

Wirral Clinical Commissioning Group: Quality Impact Assessment - OPTION 2

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found in the 'Risk Scoring Matrix' tab.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 8 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and lead for scheme: Urgent Care Transformation - Option 2 - Zoe Delaney, Ian Davis

Brief description of scheme:

NHS Wirral CCG is undertaking a consultation process regarding the future of urgent care services in Wirral. This will include implementation of an Urgent Treatment Centre (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community. This Quality Impact Assessment relates to option 2 of our consultation as described below and will be a working document and will be updated with feedback received during the consultation.

An urgent treatment centre will be created on the Arrowe Park Hospital site, **open 15 hours per day 7 days a week**. The centre will be GP led and will include access to diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

In addition to the urgent treatment centre we are proposing to deliver local services in the community, from four locations across each of the 4 Wirral localities.

Local services would be available for up to 12 hours a day, 7 days a week and would provide:

- Specific urgent care service for children (walk in and bookable appointments)
- Dressing and Wound Care Service (bookable appointments)
- dressings service
- care navigation

This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017. <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

Answer positive/negative or not applicable (P/N or N/A) in each area. If N, please score the impact and likelihood. If score greater than 8 a full stage 2 assessment will be required.

Area of Quality	Impact question	P/N or N/A	Impact	Likelihood	Score	Full Assessment - Stage 2 to be completed
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Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	N	2	3	6	<p>Currently, variable access arrangements and times for Wirral patients appear fragmented and not fully address the issues raised in the Public Listening exercise.</p> <p>This option will increase standardisation of access across the borough to Urgent Care and it brings together agencies for closer MDT working, which should improve information flow and continuity of care for patients.</p> <p>It should enable effective partnership working, with multiple access points, across Wirral. Safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours should be aided.</p>
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	N	3	3	9	<p>Note: this option would not provide a clear and standardised pathway of care for patients within the community. Patients have told us that the current service provision is confusing and difficult to navigate.</p> <p>The perception of service change may be seen positively or negatively by patients who are used to a particular service. We will address this through a clear and comprehensive communications strategy.</p> <p>The reduced hours UTC offering would mean that patients would continue to be seen via A&E outside of the 15 hours UTC offering so avoidable A&E admissions during these hours more likely. The differing hours of service openings may be more confusing to patients.</p>

Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	N	2	3	6	There may be increased safety risk around the handovers and hours of service opening/ closing. However it does bring together agencies for closer MDT working, which should improve issues regarding information flow and safety of patients. This could lead to a more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	N	2	3	6	<p>The GP led MDT on the Urgent Treatment Centre Hospital site should provide for improved clinical engagement between the GPs and A&E clinicians.</p> <p>It should ensure that the patient is seen at the right place at the right time and by the right clinician. Out of Hours clinical engagement is more complex in this model due to the 15 hours UTC opening. When the UTC is closed there would be less Clinical leadership and support for GPs.</p>
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P				<p>Note: in terms of the current community offer there isn't a consistent offer across services in relation to self care. Also the current offer is not tailored to address health inequalities and population need. This option provides greater degree of consistency of local service on a 12 hours basis and the MDT working has a clear component of self care as its offer.</p>

Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	N	1	3	<p>A UTC on an acute hospital site closed for 9 hours per day may not provide the most cost effective mode of delivering care. Potentially unnecessary patient journeys may be made around the hours of operation. However, this option would provide additional hours of urgent care support in the community in comparison to the current state.</p> <p>The GP led MDT on the Urgent Treatment Centre Hospital site should provide improved clinical engagement between the GPs and A&E clinicians during hours of operation. It should ensure that the patient is seen at the right place at the right time and by the right clinician. It should reduce the number of inappropriate admissions to A&E.</p> <p>This option may affect the carbon footprint due to reduced travel to first point of contact within the community but only during hours of operation.</p>
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	To be further defined			<p>In this option there may be an opportunity to enable flexible working across the workforce, however; this option will reduce the number of sites of delivery and there may be less of an opportunity to create a felexible working model across workforce.</p> <p>*Note, this will be revisited once a decision has been made and further work undertaken on staffing model</p>
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	To be further defined			<p>Note: this proposal provides for a UTC 15 Hours per day with a comprehensive 12 hours community provision. As there are a number of providers and sites of delivery there is some opportunity to share the overhead costs between agencies. This option will be utilising existing estates to help mitigate capital costs.</p> <p>Recruitment & Retention may be challenging.</p> <p>Digital Wirral (an IT working group) will be looking to make a positive impact on either proposal.</p>

Please describe your rationale for any positive impacts here:

Duty of Quality

Our ambition within this transformation is to provide an integrated model of urgent care at the Arrowe Park site with joint working across the urgent treatment centre and A&E. The model also includes urgent care services in the community delivered with consistency of service and access times embedded to eliminate confusion. Our proposed model also contains a different clinical skill mix to maximise the ability for centres to treat patients without the need to onwardly refer to A&E/ GP OOH. This is consistent with NHS constitution and will be available to all Wirral residents. Safeguarding - the Urgent Treatment Centre and community offer will enable agencies to work together on the same site which will identify potential safeguarding issues and reduce harm. It will result in effective implementation of safeguarding policies, procedures and practice with clear responsibility and accountability.

Patient Experience

The proposed model will enhance patient experience through delivery of additional services within the urgent treatment centre, ensuring access to diagnostics to enable more patients to have their needs met without the need to go to A&E. We are also anticipating that less patients will require an admission. The integration with A&E will provide direct access to the A&E consultants to support decision making within the urgent treatment centre and patients will be seen and treated within a maximum of 2 hours compared to 4 hour A&E standard. The community Hubs will provide a wide range of services to proactively support patients care to avoid the need for urgent care services such as A&E and urgent treatment centre. It will also include access to same day appointments for more urgent care needs and will be bookable by NHS 111. As the centres would include same day GP referral to X-Ray, along with additional services on site such as pharmacy and voluntary sector information and advice, this would provide a 'one stop shop' approach to delivery of care and reduce the need for multiple journeys. The proposed model will facilitate compassionate and personalised care, this is already an approach fostered by existing staff, however this will be enhanced through holistic support within the Healthcare and Advice Centres as well as enhanced care at urgent treatment centre. The centres will also have access to personalised care plans which they can use and add to. Also, a health coaching model would be implemented to enable staff to have a consistent, person centred approach to appointments. The service model simplifies and standardises the service offering for patients across Wirral.

Patient Safety

This will enhance patient safety through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care. This will reduce risk of harm across the urgent care system. As noted above, as a number of agencies would be working together this will facilitate robust safeguarding practice.

Clinical Effectiveness

The proposal will provide consistent, standardised care for patients. It will also ensure patients are seen in the most appropriate place. The urgent treatment centre, as an integrated model with A&E, will undertake clinical streaming. Closer working between partners and consistency across community provision will also facilitate evidence based practice and demonstrate clinical leadership and engagement as well as delivery a high quality standard. There will be minimal variation across centres as they would provide the same, consistent offer to the population; providing an equitable service to patients.

Prevention

The introduction of a new urgent care system provides the opportunity for our services to promote and enable self care. This may include use of health coaching techniques and prevention of self neglect within the centres. Post consultation, an education and awareness campaign will be launched to advise patients when to use each service available. As part of this we will be promoting the importance of self care and prevention. The clinical streaming models will also ensure prevention advice and signposting is also shared with patients.

Productivity and Innovation

The proposal aims to deliver clinical and cost effective care as it better matches levels of clinical resource to the presenting needs. In addition to this, providing a clearer system will ensure patients access the most appropriate service first time, reducing the number of patients visiting more than one urgent care service for the same condition/incident. This will reduce the carbon footprint for patients previously traveling to numerous centres to get their needs met.

Resource Impact

Integrated working between sectors will have an enhanced impact on capacity within the system. Existing estates will be utilised under this option. The Urgent Care model will have enhanced IT access as specified within NHS England's standards referenced above. The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice.

Zoe Delaney	Senior Commissioning Lead	Sep-18
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Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements	
			Impact	Likelihood	Overall Score		
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?	This option would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.				Additional work would need to be undertaken to enable effective partnership working across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement.	
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?						Yes. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?						
	What is the impact on strategic partnerships and shared risk?						
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS	An Equality Impact Assessment has been undertaken separately					
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	This option would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.				Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of safeguarding policies and procedures.	
	Will this impact on the organisation's duty to protect children, young people and adults?						The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/ incidents)	<p>Despite the model offering a higher level of service across Wirral neighbourhoods, as well as additional service at the Urgent Treatment Centre, it is recognised that for some patients additional travel may be required.</p> <p>We are also aware that the bus routes to the Arrowe Park site from some areas in Wirral, e.g. Eastham, have changed.</p> <p>We are also aware that if the free parking is full at Arrowe Park site, there is a charge for parking, this may not be ideal for patients.</p> <p>Although the exact location for the delivery of local services is yet to be determined we are aware that the location would need effective public transport routes and parking.</p>	3	3	9	<p>Additional work would need to be undertaken to enable more effective partnership working across agencies along with an engagement plan to ensure patients are aware of what services they can access. Robust and agreed clinical pathways will need to be in place to manage the risks. The Communications strategy will be clearly defined and robust. A specific urgent care service for children has been added to the community offer to address clinical concerns. Residual risk will remain within the system due to the hours of operation and the operating models.</p> <p>More GP appointments will be available for patients in Wirral from April 2018 - this will include appointments available from 8am to 8pm 7 days a week within each local area. Feedback from our patients has been that they use walk in centres/minor injuries services because they are unable to access a GP appointment. The extra appointments should mean easier access to a GP closer to home for patients.</p> <p>Patient experience could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p>
	How will it impact on choice?	There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently.				<p>Additional work would need to be undertaken to enable more effective partnership working across agencies and to implement an engagement plan to ensure the public are aware of what additional services are available to them within the community such as smoking cessation.</p> <p>This could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p>
	Does it support the compassionate and personalised care agenda?	Due to the number of agencies involved, there is likely to be an inconsistent approach to the compassionate and personalised care agenda. This could include difficulties access shared care records.				<p>Additional work would need to be undertaken to enable more effective partnership working across agencies to enable a consistent approach to personalise and compassionate care.</p> <p>The roll out of the Wirral Care Record would enable shared care records to be utilised as appropriate.</p> <p>This could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p>

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PATIENT SAFETY	How will it impact on patient safety?	There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently. Clinical engagement should improve from the co-location of the UTC with A&E. There should be no adverse impact on preventable harm, risk of acquired infections. The community offer will promote self-care and a wider social offering for patients with LTCs which will help patients stay well.				The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	How will it impact on preventable harm?					
	Will it maximise reliability of safety systems?					
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?					
	What is the impact on clinical workforce capability care and skills?					
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	Pathways for the treatment of urgent care should be better aligned with the co-location of the UTC and A&E				The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	How will it impact on clinical leadership?	The development of the UTC brings together A&E Consultants and GPs in a closer collaboration deliverng the urgent care pathway.				
	Does it support the full adoption of Better care, Better Value metrics?	This option supports the principles of better care, better value with the emphasis of reducing unnecessary hospital admissions and wider urgent care treatment options in the community.				
	Does it reduce/impact on variations in care?	As described above, the option should reduce the variation in care within the community with a standardisation of service offering within the community and a standardised offer at the UTC.				
	Are systems for monitoring clinical quality supported by good information?	Yes - existing systems will continue to be utilised.				
	Does it impact on clinical engagement?	Positive - yes - the benefits of co-locating the UTC on the same site as Arrowe Park A&E should bring about closer working between Primary Care and Secondary Care medical professionals				
ACTION	Does it support people to stay well?	Positive - yes - the Community offer supports individuals to stay well and provides an emphasis on self-care as part of the offer.				The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	Does it promote self-care for people with long term conditions?	Positive - The community offer currently does not provide a consistent offer across services in relation to self care. This option introduces a standardised approach.				

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PREVE	Does it tackle health inequalities, focusing resources where they are needed most?	The offer is not tailored to current health inequalities and population need. It provides multiple access points and a standardised care offering across the system. Further work will be needed to ensure that the service offering is meeting the identified local needs of patients				
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	This model provides for 15 hours cover for Urgent Care at the UTC with 12 hours Community offer per day). There is in consistency between hours of operation of A&E and the UTC under this option. However, it provides more hours of operation in the community.				The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	Does it eliminate inefficiency and waste?	It doesn't eliminate inefficiency and waste however the aspiration behind having local services delivered in the community and the UTC is that it will divert patients away from A&E and therefore create efficiencies within the A&E system through reducing inappropriate attendances/ admissions.				
	Does it support low carbon pathways?	Yes - the centralisation of the UTC means that patients have equitable access to urgent care (within a c. 20m drive time). Public transportation routes are available and the provision of localised services supports a low carbon pathway. The co-location of services should also reduce the carbon footprint by reducing the number of journeys a patient needs to make to have their needs met				This model may affect carbon footprint due to increased travel to the first point of contact for some, however patients may not need multiple journeys due to co-location of services. We will ensure the centres are accessible via public transport and located with easy access from neighbouring areas. We have included the transport providers within our discussions and will work with them to improve access. We will also explore options around voluntary sector transport.
	Will the service innovation achieve large gains in performance?	The commencement of an urgent treatment centre will enhance performance as will support integrated decision making at ED site and should reduce activity flowing into A&E and ultimately aims to reduce avoidable admissions. The greatest improvement in performance is anticipated to be against 4 hour standard. However, this option has inconsistent hours of operation between A&E and the UTC				The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. It is hoped that the establishment of the UTC under this option will help prevent unnecessary admissions/ attendances at A&E which are costly to the health system financially but also in terms of clinical time and patients journeys. There will be an inconsistency of hours of operation between A&E and the UTC under this option.
	Does it lead to improvements in care pathway(s)?	Positive and Negative				

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
VACANCY IMPACT	Does the proposal involve reducing staff posts? If so describe the impact this will have	Positive; There is no foreseen impact on the number of posts.				There are no current plans to reduce the staffing levels as a result of this option. A workforce working group will consider the impact of recruitment and retention issues throughout the implementation of service change.
	Is the loss of posts likely to impact on remaining staff morale?	Positive There is no foreseen impact on the number of posts.				
	Can arrangements be made to prioritise and manage workload effectively?	Due to the number of providers and sites of delivery there is less opportunity to enable flexible working across the workforce and therefore there is concerns over the sustainability of this workforce model.				
	Are vacancies likely to impact on patient experience?	There are no current plans to reduce the staffing levels as a result of this option. A Workforce working group will consider the impact of recruitment and retention issues throughout the implementation of service change				
	Will services be negatively impacted by the loss of posts for a short term, medium term or longer term?	There are no current plans to reduce the staffing levels as a result of this option.				
RESOURCE IMPACT	Describe how this proposal may/will have a resource impact with regard to:					
	Estates	Positive and Negative				Minimal mitigation options are available. An estates workstream will need to inform the delivery of the option in the most cost effective way.
	IT Resource	Positive (see above description) and negative: IT systems would need to link with services described in mandated elements of the model.				Further work would need to be undertaken to ensure appropriate IT systems are in place within existing services that link with the Urgent Treatment Centre and the new Integrated Urgent Care Clinical Advice Service prior to implementation of the new model. There is a Digital Wirral working group which is considering IT implementation/ systems across the local health system
	Funding streams/income	Option 2 Provides a 15 hour/ 7 day a week UTC and comprehensive 12 hours community offer. The funding arrangements would be implemented within funding available.				Minimal mitigation options are available. The funding arrangements would be implemented within contractual arrangements once a model of care is agreed.
	Other providers (specify how/what)	Unknown at this stage				This is unknown until after the consultation and a decision has been made in relation to which option/ model will be implemented. Therefore this will be revisited once a decision has been made.
	Social care/voluntary/third sector	Positive (see description above)				Once a decision has been made in relation to which model is to be implemented, a service specification would be developed and would state the requirement for the centres to have an integrated model with Social care/voluntary/third sector services.

Signature: Zoe Delaney	Designation: Senior Commissioning Lead - Urgent Care	Date: 27/04/18
Signature: Lorna Quigley	Designation: Director of Quality & Safety	Date: 12.11.18