

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 20 March 2018

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

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

Report Summary: Tameside and 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. Officers were asked to bring back a fully developed proposed model to the Strategic Commissioning Board (SCB) following public consultation.

This report includes the full detail of the consultation analysis, and an Equality Impact Assessment which responds to issues arising within the consultation and explores mitigations.

Recommendations: The Strategic Commissioning Board and Clinical Commissioning Group is requested to NOTE:

- The content of this report which charts the process from October 2017, when the Strategic Commission agreed to review options for the future Integrated Urgent Care provision, to drive improvements in clinical outcomes, patient experience and operational efficiency, to the proposed recommendations on the way forward.
- The case for change.
- The responses arising from the Urgent Care consultation and the Strategic Commission responses which have shaped the recommendations to this Board.
- The detailed Equality Impact Assessment which outlines further mitigations.
- The intention of the Tameside and Glossop Strategic Commission to work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future.

The Strategic Commissioning Board and Clinical Commissioning Group is RECOMMENDED:

- To confirm appropriate mitigations have been identified to address any adverse impacts caused by the relocation of walk in access from Ashton Primary Care Centre to the Hospital site.
- To agree the relocation of walk-in access from Ashton Primary Care Centre to hospital site.
- To approve Option 2, as outlined within the consultation, as the preferred model for future provision of Urgent Care.

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	2,811	-	1,018	3,829
Total	2,811	-	1,018	3,829
Section 75 - £'000 Strategic Commissioning Board		Out of Hours (£1,744k recurrent), Extended access (£807k recurrent) and Alternatives to Transfer (£260k non recurrent) are all included in the Section 75 pool.		
CCG – In Collaboration - £'000 CCG Governing Body		GP walk in centre (£1,018k recurrent) is part of the delegated co-commissioned budget with NHS England.		
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison				
<p>The paper sets out two options.</p> <p>Option 2 was favoured in the public consultation is forms the recommendation of this report. Option 2 is affordable within the financial envelope set out above and would be expected to deliver some baseline level of recurrent savings.</p> <p>However it should be noted that option 1 could be delivered at a lower cost. The savings associated with option 1 would be approximately £121k higher than contained within the recommendation.</p>				

Legal Implications:
(Authorised by the Borough Solicitor)

An open and transparent consultation process has been undertaken to attract maximum public engagement in order to ensure the best possible outcome for the community in accordance with the resources available. The level of engagement means that it is appropriate that sufficient time is taken to consider all responses appropriately and any necessary changes / mitigations as a response. Such actions also support compliance with the public sector equality duty. This has been

reflected in the Equality Impact Assessments attached to this report at various appendices, to which decision makers are required by law to have due regard before making any decisions.

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 care proposals 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 Professional Reference Group:

The Professional Reference Group supported the model outlined in the paper presented in October 2017 and the recommendation to consult on the 2 options for urgent care in Tameside and Glossop, with no preferred option.

Public and Patient Implications:

This report includes the outcome of a 12 week period of public consultation and engagement with communities in Tameside & Glossop. The report includes a full Equality Impact Assessment.

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 proposal will ensure 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) is attached as an appendix to this report.

What are the safeguarding implications?

The commissioned model will include all required elements of safeguarding legislation. 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. The contract for the Neighbourhood Care Hub and Out of Hours element of the services will also include the GM Safeguarding Standards.

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 :

Appendix 1 – October 2017 Strategic Commissioning Board Report – obtainable at

[Tamesideandglossopccg website Get Involved Urgent Care section](#)

Appendix 2 – Consultation Questionnaire

Appendix 3 – Consultation Material Information

Appendix 4 – Social Media information

Appendix 5 – Community and Wider Engagement

Appendix 6 – Analysis of Consultation Survey Responses

Appendix 7 – Quality Impact Assessment

Appendix 8 – Equality Impact Assessment

Appendix 9 – Travel Times and Maps

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 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.
- 1.2 In October 2017, the Strategic Commissioning Board agreed to consult on two options for the delivery of urgent care within Tameside and Glossop locality. Both options involved the development of an Integrated Urgent Treatment Centre at Tameside and Glossop Integrated Care NHS Foundation Trust hospital site and the proposed relocation of the current Ashton Walk-In Centre service to facilitate this. The options differed in the locations for evening and weekend appointments within Neighbourhood Care Hubs and there was no preferred option.
- 1.3 The two options have been the subject of public consultation over a 12 week period from 1 November 2017 to 26 January 2018. In addition to the public consultation, additional community engagement has taken place through contacting specific groups across Tameside & Glossop.
- 1.4 This report includes the full detail of the consultation analysis, and an Equality Impact Assessment which responds to issues arising during the consultation and explores mitigations.

2 CASE FOR CHANGE

- 2.1 The increasing demand on the health and social care system and the local commitment to ensure that those who are the sickest and in most need of emergency care receive the quickest treatment led to a series of service reviews. These along with, national requirements to provide a streaming service in every Accident and Emergency (A&E) and an Urgent Treatment Centre (UTC) - which is GP-led, open 12 hours a day every day and provides access to urgent diagnostics, led to the development of the model outlined in this paper, and the consultation approved by the Single Commissioning Board on 31 October.
- 2.2 The detail of the 'case for change' was included in the report presented to the Strategic Commissioning Board in October 2017. The October report is attached to this paper at **Appendix 1**.

3 VISION AND OPTIONS DEVELOPMENT AND ENGAGEMENT


- 3.1 A key principle of Care Together is that people are seen by the right professional in the right place to meet their needs. Ensuring people who have an accident or need emergency acute health care can be treated quickly in A&E and people with an urgent care need can be treated within primary care is fundamental to this principle.
- 3.2 The vision and options were developed using the learning from conversations with a range of public groups since 2014. In May 2017, the Practice Neighbourhood Groups were involved in discussions specifically around Urgent Care to validate the previous feedback and gather further ideas.
- 3.3 Transport and access have been central to the option development from the start with initial transport analysis included in discussion papers and workshops. Section 7.14 and the Equality Impact assessment in **Appendix 8** shows how the travel analysis has been considered. Travel maps can be found in **Appendix 9**. Specific reference was made regarding travel in the consultation materials namely: travel time in the Fact Sheet as below:

15 Our proposal is to relocate the Walk in Service from Ashton Primary Care Centre to an Urgent Treatment Centre at Tameside Hospital. Tameside hospital is 1.5 miles from the APCC which means there is no demonstrable difference in travel times for those travelling by car. Some people's journeys may be shorter and some longer. Our transport analysis shows that on average 99.8% of Tameside and Glossop residents are within 0-30 minutes drivetime of both APCC and the hospital whether travelling at peak time weekday morning, peak time weekday afternoon / evenings, off peak weekdays or weekends.

And public transport in the FAQ as below

Q10 Where can I get more information about public transport to the locations where urgent care is provided?

A10 For Tameside go to: www.tfgm.com/Pages/default.aspx
For Glossop go to: www.derbybus.info/times/tt_201_999.htm.

The Find out More option  on the website provided access to the consultation stage Equality Impact Assessment which included the travel analysis.

- 3.4 The vision and overarching model was discussed at the Professional Reference Group made up of clinicians, care professionals and officers on 7 June 2017. The early ideas and potential options developed from the feedback were discussed by a Local Design Group made up of representatives from a range of stakeholders - details are included in **Appendix 5**. The options were then further discussed in the Professional Reference Group on 2 August in the light of recently released national guidance. Following the discussion it was agreed to refine the options taking into account analysis of the Local Design Group feedback. Three options were then presented to the 6 September Professional Reference Group. These were refined again taking into account some early feedback from patient representatives, elected councillors and MPs which resulted in the two options presented to the Strategic Commissioning Board in October 2017.
- 3.5 The report presented to the Strategic Commissioning Board in October 2017 included details of the development of options to deliver the vision including the pre-consultation engagement. A copy of the October report can be seen at **Appendix 1 or [Tameside and Glossop SCB papers 31 October 2017](#)**. The following key messages around urgent care services have been taken from all these conversations.
- 3.6 Key factors in deciding where to go when an urgent need arises 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.
- 3.7 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.
- 3.8 People wanted prompt 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. Having fears allayed quickly by speaking to the Practice or Pharmacy was seen as important and knowing, if needed, they will be treated in a timely manner was key

with fewer concerns about where they will be seen. Having access to other services such as Mental Health and Social Care through a more integrated service was seen as beneficial.

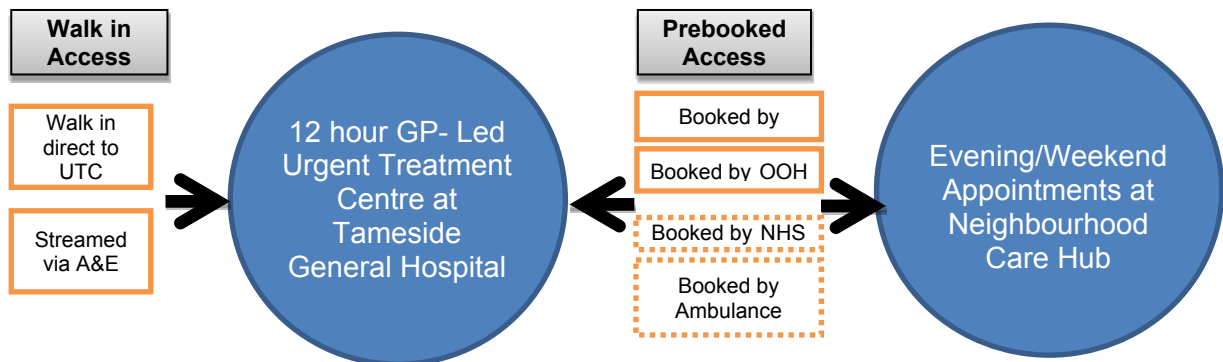
- 3.9 Car parking, distance and public transport links were highlighted as factors that influence where people attend and concerns were raised about the accessibility of the Ashton Primary Care Centre Walk-in Centre site. People felt the hospital site was well known and for Glossop in particular, the hospital site was easier to access than Ashton Primary Care Centre. Having a service at the hospital that differentiated need and avoided unnecessary use of A&E was seen as helpful.
- 3.10 Consistent opening times and services were seen as very important even if it reduced the number of places where the service was available especially as having too much choice often leads to confusion. Having somewhere in every neighbourhood would reduce how far people would have to travel.

4 THE URGENT CARE OFFER

- 4.1 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 (whether this is registered GP practice, dentist, pharmacy, 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.
- 4.2 Key outcomes 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.
- 4.3 The usage of 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.
- 4.4 The urgent care offer will integrate five key services namely:- the existing Walk-in Centre; Out Of Hours GP services; the Alternative to Transfer service; Extended GP Access and Primary Care Streaming at A&E. It will provide enhanced urgent care through neighbourhood based access through GPs, Pharmacies, Opticians, Dentists and Neighbourhood Care Hubs alongside an Urgent Treatment Centre access point at the hospital site in Ashton.
- 4.5 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.
- 4.6 **Proposed Model of Urgent Care in Tameside & Glossop:** The urgent care offer is centred on strong neighbourhood based access to General Practice to provide trusted advice and reassurance and enable people to be booked into an appropriate appointment 7 days a week.
- 4.7 People will get 24/7 phone access to support either through their practice or NHS 111. 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 or an appointment will be provided so when necessary they can be seen by the right professional

on the same day. Out of Hours (6.30 pm to 8.00 am weekdays and all day weekends) people will continue to ring NHS 111 who will be also be able to provide advice or arrange an appointment when required.

- 4.8 The Urgent Treatment Centre will provide walk-in access to ensure people who prefer not to contact their own GP or NHS 111 in advance or who are not registered with a Tameside and Glossop GP can fully access urgent care.
- 4.9 The Urgent Treatment Centre will be located on the same site as A&E which will enable direct and prompt access to urgent diagnostics, 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. The single access point will also prevent people who walk-in at an out of hospital site needing to have travel themselves or be taken by ambulance to the hospital for diagnostics or emergency care. This will both reduce delays to treatment and make more effective use of ambulance services.
- 4.10 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.



4.11 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 integrated nature will enable people to receive a range of physical and mental health support promptly both on the hospital site and within neighbourhoods.

4.12 **Current Provision:** There are a range of separate services and providers delivering Primary Care support for people with an urgent need resulting in multiple access routes 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
GP (GMS)	Bookable appointments (same day for urgent need)												Telephone Support												
GP Out of Hours													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																								
A&E Streaming	Walk in appointments identified at A&E																								
Minor Eye Complaints	Bookable appointments at specific Opticians (within 1-5 days according to need)																								
Minor Ailments	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
GP Out of Hours	Telephone Support	[Blue shaded bar]																								
	Appointments at WIC/EA Hub/out of area facility or Home Visits	[Blue shaded bar]																								
Extended Access	Bookable appointments (same day for urgent need)	[Pink shaded bar]																								
WIC	Walk in appointments at Ashton Primary Care Centre	[Green shaded bar]																								
A&E Streaming	Walk in appointments identified at A&E	[Green shaded bar]																								
Minor Eye Complaints	Bookable appointments at specific Opticians (within 1-5 days according to need)	[Purple shaded bar]																								
Minor Aliments	Walk in support at specific Pharmacies	[Light blue shaded bar]																								
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service	[White bar]																								
Alternative to Transfer	Telephone support to NWAS	[Orange shaded bar]																								
	Home Visits when required by NWAS	[Orange shaded bar]																								

- 4.13 The national and Greater Manchester directive to have an Urgent Treatment Centre ideally co-located with A&E will add to the layers of service and complexity and would result in further duplication if the way existing services are delivered was not changed.
- 4.14 Key to the proposal is the simplification of services whilst extending the hours people can book into appointments and providing access to urgent diagnostics. The 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
GP (GMS)	Bookable appointments (same day for urgent need)	[Pink shaded bar]																								
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	[Green shaded bar]																								
Minor Eye Complaints	Bookable appointments at specific Opticians (within 1-5 days according to need)	[Purple shaded bar]																								
Minor Aliments	Walk in support at Pharmacies	[Light blue shaded bar]																								
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service	[White bar]																								

		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
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	[Green shaded bar]																								
Minor Eye Complaints	Bookable appointments at specific Opticians (within 1-5 days according to need)	[Purple shaded bar]																								
Minor Aliments	Walk in support at specific Pharmacies	[Light blue shaded bar]																								
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service	[White bar]																								

- 4.15 On 31st October 2017 the Single Commissioning Board (now known as the Strategic Commissioning Board) agreed to consult on two options for the delivery of urgent care, for a period of 12 weeks, commencing 1st November 2017 and ending on 26th January 2018. The full set of papers presented to the Single Commissioning Board on 31st October is available on the CCG website <http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board>. A summary of the options is outlined below.

Option 1 - In addition to the Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access, Urgent Care booked appointments in **three** Neighbourhood Care Hubs via GP or NHS 111 as 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	9am to 1pm	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	9am to 1pm	Yes	No	To be Confirmed

Option 2 - In addition to the Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access, Urgent Care booked appointments in five Neighbourhood Care Hubs via GP or NHS 111 as 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

Not open* - Appointments can still be booked at the Urgent Treatment Centre and Glossop Hub

5 CONSULTATION PROCESS

5.1 In October 2017 the Strategic Commissioning Board approved the proposal that the urgent care model should be subject to a period of formal consultation. This consultation needed to offer local people the opportunity to comment on the proposals and options developed and considered by the Strategic Commissioning Board. The consultation was on the following two options:

Option 1 - An Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access and Urgent Care booked appointments in **three** Neighbourhood Care Hubs

Option 2 - An Urgent Treatment Centre based on the Tameside Hospital site offering booked appointments, and walk-in access and Urgent Care booked appointments in **five** Neighbourhood Care Hubs

5.2 The consultation ran from 1 November 2017 to 26 January 2018.

5.3 The online consultation closed on Friday 26 January. Paper copies of the questionnaire were accepted until 5pm on Monday 29 January 2018.

- 5.4 The consultation was hosted on the CCG website <http://www.tamesideandglossopccg.org/get-involved/urgent-care-consultation>. There was a standard questionnaire with an introduction to explain the reason for the changes followed by a series of questions. A free format text box was included to allow people the opportunity to provide any comments, views and suggestions they wish to be taken into account. A copy of the questionnaire used is attached at **Appendix 2**.
- 5.5 In addition to the online consultation, paper copies were made available in all 39 GP surgeries across Tameside & Glossop, the Walk-in-Centre and in all libraries in Tameside and the High Peak area (Glossop, Hadfield and Gamesley). Pre-paid envelopes were also provided for responses to be returned. Copies were available at all public meetings and meetings with community groups. Each paper questionnaire returned was given a 'unique reference number' and inputted to the online consultation system, with the reference number included in the response.
- 5.6 Posters advertising the consultation were produced and distributed across the locality, including to all GP surgeries. Copies of the posters are included at **Appendix 3**.
- 5.7 A 'Fact Sheet' and 'Frequently Asked Questions' were posted on the CCG website consultation page and were reviewed throughout the consultation process to ensure they reflected questions raised through the public meetings and other community engagement processes undertaken. These are included at **Appendix 3**.
- 5.8 The full Equality Impact Assessment at the time of consultation was made available on the website through a Find Out More option. This included detailed transport analysis and neighbourhood (referred to as localities in the document) profiles. The updated assessment using analysis from the consultation can be found in **Appendix 8**.

Planning, assuring and delivering service change for patients

- 5.9 In October 2015 NHS England published an update to the good practice guide for commissioners on the NHS England assurance process for major service change and reconfiguration. The guidance states that 'NHS England's role in reconfiguration is to support commissioners and their local partners to develop clear, evidence based proposals for service reconfiguration, and to undertake assurance as mandated by the Government.'¹
- 5.10 The guidance includes four tests of service reconfiguration, with an expectation that the proposal satisfies the four tests. The four tests are:
- Strong public and patient engagement
 - Consistency with current and prospective need for patient choice
 - Clear, clinical evidence base
 - Support for proposals from commissioners
- 5.11 There are also four key themes outlined in the guidance for service reconfiguration. These are:
- **Preparation and planning:** planned and managed approach from the start which establishes clear roles, a shared approach between organisations, and builds alignment on the case for change
 - **Evidence:** ensure proposals are underpinned by clear clinical evidence and align with clinical guidance and best practice
 - **Leadership and clinical involvement:** Clinicians should determine and drive the case for change
 - **Involvement of patients and the public:** Critical that patients and the public are involved throughout the development, planning and decision making

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

5.12 The NHS guidance has been taken into consideration when establishing and running the consultation process described in this paper.

Promotion and Communications

5.13 The urgent care consultation has been promoted extensively since 1st November 2017. The NHS T&G CCG website included a webpage hosting the consultation which includes a copy of the full report presented at Strategic Commissioning Board, a booklet outlining key information relating to the proposed options, a key factsheet, frequently asked questions, the full Equality Impact Assessment and a link to the consultation itself (<http://www.tamesideandglossopccg.org/get-involved/urgent-care-consultation>)

5.14 In addition the consultation has been shared and promoted in a number of ways, as summarised below.

- The Urgent Care Consultation was available via the Tameside Council, Care Together and Big Conversation websites
- Press release issued to:
 - Mossley Correspondent
 - BBC Radio Manchester
 - Probash Bangla news
 - Revolution radio
 - High Peak radio
 - Tameside Reporter
 - In & Around Tameside magazine
 - Key 103
 - Glossop Chronicle
 - Manchester Evening News
 - BBC News online
 - Granada Reports
 - About Tameside magazine
 - Your Tameside magazine
- Articles on the Tameside Reporter and Glossop Chronicle websites on 2 January 2018. The same article also featured in the print edition of the Tameside Reporter on 2nd January 2018.
<https://glossopchronicle.com/2018/01/time-is-running-out-to-have-your-say-on-urgent-care-access/>
<https://tamesidereporter.com/2018/01/time-is-running-out-to-have-your-say-on-urgent-care-access/>
- Big Conversation online (consultation and engagement) community members (249) were directly emailed about the Urgent Care Consultation.
- E mails were sent outlining details of the consultation to all MPs, Elected Members for both Tameside and High Peak (Glossop), GPs across Tameside & Glossop, Patient Neighbourhood Groups, Patient Participation Groups, Voluntary, Community & Faith Sector umbrella organisations (e.g. Action Together, The Bureau, High Peak CVS, Healthwatch Tameside and Healthwatch Derbyshire) and to over 90 community groups across Tameside & Glossop.
- The Urgent Care Consultation was promoted by social media messages posted on the Tameside Council, Tameside and Glossop CCG, and Care Together social media accounts. Details can be found in **Appendix 4**.
- A4 and A3 promotional posters, paper copies of the consultation, and pre-paid return envelopes were sent to all Tameside and Glossop GP Practices, Ashton Primary Care Centre, and all Tameside and High Peak libraries.
- Item included in the Chief Executive's Brief (3 November) for all Council staff which includes pension fund and Elected members, all CCG staff, all GPs, Practice Nurses and Practice Managers, CCG Board, ECG Board and Mark Tweedie.
- Advertisement in Tameside Reporter and Glossop Chronicle - 9 November 2017.

Response Rates

- 5.15 In total, 380 responses were received to the online questionnaire hosted on the CCG website. This includes 63 returned paper questionnaires. The analysis of the responses can be found in section 7 and **Appendix 6**.

6 COMMUNITY AND WIDER FEEDBACK

Community and Patient Engagement

- 6.1 In addition to the consultation hosted on the CCG website, and the public meetings, over 120 community and patient groups were contacted by the CCG directly by letter or email to inform them of the consultation and invite them to be involved. A full list of the groups contacted to inform them of the consultation, and inviting them to participate, is attached at **Appendix 5**.
- 6.2 The consultation was presented to a number of stakeholders between 1 November 2017 and 26 January 2018 through a range of meetings.
- 6.3 These included Local Authority fora and meetings, across the Tameside (Tameside Metropolitan Borough Council) and Glossop (Derbyshire County Council) neighbourhoods, including the Overview & Scrutiny Panels and formal town council meetings.

	Date
Audenshaw Town Council	7 November 2017
Hyde Town Council	13 November 2017
Dukinfield Town Council	16 November 2017
Ashton Town Council	21 November 2017
Scrutiny - Derbyshire – Health	27 November 2017
Community Select Committee (High Peak)	29 November 2017
Stalybridge Town Council	06 December 2017
Mossley Town Council	06 December 2017
HWBB – Derbyshire	07 December 2017
Denton Town Council	07 December 2017
Longendale Town Council	12 December 2017
Scrutiny - Tameside - Integrated Care	11 January 2018
HWBB – Tameside	25 January 2018

- 6.4 The consultation was presented to meetings of a number of community and patient groups who responded to the initial invitation to engage, and the offer for CCG representatives to attend their meetings. This information is summarised in the table below.

	Date
Practice Neighbourhood Group – Ashton	17 November 2017
BME Group	23 November 2017
Carers Rights	24 November 2017
Practice Neighbourhood Group – Glossop	12 December 2017
Gamesley Men's Group	15 January 2018
Gamesley Ladies Group	25 January 2018
Millbrook PPG	24 January 2018
Gamesley Integrated Team	25 January 2018
Homelessness Support	26 January 2018

- 6.5 The consultation was presented to formal meetings of a range of stakeholders, as outlined in the table below:

	Date
Ashton Neighbourhood	1 st November 2017
Denton Neighbourhood	7 th November 2017
Practice Nurse Forum	6 th November 2017
Hyde Neighbourhood	3 rd November 2017
Practice Nurse Forum	09 November 2017
Local Medical Committee	13 November 2017
Stalybridge/Mossley Neighbourhood meeting	14 November 2017
GP Target	16 November 2017
GP Practice Managers	21 November 2017
Glossop Neighbourhood meeting	30 November 2017
Primary Care Committee	06 December 2017
CCG Governing Body Meeting	20 December 2017

6.6 A summary of the issues raised in the meetings referred to above is as follows:

- Costs and availability of car parking on the hospital site;
- Lack of walk-in access at Glossop;
- Variation across practices for availability of same day appointments;
- Difficulties with being able to get through to practice by telephone;
- Availability of access when bus passes can be utilised;
- Neighbourhood Hub locations need to be accessible to whole neighbourhood;
- Concerns about having primary care at the hospital as may encourage people to use it if more access available;
- Will need good communication to avoid people attending Ashton Primary Care Centre by mistake once WIC moves;
- All practices and NHS 111 will need to offer the evening and weekend appointments.

Positive comments:

- Support for single place for walk-in access with professionals ensuring an individual is seen by the right person;
- Single walk-in access avoids the risk of having to still attend A&E when went to an alternative Walk-in Centre;
- From Glossop easier to get to hospital site than Ashton Primary Care Centre by public transport;
- Having increased neighbourhood services.

6.7 More detailed comments raised in the meetings can be found in **Appendix 5**.

Provider Engagement

6.8 Local providers of urgent and emergency care services are represented on the Tameside and Glossop A&E Delivery Board which meets monthly. An update on the proposed urgent care service has been provided at all meetings since March 2017.

6.9 Tameside and Glossop Integrated Care Foundation Trust, Pennine Care, Go to Doc, Orbit, GM Primary Eye Care and the Local Primary Care Representative committees were all contacted by email to inform them of the consultation and an offer was made to attend any meetings to present the proposal.

6.10 Meetings were attended with Orbit, GM Primary Eye Care and the Local Medical Committee.

6.11 All providers were asked to actively promote the consultation amongst their users.

Members of Parliament

- 6.12 The Members of Parliament representing the four constituencies in Tameside & Glossop were invited to a briefing on 20th October. Two attended with the others being briefed separately outside of the meeting. No formal feedback has been received.

Public Meetings

- 6.13 During the consultation period, three public meetings were held. The details of the meetings and the number of people attending each are included in the table below:

Meeting Date and Location	Number of Attendees
5 December 2017, 6pm, Guardsman Tony Downes House Droylsden	4
6 December 2017, 12noon at Action Together, 95 Penny Meadow, Ashton-under-Lyne	2
11 January 2018, 10am, Glossop Cricket Club, Glossop	5

- 6.14 The public meetings were all recorded and Key points and issues raised are included in the summaries below:

Droylsden - 5 December 2017
<ul style="list-style-type: none"> ➤ General consensus was positive and feedback given from PPG member in attendance was that it was a 'no brainer' ➤ Comments around clarification of various elements of the process streaming etc.
Ashton - 6 December 2017
<ul style="list-style-type: none"> ➤ End of life/hospice care may impact Urgent Care Services and felt there was a way to look at this proactively to avoid urgent responses being required - A Lea spoke of aspirations to ensure daytime GP hours are freed up to allow GPs to proactively plan more effectively to tackle this issue. ➤ Negative feedback through Healthwatch channels around how moving the walk-in element to the hospital would take away from the heart of the community and also cause issues with night time access. ➤ Healthwatch were asked to provide any assistance they felt helpful throughout the process. ➤ Transport and car parking were important factors - Explanation given around how transport was a theme being looked at and how parking will also be factored into this with an additional 300 spaces to be provided. ➤ Described how having diagnostics on site would streamline the service.
Glossop - 10 January 2018
<ul style="list-style-type: none"> ➤ General consensus was positive. ➤ Questions were raised around the need for a Walk-in centre at Glossop. It was noted that there was not much difference in the distance between the New Mills Walk in centre and the Ashton walk-in centre. ➤ Glossop PCC - Public view is that there is disappointment with how it is utilised. ➤ Car parking at Glossop PCC is also an issue ➤ Would there be flexibility with the sessions on Saturdays and Sundays? ➤ Is the Ashton Primary Care Centre still the best site for Tameside? ➤ What happens to the building with the transfer of the Walk-in service? Are we locked in to keeping the building? ➤ Pharmacy cover for Glossop on bank holidays was an issue with none open. - CCGs do not have much influence but we can look into the issue. PPGs to also look into this further as previous issues to lobby local pharmacist have seen successful (Boots Hadfield example).

6.15 Many of the issues above were also reflected in the survey feedback which can be found in section 7.14 of this report. This identifies the key themes of the responses to this consultation, and the commissioner response.

7 CONSULTATION RESPONSES

Analysis of Consultation Survey Responses

7.1 In total, **380** responses were received to the online questionnaire hosted on the CCG website, **63** of which have been received as paper copies.

7.2 Of the **380** total responses received **21** (5.5%) answered only answered only Question 1, "Are you currently registered with a GP in Tameside & Glossop?" and left all additional questions blank.

7.3 Nine-in-ten respondents (91.0%) reported that they are currently registered with a GP in Tameside and Glossop.

7.4 Around three-quarters of respondents provided information around their demographic profile (includes prefer not to say option where relevant).

7.5 A Pharmacy was the service most likely to have been used by respondents for an urgent health care need **within the last week** (22.1%). This was followed by GP Practice appointments at 16.7%. Likewise these were also the two services most likely to have been **used within the last month**; Pharmacies (34.4%) and GP Practice appointments (29.9%).

7.6 Of those respondents who indicated their use of the Walk-In Service at Ashton Primary Care Centre, 30.6% have **never used it**. A similar proportion (30.0%) used it **more than one year ago**.

7.7 Respondents were asked to explain what impact there would be for them if the walk-in service currently provided at Ashton Primary Care Centre is relocated to an Urgent Treatment Centre on the Tameside Hospital site. The majority of comments made relating to this were themed as:

- Relocation will have no/minimal impact (27.2%)
- Parking is worse at hospital site (22.2%)
- Services will be less locally accessible (21.8%)

7.8 **Option 2** was the option most respondents (63.2%) felt would best suit the urgent care needs of the population across Tameside & Glossop. **Option 1** was selected by 36.8% of respondents.

7.9 The most commonly mentioned reasons for selecting **Option 2** were:

- Preferred option will provide more local services (62.1%);
- Preferred option provides more choice e.g. locations, options to access service (55.6%);
- Preferred option will have better availability of appointments/services (32.0%).

7.10 The most commonly mentioned reasons for selecting **Option 1** were:

- Preferred option will have better weekend availability (34.8%);
- Preferred option will have better availability of appointments/services (25.0%);
- Preferred option will provide more local services (22.8%).

7.11 Respondents were also asked if they had an alternative option on how Urgent Care could be delivered across Tameside & Glossop. The most commonly mentioned themes relating to alternative options were:

- No alternative option provided (23.6%);
- Suggestions relating to/positive comments around reducing the misuse of services (19.1%);
- Concerns about whether there are enough locally available services (15.7%).

7.12 Cross tabulation of results by demographic group has not been undertaken due to the small numbers by individual category, making meaningful analysis not possible.

7.13 A full analysis of the responses received to the consultation is attached at **Appendix 6** of this report.

Summary of Consultation Themes and Tameside & Glossop Strategic Commission Response

7.14 Below is a summary of the themes drawn from the narrative comments collated in the consultation process, and the wider stakeholder engagement carried out during the consultation. Further details can be found in the associated Equality Impact Assessment (EIA).

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE																																													
<p>Services Will Be More Locally Accessible</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> • Relocated walk-in service at the ICFT site will be nearer/closer • Relocated walk-in service at the ICFT will be more convenient to access • Hubs will be nearer to home • More hubs at more locations provides more local services • Quick and easy to access a local hub <p style="text-align: right;">Survey responses 152 (50.5%)</p>	<p>Accessibility and travel time were key considerations when developing the proposed urgent care service.</p> <p>The relocation of walk-in access to the hospital involves a move of 1.5 miles whilst keeping access within the Ashton Neighbourhood.</p> <p>The travel analysis undertaken considered public transport, drive times and walking times to both the Ashton Primary Care Centre (APCC) and the hospital site from 14 areas. 8 of the areas will have shorter travel times to the Urgent Treatment Centre at the hospital site as shown below:</p>																																													
<p>Services Will Be Easier To Access In Terms Of Transport/Public Transport</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> • ICFT site is easier to access • Better to travel to the ICFT site • More hubs will mean they are easier to access <p style="text-align: right;">Survey responses 26 (8.6%)</p>	<table border="1"> <thead> <tr> <th></th> <th>Shortest Travel to</th> <th>Maximum additional public transport travel time</th> </tr> </thead> <tbody> <tr> <td>Ashton</td> <td>APCC</td> <td>10 minutes</td> </tr> <tr> <td>Mossley</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Stalybridge</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Dukinfield</td> <td>APCC</td> <td>20 minutes</td> </tr> <tr> <td>Hyde</td> <td>APCC</td> <td>17 minutes</td> </tr> <tr> <td>Broadbottom</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Hattersley</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Mottram</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Denton</td> <td>APCC</td> <td>20 minutes</td> </tr> <tr> <td>Audenshaw</td> <td>APCC</td> <td>16 minutes</td> </tr> <tr> <td>Droylsden</td> <td>APCC</td> <td>17 minutes</td> </tr> <tr> <td>Hadfield</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Gamesley</td> <td>Hospital</td> <td></td> </tr> <tr> <td>Glossop</td> <td>Hospital</td> <td></td> </tr> </tbody> </table>		Shortest Travel to	Maximum additional public transport travel time	Ashton	APCC	10 minutes	Mossley	Hospital		Stalybridge	Hospital		Dukinfield	APCC	20 minutes	Hyde	APCC	17 minutes	Broadbottom	Hospital		Hattersley	Hospital		Mottram	Hospital		Denton	APCC	20 minutes	Audenshaw	APCC	16 minutes	Droylsden	APCC	17 minutes	Hadfield	Hospital		Gamesley	Hospital		Glossop	Hospital	
	Shortest Travel to	Maximum additional public transport travel time																																												
Ashton	APCC	10 minutes																																												
Mossley	Hospital																																													
Stalybridge	Hospital																																													
Dukinfield	APCC	20 minutes																																												
Hyde	APCC	17 minutes																																												
Broadbottom	Hospital																																													
Hattersley	Hospital																																													
Mottram	Hospital																																													
Denton	APCC	20 minutes																																												
Audenshaw	APCC	16 minutes																																												
Droylsden	APCC	17 minutes																																												
Hadfield	Hospital																																													
Gamesley	Hospital																																													
Glossop	Hospital																																													
<p>Relocation Of Walk-in Service Will Mean Walk-in Service Is Closer, Nearer Or The Same Distance/Hubs Closer To Home</p> <p>Comments stating:</p> <ul style="list-style-type: none"> • The ICFT site would be closer or nearer for patients than current walk-in service • The hubs are nearer to home for patients to access services <p style="text-align: right;">Survey responses 71 (23.6%)</p>																																														
<p>Services Will Be Less Locally Accessible/Concerns About Services Not Being Local Enough</p> <p>Concerns related to:</p>	<p>The additional public transport time for those who have longer journeys varies but the maximum</p>																																													

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<ul style="list-style-type: none"> • Current APCC walk-in centre is easier to access than ICFT site • ICFT site is further away for some patients than APCC • Denton has been overlooked by the plans for hubs • Glossop needs to have better facilities and opening hours than those outlined • Droylsden, Littlemoss, Fairfield and Audenshaw (West Neighbourhood) need a closer hub <p style="text-align: right;">Survey responses 78 (25.9%)</p>	<p>increase is 20 minutes.</p> <p>For all time periods analysed a similar proportion the residents can travel to APCC and the hospital within 0-60 minutes.</p> <p>People who are not registered with a Tameside and Glossop GP will be able to access urgent care in the hospital site. Hospital locations generally easier to find and have robust public travel arrangements so the expectation is that unregistered users will not be disadvantaged by the relocation of the walk-in access.</p>
<p>Concerns About Services Being More Difficult To Access In Terms Of Transport/Public Transport</p> <p>Concerns relate to:</p> <ul style="list-style-type: none"> • The ICFT site is more difficult to travel to • Traffic along the routes to access the ICFT site can be bad • The ICFT site is difficult to access via public transport • Public transport links from Glossop are problematic • Combining services onto the ICFT site will make traffic more congested and public transport services worse in area • Transport infrastructure to the ICFT site (in terms of public transport and roads), needs to be improved for relocation proposal to work <p style="text-align: right;">Survey responses 45 (15.0%)</p>	<p>The Neighbourhood focus of the Care Together Programme reflects the need to focus services on the needs of the local population and provide care as close to home as possible whilst still ensuring that quality and cost effectiveness can be maintained.</p> <p>Our proposals are based on the North Hub being located at the Ashton Primary Care Centre and the Glossop Hub being based at the Glossop Primary Care Centre. The locations for hub in the East Neighbourhood (covering Stalybridge, Dukinfield and Mossley), the South Neighbourhood (covering Hyde and Longdendale) and the West Neighbourhood (covering Denton, Droylsden and Audenshaw) are still to be determined. Detailed work to identify appropriate locations will be managed through the Strategic Estates Group.</p> <p>The ability to book appointments at any hub and the Urgent Treatment Centre will increase the opportunity for individuals to plan their visit. This will help those people who have concessional travel and enable people to utilise existing travel services more effectively.</p>
<p>Relocation Will Mean Walk-in Service Would Be Further Away Or Further To Travel/Hubs Are Further Away/Concerns About Distance To Service</p> <p>Concerns related to:</p> <ul style="list-style-type: none"> • The ICFT site is further away than APCC for some patients • Traffic and transport links make travelling the distance to the ICFT difficult • The hubs in the options do not cater for Droylsden or Audenshaw (West Neighbourhood) • Relocation of walk-in centre means more distance or travel time from Glossop <p style="text-align: right;">Survey responses 60 (19.9%)</p>	<p><u>Key Mitigations</u></p> <p>The increased availability of appointments in practices and neighbourhoods should reduce the need for people to travel to the hospital site.</p> <p>When identifying East and West Hub sites travel will be considered.</p> <p>A wider review of patient transport is being undertaken and this will include urgent care transport alternatives.</p>
<p>Proposal / Options Mean Increased Choice e.g. Locations / Options To Access Services</p> <p>Comments relate to:</p>	<p>The proposal both increases the number of urgent appointments available and the number of places where these appointments can be booked.</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<ul style="list-style-type: none"> Option 1 has more choice in terms of availability of weekend appointments Option 2 is more accessible – more locations closer to home / in different neighbourhoods Option 2 gives easier access for those without their own transport Option 2 covers more areas and provides more local options <p style="text-align: right;">Survey responses 107 (35.5%)</p>	<p>People can access any of the Neighbourhood Care Hubs choosing which best suits their needs – this may be because it is the closest to home, work, or the quickest available appointment.</p> <p>Option 2 is the option preferred by the majority of respondents and it is this option that has fewer locations for access at weekends. However, in both options the total number of appointments available at weekends will be based on expected demand rather than purely on the number of sites open. This means whilst choice is restricted there will be sufficient access to meet people's needs.</p>
<p>Proposal / Options Mean Better Availability Of Appointments / Services</p> <p>Comments Include:</p> <ul style="list-style-type: none"> Option 1 Would Be Better In Terms Of Weekend Availability Option 1 Hours Are More Accessible For Those Who Work Option 1 More Beneficial If You Want To See Someone On The Day You Fall Ill Option 2 – Adding More Hubs Dilutes What Is Available Via Option 1 Option 2 Greater Convenience Of Hubs Option 2 – More Options For All Option 2 Covers More Areas In The Evening Option 2 May Reduce Waiting Times If Service Available Across Five Areas Proposals Will Reduce Demand On Hospital Proposals Will Reduce Demand On GP Appointments, Making Them More Available <p style="text-align: right;">Survey Responses 82 (27.2%)</p>	<p>The single point of walk-in access will ensure that A&E staff are able to focus on emergencies and life threatening situations with the Urgent Care Treatment Centre supporting those people whose needs are urgent.</p> <p>The ability to book through the GP will help practices advise people whether their needs will be best met within the practice itself or through the hubs/Urgent Treatment Centre.</p>
<p>Proposals Will Reduce Misuse Of Services/Positive Comments Re Misuse Of Services</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> Relocation of walk-in service will take the pressure off A&E The more hubs there are, the less strain will be put on GPs and the hospital Co-location of A&E and walk-in service makes escalating or de-escalating patients to the correct service easier <p style="text-align: right;">Survey responses 43 (14.3%)</p>	<p>The feedback through the pre-consultation discussions was that it is difficult for people to decide whether a condition is urgent or not and that carers would usually default to using A&E to avoid the risk of delaying treatment.</p> <p>The single point of walk-in access will ensure that A&E staff are able to focus on emergencies and life threatening situations with the Urgent Care Treatment Centre supporting those people whose needs are urgent.</p>
<p>Concerns Over Misuse Of Services</p> <p>Concerns relate to:</p> <ul style="list-style-type: none"> Relocation of walk-in access to UTC resulting in more people visiting A&E Shouldn't we be trying to avoid more 	<p>The booking of appointments through the GP or 111 will help people access the service that most meets their needs including services such as the Minor Eye Conditions Service and the Minor Aliments Service.</p> <p><u>Key Mitigation</u> Supporting people to care for themselves and</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<p>people accessing A&E?</p> <ul style="list-style-type: none"> • Need to address inappropriate and inevitable presentations at the hospital site – concern the proposals do not address this • The fact that A&E attendees and urgent care attendees will be seen in one place – preference would be that these are separate / in different waiting areas • That relocation will result in longer queues / waiting times • Reference to current abuse of A&E services e.g. people using A&E if they can't get a GP appointment • More neighbourhood hubs will mean people are more likely to visit them for minor issues <p style="text-align: right;">Survey responses 33 (11.0%)</p>	<p>make informed choices regarding future use of services will one of the service outcomes.</p>
<p>General Positive Comments</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> • The proposal to relocate walk-in service makes sense • It would have a positive impact • Proposals will improve service and make things better • The preferred option is a good idea/way forward • Proposals will work <p style="text-align: right;">Survey responses 68 (22.6%)</p>	<p>The proposal for the urgent care service is based on delivering high quality, clinically effective care in an affordable way.</p> <p>Local feedback through pre-consultation and the Local Design Group reiterated the need locally for a simpler service with consistent opening times and common service offer. Both of these factors along with the feedback that the GP practice was the trusted place for advice were central to the development of our urgent care proposal and the options consulted on.</p>
<p>General Negative Comments</p> <p>Concerns relate to:</p> <ul style="list-style-type: none"> • Bias towards Tameside services compared to Glossop • The 111 number does not work in an emergency • Neither of the proposed options are ideal • The CCG will make their mind up regardless of what the public think • Negative comments relating to social services • The waiting area at APCC is inadequate • Proposals are just not good enough • No need for change <p style="text-align: right;">Survey responses 32 (10.6%)</p>	<p>The options were developed following analysis of the pre-consultation feedback, were refined through a local design group of stakeholder representatives and following discussion with representatives of our population. There was no preferred option.</p> <p>Both options increase local access to urgent care services and enable people to book in advance thereby allowing them to plan their access.</p> <p>People can choose to ring their practice or 111 to book an appointment or to walk-in to the Urgent Treatment Centre.</p> <p>Retaining the existing arrangements alongside the national requirement to implement an Urgent Treatment centre² and to increase access to GP appointments³ additional would not be clinically or cost effective and would increase duplication and confusion.</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<p>Concerns Regarding The Availability Of Appointments/Services Concerns relate to:</p> <ul style="list-style-type: none"> • What happens in terms of appointments after 9pm? • Although Option 2 provides more sites, times and availability of appointments are more restricted • Increased availability of on day appointments needed • Weekend availability is important • Opening times at UTC need to be longer • Glossop hub needs to offer walk-in appointments <p style="text-align: right;">Survey responses 22 (7.3%)</p>	<p>The timings of the service have been developed following analysis of the local use of existing services and national guidelines.</p> <p>People who need urgent care when neither the Urgent Treatment Centre nor Neighbourhood hubs are open will be seen within Tameside and Glossop through the Primary Care Access service.</p> <p>The opening hours of the Urgent Treatment Centre are in line with the national standards of 12 hours 7 days a week. The hours will however be reviewed on an on-going basis to ensure local services can meet demand.</p> <p>The analysis of demand suggests that duplicating walk-in access in Glossop would not be clinically or cost effective.</p> <p><u>Key Mitigation</u> Both options provide additional same day appointments and the total number of appointments available at weekends will be based on expected demand rather than purely on the number of sites open.</p>
<p>Comments Relating To Appointments And Services e.g. Availability, Waiting Times At Relocated Walk-in Service Variety of comments relating to:</p> <ul style="list-style-type: none"> • Opening hours of walk-in service need to be longer Waiting times for walk-in service will be longer for some patients if relocated to ICFT • Waiting times for walk-in service will be shorter for some patients if relocated to ICFT • Walk-in service could be much busier if relocated due to proximity to A&E <p style="text-align: right;">Survey responses 13 (4.3%)</p>	<p>Waiting times are subject to national standards:-</p> <ul style="list-style-type: none"> • Patients who have a pre-booked appointment should be seen and treated within 30 minutes of their appointment time • Patients who “walk-in” 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. • Patients will be given an appointment slot, which will not be more than two hours after the time of arrival. <p><u>Key Mitigation</u> The providers of services will be managed against the above standards.</p>
<p>Importance Of Local Services Comments relate to:</p> <ul style="list-style-type: none"> • Beneficial to have more integrated services in local area • Having services more locally will benefit area and patients 	<p>Tameside and Glossop’s Care Together Programme recognises that an integrated service is the key to local people having long and healthy lives and our neighbourhood approach confirms our commitment to care closer to home.</p>

² Urgent Treatment Centres – Principles and Standards, NHS England, July 2017

³ Next Steps On The NHS Five Year Forward View

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<ul style="list-style-type: none"> • Neighbourhood hubs may help reduce pressure on A&E by preventing people visiting A&E unnecessarily • Urgent care should be accessible for all <p style="text-align: right;">Survey responses 14 (4.7%)</p>	
<p>Need For Better Communications/ Awareness Of Services</p> <p>Comments include:</p> <ul style="list-style-type: none"> • More awareness is required of what services / advice is available for patients • Need to educate patients so they understand the services available for them to use • Public need to understand A&E is for emergencies only • Need to define what urgent care means • Need for communications campaign if proposals are implemented • Better communication needed between GPs and other services – more effective signposting required <p style="text-align: right;">Survey responses 14 (4.7%)</p>	<p>The feedback through the pre-consultation discussions was that it is difficult for people to decide whether a condition is urgent or not and that carers would usually default to using A&E to avoid the risk of delaying treatment.</p> <p>The GP is a trusted point of contact for advice and reassurance so the proposal is based around contacting the practice first. This will help ensure that people receive the right care first time.</p> <p>The single point of walk-in access will ensure that A&E staff are able to focus on emergencies and life threatening situations.</p> <p>Key Mitigation A communications plan will be used to ensure that local people are aware how they can access urgent care effectively.</p>
<p>Better Weekend Availability</p> <p>Comments primarily made around Option 1 relate to:</p> <ul style="list-style-type: none"> • Better weekend access/availability of weekend appointments • Best combination of weekday and weekend access (Option 1) • For people who work, weekend availability is necessary • Weekend appointments will reduce demand on GPs in week, demand on A&E and other services <p style="text-align: right;">Survey responses 37 (12.3%)</p>	<p>Both options provide appointments in the evening and at weekends.</p> <p>The ability to book provides greater control for people as they will be able to access any site so may choose to attend a location closer to home or work as best suits their need.</p> <p>Option 2 is the option preferred by the majority of respondents and it is this option that had fewer locations for access at weekends. However, in both options the total number of appointments available at weekends will be based on expected demand rather than purely on the number of sites open. This means whilst choice is restricted there will be sufficient access to meet people's needs.</p>
<p>Concerns About Weekend Availability</p> <p>Concerns about:</p> <ul style="list-style-type: none"> • Limiting weekend appointments puts pressure on the hospital • A better geographic spread of weekend access is preferable to longer weekend access at fewer locations • Time and availability restrictions are a concern <p style="text-align: right;">Survey responses 8 (2.7%)</p>	<p>Current Walk- in Centre demand shows that weekend usage accounts for 30% of total usage with Saturday accounting for 14.7% and Sunday 14.3%.</p> <p>Key Mitigation The provision at Glossop Neighbourhood Hub and the Urgent Treatment Centre will be reviewed to ensure there are sufficient appointments to meet demand.</p>
<p>Preferred Option Utilises Staff/Resources Better</p>	<p>The clinical staffing levels will relate to the number of appointments available and both options will provide</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<p>Comments relate to:</p> <ul style="list-style-type: none"> • Less hubs mean less staff are required • More hubs means more job opportunities • Less pressure on staff as services would be used properly <p style="text-align: right;">Survey responses 8 (2.7%)</p>	<p>45 minutes per 1000 population.</p> <p>The multidisciplinary team approach will support effective use of staff skills.</p> <p>There will be a mix of GP, Nurse, Health Care Assistant and other practitioner appointments to enable the skills of the team to be fully utilised. The balance of appointments will be continually reviewed to ensure that demand can be appropriately managed.</p>
<p>Comments relating to staffing / capacity</p> <p>Comments include:</p> <ul style="list-style-type: none"> • Relocation of walk-in access to UTC would be beneficial in terms of staffing / capacity • Option 2 will require more staff • Need to recruit / attract more GPs • Need for doctors and not just nurse practitioners • Concern over current inability to book GP appointments • Reference to staff being under pressure in current arrangements <p style="text-align: right;">Survey responses 28 (9.3%)</p>	<p>Both options reduce duplication and therefore reduce costs through improved efficiency.</p> <p>The location based costs such as rent and reception cover do increase in option 2 with five hubs operating over 5 days and 1 hub at weekends (27 sessions) compared to 3 hubs operating 7 days (21 sessions). However there is a commitment to neighbourhood based services and the options ensure that we have an understandable and accessible Urgent Care offer which balances quality, access and the best use of our resources.</p>
<p>Comments Relating To Cost/Funding</p> <p>A variety of comments including:</p> <ul style="list-style-type: none"> • Option 1 would be more cost effective due to fewer locations e.g. less administrative and staffing costs • Comments around additional cost of implementing Option 2 due to increased number of hubs • Need for more funding for health service / GPs • Are the proposals a way to save money? <p style="text-align: right;">Survey responses 23 (7.6%)</p>	<p><u>Key Mitigation</u> The ability to 'get through' to the practice to book an urgent appointment is fundamental to the proposal and a range of methods e.g. increased on line booking and improved telephony will be adopted to improve the ability for people to book appointments</p>
<p>Invest In Services</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> • Suggestions of investment in services e.g. would the CCG fund Advanced Nurse Practitioner programmes to help with the recruitment of UTC teams? • Staff are currently unable to cope with the demand-need to invest to address this • The George Street building in Glossop is under utilised <p style="text-align: right;">Survey responses 7 (2.3%)</p>	<p>The Urgent Care proposal is designed to fully utilise the full range of skills of health and social care professionals. The multidisciplinary Team approach will develop in neighbourhoods and in the Urgent Treatment Centre to meet the holistic needs of individuals.</p> <p>The emphasis on prevention and supporting people to manage their own health will help reduce the risk of people needing urgent and emergency care.</p> <p><u>Key Mitigation</u> The need to improve utilisation of Glossop Primary Care Centre is recognised and consideration is being given to how more services can be brought into the neighbourhood</p>
<p>Better Urgent Care Facilities For Glossop</p>	<p>The neighbourhood hubs provide additional local access to urgent care appointments working</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<p>Comments include:</p> <ul style="list-style-type: none"> • Glossop is isolated from Tameside and needs its own UC facilities • The opening times of the Glossop hub should be extended • The Glossop hub should offer walk-in appointments <p style="text-align: right;">Survey responses 6 (2.0%)</p>	<p>alongside the appointments within the registered practice. Glossop Neighbourhood Hub is operational 7 days a week.</p> <p>The analysis of demand suggests that duplicating walk-in access in Glossop would not be clinically or cost effective. People are able to make an appointment in any neighbourhood hub or the Urgent Treatment Centre through the practice or 111 which will enable people to plan their visit more effectively.</p> <p><u>Key Mitigation</u> The capacity in all locations will be regularly reviewed against demand as the service develops.</p>
<p>Parking Positive Comments</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> • Easier to park at ICFT • Parking at APCC is impossible so relocation would be beneficial <p style="text-align: right;">Survey responses ~⁴ (~%)</p>	<p>There is a range of car parking at the hospital with the TMBC car parking costs being at comparable across the Borough. The implementation phase will consider the drop off and pick up arrangements at the Urgent Treatment Centre to support people to use the most cost effective car parking option.</p>
<p>Parking-Negative Comments</p> <p>Concerns that:</p> <ul style="list-style-type: none"> • There is restricted, little or no parking at the ICFT site • There are parking charges at the ICFT site and they are expensive • Parking is difficult /problematic/impossible at ICFT • The parking infrastructure at the ICFT site needs to be improved • There needs to be sufficient parking infrastructure at the proposed hubs <p style="text-align: right;">Survey responses 62 (20.6%)</p>	<p>The ability to book appointments at the Urgent Treatment Centre and waiting time standards will increase the ability for people to plan their visits and potentially reduce costs.</p> <p><u>Key Mitigations</u> The increased availability of urgent care appointments in Neighbourhoods will reduce the need to travel to the hospital site.</p> <p>A development scheme in partnership with the hospital will provide an additional 240 parking spaces.</p>
<p>Comments Relating To Parking / Travel Costs</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> • Do not drive, and due to relocation will need to use taxis or public transport, which will be expensive • Parking at ICFT is expensive • ICFT is further away than APCC which will mean increased travelling costs <p style="text-align: right;">Survey responses 25 (8.3%)</p>	
<p>Patient Care/Service/Treatment Will Improve</p> <p>Comments relate to:</p>	<p>The proposal for the urgent care service is based on delivering high quality, clinically effective care in an affordable way.</p>

⁴ ~ indicates data is suppressed due to small numbers

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<ul style="list-style-type: none"> Relocation will mean that if somebody has an emergency or escalating issue and travels to relocated walk-in service, they will already be in the right location for A&E, which is beneficial for patients Relocation will mean a better healthcare service Relocation will mean better treatment for patients <p style="text-align: right;">Survey responses 14 (4.7%)</p>	<p>A key benefit of the single walk-in access point is to ensure prompt access to diagnostics and treatment.</p> <p>The multidisciplinary approach will ensure an individual is supported by the most appropriate professional.</p>
<p>Service Will Be Easier To Access/A More Simple Service</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> Relocation of walk-in service will mean people who go to A and E but don't need emergency treatment can be sent to walk-in service and vice versa, i.e. already on same site The relocation will streamline the service Proposals would make things better and easier <p style="text-align: right;">Survey responses 35 (11.6%)</p>	
<p>Centralisation/Integration – Positive</p> <p>Comments include:</p> <ul style="list-style-type: none"> One central location (i.e. having A&E and UTC in one place) seems beneficial / is a good idea If you require further investigation (e.g. X-ray, more tests) you are already on the hospital site Better access to diagnostics Would be beneficial to integrate other services into neighbourhood care hubs <p style="text-align: right;">Survey responses 12 (4.0%)</p>	<p>The access through the GP and single walk-in access point will reduce pressure on A&E as it will ensure that people are supported by the most appropriate person - fully utilising the skills of the wider Primary Care teams.</p> <p>The ability to book appointments in practices, neighbourhood hubs and the Urgent Treatment Centre provides people with the opportunity to choose a location that best suits their needs and reduce congestion in services as it will enable a more planned approach to be taken.</p>
<p>Centralisation/Integration - Negative</p> <p>Concerns around:</p> <ul style="list-style-type: none"> Smaller locations, (i.e. APCC), are better for staff and patients than large, multi-service locations, (i.e. a hospital) Hospital site and services are already congested adding in the walk-in service would exacerbate this A&E already perceived as a 'catch-all' or one-stop-shop, putting walk-in service at same location would increase this perception <p style="text-align: right;">Survey responses ~ (~%)</p>	<p>Practices will be able to advise people when their need for an urgent diagnostic test may be better met by booking an appointment at the Urgent Treatment Centre rather than within the practice.</p> <p>Key Mitigations</p> <p>The flow of patients through services will be enhanced as the single point of walk-in access will ensure that A&E staff are able to focus on emergencies and life threatening situations with the Urgent Care Treatment Centre supporting those people whose needs are urgent.</p> <p>The increased choice will support people to select a location that best meets their needs.</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<p>More Efficient Use Of Existing System</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> Better integration of health services would reduce demand on Urgent Care Urgent needs should be routed to Urgent Care Centres to reduce demand on GPs <p style="text-align: right;">Survey responses ~ (~%)</p>	<p>Tameside and Glossop's Care Together Programme recognises that an integrated service is the key to local people having long and healthy lives. In, 'A Place-Based Approach to Better Prosperity, Health and Wellbeing'⁵ we set out our vision for a single urgent care service aligning a range of urgent and out of hours care services around A&E to make it easier for people in crisis or with an urgent medical to access the most appropriate service. This proposal in a key step towards that vision.</p> <p>The key relationship with GPs and the practice team is retained whilst ensuring that demand can be more appropriately managed.</p>
<p>Disabled/Those With Mobility Issues May Have Difficulty With Access</p> <p>Concerns around:</p> <ul style="list-style-type: none"> Relocation would impact people who are disabled Disabled parking at the ICFT site is of a poor standard The sprawling nature of the ICFT results in difficulties for disabled people <p style="text-align: right;">Survey responses ~ (~%)</p>	<p>All the Urgent Care locations will be fully DDA compliant.</p> <p>Key Mitigation The implementation phase will consider the drop off and pick up arrangements at the Urgent Treatment Centre and availability of Disabled car parking.</p>
<p>Keep Walk-in Service In Current Location / No Need For Change</p> <p>Comments include:</p> <ul style="list-style-type: none"> Prefer the walk-in centre where it is now Walk-in centre should stay where it is Current arrangements are good – no need to change Please do not close the walk-in centre at Ashton <p style="text-align: right;">Survey responses 8 (2.7%)</p>	<p>The national mandate⁶ to implement an Urgent Treatment Centre in line with the national specification and the requirement to increase access to GP appointments set out in the 'Next Steps On The NHS Five Year Forward View'⁷ means that we have to change the urgent care offer locally.</p> <p>Retaining the existing arrangements alongside the national requirement would not be clinically or cost effective and would increase duplication and confusion.</p>
<p>Need For More Walk-In Centres</p> <p>Comments relate to:</p> <ul style="list-style-type: none"> There should be a walk-in service at each neighbourhood hub There should be more walk-in centres There should be another walk-in centre in addition to the hospital site <p style="text-align: right;">Survey responses 7 (2.3%)</p>	<p>The national review of urgent treatment services in the NHS³, stated that the Urgent Treatment centre standards and principles were designed to end the confusion patients and the public cited around walk-in centres, minor injuries units and urgent care centres. Local feedback through pre-consultation and the Local Design Group reiterated the need locally for a simpler service with consistent opening times and common service offer. Both of these factors along with the feedback that the GP practice was the trusted place for advice were central to the</p>
<p>Concerns About Choice</p> <p>Concerns relate to:</p>	

⁵ A Place-Based Approach to Better Prosperity, Health and Wellbeing

⁶ Urgent Treatment Centres – Principles and Standards, NHS England, July 2017

⁷ Next Steps On The NHS Five Year Forward View

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<ul style="list-style-type: none"> Needs to be more than one walk-in service location Allow walk-in service at a location apart from ICFT <p style="text-align: right;">Survey responses ~ (~%)</p>	<p>development of our urgent care proposal and the options consulted on.</p> <p>Having reviewed the level of demand it would not be clinically or cost effective to duplicate walk-in locations. However, people will be able to book same day appointments between 08:00 and 21:00 weekdays and 09:00 and 21:00 at weekends.</p> <p><u>Key Mitigation</u> A communications plan will be used to ensure that local people are aware they can book urgent care appointments through their practice or 111 and can choice any of the available locations.</p>
<p>Service Will Be More Difficult To Access /Complex</p> <p>Concerns around:</p> <ul style="list-style-type: none"> Co-locating A&E and the walk-in-service in the same location will confuse patients and communication about the difference between the two It is difficult to find the right building on the hospital site and park in the right place <p style="text-align: right;">Survey responses ~ (~%)</p>	<p>The single walk-in access point removes the need for the individual to differentiate between an urgent and emergency need as the professional assessing the individual will ensure that they receive the most appropriate care first time. In the past people have been transferred by ambulance from the WIC to A&E leading to a delay in treatment.</p> <p><u>Key Mitigation</u> The implementation phase will ensure the development of clear signage that directs individuals that walk- in to the correct building and access point.</p>
<p>Relocation Of Walk-in Service Will Have No/ Minimal Impact</p> <p>Comments state:</p> <ul style="list-style-type: none"> None/Nil/No impact Minimal/Little impact No/Little impact because home is same or similar distance from APCC and ICFT No impact because travelling by car means no difference in accessing APCC or ICFT <p style="text-align: right;">Survey responses 71 (23.6%)</p> <p>Not Sure What Impact Of Relocation Will Be</p> <p>Comments state:</p> <ul style="list-style-type: none"> Not sure Have not used APCC so cannot comment <p style="text-align: right;">Survey responses ~ (~%)</p> <p>Relocation Will Have A Lot Of Impact</p> <p>Comment states:</p> <ul style="list-style-type: none"> A lot <p style="text-align: right;">Survey responses ~ (~%)</p>	<p>The above statements set out the travel time impact for people in Tameside and Glossop and address concerns regarding parking.</p>
<p>Unable To Select Either Option / More Information Needed</p>	<p>The options were developed following analysis of the pre-consultation feedback, were refined through a</p>

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG REPSONSE
<p>Comments include:</p> <ul style="list-style-type: none"> • Neither of the options are helpful / good • Not sure if either option is a solution to addressing improved access to urgent care • Options do not address those presenting at A&E unnecessarily • CCG will make up their own mind as to which option to implement • Requests for further information e.g. will the hubs be able to offer minor treatment / care? <p style="text-align: right;">Survey responses 10 (3.3%)</p>	<p>local design group of stakeholder representatives and following discussion with representatives of our population. There was no preferred option.</p> <p>Both options increase local access to urgent care services and enable people to book in advance thereby allowing them to plan their access.</p> <p>The single point of walk-in access will enable professionals to assess which service will best meet an individual's need and so ensure A&E is freed up to treat those most in need.</p>
<p>A Small Number Of Comments Which Could Not Be Assigned To One Of The Other Defined Themes.</p> <p>Comments include:</p> <ul style="list-style-type: none"> • Reference to personal issues / situation • Do not privatise NHS <p style="text-align: right;">Survey responses 6 (2.0%)</p>	

8 EQUALITY IMPACT ASSESSMENT

8.1 To ensure compliance with the public sector equality duty (section 149 of the Equality Act 2010) public bodies, in the exercise of their functions, must pay 'due regard' to the need to eliminate discrimination, victimisation and harassment; advance equality of opportunity; and foster good relations.

8.2 The Equality Act 2010⁸ makes certain types of discrimination unlawful on the grounds of:

- Age;
- Being or becoming a transsexual person;
- Being married or in a civil partnership;
- Being pregnant or on maternity leave;
- Disability;
- Race including colour, nationality, ethnic or national origin;
- Religion, belief or lack of religion/belief;
- Sex;
- Sexual orientation.

These are called 'protected characteristics'.

8.3 Tameside & Glossop Clinical Commissioning Group have an additional four locally determined protected characteristic groups:

- Carers;
- Mental health;
- Military veterans;
- Breastfeeding.

8.4 A full Equality Impact Assessment (EIA) has been produced to support this report and can be seen at **Appendix 8**. This EIA has been produced to ensure it responds to issues raised

⁸ <https://www.gov.uk/guidance/equality-act-2010-guidance#overview>

within the consultation, provides a full evaluation of the impact of the proposed model, and explores the required mitigations.

9 IMPLEMENTING THE NEW OFFER

- 9.1 Details of proposed actions, timelines and milestones for the implementation are included in this section in as much detail as is currently available, pending Strategic Commissioning Board approval to proceed.
- 9.2 The consultation indicated that should the proposal go ahead, there will be a safe transition to the new model of care utilising the learning from the A&E Streaming already in place. It indicated that the plan is to keep the Walk-In Service at Ashton Primary Care Centre running until Summer 2018 so that there was enough capacity during Winter 2017 when demands on health services will be high.
- 9.3 The urgent care service whilst integrated will be commissioned as two separate elements as this will maximise the opportunities to build on available expertise around managing the different patient flows and demand in walk-in and bookable services.
 - The Urgent Treatment Centre
 - The Primary Care Access Service
- 9.4 The two elements also support a phased implementation approach that can be aligned with existing contract terms.
- 9.5 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 ICFT contract. The earliest implementation date will be July 2018 however, as set out in 9.12 below the availability of capital funding is a key determinant of the timeframe for implementation.
- 9.6 The expected implementation date for the Primary Care Access Service is September 2018. The process for commissioning this element is the subject of another Strategic Commissioning Board paper.

Financial Implications

- 9.7 In 2017-18, Tameside and Glossop have a recurrent annual budget resource of £3.569 million and a non-recurrent resource of £0.26 million totalling **£3.829 million** for the provision of the urgent care service affected by this proposal. However, there are currently some pressures against these budgets.
- 9.8 On a recurrent basis there is an expectation that the new urgent care model will be able to deliver significant cost efficiencies as a result of reduced duplication and economies of scope and scale. This will both address the current financial pressures and release significant savings against the historic baseline therefore ensuring that the re-designed urgent care model meets the pre-requisite of making a considerable contribution towards the £70 million economy wide financial gap.
- 9.9. We recognise that we may not be able to fully realise these savings in year 1 due to set up costs and a period of dual running.
- 9.10. Relative to the financial envelope set out above both of the options which went to consultation are affordable. Indicative costings suggest that while public consultation favoured option 2, the savings associated with option 1 would be approximately £0.121 million higher.

Estates Implications

- 9.11. The decision of the Strategic Commissioning Board will be communicated to Tameside & Glossop Integrated Care NHS Foundation Trust who will then take any necessary action with regard to their estate and current contracts/arrangements to implement the arrangements for the Urgent Care Treatment Centre.
- 9.12. The availability of capital funding will impact on the timeframe for full implementation for the Urgent Treatment Centre as a level of redesign of the current estate is required to ensure the most effective management of patients.
- 9.13. The precise location of the Neighbourhood Hubs for the South, East and West neighbourhoods is subject to more detailed work. This will be managed through the Strategic Estates Group.

Service Improvements and Outcome Measures

- 9.14. The CCG will ensure that the outcome of the consultation results in the development of clear outcome measures in the contract with the Integrated Care NHS Foundation Trust and other providers, to enable the monitoring of the quality of urgent care services in Tameside and Glossop. These will be included in the contracts held between Tameside & Glossop Clinical Commissioning Group and Tameside & Glossop Integrated Care NHS Foundation Trust and any other provider.
- 9.15. A Quality Impact Assessment of the urgent care model has been completed and is attached at **Appendix 7**.

10 CONCLUSIONS

- 10.1 In October 2017 the Strategic Commissioning Board agreed the outline of a model of urgent care for Tameside & Glossop and approved a proposal to carry out a formal consultation on two options.
- 10.2 Extensive consultation has been undertaken over a period of 12 weeks.
- 10.3 As described in this report the Strategic Commission are confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration (see section 5 of this report) have been met as follows.
- 10.4 **Preparation and planning:** The development of the model for urgent care has been a key workstream for the Tameside and Glossop Accident and Emergency Care Board (A&EDB) and is a part of the Care Together programme, therefore ensuring a locality based approach between organisations, and ensuring engagement with / involvement of key stakeholders in the delivery of health & social care in Tameside & Glossop. The Strategic Commission have led a planned and managed approach to the development of the model and the subsequent consultation process, ensuring engagement with all key partners, the public, and patients.
- 10.5 **Evidence:** the 'case for change' information included in this report indicates that proposals for urgent care have been developed based on clear clinical evidence and that they align with clinical guidelines, best practice and national expectations.
- 10.6 **Leadership and clinical involvement:** The case for change for the urgent care model has been driven by the Tameside and Glossop Accident and Emergency Care Board (A&EDB) the membership of which includes all representatives from existing providers, commissioners and the voluntary sector along with Care Together programme, with the Integrated Care NHS Foundation Trust, the Local Authority and the Clinical Commissioning Group as key partners

in the programme. This has involved working with a wide range of health and social care providers and community organisations / 3rd sector partners. The consultation and engagement work which has been undertaken between 1 November 2017 and 26 January 2018 has been under the leadership of the CCG Chair with support from the CCG Governing Body Clinical Lead for Planned and Urgent Care and the Tameside and Glossop Strategic Commission Interim Director of Commissioning with a significant level of input from local clinicians as documented in this report.

10.7 **Involvement of patients and the public:** The consultation process outlined in sections 5 and 6 provide details of an extensive public and patient engagement in the consultation. Public meetings have been held, in addition to extensive publication and promotion of the consultation to encourage engagement and involvement. Meetings with a wide range of community / 3rd sector groups have taken place as part of the consultation process. The Strategic Commissioning Board meetings, where decisions are taken in relation to commissioning proposals, are public meetings.

11 RECOMMENDATIONS

11.1 As stated on the front of the report.