality basis, pre and post implementation, where possible this should be planned at a GM level. These should be embedded within the UPC contract. ➢ All services provided should actively signpost the most appropriate access routes for urgent primary care, providing consistent messaging to patients. ➢ Contracts should allow for formal continual engagement with patients and should demonstrate how this engagement will be used to continually improve patient experience of access to and the quality of UPC services.

7.7 All Greater Manchester Localities are developing plans to deliver the above themes and it is understood that the majority are thinking of co-locating their UTC with A&E. Oldham's proposal 'Right Care, Right Time, Right Place' explains that they will be developing plans for a more effective urgent and emergency care offer and they will be consulting the public on the provision of urgent care services in Oldham for 8 weeks between 9 October and 4 December 2017. The consultation will include street surveying in Mossley as some residents currently use Oldham urgent care services.

8. FINANCIAL CONTEXT

8.1 Tameside and Glossop have a history of strong financial performance. However over recent years, a combination of increasing demand and reduced growth in funding have placed significant pressures on our financial position. We calculate there will be an in year recurrent deficit of £70m by 2021 unless we act now to close the gap.

8.2 Through Care Together, we have developed transformative plans (and secured some non-recurrent transformation funds from the Greater Manchester Health and Social Care Partnership) are key considerations when assessing the future of urgent care within the locality. The aspiration of the economy is to deliver the objectives and services outlined within this this paper at a lower cost than the services we deliver today.

8.3 National evidence set outs a base upon which we can build efficiency into our model. For example the 'Next Steps Five Year Forward View' has identified there were opportunities to cut waste and increase efficiency within urgent care. It also sets out the expectation that the Single Commissioning Function and local providers will work collaboratively to optimise efficiencies by removing duplication and streamlining services which will improve patient experience. This approach maximises opportunities for economies of scale ensuring each organisation works efficiently, effectively and economically within their financial control totals demonstrating strong stewardship of the public purse.

8.4 As we are still negotiating the overall costs of implementing urgent care, we must accept that at this stage, we are prioritising resources available towards the preferred option chosen through the consultation process. This however, may divert funding away from other elements of primary care, if ultimately, the funding proves to be inadequate. Initial financial analysis of both options shows that both options are affordable within the current funding envelope.

8.5 We expect efficiencies to be made through the bringing together of these services and therefore the risk of system affordability should be low, but nevertheless still needs to be recognised whilst negotiations continue.

9. EXISTING USAGE OF URGENT CARE SERVICES

9.1 People make use of the full range of services available as summarised below. Further detail can be found in the Equality Impact Assessment in **Appendix 1** along with the expected impact of the new arrangement for urgent Care services.

9.2 Our 39 General Medical Practices see a significant number of people with urgent needs through same day access for their registered population. How practices manage this demand varies with a range of offers such as: open surgeries where people can walk-in without an appointment, booking same day appointments via the telephone or online and undertaking a telephone triage and only booking appointments for those people they believe need to be seen by a practice clinician.

9.3 Around 19,000 people a year also receive urgent help from the GP Out of Hours service when the practice is closed (between 6.30pm and 8am Monday to Friday or anytime Saturday and Sunday).

9.4 Extended Access to General Medical Services currently operates across three hubs, each providing 7 day access with people able to book appointments through their GP. The appointments are available with a range of General Practice staff. The hours vary across the different hubs with, at times, variation depending on the day due to staffing or premises constraints. Generally appointments are available until 8.30 or 9 pm weekdays

9.5 The purpose of extended access was primarily to enable people to book routine appointments outside of core general practice hours but appointments are being used for same day/urgent access. In the last twelve months, 28% of appointments have been booked for same day access, 25% by practices and 3% by Out of Hours.

9.6 The other urgent care services available in Neighbourhoods include Minor Aliments, the Minor Eye Conditions Service and Dental Services.

9.7 Minor Aliments operates in all local pharmacies and is well used as people are able to walk in to any pharmacy in Tameside and Glossop for support. Around 9,200 people with minor aliments are supported by pharmacies each year.

9.8 The Minor Eye Conditions Service is offered in all neighbourhoods but not by all optometrists. People can book appointment by telephone or directly during normal working hours which may include weekends. It started in July 2016 and in the first twelve months; it has seen around 1700 people with urgent eye conditions.

9.9 In-hours Urgent Dental Services are provided by Dental Practices for those with a regular dentist. For those who do not have a regular dentist, an in-hours urgent dental service is in place to ensure access is available for everyone. In addition, there is a Dental Out of Hours Service available to all patients and this is commissioned by the Greater Manchester Health and Social Care Partnership.

9.10 Many people use the Community Pharmacists (Minor Aliments), Optometrists (Minor Eye Conditions Service) and Emergency Dental services through direct self-referral but most practices also advise people of the alternative support when it would be more appropriate to meet their needs. This helps avoid the need for people to attend multiple appointments and makes best use of the expertise available. Of the 898 people advised by a practice to contact an Optometrist, 56% had not seen their GP first.

9.11 The Walk-in service at Ashton Primary Care Centre is another key access point where people self-refer or are advised to attend by NHS 111, Out of Hours, another clinician or their own practice. This is also where people who are not registered with a Tameside and Glossop GP can attend as an alternative to A&E. In the twelve months, 1 June 2016 to 31 May 2017, the service supported around 3750 individuals who were not registered with any GP (includes people who are overseas visitors and people who chose not to register). A further 5800 people who were registered with a GP outside of Tameside and Glossop also used the service. This represents 27% of the individuals who used the service.

9.12 Only around 10% of all Tameside and Glossop registered patients (26,253) used the Walk-in service in the twelve months, 1 June 2016 to 31 May 2017, with some attending on multiple occasions.

9.13 The NHS 111 service is well used by local people with around 43,000 calls made in 2016/17. There were a significant number of calls during general practice opening hours but the majority of calls were out of hours and in particular on Saturday and Sunday.

9.14 NHS 111 triages calls and assesses what support is most appropriate for that individual based on the information given. Approximately 57% of local callers were advised they needed Primary Care support. Others received self-care advice, were advised to attend another service or A&E or were transferred to 999.

9.15 When people need Primary Care there are three recommendations:

- Recommended to speak to primary and community care (GPs, practice clinical staff, health visitors, community nurses or MH nurses);
- Recommended to contact primary and community care;
- Recommended to dental / pharmacy.

9.16 The time frames given for contact could be, 1, 2, 4, 6, 12 or 24 hours which relate to the sense of urgency of a condition. The 2 hour timeframe is generally used for people when it has not been possible to rule out a potentially urgent or serious condition and the addition assessment available through Primary Care would be able to differentiate further. Less urgent but still troubling symptoms may need assessment within next 6 or 12 hours and 24 hours relate to minor problems.

9.17 Dental or Pharmacy is advised for dental related problems and minor ailments.

9.18 The majority (75%) of local people who needed Primary Care support were advised to speak to a primary/community care service.

9.19 Our usage analysis shows us that some people decide to go directly to a specific service because they believe that is the best service to meet their particular need and others seek advice on which service to use before attending. As our access to urgent diagnostics is currently limited people requiring X-ray or other more specialist diagnostics have to attend the hospital site with some being advised to attend A&E.

9.20 Feedback on services also suggests that some people attend walk-in services because they were unable to secure an appointment with their own practice in what they perceived to be a timely way. It may therefore be that how practices support their urgent demand is a factor in the usage of other urgent care services.

9.21 However, the patterns of usage by Neighbourhood also suggest geography has an influence particularly on the services delivered from Ashton Primary Care Centre as shown below.

	Usage per 1,000 Registered population over 12 months	
Neighbourhood	**OOH**	**WIC**
North	80	289
West	88	214
South	85	121
East	78	145
Glossop	58	31
CCG Rate	**79**	**171**

Key
Above CCG Rate
Below CCG Rate

9.22 North Neighbourhood registered patients account for 41% of the WIC usage by Tameside and Glossop registered patients and Glossop accounts for 2%. Usage of A&E (Ashton

based) for minor conditions whilst not so high is 10% and 3% respectively. There are some anecdotal reports that Glossop people use the New Mills Walk-In services but there is no data to demonstrate how extensive this use is.

9.23 It is suspected that some individuals using the Walk–in service at Ashton also attend other services for the same conditions. A Greater Manchester Academic Health Sciences Network Literature Review (unpublished) 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 only 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.

9.24 Having a variety of options available to people for urgent care lead to confusion and for some people result in multiple trips being made to different locations to access the diagnostics and treatment support needed. Consolidation of service locations whilst maintaining the range of support should improve patient experience.

9.25 People utilise services seven days a week but we are unable to be sure whether people would decide to wait until the next working day if a service was not available or would use the 24/7 access available through A&E. Ensuring there is access all day and every day to advice and support should reduce anxiety when a person feels they urgently need help and help people use the most effective service.

9.26 Knowing why local people choose to use particular services and what they want when an urgent need arises was a key part of understanding local needs around urgent care. Our pre-consultation conversations have been invaluable in providing that insight.

10. PRE-CONSULTATION PUBLIC AND STAKEHOLDER INVOLVEMENT

10.1 We have been having conversations with a range of public groups since 2014 as we developed our Care Together plans. In May 2017, we held further meetings with Practice Neighbourhood Groups specifically around Urgent Care to validate the previous feedback and gather further ideas. The following key messages around urgent care services have been taken from all these conversations and more detailed feedback can be found in **Appendix 3**.

10.2 The findings show that generally people do differentiate between an ‘emergency need’ which is thought of a life threatening and something that they want advice on quickly in case it is serious. The term ‘Urgent’ is not easily defined but it was thought that it is the patient’s perspective that was important and a prompt response was essential to allay fears even if the advice involved a more routine response.

10.3 The service used depended on what people knew existed and any previous experience/perceptions.

10.4 Key factors in deciding where to go were:

- how serious the need was;
- trust in the person they will be seen by;
- ease of getting to a service; and
- the time it would take.

10.5 A&E and 999 were seen as the option for Emergency support and not somewhere to go for other needs. However, it was thought that when seeking help for a dependant a more cautious approach would be taken which may increase the tendency to use 999 or A&E.

10.6 Confidence in the person treating them was important with bad publicity and poor previous experience impacting on this decision. There was increased confidence when the service treating had access to an individual's key medical information. It was felt that the people providing the care need to be appropriately skilled both in the treatment itself and also in dealing with the individual/their carers and family who may be vulnerable, have difficulty understanding or just be scared.

10.7 People wanted access to a local trusted person who can advise and or treat/resolve an urgent need, with the registered General Medical Practice frequently seen as best placed to fulfil that role.

10.8 Car parking, distance and public transport links were highlighted as factors that influence where people attend and concerns were raised about the accessibility of the Ashton Primary Care Centre Walk in Centre site. For Glossop in particular, the hospital site was easier to access than Ashton Primary Care Centre.

10.9 The time support was available was not raised but the long waiting time at A&E was, as was the fact people who could not get through to/get an appointment with their practice would utilise A&E or the Walk in Centre. Timely access to General Practice and Pharmacy were seen as important.

10.10 Having access to other services such as Mental Health and Social Care through a more integrated service was also seen as beneficial.

10.11 Overall people value quick access to someone they trust to calm fears and direct them to necessary treatment. Knowing that they will, if needed, be treated in a timely manner is key with fewer concerns about where they will be seen.

10.12 The early ideas developed from the feedback were discussed by a Local Design Group made up of representatives from the following groups.

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.

10.13 The feedback from the Local Design Group, in **Appendix 3**, has been used to develop the options with consistent opening times and services being seen as very important even if it reduced the number of places where the service was available.

10.14 People though having too much choice often leads to confusion and that could mean people just ring 999 or attend A&E/the hospital site regardless. But it was thought that if there was somewhere in every neighbourhood more people would be able to access the support without having to travel far.

10.15 The hospital site was seen as well-known and the fact people would be assessed and seen outside of A&E if appropriate was liked.

10.16 Concerns were raised about whether there were enough doctors and nurses to staff multiple hubs and whether it would be affordable.

11. ENHANCED OFFER FOR URGENT CARE

11.1 The usage of our current services and feedback from local people suggests that a simplified service that builds on the trusted relationship between people and their registered practice would enable people to be seen in the most appropriate place by the most appropriate professional.

11.2 If we can ensure that the first contact with urgent 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.

11.3 Strong neighbourhood based access to General Practice will provide trusted advice and reassurance and enable people to be booked into an appropriate appointment 7 days a week. It will support a seamless transfer for people who identify as urgent but would be best managed as routine within their own neighbourhood as well as ensuring people who need access to urgent diagnostics can attend a local Urgent Treatment Centre in a timely manner.

11.4 We are committed to providing walk-in access for people who are not registered with a Tameside and Glossop GP or who prefer not to book in advance. However, a Greater Manchester Academic Health Sciences Network Literature Review (unpublished) suggests a separate Walk-in Centre has minimal impact on the demand for other urgent care or primary care services, not significantly affecting either A&E attendances or activity at primary care services and may increase overall demand for urgent care as people who would previously have self-treated minor illnesses or injuries may instead attend the walk-in centres.

11.5 By providing walk-in access through an integrated service on the same site as A&E with access to diagnostics i.e. an Urgent Treatment Centre, those people who on assessment need more specialist diagnostics e.g. X-ray or treatment e.g. Mental Health, Ambulatory Care, Early Pregnancy Assessment will receive the care they need promptly without the need to travel to another location. This should improve outcomes and patient experience. It will also remove the need for the person attending to 'self-triage' and decide if their need requires A&E or could be better managed in urgent care which may particularly help carers and parents by reducing anxiety around making the 'right' choice. Having the ability to book an appointment also gives greater certainty about when someone will be seen which will help people plan their visits.

11.6 Creating a single walk-in service on the hospital site will also prevent further duplication and confusion as the national requirement for a Primary Care service at the hospital site

seven days a week for A&E Streaming and an Urgent Treatment Centre with access to diagnostics would mean if nothing else changed we would have two walk-in access points for similar, but not identical services, within the same neighbourhood approximately 1.5 miles away from each other.

11.7 Our urgent care service will integrate the existing Walk-in Centre, OOH, Extended Access with the soon to be 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 (shown in 5.1). This will provide a key access point at the hospital site in Ashton, through the Urgent Treatment Centre, alongside neighbourhood based access through GPs, Pharmacies, Opticians, Dentists and Neighbourhood Care Hubs.

11.8 People will get 24/7 phone access to support through their practice directly or via, NHS 111 or OOH and will be booked into an appropriate appointment. If a same day home visit is required it will be through either 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.

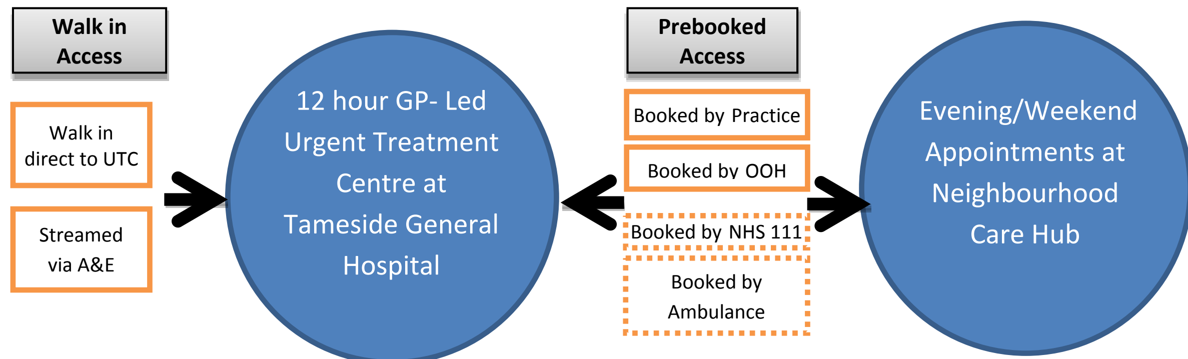
11.9 The key point of contact 'in hours' (8 am to 6:30 pm weekdays) will be an individual's GP practice. People will make initial contact with their own practice and appropriate advice/appointment will be provided to enable them to be seen by the right professional on the same day or at a later date as required. Out of Hours (6.30 pm to 8.00 am weekdays and all day weekends) people will continue to ring NHS 111 which, along with the Clinical Assessment service, will direct people with a primary care need to their own practices or the integrated urgent care services, Minor Eye Condition Service (MECS), Local pharmacies and dentists as appropriate. People can also ring NHS 111 anytime 24/7.

11.10 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 at a Neighbourhood Care hub where there will be appointments 6.30 pm to 9 pm Monday to Friday and 9 am to 1 pm Saturday and Sunday (as shown in the options in section 13) or at the Urgent Treatment Centre 9 am to 9 pm 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.

11.11 If people have eye conditions, minor aliments 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.

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

11.13 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 below.



11.14 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 ensure patients who require more specialist urgent care are transferred promptly.

11.15 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.

11.16 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. Examples of how people may access the services are given in Appendix 4.

11.17 The impact of the proposed changes has been initially analysed as set out in the Equality Impact Assessment in **Appendix 1**. This analysis will be refreshed during consultation to ensure that any potential risks and mitigations have been identified so that no one loses the ability to access effective urgent care.

11.18 The single walk in access point on the hospital will be well communicated and we know that A&E is already used by people who registered and unregistered with a GP.

11.19 Access for homeless people has been a key feature of our plans with representatives involved in the pre-consultation stakeholder groups. An address is not required to register at a GP practice and we know that there are a number of homeless people who are registered but are not clear how many are not. We know that homeless people are less likely to attend for routine care for their health, and so access to same day services is important to ensure health care to be delivered.

11.20 The Urgent Treatment Centre will be the main point of access for homeless people who are not registered with a GP and will be able to meet both primary and more complex needs on a single site ideally within a single visit. The close working with other services such as mental health, drug and alcohol, social care and the voluntary sector should also improve access to the most appropriate service to meet the holistic needs of a homeless person presenting.

11.21 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.

12 URGENT CARE OUTCOMES AND STANDARDS

12.1 Urgent care will be delivered across practices, the Neighbourhood Care Hubs, the Urgent Treatment Centre and the Out of Hours GP service. 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/bank holiday 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.

12.2 Services at all sites will be expected to meet standards set out nationally and deliver effective high quality and safe care.

12.3 Local standards will include:

- Patients who have a pre-booked appointment should be seen and treated within 30 minutes of their appointment time;
- Patients who 'walk-in' to the Urgent Treatment Centre should be clinically assessed within 15 minutes of arrival and given an appointment slot which will not be more than two hours after the time of arrival. They should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary;
- The service is advertised to patients so that it is clear to patients how they can access appointments;
- Patients will be able to access alternative modes of consultation e.g. telephone, online, webex;
- Utilisation of Neighbourhood Care hubs will be managed to 98% usage of all appointments/ capacity.

13 URGENT CARE SERVICE OPTIONS

13.1 There are two options for the delivery of the new urgent care service. All options create an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9 am to 9 pm. This will offer bookable, same day/urgent and routine general practice appointments, walk in access for urgent care and be able to provide direct access to urgent diagnostics along with safe transfer to more specialist services when necessary. In all options, this will replace the existing Walk-in services at Ashton Primary Care Centre which will relocate to the hospital site and be developed to deliver the Urgent Treatment Centre.

13.2 The options vary in the number of Neighbourhood Care hubs where bookable appointments can be made in addition to the Urgent Treatment Centre and when those hubs will be open.

13.3 These options are 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

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

13.4 Both options have:-

- Additional bookable appointments at the hospital based Urgent Treatment Centre;
- The option of an appointment on the hospital site for patients that are likely to need additional hospital based care e.g. diagnostics or a period of observation.
- A single location for walk in access that removes the need for the person attending to ‘self-triage’ and decide if their need requires A&E or could be better managed in urgent care.
- increased patient safety for people who walk in through direct transfer to A&E and hospital based care when required.
- Access to urgent diagnostics.

14. RECOMMENDATION

14.1 As set out on the front of the report.