

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Approve
Item No	7a	Confidential / Freedom of Information Status	No
Title	Urgent Care Review; public consultation.		
Presented By	Nicky Parker, Programme Manager, Urgent Care Review		
Author	Nicky Parker, Programme Manager, Urgent Care Review		
Clinical Lead	Dr J Schryer, CCG Chair, NHS CCG Bury		
Council Lead	Geoff Little, Chief Executive Bury Council & Accountable Officer NHS CCG Bury		

Executive Summary
<p>The CCG Governing Body requested a strategic review of the Urgent Care system in Bury. This report sets out the proposed Public Consultation exercise for the Urgent Care Review and includes the draft Urgent Care Business Case, the draft Consultation Plan and the draft Consultation document for approval.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Approve the commencement of the Urgent Care public consultation exercise to run for 4 weeks in February • Sign off the public facing consultation document and survey • Approve the Urgent Care Business Case

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?	A local health and social care system that provides high quality services which are financially sustainable and clinically safe.					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	Yes. Sharing of data across the Urgent Care system will be critical to the success of the Review. IG arrangements are being put in place for the UMT Review of the Urgent Treatment Centre and Steaming from ED.					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the OCO /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	A draft Risk Register is available. Any high risks will be considered as part of the					

Implications	
	OCO/Council/SCB Risk Register

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>		UC Review discussed at the Jan meeting of this Board

Urgent Care Public Consultation exercise

1. Introduction

- 1.1. The Governing Body requested a strategic review of the Urgent Care system. The January meeting of the Strategic Commissioning Board received an update on progress. This report sets out the next steps regarding the proposed public consultation.
- 1.2. The following documents are available for approval by the Strategic Commissioning Board in February – Urgent Care Business Case and Urgent Care public facing consultation document and survey
- 1.3. The consultation period will last for 4 weeks in February. The Chair of Health Overview and Scrutiny Committee has been consulted on the consultation period and process.

2. Background

- 2.1. The Strategic Commissioning Board received a presentation at its January meeting setting out progress with the strategic Urgent Care Review. The objectives of the Urgent Care Review are:
 - Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
 - Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
 - Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
 - Redesign to simplify access points to improve patient experience.
 - Work towards achievement of the GM UEC Improvement and Transformation Plan.
- 2.2 The following services are in scope for the Urgent Care Review in Bury:
 - Urgent Care Treatment Centre.
 - ED at Fairfield General Hospital.

- Walk in Centres at Moorgate and Prestwich.
- GP Out of Hours Service (BARDOC).
- GP Extended Access.
- GP Extended Working Hours.
- Green Car Service.
- Same Day Emergency Care.
- GM Urgent and Emergency Care Improvement and Transformation Delivery Plan including the roll out of GM Clinical Assessment Service.

2.3 The Review of Urgent Care in Bury commenced in the middle of September. Since then there has been an analysis of previous reviews and the key messages from those reviews. We have analysed the financial costs and demand and capacity. Best practice visits to Bradford and Rochdale Hospitals have taken place and discussions with the GM Urgent Care and Primary Care Teams as well as Health Innovation Manchester to inform thinking. The combination of data analysis and stakeholder engagement has led to the development of a case for change, a programme of work, the identification of workstream leads and a programme timeline.

There has been an audit of the availability of GP practice appointments and a briefing note to practices on alternatives to hospital admission. The GM Clinical Assessment telephone service has gone live which redirects calls from 999 and 111 to a local primary care clinician where appropriate and the mobile phone based Greater Manchester Service Finder App was launched just before Christmas which will help people choose the right service to meet their needs.

The next phase of work has begun which includes benchmarking urgent care activity and costs across Greater Manchester. We have begun to scope out the potential new model for Urgent Care at a high level and have started planning for a public consultation.

2.4 The key principles of a future model for urgent care in Bury are around simplifying the system for people and improving access to it. The model we will consult on has three main elements:

- Simplifying and joining up access to urgent care in the neighbourhoods. This includes developing the Clinical Assessment Service (CAS), a telephone assessment service for people who have rung 999 or NHS111 and have been assessed as not requiring A&E. CAS will complete a local assessment over the phone and directly book appointments for people in a range of services including their GP practice, a pharmacy, the Urgent Treatment Centre, Prestwich Walk in Centre or the Out of Hours Service. Over time, we will expand the range of services we can refer you to including mental health services and social care. We will also develop a range of technology solutions including online appointment bookings, online consultations and telephone consultations.
- We would like to develop a new walk in facility at Fairfield General Hospital called an Urgent Treatment Centre (UTC). We are proposing to relocate the current Walk-in Centre located at Moorgate Primary Care Centre in Bury, and

integrate it into the existing Urgent Treatment Centre located at Fairfield General Hospital, along with mental health services, the GP out of hours service and the 'minors' part of the hospital. (Minors is when a patient has attended A&E but their situation is not an emergency or is less serious) This would create a new facility, providing an enhanced service that is open 24 hours a day, including at weekends. We would need to design and build this once we have seen the feedback from this consultation and get ourselves ready before next winter.

This means that when you arrive at Fairfield you will receive a primary care or mental health led assessment unless a suitably qualified professional thinks that you need to go straight to the A&E department or the same day emergency care service (Same day emergency care services help us to support a significant proportion of patients attending A&E on the same day, ensuring they have access to the necessary diagnostics such as X-ray and blood tests, but without the need to admit them to a hospital bed.)

- The third principle is around supporting people to make the best choice for their care. We know that people find it difficult to navigate the current system and often don't go to the most appropriate service to access their care. We have started to address this through a new public information campaign promoting the Directory of Services and GM Service Finder App. We will continue to keep people up to date as we start to roll out the new services.

2.5 Public engagement is the policy of both Bury Council and the Bury One Commissioning Organisation and we would now like to carry out a public consultation exercise before any decisions are taken about the way forward.

2.6 We also have a legal duty to involve patients and the public in our work in a meaningful way to improve health and care services. This legal duty is highlighted in the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 (section 14Z2). The legal duty is relevant to designing and planning services, decision making and proposals for changes that will impact on individuals or groups and how health services are provided to them.

Legislation requires consultation with the Local Authority when planning to make changes to health services that are considered to be a substantial. The Chair of the Health, Overview and Scrutiny Committee has been engaged in this respect.

2.7 The aim of the consultation will be to capture views on the proposals and any other information to assist the Strategic Commissioning Board in coming to a final decision. This will be set in the context of the proposals detailed here and used to inform the final model.

3. Methodology

3.1 The methodology has been designed to ensure that we meet the public's right to be involved in development and consideration of proposals for change to services. A multi-modal approach will be delivered comprising of:

- A survey of patients, general public and interested parties including staff, available online and in hard copy in key locations including GP practices, Walk-in Centres, CCG and Council main reception areas. The survey will be promoted via the press, social media, on GP practice information screens and through relevant partner networks;
- Stakeholder presentations and discussion groups;
- Presentations and discussion groups with voluntary and community groups with interest / receiving requests for presentations to specific groups and meetings;
- A meeting in public to take place in the evening at an accessible location;
- Views can be sent by letter or e-mail;
- E-mail / letter requesting views from directly affected organisations including the Northern Care Alliance; GP practices, the GP Federation, Pennine Care, wider Primary Care, Bury Local Care Organisation, Bardoc.
- These will also actively engage those from protected characteristic or other seldom heard groups that are identified through the equality impact assessment, to ensure they are able to participate; we will ensure printed copies are available as well as online versions of the survey and will provide a telephone help line.
- Queries and questions from the public and stakeholders will be actively sought and logged as part of the consultation. This could include Freedom of Information requests, petitions and other written correspondence.
- A telephone helpline available 9am to 5pm Monday to Friday.

This suite of documentation will also be presented to the Health and Wellbeing Board on 20th February and the Clinical Cabinet meeting on 5th February.

4. Documents for approval

4.1 Business Case

The business case is attached for approval. It sets out the key pieces of work required and a financial plan for a period of three years and shows the delivery of urgent care within a reduced financial envelope to contribute to the achievement of the Bury OCO medium term financial plan.

4.2 Public facing consultation document and survey

The public facing consultation document and survey is attached for approval. It is intended that the document will inform people who are responding to the consultation about the proposed key changes to the Urgent Care system in Bury. The survey will ask about the proposed improvements to urgent care and set out five options for consideration.

5. Responding to the public consultation

The consultation period will run for 4 weeks in February. Following the consultation period, there will be a short period of time to analyse the findings of the public consultation and a final report will be prepared for the Strategic Commissioning Board. HealthWatch may be able to support the analysis of findings.

The final report will include feedback from the consultation and a proposed model which takes the feedback from the public consultation into account. We will also publish the outcome of the consultation on the OCO website and share with HealthWatch. It will be in the style of a 'you said, we did' report, capturing the main outcomes of the consultation and the proposed actions.

Subject to approval by the Strategic Commissioning Board, implementation of the Urgent Care Review will begin in April by the Local Care Organisation. It is intended that more detailed planning activity will take place across the Summer in order to be ready to meet the demands of winter pressures in 2020.

6 Associated Risks

- 6.1 The key risk for consideration is to ensure that the demands of the local government Purdah period at the end of March do not unduly affect the Urgent Care Review public consultation period. We must ensure that sufficient time is given to complete a public consultation that meets the needs of the legal duty highlighted in the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 (section 14Z2)

7. Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the commencement of the Urgent Care public consultation exercise to run for 4 weeks in February
- Sign off the public facing consultation document and survey
- Approve the Urgent Care Business Case
- Note that the results of the consultation together with any changes to the business case and the preferred model will be brought back to the Strategic Commissioning Board for a final decision.

8. Actions Required

The Strategic Commissioning Board is required to approve the recommendations in this report and sign off the business plan and public facing document and survey

Nicky Parker
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February 2020

Project Information

Title of Review	Urgent Care Review		
Responsible Director	Margaret O'Dwyer	Author	Simon O'Hare
Responsible Lead	Nicky Parker	Date	03/02/20
Responsible Manager	Nicky Parker	Status	

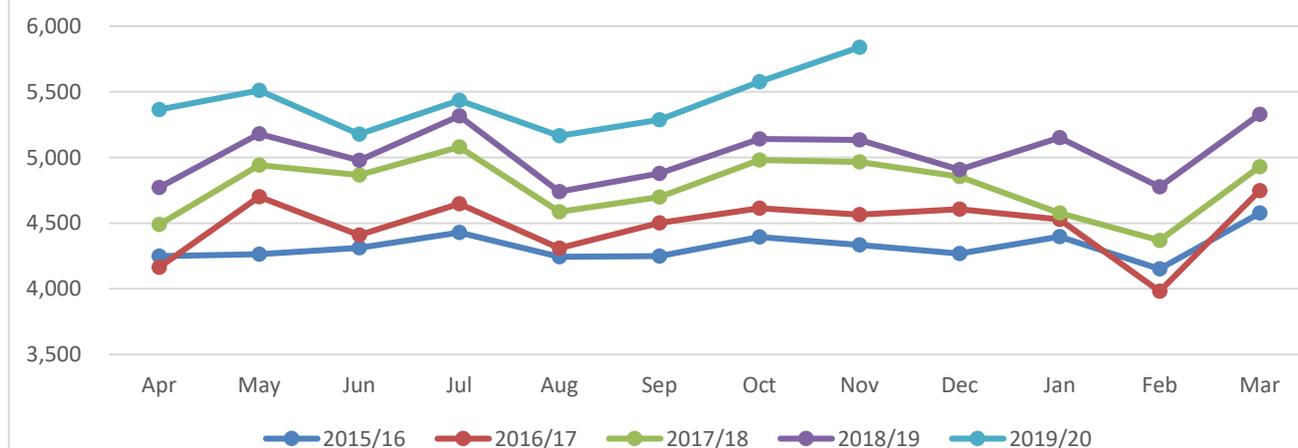
Executive Summary

Provide a short summary of the Business case.

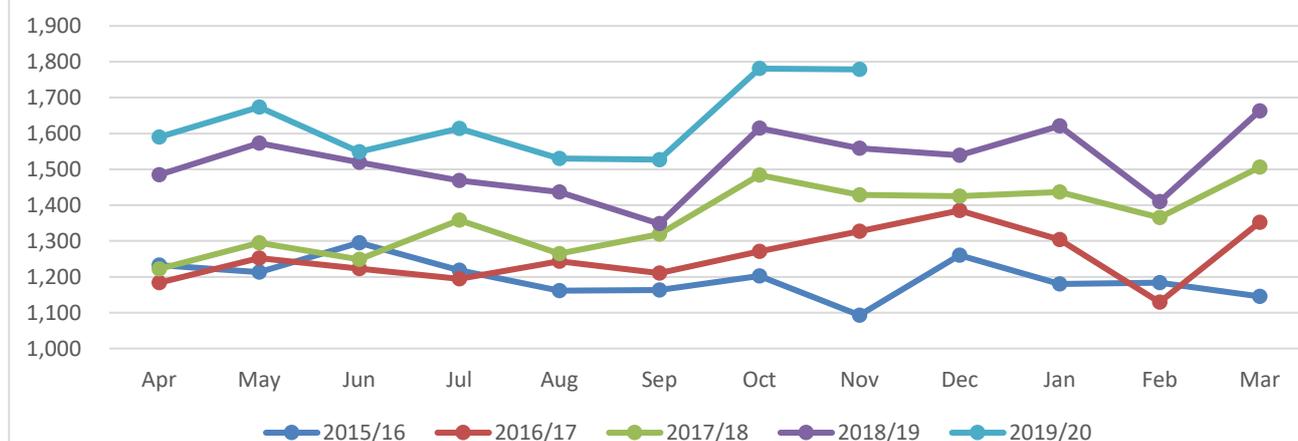
This business case seeks to secure support for a revised Urgent Care offer in the Bury Locality. The OCO is forecast to spend £61m or 20% of its budget on Urgent Care in 2019/20 and it is area that has seen cost and activity growth since the inception of the OCO, with these being particularly acute in 2019/20. Of this £61m, £31m is spent within the Bury Locality, £21m at other Pennine Acute sites (primarily) North Manchester General Hospital and £9m at other Greater Manchester Hospitals (please see appendix 1). It is the expenditure for patients aged under 65 within this £31m that is within the scope of this phase of the urgent care review, along with a proportion of the £7m the OCO spends on emergency ambulances each year.

The level of growth in A&E attendances and emergency admissions for Bury residents has grown by 8% and 8.7% respectively when comparing 2019/20 to 2018/19. This growth is unprecedented and has caused significant financial pressures in 2019/20 of over £3.1m. This is shown in graphs 1 and 2 below:

Graph 1 - PAHT A&E yr on yr comparison



Graph 2 - PAHT Emerg Adms yr on yr comparison



This increased activity has taken bed occupancy to such levels, that without an increase in bed numbers, there is only minimal opportunity for growth in admissions next year. This is because length of stay is in the lowest quartile nationally and therefore there is little that can be done to increase admissions without increasing the number of beds. This therefore leaves 2 main options, with 4 variations to the 2nd option:

a) Do not increase beds numbers, emergency admissions cannot grow and therefore the only financial impact is on growth in A&E attendances BUT this will lead to more pressure within the A&E department and consequently A&E performance would suffer and the trust would not achieve the required improvement trajectories

b) Attempt to mitigate growth by having a more comprehensive streaming and triage offer across the whole of the urgent care system, bringing services together, supporting best use of primary care appointments and a new model for the A&E department. This is anticipated to manage and mitigate the growth and support the A&E performance trajectory without the need for an increase in emergency beds.

This growth in activity, as well as putting pressure on the acute system, also impacts upon primary and community care, intermediate care, adult social care, continuing health care and residential care. Therefore arresting this growth and having a more cohesive system will be to the benefit of significant elements of the Health and Social Care system, only a discrete element has been identified as attributable savings and the actual impact is believed to have potential to be far higher.

This revised offer will be built upon the following workstreams (please see appendix 2):

1. Hospital Urgent Care
2. Improving Access to Community Urgent Care
3. Community Engagement
4. Enablers

One of the most significant differences to the system and to patients will be the building of a modular unit at FGH that will act as a triage point for patients who self-present to A&E. This will encompass the current Urgent Treatment Centre, the relocation of the Walk In Centre from Moorgate Primary Care Centre and the first port of call for those who attend A&E with a non-urgent issue (also known as minors). The improved management access to community urgent care will also be of significance to the public.

The initial savings target for this project was £2.6m, upon investigation a total of £4.7m have been identified as the recurrent target for this piece of work and these are anticipated to be delivered across the next 3 financial years to 2022/23 and it is hoped that further savings can be realised. This will provide mitigation against an unexpected growth in costs. Savings are anticipated to be delivered in the following areas:

- a) Mitigation of growth in emergency admissions.
- b) Rationalisation of costs across the urgent care footprint
- c) Appropriate re-charging for services used by patients from other localities
- d) Reduction in ambulance activity and costs

The Strategic Commissioning Board is asked to approve the preferred option within this paper and is all asked to note that it has not been possible to present a fully costed proposal for the modular unit at FGH at this stage and that this will be brought at the earliest opportunity alongside regular updates on progress.

Reasons

Define the reasons for undertaking the project and explain how the project will enable the achievement of the Bury OCO strategies and objectives.

This project is being undertaken for the following reasons:

- Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
- Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
- Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
- Redesign to simplify access points to improve patient experience.
- Work towards achievement of the GM UEC Improvement and Transformation Plan.

This review will deliver the following against the following OCO strategic objectives

- To encourage people so that they want to, and do, take responsibility for their own health and well-being
- To drive and support system wide transformation
- To achieve financial sustainability for the Bury health and social care economy.
- To support the Local Care Organisation to deliver high quality services in line with commissioner intentions.

Business Options

Provide a brief description of the different options considered and option recommended.

Option 1

Do nothing and note the significant risk to the A&E performance target. The advantages of this are few, but it would mean the least amount of change for people.

Option 2

Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit. Embark on a patient education / information campaign.

Option 3

Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit. Embark on a patient education / information campaign. Simplify In and Out of Hours Primary Care access through community triage across the locality.

Option 4

Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit. Embark on a patient education / information campaign. Simplify In and Out of Hours Primary Care access through community triage across the locality. Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

Option 5

Redesign urgent care at Fairfield General Hospital including building a new modular, front end unit. Embark on a patient education / information campaign. Simplify In and Out of Hours Primary Care access through community triage across the locality. Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

The preferred option is option 5. This would enable the relocation of the Urgent Treatment Centre and Bury Walk in Centre and the Minors, non-urgent part of A&E, to be located in front of the existing A&E department, providing triage and ensuring those patients who require an A&E intervention receive this in a timely manner and those that require a different intervention can receive this in the most appropriate setting. The co-location of the Walk in Centre and the UTC will support enhancements of both services alongside a rationalisation of any duplication between these services and other services.

This will be supported by the same triage offer at all stages of the pathway to ensure that the most appropriate service is accessed. Technology will play a key part in this both patient facing and in the background to support direct booking of appointments with GPs to reduce the number of people who attend A&E. This will be part of a patient information and engagement campaign which will be designed to educate patients to use the correct services at the correct time, ranging from self-care to A&E attendance.

Expected Benefits

The benefits that the project will deliver expressed in measurable terms against the situation as it exists prior to the project. Benefits should be both qualitative and quantitative. Tolerances should be set for each benefit and for the aggregated benefit. Any benefits realisation requirements should be stated.

Finance Benefits

The savings for 2020/21 are forecast at £1m, with a further £1.95m to be delivered in 2021/22 and the £1.75m in 2022/23.

Total Finance envelope

With the £31m that is spent in the Bury locality, a proportion of this is spent upon patients aged 65 and over. To prevent there being any risk of double counting savings, all hospital savings relating to urgent care for patients aged over 65 is to attributed to the Programme 6 schemes of Integrated Neighbourhood Teams, Rapid Response and Intermediate Tier in the Transformation Fund and savings for patients who are under 65 to the urgent care review.

Whilst it is true that schemes and system do not operate in isolation and there will be cross over into the different cohorts, to support a clear review process, this is the approach that will be taken.

Therefore the costs for Bury patients aged under 65 are as follows:

- £4.4m = A&E at FGH, of which £1.8m is minor activity (the OCO receives a rebate of £0.4m to do with UTC stranded costs and this has been reduced from these values, so the actual activity value if £0.4m higher)
- £2.6m = 0 & 1 day LoS Emergency Admissions at FGH
- £6.5m = Greater than 1 day LoS Emergency Admissions at FGH
- £1.3m = Urgent Treatment Centre at FGH (unit cost, not possible to split)
- £3m = Extended Hours and Primary Care Out of Hours (unit cost, not possible to split)
- £0.4m = Moorgate Walk in Centre (unit cost, not possible to split). The Prestwich WiC is not included within Phase 1 of the review
- £6m = Emergency Ambulance Costs (total cost, not possible to split)

Giving a total of £24.2m

Contribution of other CCGs

Bury residents are not the sole users of A&E and emergency beds at FGH, with residents from Heywood, Middleton and Rochdale CCG being over 30% of the A&E activity on site. This equates to 26,000 A&E attendances at a cost of £3.7m, of these £1.4m are minor activity and therefore would use the proposed new front end triage. This would reduce the cost envelope to the OCO as HMR residents would be charged at the correct A&E tariff and this would bring in around £1.4m of income to the trust.

The same is true of the Walk in Centre attendances and by appropriately recharging non Bury residents for their use of the Bury Walk in Centre service this would contribute £0.35m to the Trust, again reducing the income needed from the OCO.

Where savings will occur

Remodelled services at Fairfield General Hospital

The proposed new triage front end model, encompassing UTC and the Walk in Centre, would therefore have the existing investments in the UTC, Moorgate Walk in Centre and A&E minor activity to fund it, this gives a total of £3.5m. Added to this there is the non-Bury residents' income that the trust receives of £1.75m. This gives a total of £5.25m and the OCO would look to reduce it's funding by £0.5m to release a saving, £0.25m would be in 2020/21 and the rest in 2021/22

Out of Hours and Extended hours

Appendix 3 shows the number of services offers available 24 hours a day Monday to Friday and at the weekends. Between 6.30 and 8pm Monday to Friday and at the weekend there are a range of options available to patients that offer a very similar service. The rationalisation of these into a single cohesive model is anticipated to release savings of £0.5m, though this will not be released until 2021/22 and 2022/23.

Implement the triage and streaming model

Implementing the triage and streaming model throughout urgent care system to will serve to streamline, simplify and standardise the triage model. This will enable people to speak to someone face to face, online or by phone and should reduce the number of people who present at FGH. If this is applied at every access point, whether it's a level 1 or 2 NHS 111 call that is triaged by NHS 111 or a level 3 or 4 NHS 111 call that is triaged by GM CAS. OOH calls could be triaged by adopting a GP first approach with auto connect OOH to the OOH provider for triage and streaming. Triage face to face using Adastra at the new front end and make it easier to get a GP appointment by rolling out the GM funded Ask my GP service www.askmygp.uk (subject to GM successful NHS Digital grant).

The OCO sets aside monies for urgent care growth each year and next year this is anticipated to be around £2m. Therefore any reduction on this anticipated growth would be a saving to the OCO. £1m is anticipated in 2020/21 of which half could be reinvested with system partners to incentivise behaviour change

Emergency Ambulance costs

By improving access points, the triage and support at these points and through patient engagement and information it is anticipated that this will reduce the requirement for emergency ambulances to convey patients to FGH. This contract is set as a fixed value each year and has growth that has been seen in the previous 12 months added to the previous year's contract value, alongside inflation. Therefore mitigating growth and achieving an actual reduction are believed to be possible within this model. Therefore it is anticipated to reduce the contract value by 5% in 2021/22 and a further 5% in 2022/23 given a total of £0.7m.

All of these together add up to the following savings across the next 3 financial years

	£m			Total
	2020/21	2021/22	2022/23	
Enhanced WiC, UTC & Minors rationalisation of service	£0.25	£0.25		£0.50
Out of Hours & Extended Hours rationalisation of service offer		£0.10	£0.15	£0.25
Implement Streaming & Triage to mitigate growth - A&E	£0.40	£0.50	£0.50	£1.40
Implement Streaming & Triage to mitigate growth - Emergency Admissions *	£0.60	£1.25	£1.25	£3.10

Business Case

Bury Clinical Commissioning Group

<i>Incentivisation</i>	-£0.50	-£0.50	-£0.50	-£1.50
Other contracts rationalisation	£0.25			£0.25
Emergency Ambulance		£0.35	£0.35	£0.70
Total	£1.00	£1.95	£1.75	£4.70

	Percentage of budget			
	2020/21	2021/22	2022/23	
Enhanced WiC, UTC & Minors rationalisation of service	5.7%	5.7%		11%
Out of Hours & Extended Hours rationalisation of service offer		3.3%	5.0%	8%
Implement Streaming & Triage to mitigate growth - A&E	80%	100.0%	100.0%	100%
Implement Streaming & Triage to mitigate growth - Emergency Admissions *	35.3%	73.5%	73.5%	74%
<i>Incentivisation</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Other contracts rationalisation	N/A			
Emergency Ambulance		5.0%	5.0%	10%

NB As stated above there are also likely savings to be made as a result of the contributions of other CCGs to the new Enhanced WiC, UTC and Minors development and this should allow the OCO to reduce its contribution. Until this is finalised and all costs are known this saving is not being highlighted. There is also the option to recharge for WiC activity in the South of the locality and this will form part of future work on the urgent care system.

NNB £1m is the expected additional recurrent saving each year from mitigating growth beyond 2022/23.

* *The mitigation of growth on emergency admissions due to changes in patient management, streaming, triage and improved access to primary care appointments is ambitious and is based upon 3 assertions:*

- that patients are admitted to beds that with more time and resource available in A&E would not need to be.*
- that by supporting easier access to primary care appointments across the locality and each neighbourhood, patients ailments / conditions will not deteriorate to the point where an admission is needed and that more patients can be treated and managed in a non-secondary care setting.*
- a standardised triage and streaming model across the whole system will support more patients to be treated and managed in a non-secondary care setting, again due to an earlier intervention.*

Performance Benefits

- Support improvements in achieving the trajectory towards the 95% A&E target national standard that all trusts are charged with delivering.
- Support delivery of the A&E handover target that all trusts are charged with delivering.
- Having the enhanced WiC on site with the UTC will also allow the WiC activity to be counted towards the A&E target, thereby increasing the denominator and those patients seen, treated and discharged within 4 hours.

Patient Care

- Improved access to care in primary, community and acute settings.
- Continuity of triage offer, supporting patient education and understanding

- Improved access to the most appropriate professional for that patient at that time.
- Support delivery of care closer to home

Expected Dis-benefits

Detail any expected consequences of this project.

The proposal will see the Walk in Centre relocated from Moorgate Primary Care Centre to FGH. This will leave an empty space within the building that if it is not filled will need to be paid for by the OCO. Early discussions have taken place and it is believed that there are a number of services / providers who would be interested in taking over the freed up space.

Building a modular unit will bring additional cost to the Bury system. Initial costings are still being established but the cost of this unit is expected to be around £500k. This will need to be paid for and is likely to come from capital expenditure, which will need to be paid back over the life of the asset. This will add a cost to the whole Bury system

Risks

Provide a summary of the key risks associated with the project together with the likely impact and plans to mitigate if should they occur.

- An operational modular unit cannot be delivered on time for Winter 2020. This would significantly impact upon savings calculations in 2020/21, in terms of growth mitigation and rationalisation of services. To mitigate this partners have been involved in this project from the start and it has buy in across the Bury LCO. Senior colleagues at Pennine Acute have also been involved and this is being discussed in contract negotiations for 2020/21. Investigations have taken place that have suggested that modular units very similar to this can be delivered in an 8 – 12 week time period from the beginning of work to signing off the build. This would give 14 weeks to navigate all governance, agree on the specification and required equipment and commission the build to allow a 1st October 2020 start date, based upon approval being given pre-purdah.
- The lack of availability of capital funding could delay this project. This subject has been discussed with the Director of Finance of Bury & Rochdale Care Organisation to take forward with Northern Care Alliance colleagues. It is known that capital budgets within the NCA are over-subscribed and therefore whilst the Care Organisation and the LCO are very supportive of this piece of work, as it will support the management of the pressures in Urgent Care, alternatives sources of capital funding of capital funding are also being explored. A further option would be the leasing of the modular units, rather than the purchase, but that would be more expensive.
- If activity growth is not mitigated then this project would not be a success. Activity has grown significantly over the past 3 years and previous initiatives have not been successful in reducing activity or mitigating growth. This programme has been designed with multiple strands which concentrate on having the same streaming and triage at all access points, all with the aim of reducing hospital use where safe and appropriate. The enhanced WiC and UTC are also designed to manage those patients who do not need the full suite of hospital services but do require some support and will also be able to make patients primary care appointments. This will allow patients who require more intensive support and investigation in a traditional A&E setting to be able to have this and give the professionals more time to support these patients in A&E, which could reduce the requirement for a cohort of patients to not access ambulatory care.
- This streaming and triage model will require primary, community and secondary care systems to be able to effectively interface. Concerns have been raised about the ability of the Vision primary care system to be able to do what is required. This is currently being investigated and potential add-ons have been identified. Further work is required to investigate this in more detail.

Business Case

- A significant amount of activity at the Walk in Centres is the treatment of wound care and therefore relocation of the Moorgate WiC would leave a gap in provision that would need to be addressed. This may result in additional expenditure being required. The Wound Care Service is currently engaged with the Integrated Care Team within the OCO to understand the existing service provision and future requirements.

Costs

Provide a summary of the project costs, the ongoing operations and maintenance costs and funding arrangements.

The specific project costs will be in the building of the modular unit. The costs of this are not yet known, as it will be dependent on its size and configuration. Initial estimates are of a cost around £500,000. This would be paid for from capital monies and the charge to revenue budgets would be across the life of the asset. The source of this capital is yet to be finalised with all options being considered.

As stated earlier the total costs of Urgent Care are £61m and these have risen by over £12m in the past 3 years (around £3.5m of this is to do with changes in the national tariff in 2019/20). The OCO sets aside around £2m a year for urgent care growth and in previous years this has not been sufficient and therefore not attempting to change the system will cost a minimum of £2m a year, though previous years have been greater than this.

Timescales

The period over which the project will run (a summary of the Project Plan) and the period over which the benefits will be realised.

The project will run for the whole of 2020/21 with benefits realised in 2021 - 23

Investment Appraisal

Compare the benefits and consequences to the project costs and ongoing incremental operations and maintenance costs. The objective is to be able to define the value of a project as an investment. The investment appraisal should address how the project will be funded.

Do nothing would see costs rise by at least £2m a year, based upon the amount the OCO sets aside for growth. This would be adding additional activity to urgent care system that is already significantly stretched.

Whilst the exact cost of the new modular unit is unknown, if the estimated value of £500,000 is used and it is assumed that this is depreciated over its assumed life of 15 years, this would result in additional annual costs of £33,333 a year. This is slightly less than 2% of the £2m growth that is set aside and therefore represents excellent value for money, given the savings opportunities that this is anticipated to create.

Appendices

If you have any supporting documents, please state what these are and attach as appendices.

Approval/Rejection Sign-Off

Recommend Option Approved / Rejected (please check box below)

Approved

Rejected

See explanation below.

Consultation document: Improving urgent care services in Bury

1 About this document

Nationally, urgent care services are changing, and we need to make some changes in Bury too. Many people go to Accident and Emergency (A&E) at Fairfield General Hospital in Bury, often waiting up to four hours, and then realise they are not in the best place for treatment and then they need to go somewhere else.

A&E is for genuine life threatening emergencies and we need to make improvements to the rest of the urgent care system so that we provide the right service in the right place, first time closer to home.

This document explains how and why we want to improve the way we provide urgent care services in Bury both in the community and at hospital.

We want to ask you about what services should be provided for things that are not life threatening, but at the same time can't wait. This covers services such as appointments at GP surgeries, Walk-in Centres, the Urgent Treatment Centre at Fairfield General Hospital, GP out of hours services, GP extended access (evening and weekend appointments) and speaking to a local clinician (health care professional) by phone when you ring 111 or 999.

2. Why are we doing this?

We carried out some public consultation about urgent care in 2016 and 2018 and we have listened to feedback from Healthwatch along with the survey conducted by former Bury North MP Mr. James Frith. We have also looked at the GP Patient Survey results from July 2019 and reviews completed of the Urgent Treatment Centre, Wound Care and Lymphoedema Service and a face to face patient review which took place at Fairfield General Hospital in August 2019.

A capacity and demand review was undertaken across Greater Manchester in 2019 which looked at availability of appointments and access to various services such as mental health and same day emergency care, and there have also been reviews of the Green Car Service (which supports patients coming through the 999 ambulance service, whose needs are urgent but not an emergency) and the new Clinical Assessment telephone service, where a local clinician takes non urgent calls referred to them by North West Ambulance Service.

In these reviews, you have told us that our urgent care system is complicated to find our way around, which means that you don't always know which is the best service to meet your needs. We also heard that sometimes you go to more than one place or make more than one phone call before you get the right treatment and you have to wait a long time to be seen. You have continued to say that you value a walk in option. There is also a perception that it is difficult to get GP appointments on the day and in advance, despite the availability of appointments in the evenings and weekends, and out of hours. All this means that often, you go to Fairfield Hospital's A&E Department, even when your condition is not an emergency. We also know that people who are registered with a GP outside of Bury use the walk in facilities.

We want to make the system easier to find your way around, provide you with helpful information so you know where is the best place to go, support you outside of normal working hours and at weekends, reduce the amount of time you are sitting around waiting to be seen and help you to help yourself by using local facilities such as pharmacies and wound care clinics. We want to get back to only using A&E services at the hospital for patients with life-threatening conditions and severe trauma.

The increase in demand for hospital services, as well as putting pressure on the hospital, also impacts upon primary (i.e. GP) and community care, intermediate care (services that provide support to help get people back on their feet, perhaps after a stay in hospital), adult social care, continuing health care (supporting people with long-term complex health needs) and residential care.

By working in a different way to manage this demand and by having a more connected urgent care system, will be to the benefit of significant elements of the Health and Social Care system and this will also mean there is a more cost efficient and less confusing range of services for local people.

The whole of the urgent care system in Bury has been working together for the last three months to think about the changes we believe we need to make. This includes the GP Federation (a local co-operative of GP practices), BARDOC our out of hours GP provider, the Local Care Organisation (an alliance of service providers), Pennine Care NHS Foundation Trust (a provider of mental health services), the One Commissioning Organisation (Bury Council and the CCG working together to plan health and care services) the Northern Care Alliance and Fairfield General Hospital.

3. Our vision for the future

We set ourselves some objectives which we would like to achieve in a phased approach.

Our objectives are to:

- Speed up how soon patients are seen in A&E (patients should be seen within four hours) at Fairfield General Hospital.

- Reduce the number of unplanned admissions to Fairfield General Hospital.
- Deliver a better urgent care system for less money, based on our current spend on urgent care services we think we can achieve savings of around £2.6 million.
- Redesign our urgent care system to simplify how services are accessed and to improve the patient experience.
- Work towards achievement of Greater Manchester vision to transform urgent and emergency care, which includes things we can do across Greater Manchester and not just in Bury.

We want to make it easier to access high quality urgent care if you need it. We are setting out a vision for the future of urgent care in Bury that includes all the above providers working together to this common goal.

Urgent Treatment Centre

We would like to develop a new walk in facility at Fairfield General Hospital called an Urgent Treatment Centre (UTC). We are proposing to relocate the current Walk-in Centre located at Moorgate Primary Care Centre in Bury, and integrate it into the existing Urgent Treatment Centre located at Fairfield General Hospital, along with mental health services, the GP out of hours service and the 'minors' part of the hospital. (Minors is when a patient has attended A&E but their situation is not an emergency or is less serious)

This would create a new facility, providing an enhanced service that is open 24 hours a day, including at weekends. We would need to design and build this once we have seen the feedback from this consultation and get ourselves ready before next winter.

This means that when you arrive at Fairfield you will receive a primary care or mental health led assessment unless a suitably qualified professional thinks that you need to go straight to the A&E department or the same day emergency care service. (Same day emergency care services help us to support a significant proportion of patients attending A&E on the same day, ensuring they have access to the necessary diagnostics such as X-ray and blood tests, but without the need to admit them to a hospital bed.)

After you have registered at reception at this new facility, you will be assessed and then be directed to the most appropriate part of the hospital. There will be a new team to meet you at the UTC, this will include nurses, GPs, mental health professionals and health and care professionals who can manage wounds.

You will have access to blood tests and X-rays, these things are currently not available at Bury Walk-in Centre, and you will be able to walk in 24 hours a day, seven days a week. Bury Walk-in Centre is currently only open between 7am and 3pm.

We intend to maintain the walk in facility in Prestwich for the time being, including weekend opening, understand the impact of the new service at the UTC located at Fairfield, and reflect on what that means for services at Prestwich. We will consult you again if we decide to make changes to the Prestwich Walk-in centre further down the line.

Wound care

We would also like to improve access to wound care throughout Bury.

Urgent care in neighbourhoods

We want to help people access the most appropriate service locally, so we would like to introduce a community triage service to help people access the most appropriate service, in the best place at the right time. We want to offer you the opportunity to speak to a local health care professional by phone if you ring 999, 111 or if North West Ambulance Service feel you don't need to go to hospital. This is called the Clinical Assessment Service (CAS). The team will put you through to the GP out of hours service who will operate 24/7. We also want to improve the way you get access to a GP through face to face appointments, telephone and online consultations as well as booking an appointment online. We would like to link everything up using technology, so for example, the walk in facilities or CAS could book you a pharmacy or GP appointment directly.

From October 2019, there have been consultation services available at Community Pharmacies in Bury. This is a new service which is supporting patients locally rather than visiting an out of hours GP or A&E. The service is accessed via NHS111 and in the first 10 weeks created over 100,000 appointments for patients needing access to medicines urgently or where they had minor illness queries. This has relieved pressure on A&E and GPs over the busy winter period. The service (part of a national pilot) has started on a small scale, but further developments are planned so that more appointments can be diverted to a community pharmacy where safe and appropriate to do so.

From October 2020 we will roll out a new system where your GP Practice will be able to book you into a community pharmacy appointment in the morning and the pharmacist will be able to escalate you back to the GP Practice for a guaranteed same-day appointment that afternoon if required.

At weekends, there would be access to the UTC, same day emergency care services and A&E at the Hospital, Prestwich Walk-in Centre, the out of hours GP provider, the Green Car, 999 and NHS 111 phone and online services.

Whilst we are doing these things, we will keep you up to date and improve public information about urgent care, so that you know which service will meet your needs.

We want to hear from you

We would like to ask you what you think about these proposed changes as we start to plan for the future. No decisions have been made and this document summarises

our thinking to date. We recommend you read it before answering the questions in the survey. The survey also asks how we might be able to support you as you look through the different options and we have given the examples of parking and public transport but you may have some other ideas.

4. Options

We have listened to everything that you have said previously and analysed all of the recent reviews of urgent care. This has led to the development of five options for you to consider.

Option One

(A) Do nothing.

The advantages of this are few, but it would mean the least amount of change for people.

There are many reasons why this option isn't the best option:

- The Walk-in Centre at Moorgate Primary Care Centre would not be integrated with the Urgent Treatment Centre (UTC).
- The Walk-in Centre has restricted opening hours, no access to X-rays and blood tests and wouldn't be able to offer the comprehensive service available if we had a new integrated UTC.
- The UTC is not currently located at the front door of Fairfield General Hospital and it is too small.
- Patients will continue to arrive at A&E which may not be the best place to go to get the most appropriate treatment.
- The hospital will continue to struggle to meet the 4 hours A&E wait time target and there will be a continuing rise in demand for hospital services.

Option Two

(B) Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit.

(C) Embark on a patient education / information campaign.

The added advantage of this option is that we will run some information campaigns to help people make the right choice when they are looking for services. We have started this by launching a new online service finder.

- An information campaign will not close the gap between the services people need and the services available.
- Waiting times at the hospital will continue to miss the 4 hour A&E target.
- People still won't be pre-booked into appointments in the most appropriate place.
- You might have to wait at A&E for a long time and then need to be sent

somewhere more appropriate to meet your needs.

- We would not be able to make any financial savings.

Option Three

(B) Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit.

(C) Embark on a patient education / information campaign.

(D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

This option begins to improve current services. We would simplify and standardise the various services available in the community, we would standardise the triage system across the Walk-in Centres.

- Waiting times at the hospital will continue to miss the 4 hour A&E target.
- People still won't be pre-booked into appointments in the most appropriate place.
- You might have to wait at A&E for a long time and then need to be sent somewhere more appropriate.

Option Four

(B) Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit.

(C) Embark on a patient education / information campaign.

(D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

(E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

This option introduces technology into the urgent care system to help redirect people to the most appropriate service to meet their needs. We would start to directly book appointments for you in community venues using IT systems, and over time, book appointments at GP practices from the Walk-in Centres and the clinical assessment telephone service. We would streamline the process for receiving an out of hours GP appointment and we would take non-urgent calls diverted from the 111 and 999 service, to a local health care professional to call you back.

- Waiting times at the hospital will continue to miss the 4 hour A&E target.
- People still won't be pre-booked into appointments in the most appropriate place.
- You might have to wait at A&E for a long time and then need to be sent somewhere more appropriate.

- We will be able to redirect more people to more appropriate services than A&E, but you still might not receive the right service first time.

Option Five

(C) Embark on a patient education / information campaign.

(D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

(E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

(F) Redesign urgent care at Fairfield General Hospital including building a new modular, front end unit.

All urgent patients will be seen in a new unit open 24/7 placed in front of A&E at Fairfield General Hospital, functioning as a primary care facility and bringing together the best of the current Urgent Treatment Centre, Bury Walk-in Centre, 'minors', mental health and the GP out of hours service. They will have access to a wider range of skills, resources and diagnostic tests such as X-ray, and be able to access Intermediate Care and move patients directly into same day emergency care services. Whilst patients can self-refer, they will also take patients by appointment. Only patients with life-threatening conditions and severe trauma will be seen in A&E.

The disadvantage of this option is that walk-in facilities would move 1.5 miles to Fairfield General Hospital from the current location at Moorgate Primary Care Centre.

Preferred option

The preferred option is option 5 and we are keen hear what you think.

5. How to have your say

We are carrying out a public consultation in February for a period of 4 weeks, between Monday 10th February 2020 and Sunday 8th March 2020.

We want to hear from as many people as we can so we can make the best possible decision.

We are asking you to share your views through this questionnaire, which is also available online at www.buryccg.nhs.uk

A public meeting will also take place during the consultation period, please look at www.buryccg.nhs.uk for the date and location.

We are also working with GPs, Healthwatch, local community and voluntary organisations to make sure we reach as many people as possible.

A helpline is available 9am to 5pm Monday to Friday if you need any assistance to complete the questionnaire. The number to ring is 0161 253 7636

If you would like us to come and talk to your group about these proposals please get in touch by ringing 0161 253 7636. Comments from health professionals are also welcomed.

Paper copies of the questionnaire can be returned to the freepost address indicated on the questionnaire.

For more information visit our website: www.buryccg.nhs.uk

All responses must be received by 12pm on Monday 9th March 2020

No decisions have been made. Over the next 4 weeks we are engaging with local people to explain the proposed changes and the reasons for developing these proposals, outline what this could mean for local people and encourage them to respond.

All responses will form a final report, which will go to our Strategic Commissioning Board (a joint Bury Council and NHS Bury CCG committee) to make a decision. We will put that report and details of whatever decisions are made on our website.

Glossary

Accident and Emergency (A&E)

An A&E department (also known as emergency department or casualty) provides a 24 hour service at a hospital to deal with genuine life-threatening emergencies, such as loss of consciousness, breathing difficulties, severe allergic reactions and stroke.

Carer

A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

Clinician

A health care professional. This could be a GP, hospital doctor, nurse or pharmacist.

Community triage

This means that if you speak to the CAS or go to a walk in facility, you will be triaged in the same way. We will make an appointment for you at a specific time in the most appropriate place so you don't need to wait around. It might be that your needs can be met much closer to home.

Diagnostics

Procedures to identify a condition or disease, e.g. X-ray, blood tests, ECG or urine test.

Extended working hours GP appointments

Available Monday to Friday from 6.30pm until 8pm and Saturday and Sunday from 8am until 6pm (including Bank Holidays, with the exception of Christmas Day) at three 'hub' locations across the borough (appointments may not be with your usual GP). Evening and weekend appointments are available on a pre-bookable or book on-the-day basis. Patients must contact their GP practice first for availability.

General Practitioner (GP)

Your family doctor.

GP out of hours service

For urgent medical care out of hours (call your GP practice for further instructions).

Minor illness or injury

Common health problems like aches and pains, fevers, skin conditions and stomach upsets, or injuries like a minor burn, scald or insect bite that can often be treated at home with over the counter items where appropriate.

Minors

A&E is usually divided into an area for major cases i.e. an emergency situation, and minor cases i.e. when a patient has attended A&E but their situation is not an emergency or is less serious.

NHS 111

A free 24/7 telephone advice service for people who require urgent healthcare treatment and advice but who don't know where to go.

One Commissioning Organisation (OCO)

The organisation in Bury that plans, designs and buys (commissions) local health and care services

Primary care

Services which are the main or first point of contact for the patient, usually GPs and pharmacies.

Same Day Emergency Care

Same day emergency care services help us to support a significant proportion of patients attending A&E on the same day, ensuring they have access to the necessary diagnostics such as X-ray and blood tests, but without the need to admit them to a hospital bed.

Urgent care

Urgent care is care needed the same day. This could include anything from cuts, minor injuries, wound infections, tonsillitis, urinary infections or mild fevers etc.

Urgent Care Treatment Centre (UTC)

Open at least 12 hours a day, 365 days a year, these centres provide urgent care. Led by GPs and supported by nurses and other health professionals. Access to better diagnostics and are able to deal with a wide range of minor injuries and illnesses, including minor head injuries.

Walk-in centre (WIC)

This service offers urgent care to people who walk in, without pre-booking an appointment.

Survey: Improving urgent care services in Bury

We would like to know what you think of these proposals to improve urgent care services in Bury.

Please complete our survey which is available via the homepage of our website: www.buryccg.nhs.uk. The survey is running between Monday 10th February and 12pm on Monday 9th March.

Alternatively you can fill it in below, and post this back to the freepost address. You do not need a stamp

There is a helpline number 0161 253 7636

You don't have to answer the whole survey if you don't want to, all questions are optional. We will ensure your responses are kept secure and confidential and we will not share them.

Thank you for taking the time to complete this survey by 12pm Monday 9th March, your views are important to us.

Q1 I am responding to this survey as:

Options	Please tick one
A patient/member of the public	
A carer	
A member of staff (health or social care)	
A representative of an organisation or group (please specify)	
Other, please state	

Q2 Are you registered with a GP practice in Bury?

Options	Please tick one
Yes	
No	

Q3 what is the first part of your postcode i.e. BL9 (please specify):

.....

Q4. Do you support the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital in Bury that will be located in front of the Accident and Emergency Department?

Options	Please tick one
Yes	
No	
I don't know	

Q5 Do you support the development of a community triage service to help you get an appointment in the most appropriate service?

Options	Please tick one
Yes	
No	
I don't know	

Q6 Do you support the implementation of online access to GP services to sit alongside current appointments?

Options	Please tick one
Yes	
No	
I don't know	

Q7. Which of the five options described earlier do you prefer?

Options	Please tick one
Option 1	
Option 2	
Option 3	
Option 4	
Option 5	
I have no preference	
I don't know	

Q8a. Will you or your family be affected by these proposals? Eg parking or public transport

Options	Please tick one
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Yes	
No	
I don't know	

Q8b. If you said yes to Q8a above, please use the space below to tell us how?

Q9. If we go ahead with Option 1, please use the space below to tell us how we can support you:

Q10. If we go ahead with Option 2, please use the space below to tell us how we can support you:

Q11. If we go ahead with Option 3, please use the space below to tell us how we can support you:

Q12 if we go ahead with Option 4, please use the space below to tell us how we can support you:

Q13. If we go ahead with Option 5, please use the space below to tell us how we can support you:

Q14 Are there any alternative solutions that you can think of to make the changes we need? Please tell us in the space below:

Equality monitoring

To make sure we plan and provide the right services it is important for us to find out some information about you. We use this information to understand if we have reached enough people and if people from different groups have different views. All questions are optional. We will ensure your responses are kept secure and confidential.

What is your gender?

Options	Please tick one
Male	
Female	
Other	
Prefer not to say	

What is your age?

Options	Please tick one
18-24	
25-34	
35-44	
45-54	
55-64	
65+	
Prefer not to say	

What is your sexuality?

Options	Please tick one
Heterosexual/Straight	
Bisexual	
Gay/Lesbian	
Other	
Prefer not to say	

What is your religion or belief?

Options	Please tick one
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	

Sikh	
Other religion	
No religion	
Prefer not to say	

Please tell us what you consider your ethnicity to be:

Options	Please tick one
Arab	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	
Asian or Asian British – any other Asian background	
Black or Black British – Caribbean	
Black or Black British – African	
Black or Black British – any other Black background	
Chinese	
Mixed – White and Black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	
Mixed – Any other mixed background	
White – British	
White – Irish	
White – any other White background	
Any other ethnic origin group	
Prefer not to say	

The Equality Act 2010 regards a person as having a disability if he/she has a physical or mental impairment (including sensory impairment) which has both a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Do you consider yourself to be disabled according to this definition?

Options	Please tick one
Yes	
No	
Prefer not to say	

Is there anyone who relies upon you for care and attention and that you assist with their daily routine?

Options	Please tick one
Yes	

No	
Prefer not to say	

Thank you for taking the time to complete this survey.