

Wirral Clinical Commissioning Group: Quality Impact Assessment - Urgent Care Redesign - Interim UTC

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 overall lead for scheme: Interim Urgent Treatment Centre - Nesta Hawker, Director of Commissioning and Transformation

Brief description of scheme:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of a 24 Hour Urgent Treatment Centre as well as consideration of what additional planned and unplanned services will be available to support patients in the community. A full capital build programme is underway to develop the existing site at Arrowe Park Hospital to establish an Urgent Treatment Centre which will be open 24 hours per day 7 days a week, matching the hospital's A&E hours. 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>.

As a result of NHS England guidance regarding the counting of Type 3 and 4 activity, we will be re-designating the Arrowe Park Walk in Centre as in interim Urgent Treatment Centre from 19th December 2019 until the main hospital redevelopment programme is complete (2023) which will see a new Urgent Treatment Centre established on the Arrowe Park site (as outlined above). The staffing of the interim UTC will be managed by Wirral Community Health and Care NHS Foundation Trust (as per the current Walk in Centre). We are working with NHSE to establish certain exception criteria from the 27 UTC standards as some will be unachievable by December 2019. These standards will be developed over time in accordance with the NHSE UTC guidance.

The aims of the interim Urgent Treatment Centre are to provide high quality urgent primary care services, including assessment and treatment of patient presenting with minor and moderate illness and minor injuries. The Urgent Treatment Centre working collaboratively across the wider health and social care community will ensure that an integrated approach will maximise its resources safely, effectively and efficiently. The Urgent Treatment Centre will support the delivery of services and will contribute to reducing demand on secondary care.

An appropriately trained multidisciplinary clinical workforce will be deployed whenever the urgent treatment centre is open. The hours of operation will remain consistent with the current Walk in Centre (14 hours per day, 8am-10pm). The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. Where the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.

Service Provision

- Unscheduled care for patients presenting with minor illness and injuries
- Initial and urgent assessment, treatment and referral for all patients attending the site
- Diagnostic tests as available and appropriate and arrange follow up or referral
- Work collaboratively and closely with other organisations to ensure quick, effective treatment in the most appropriate setting
- Provide Education and Health Promotion to patients and their carers
- The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries (we are currently working collaboratively with both Wirral Community Health and Care NHS FT and WUTH to develop these pathways)
- Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting.

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.

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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?	P	N/A	N/A	N/A	This model of care provides a clear and standardised pathway of care for patients. It enables effective partnership working and 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 A&E target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P	N/A	N/A	N/A	The UTC will provide an enhanced offer compared to the previous Walk in Centre by offering Point of Care Testing on-site which will enable patients to have access to low level diagnostics which would otherwise see them signposted to ED.
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?	P	N/A	N/A	N/A	It brings 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. Clinical decision making support from A&E to the UTC and community offer supports patient safety.
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	N/A	N/A	N/A	The GP led MDT approach within the Urgent Treatment Centre is a proven model of care that is successful across other systems and as such we have benchmarked against this model. This approach should provide improved clinical engagement between primary care and ED clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. Clinical decision making support from ED to the
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	N/A	N/A	N/A	Self care will be promoted within the UTC and patients will be signposted accordingly where appropriate. This will be monitored by Public Health colleagues who will inform the developing model.

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?	P	N/A	N/A	N/A	<p>This model of care will provide a robust and collaborative environment to deliver clinical and cost effective care. The collaborative model between primary care and ED will enhance system resilience in terms of resource/capacity and demand management.</p> <p>Patients will have access to an improved care pathway via an enhanced service offer at the UTC with access to a collaborative workforce and clinical diagnostics that would otherwise see them potentially diverted to ED.</p> <p>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 ED.</p>
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	P	N/A	N/A	N/A	The interim UTC will not result in the loss of any staff posts.
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	P	N/A	N/A	N/A	This collaborative model offers opportunities for system integration, information sharing and a robust and collaborative workforce able to respond to system wide pressures with greater flexibility.

Please describe your rationale for any positive impacts here (this is in addition to the narrative within each assessed area:

Duty of Quality

The urgent care system will be supported by an integrated model of urgent care on the Arrowe Park site with integration across the urgent treatment centre and ED. The model also includes urgent care services in the community delivering from locations within each locality.

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 ED. We are also anticipating that less patients will require an admission. The integration with ED will provide direct access to emergency clinicians and interventions 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 offer (Primary Care Hubs) will provide a wide range of services to proactively support patients care to avoid the need for urgent care services such as ED and urgent treatment centre. It will also include access to same day (within 24 hours) GP and Nurse 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 as well as enhanced care at urgent treatment centre. 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, we will ensure that the services have robust safeguarding practice in place.

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 ED, 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.

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

Zoe Delaney	Senior Commissioning Lead	Nov-19
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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 model of care will provide an enhanced pathway of care for patients. It provides a more robust service offer for patients who will have access to a greater suite of diagnostic tests and a more collaborative and robust workforce.	N/A	N/A	N/A	Ongoing work will need to be undertaken to continue 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?	It enables effective partnership working and promotes a closer MDT approach, 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.	N/A	N/A	N/A	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?		N/A	N/A	N/A	This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. The co-location of the UTC on the Arrow Park Hospital site should improve the strategic relationship between the secondary care provider and primary care.
	What is the impact on strategic partnerships and shared risk?		N/A	N/A	N/A	
	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.	N/A	N/A	N/A
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	This model of care provides an enhanced offer for Urgent Care in Wirral by providing increased access to diagnostics in the UTC as well as a collaborative workforce model. It enables effective partnership working and brings together ED and primary care 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.	N/A	N/A	N/A	Ongoing work will 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?		N/A	N/A	N/A	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.
SCIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/ incidents)	This model of care will provide patients with an improved offer for urgent care by enhancing the service provision at the interim UTC. Patients will be have access to an increased offer of clinical diagnostics and a collaborative workforce model 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.	N/A	N/A	N/A	Ongoing work will be undertaken to enable more effective partnership working across providers along with an engagement plan to ensure patients are aware of what services they can access. This could be monitored by patient surveys and utilisation of healthwatch reviews of services.

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PATIENT EXPER	How will it impact on choice?	There will be no changes to the patient choice as the current service is remaining the same in terms of access/opening hours etc. The service is only being enhanced and improved for patients. Additionally this option provides a more integrated and collaborative approach and a right place right treatment right time model with clinical resources being utilised	N/A	N/A	N/A	<p>Ongoing work will 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.</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?	As there are no changes (only enhancements and improvements) to the model of care that patients already receive, there are no perceived implications for the ongoing support of the compassionate and personalised care agenda.	N/A	N/A	N/A	<p>Ongoing work will be undertaken to enable more effective partnership working 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?	The Urgent Care pathway will remain 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 ED. 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.	N/A	N/A	N/A	Ongoing work will 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 high quality clinical care and safeguarding policies and procedures.
	How will it impact on preventable harm?		N/A	N/A	N/A	
	Will it maximise reliability of safety systems?		N/A	N/A	N/A	
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired		N/A	N/A	N/A	
	What is the impact on clinical workforce capability care and skills?		N/A	N/A	N/A	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.
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 ED.	N/A	N/A	N/A	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 ED Consultants and Primary Care in a closer collaboration deliverign the urgent care pathway.	N/A	N/A	N/A	
	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 an enhanced urgent care option in the form of an interim UTC.	N/A	N/A	N/A	
	Does it reduce/impact on variations in care?	This model of care should reduce the variation in care in terms of multiple pathways for patients to receive care for minor illness/injuries with a standardisation of service offering within the UTC.	N/A	N/A	N/A	Ongoing work will 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 high quality clinical care.
	Are systems for monitoring clinical quality supported by good information?	Yes - existing systems will continue to be utilised.	N/A	N/A	N/A	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 clinical engagement?	Positive - yes - the benefits of co-locating the UTC on the same site as Arrowe Park ED should bring about closer working between Primary Care and Secondary Care medical professionals	N/A	N/A	N/A	This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. There is a Digital Wirral Working Group reviewing IT accross the board.
PREVENTION	Does it support people to stay well?	Positive - yes - this offer supports individuals to stay well and provides an emphasis on self-care as part of the offer.	N/A	N/A	N/A	Ongoing work will be undertaken to enable more effective partnership working across agencies to enable self care to be embedded in the patient pathway.
	Does it promote self-care for people with long term conditions?	Positive - this offer will help support people by offering an enhanced service offer and closer working between both ED and primary care which will improve continuity of care for patients and help manage their overall care.	N/A	N/A	N/A	Existing services would need to explore opportunities to tailor services to meet the health inequalities and population need. 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	
	Does it tackle health inequalities, focusing resources where they are needed most?	Yes - this offer supports an integrated, collaborative and flexible workforce with the ability to focus resources on where they are needed. The co-location of the UTC on the acute site will enhance system resilience.	N/A	N/A	N/A	
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	Yes, this model of care encourages collaborative working and supports a more robust and responsive workforce that will be able to deliver care more efficiently both clinically (by an integrated, co-located model) and cost effective by a flexible workforce able to flex to meet demand.	N/A	N/A	N/A	Clear marketing campaign to help patients navigate the system to ensure they are seen in most appropriate place at most appropriate time.
	Does it eliminate inefficiency and waste?	The aspiration behind having a UTC co-located with ED s that it will divert patients away from A&E and therefore create efficiencies within the A&E system through reducing inappropriate attendances/ admissions.	N/A	N/A	N/A	As above, plus assurance that the Primary Care Hubs will divert as much activity from ED as appropriate
	Does it support low carbon pathways?	Yes - the co-location of the UTC with ED means that patients across Wirral have equitable access to urgent care (within a c. 20m drive time). Public transportation routes are available and the locality provision across the 4 Wirral localities supports a low carbon	N/A	N/A	N/A	
	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	N/A	N/A	N/A	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.
	Does it lead to improvements in care pathway(s)?	As noted above, the integration on the Arrowe Park site of the urgent treatment centre and A&E will improve care pathways and support a reduction in inappropriate A&E admissions.	N/A	N/A	N/A	

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.	N/A	N/A	N/A	There are no current plans to reduce the staffing levels as a result of this option. As part of the Workforce workstream, we will be addressing issues of recruitment and retention to ensure we effectively guide and support staff through this process.
	Is the loss of posts likely to impact on remaining staff morale?	Positive There is no foreseen impact on the number of posts.	N/A	N/A	N/A	
	Can arrangements be made to prioritise and manage workload effectively?	The integration between ED and primary care in this model should enable improved prioritisation and management of workloads more effectively.	N/A	N/A	N/A	
	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	N/A	N/A	N/A	
	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.	N/A	N/A	N/A	
Describe how this proposal may/will have a resource impact with regard to:						
RESOURCE IMPACT	Estates	Positive (see above description)	N/A	N/A	N/A	Estates work has been costed and funded collaboratively by the lead provider of the interim UTC and the acute lead provider.
	IT Resource	Positive (see above description) and negative: IT systems would need to link with services described in mandated elements of the model.	N/A	N/A	N/A	Further work will 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	The funding arrangements for the UTC are being funded from within the existing cost envelope.	N/A	N/A	N/A	
	Other providers (specify how/what)	All providers have agreed to an Aligned Incentive Agreement.	N/A	N/A	N/A	

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
	Social care/voluntary/third sector	Positive (see description above)The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice.	N/A	N/A	N/A	Further work would be required to provide patients access to the social, voluntary and third sector support, information and advice within existing services.

Signature: Zoe Delaney	Designation: Senior Commissioning Lead	Date: November 2019
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