West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	WY Joint Health Oversight and Scrutiny Committee
Agenda item no.	TBC
Meeting date:	15th March 2024
Report title:	West Yorkshire Urgent Care Service Review Introduction
Report presented by:	Ian Holmes
Report approved by:	Ian Holmes
Report prepared by:	Jon Parnaby

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

The initial approach was approved by the West Yorkshire Urgent and Emergency Care Programme Board in May 2023.

A paper was then presented to the Transformation and Programmes SLT in July 2023, and subsequently to the NHS WY ICB Transformation committee on 31 October where the approach was supported.

Previously a presentation was made to WY JHOSC in November 2023 with further discussions in January and February 2024

Executive summary and points for discussion:

The introduction and approach to the West Yorkshire Urgent Care Service Review has previously been brought to this Committee. This report expands upon that initial introduction with further detail (including activity and quality feedback and service detail) and an update on the Service Development and Improvement Plan and how this is going to be taken forward from April 2024 onwards.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system.

☒ Tackle inequalities in access, experience, and outcomes

☒ Enhance productivity and value for money.

☐ Support broader social and economic development

Recommendation(s)

The WY Joint Health Oversight and Scrutiny Committee is asked to:

1) Note the contents of this report for information

2) Assurance of the approach and future steps for service improvement for activities within the Werst Yorkshire Urgent Care provision.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
None
Appendices
Appendix 1 – WYUC Services Appendix 2 – Interdependencies Appendix 3 – Suggested Involvement Approach Appendix 4 – Initial Equalities Assessment Findings Appendix 5 – Draft Service Development & Improvement Plan Appendix 6 - Timeline
Acronyms and Abbreviations explained
Explained within the report

What are the implications for?

Residents and Communities	To be considered as part of the Review and Engagement process
Quality and Safety	Quality colleagues embedded into the Review team and Impact Assessments being developed
Equality, Diversity and Inclusion	Equality colleagues embedded into the Review team and Impact Assessments being developed
Finances and Use of Resources	Lead finance colleague supporting the Review and any finance opportunities to be identified
Regulation and Legal Requirements	Close ties with Kirklees ICB (as lead commissioner) Contract colleagues with a re-procurement route agreed
Conflicts of Interest	Noted on the ToR for the Review Task and Finish Group with an acknowledgment some discussion may need to be taken out with the meeting due to commercial and operational sensitivities
Data Protection	Upon advice from DP ICB leads, responsibility of the relevant data controller (health and care provider) to undertake full DPIA
Transformation and Innovation	Update and engagement with UEC and Transformation across WY ICB
Environmental and Climate Change	None identified

Future Decisions and Policy Making	Dependent on the outcome of the scoping elements in the Service Development & Improvement Plan
Citizen and Stakeholder Engagement	To be considered as part of the Review and Engagement process

1. Main Report Detail

1.1 Background

The West Yorkshire Urgent Care (WYUC) Service, provided by Local Care Direct (LCD) began in 2013 and provided primarily face to face primary care provision in the out of hours period. Due to the needs of the System and the developments in remote technologies (many developed during COVID response), the service organically grew. WYUC now encompasses GP Out of Hours (both face to face and remote), Clinical Advice Services and several place-based arrangements including Urgent Treatment Centres, Safe Haven, Emergency Department and GP Practice Learning Time. Further detail on these can be found further in Appendix 1

The current contract is worth over £20 million and was due to end March 2024. Although reviews have been carried out against individual service lines over the years, there has not been an overarching West Yorkshire review.

In early 2023 the West Yorkshire Urgent and Emergency Care (UEC) Programme carried out a refresh to establish priorities which reflected both the strategic intention of the West Yorkshire Integrated Care Board (ICB), and national guidance such as the 'Delivery Plan for the Recovery of Urgent and Emergency Services'.
One of the identified priorities was to carry out a review of the West Yorkshire Urgent Care Service.

Despite not being mentioned explicitly within the UEC Recovery Plan, the review was identified as an area which directly contributed to achieving the desired ambitions and also met the three tests of Partnership working; working at scale to ensure the best possible health outcomes for people; Sharing good practice across the Partnership; Working together to tackle complex (or 'wicked') issues. It was therefore agreed that the service review would be led at West Yorkshire level.

1.2 Review Approach

The review is being led by the West Yorkshire ICB and the leadership assigned includes Ian Holmes, Director of Strategy and Partnerships ICB, as Senior Responsible Officer (SRO) and Dr Will Robertson, advisory GP to Wakefield place as Clinical Lead.

Leads have also been identified for each of the workstreams within the WYUC Service Review and for individual ICB functions such as finance, contracting, engagement, quality, equality, information governance and safeguarding.

The intended outcome for the service review will be services that are fit and future proof, integrated with both West Yorkshire and local health systems.

The service review will provide an opportunity to explore potential opportunities, improve efficiencies and make changes to benefit local people. Ultimately the result must benefit patient experience in terms of how they access and navigate the urgent care system.

1.3 Governance and Accountability

The WYUC Service Review reports into the Transformation Committee of the ICB Board for decision making.

An ICB led Task and Finish group has been established to provide oversight and support delivery of the review. The meeting is held monthly and is well attended with broad representation from Places and providers (including LCD) and functions as mentioned earlier.

Regular highlight reports are presented to WY Urgent and Emergency Care Programme Board. Place UEC colleagues are asked to socialise this report in their own Place to inform relevant colleagues of progress.

The WYUC Service Review has also engaged with a variety of forums, including but not limited to: Joint Health Oversight and Scrutiny Committee (JHOSC), WY Primary Care Senior Leadership Team, WY Local Medical Council, Place Based Senior Leadership Team (SLT), and various quality, equality and engagement forums.

1.4 Specification vs Service Development & Improvement Plan

- Specification Route: A brand new specification covering all in-scope services to be developed and signed off through agreed governance route by 31 March 2024. LCD would then be required to deliver new specification from 1 April 2024, supported by a two-year mobilisation and implementation period

- Service Development and Improvement Plan (SDIP) Route: A detailed SDIP would be developed covering all in-scope services by 31 March and incorporated into any new contract from 1st April 2024.

Following discussions with the SRO and provider, the decision was made by the Task and Finish group to follow a Service Development and Improvement Plan (SDIP) route. It was agreed that the SDIP would allow for a more fluid and collaborative approach to service improvement and give more time for review, development and engagement with partners and our populations.

Identified leads have reviewed each of the services within the WYUC Contract and the findings of these service reviews will form the core of the SDIP.

1.5 Service Activity Overview

LCD provide regular contract narrative reports, which are reviewed and discussed at bi-monthly contracting meetings, supported by commissioners.
Monitoring against key performance indicators are also measured here.

Activity for 2022/23 was;

Contract element	Service	22/23 Activity
Core Specification	GP OOH remote/GP OOH F2F	53,997 (38,104 PCC and 15,893 Visit)
Local Specification	Calderdale and Kirklees ED streaming	6568 patients
	SAS Calderdale and Kirklees	2026 contacts
	PLT	3167 sessions
	UTC St George	31,597 patients
	UTC Wharfedale	29,794 patients
WY Local CAS	GP 1&2hr	23,358 contacts
	NHS 111 Online ED Validation	17,405 contacts

1.6 Interoperability and Interdependencies

The core WYUC contract and emerging services are essentially hinged on LCD's entire Corporate and non-pay infrastructure. Without the WYUC contract, LCD would be a fundamentally different entity. Other contracts outside of this core contract (such as the King Street Walk in contract and private arrangements to provide cover for West Yorkshire

practices) are also reliant on LCD maintaining the corporate infrastructure that supports WYUC. Without the WYUC infrastructure, LCD would be unable to cost-effectively replicate this to support non-WYUC contracts.

This interdependency is illustrated in Appendix 2

1.7 Contract & Finances

It was agreed by contracting colleagues to award a two-year contract to LCD to cover the implementation of the SDIP.

The Voluntary Ex-Ante Transparency Notice (VEAT) was issued under procurement rules and expired on 26 January with no challenge.

Throughout the review and the development of the SDIP all partners have been aware that the service must delivered within the current financial envelope (subject to any agreed uplift).

Opportunities are to be explored within the SDIP process for efficiencies.

1.8 Patient Feedback, Involvement and Equalities Assessment

LCD provide WYUC patient feedback on a quarterly basis, which is shared with commissioners. Patient feedback is broken down by both service and place. Demographic data is also captured and reported on.

Patient feedback is used to monitor the quality of the WYUC service and implement continuous improvements.

Thinking about urgent primary care, overall how was your experience of our service?	23/24 Q3	23/24 Q2
Very Good	61%	62%
Good	21%	21%
Neither good nor poor	6%	7%
Poor	5%	5%
Very poor	6%	4%
Don't know	1%	0%
Grand Total	712	640

As demonstrated by the table, LCD consistently receive a high proportion of ‘Very Good’ or ‘Good’ responses.

LCD continue to strive to improve on their feedback scores and regularly update commissioners at contract review meetings.

The views of patients and the public have been used to inform the development of the SDIP and will continue to be considered throughout the implementation. The involvement approach is included as Appendix 3 and initial equalities assessment findings included as Appendix 4

1.9 Outcome

In collaboration with service review leads, the WYUC Task and Finish Group and LCD, a comprehensive SDIP has been developed, covering all areas of the WYUC Contract. A draft of this can be seen in Appendix 5.

The SDIP identifies approximately 35 lines of improvement and /or development

The SDIP also details a timescale and an indication of any cost implications (saving, increases, neutral).

The structure of the SDIP reflects the established workstream (see Appendix 1), and also includes an additional 'workstream zero' which identifies improvements and development across the entire contract.

2. Next Steps/Implementation

2.1 Take the SDIP through agreed governance route for information/endorsement/ sign off:

- WY Transformation Committee
- WY Urgent and Emergency Care Programme Board
- WY ICS Clinical and Care Professional Forum
- WY Joint Health Oversight and Scrutiny Committee
- Place SLTs

2.2 Add the SDIP to the contract as an additional schedule to the contract terms and current specifications, along with principles and methodology.

2.3 Progress against the SDIP will be formally monitored by contracting colleagues using agreed contract monitoring forums, with input from commissioning colleagues against the established timeline (Appendix 6)

2.4 A smaller SDIP implementation group established to support contracting in this process.

3 Recommendations

The WY Joint Health Oversight and Scrutiny Committee is asked to:

1) Note the contents of this report for information
2) Assurance of the approach and future steps for service improvement for activities within the Werst Yorkshire Urgent Care provision.

4 Appendices

Appendix 1 – WYUC Services
Appendix 2 – Interdependencies
Appendix 3 – Suggested Involvement Approach
Appendix 4 – Initial Equalities Assessment Findings
Appendix 5 – Draft Service Development & Improvement Plan
Appendix 6 – Timeline

Appendix 1 – WYUC Services

GP Out of Hours (Workstream 1)

Review Lead(s)	Jon Parnaby
Description of Service	Delivery in West Yorkshire of an Out of Hours (OOH) consultation & treatment service for patients who are referred from the NHS111 Service (90%) and other established pathways (remaining 10%) with an urgent primary medical care need in the OOH period between; 6.30pm to 8am weekdays and all weekends and bank holidays. Providing Virtual Consultations as well as operating 13 Primary Care Centres (for face-to-face appointments). Part of the GP OOH service also includes pathways for pathology lab results, prescriptions and a patient transport offer.
Additional points to note	This element of the WYUC service has seen the most significant change due to processes introduced as a response to Covid

WY Clinical Advice Services (CAS) (Workstream 2)

Review Lead(s)	Adam Cole & Vicky Annakin
Description of Service	The West Yorkshire Clinical Advice Services (CAS) are defined as: - 1&2 Hour GP Speak to disposition/outcome (as referred by NHS 111) and; - NHS 111 Online Emergency Department (ED) Validation Both services were commissioned with the intention of facilitating remote triage and avoiding unnecessary ED attendance and both have high closure rates with patients being redirected elsewhere or self-care recommended
Days & hours of operation	NHS111 Online ED Validation Service: 24 hours per day, 7 days per week including bank holidays NHS111 GP 1&2 Hours: 08:00 to 18:00 hours Monday to Friday excluding bank holidays.

ED Streaming (Workstream 3.1)

Review Lead(s)	Debbie Graham & Jon Parnaby
Description of Service	A streaming service for patients from the Huddersfield Royal Infirmary and Calderdale Royal Hospital A&E departments (where clinically appropriate in accordance with Manchester Pathway) to alternative and appropriate clinical colleagues within A&E
Footprint	Calderdale and Greater Huddersfield
Location(s) of service delivery	Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI)
Days & hours of operation	CRH: Mon-Fri 6.30pm - 10pm, weekends and bank holidays 10am-10pm Mon HRI: Mon-Fri 6.15pm-10.15pm, weekends and bank holidays 9.45am - 10.15pm

Protected Learning Time (Workstream 3.2)

Review Lead(s)	Chris Skelton & Kirsty Turner
Description of Service	To provide planned cover for telephone assessment, appropriate advice and / or treatment for registered patients of Calderdale, Kirklees, Leeds and Wakefield during General Practices Protected Learning Time (PLT).
Days & hours of operation	Calderdale: 10 sessions per year - Tuesday or Wednesday Kirklees: 12 sessions per year – Tuesday Leeds North - 10 sessions per year – Thursday Leeds South and East - 10 sessions per year – Tuesday Leeds West, 11 sessions per year - Thursday Wakefield: 10 sessions per year - Wednesday
Additional points to note	PLT allows GP practices to close for half a day to carry out staff training for the whole practice team. Everyone within GP Practices are committed to giving patients the best possible care therefore all staff take part in a number of PLT sessions throughout the year. Airedale and Bradford have separate arrangements for the delivery of PLT

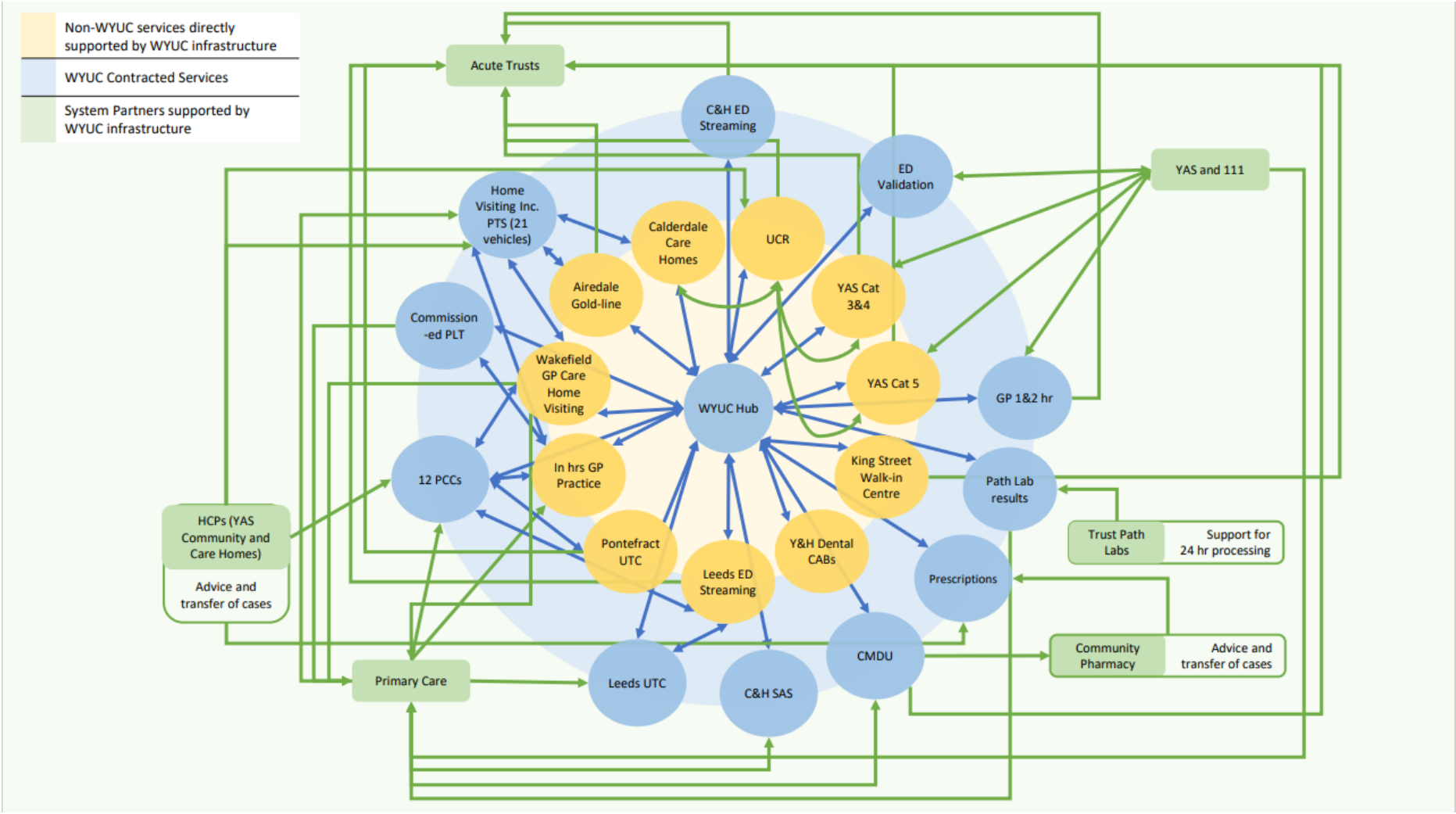
Safe Haven (Special Allocation Scheme (SAS)) (Workstream 3.3)

Review Lead(s)	Emma Bownas & Jan Giles
Description of Service	The SAS is a scheme to manage patients who are violent or aggressive. SAS provides a stable environment for the patient to receive continuing healthcare, addressing any underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in providing that treatment. The ultimate aim of the scheme is to rehabilitate the patient back into mainstream general practice.
Footprint	Calderdale and Kirklees
Location(s) of service delivery	Calderdale Royal Hospital - 1 face to face clinic per week Batley Health Centre - 1 face to face clinic per week
Days & hours of operation	9am - 5pm Mon - Fri
Additional points to note	Service delivery changed as a response to Covid. A new national specification has been published.

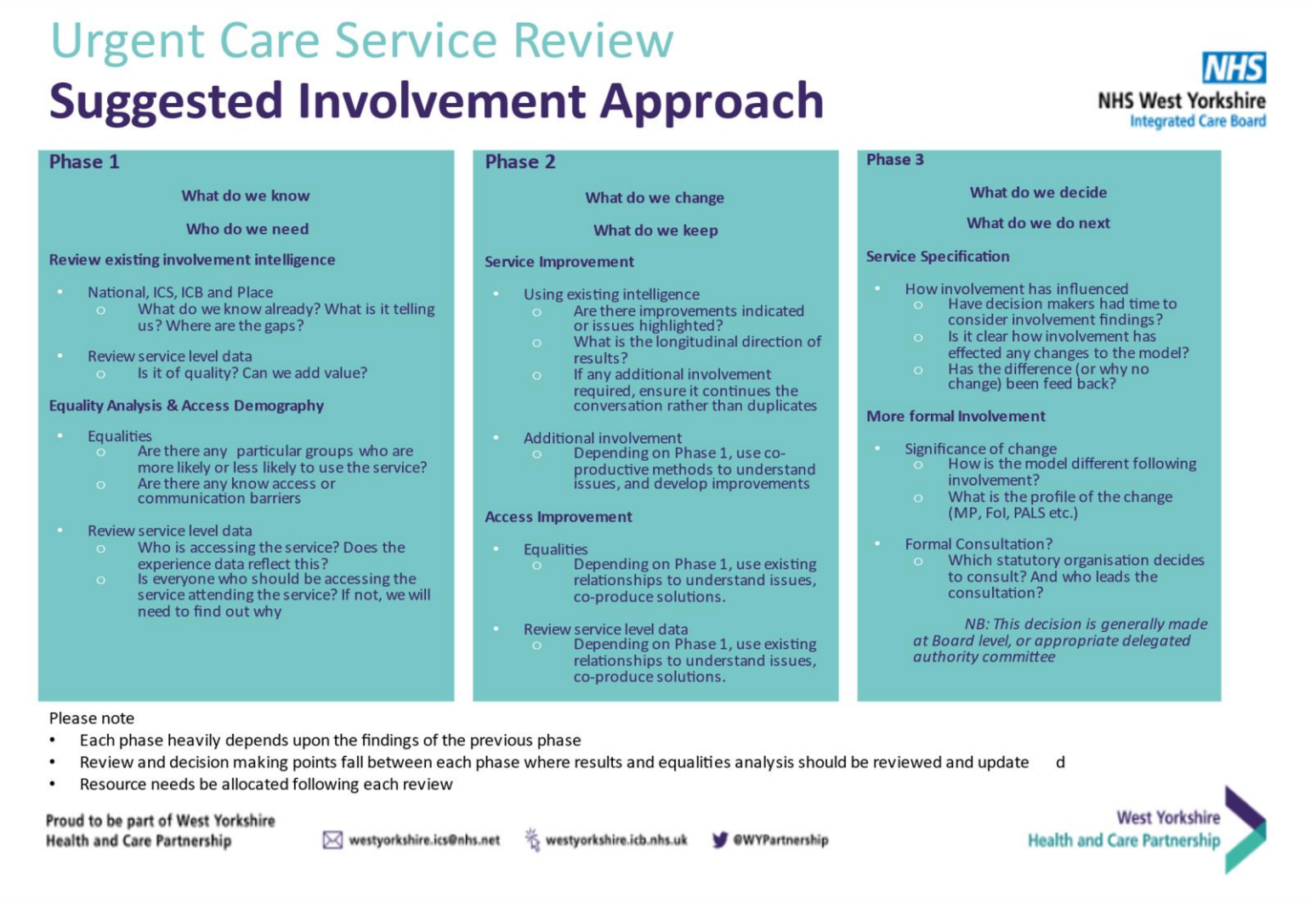
Urgent Treatment Centres (UTC) (Workstream 3.4)

Review Lead(s)	Martin Earnshaw
Description of Service	To provide walk-in and direct booking services to individuals of all ages (except 75+ with head injury) presenting at the Urgent Treatment Units located at St George's Centre and Wharfedale General Hospital, Otley.
Leeds	Leeds
St Georges Wharfedale Hospital	St Georges Wharfedale Hospital
8am-11pm - 7 days	8am-11pm - 7 days
Additional points to note	Ongoing improvement work throughout this element of the Service has been historically undertaken with Leeds commissioners direct with LCD. There is currently conflicting public messaging regarding the UTC which is being progressed locally.

Appendix 2 - Interdependencies Diagram



Appendix 3 – Involvement Approach



Appendix 4 – Initial Equalities Assessment Findings

Urgent Care Service Review

Initial Equalities Assessment - Findings

NHS West Yorkshire Integrated Care Board

So far:

We used existing intelligence to produce the existing insight summary to support the SDIP production

Revisited these reports to populate the Equality Impact Assessment, first draft

Intelligence that had been specifically analysed by protected characteristic

Although intelligence about each demography is not from all geographies it gives an indication.

High Level findings

- People with a disability slightly more likely to attend a walk-in
- People with Pakistani Heritage slightly more likely to attend a walk- in
- People who are older more likely to attend multiple times
- Ethnic minorities More likely to attend on advice of 111 or proximity to home
- The opening hours for walk in are more convenient for white people
- Caribbean groups less likely to attend again in future
- People Claiming benefits less likely to call 111
- Ethnic minorities Less likely to use technology except videos
- disabled people are less likely to use technology
- The Trans community seem to have a more varied experience of the existing service
- The LGBT community have a more varied experience of primary care

Please note

- The equality impact assessment process is iterative and the document evolving as the programme progresses
- Information drawn out from similar services and so only provides a partial picture

Appendix 5 – Draft Service Development & Improvement Plan

Workstream 0.0: WYUC	

Overall aim of the work is to support alignment with wider Integrated Urgent and Emergency Care priorities at Place and WY. Including national guidance such as UEC Recovery Plan, Primary Care Access Recovery Plan, and local strategy such as the Joint Forward Plan.			
No	Proposed SDIP Recommendation	Target timescale	Potential Cost implication
0.1	Work with commissioners to scope opportunity to support the wider system through additional pathways and integrated direct booking into other statutory and voluntary services. • This would provide an improved patient experience and smoother transition of patient care between services. • Focus should be given to pathways which aim to reduce health inequalities.	Scope Yr1 Q4 Decision Yr2 Q1	Increase
0.2	Scope ***online*** opportunities for all services within the WYUC contract (both at West Yorkshire and Place level) e.g., Booking and Referral Standard (BaRS) Framework Standard - implementation for Local Care Direct (LCD) Clinical Advice Service (CAS). • This would increase interoperability between Yorkshire Ambulance Service (YAS), LCD and other partners resulting in enhanced patient journey/care and meeting national standards. • This would also enhance other current 111 online services within the CAS e.g., EDAC and Urgent Community Response (UCR). • Consider service quality improvements and efficiencies using electronic consultation software.	Scope Yr1 Q4 Decision Yr2 Q2	Increase
0.3	Patient/public involvement including intelligence around protected characteristics should continue to inform the development and delivery of the SDIP.	Yr1 Q1-Yr2 Q4	Neutral
0.4	Regular monitoring of patient experience throughout the implementation of the SDIP, to ensure that developments and/or changes are achieving the proposed outcomes and meeting the needs of service users.	Yr1 Q1-Yr2 Q4	Neutral
0.5	Review estates to identify whether there is any opportunity to consolidate and update (including Infection Prevention Control (IPC) measures and accessibility improvements).	Scope Yr1 Q4	Saving

	• This includes a review of the design and layout of the Urgent Treatment Centres to make them easier for people with disabilities to use.	Decision Yr2 Q1	
Workstream 1.0: GP Out of Hours			
1.0.1	A set of principles to be developed that confirm expectations/principles for the service, which allows for LCD flexibility. Particularly around agreement as to what is urgent and what is not. • Currently LCD manage all activity when it may be more effective to de-escalate a call and hand it to the patient's in-hours regular GP. • This handover must be effective and safe, with a process to be developed including monitoring arrangements as well as presentations trends and peaks. • Potential to be explored through a primary care in-hours and out of hours reference group.	Scope Yr1 Q2 Decision Yr2 Q1	Neutral
1.1 GP OOH Remote and Primary Care Centres (including F2F appointments, Remote appointments & Home Visits)			
1.1.1	Scope plan for online consultations in the out of hours period. • To include details around projected volume and costing; similar to completing an online form on the website where presentation and symptoms are described for assessment by LCD. • Challenge is noted around potential conflict with NHS 111 online.	Scope Yr1 Q2 Decision Yr2 Q1	Increase
1.1.2	Review service opening/operating hours considering other available out of hours primary care pathways such as walk-in centres, Enhanced Access etc. • As additional out of hours primary care provision has been developed, there may be duplication of offers.	Scope Yr1 Q1 Decision Yr2 Q1	Saving
1.2 Pathology Lab Results			
Overall aim of work should aim is to reduce the number of patients receiving pathology calls in the out of hours unnecessarily. This is a poor patient experience and leads to anxiety/upset and complaints			
1.2.1	In partnership with WY ICB to develop consistent policies and approach to risk for pathology results (specifically in the out of hours period for phlebotomy)	Yr2 Q2	Neutral

	• Explore potential to access patient record in this instance as it is in the patients' best interests.		
1.2.2	Scope implementation of ICE system entry, including cost implications. • The pre-populated option would enable more patient information and reason for test requests to LCD. • This will enable LCD to determine the urgency of any abnormal result.	Scope Yr1 Q2 Decision Yr2 Q1	Increase
1.3 Prescriptions			
Overall aim of the work is to reduce unnecessary prescriptions passing through WYUC, and to utilise capacity and integrate with better alternatives			
1.3.1	Review the data to highlight Practices, care homes or other services with particularly high usage of out of hour repeat prescriptions. • This will be used to support commissioners to carry out targeted work with these partners	Yr1 Q4	Neutral
1.3.2	Establish Prescriptions Task and Finish Group with representation from LCD, General Practice, Community Pharmacy and YAS to review opportunities such as: - Pharmacy First - Scoping of central pharmacy	Commence Yr1 Q1	Increase
1.3.3	Scope pathways and opportunities to resolve the limited resources available (available pharmacies on the OOH period) to dispense medications particularly of controlled drugs are needed. • It is recognised that the controlled drugs issue is a national ask and is not in the gift solely of LCD. • 1.3.3 may be merged with 1.3.2 as discussions develop.	Scope Yr1 Q1 Decision Yr2 Q1	Increase
1.4 Patient Transport Offer			

1.4.1	Review the equity of the service with possibility of reinvestment. • Patient transport is not offered to general practice patients in hours.	Scope Yr1 Q3 Decision Yr2 Q1	Saving
Workstream 2.0: WY Clinical Advice Service (CAS)			
2.0.1	Scope the opportunities for the expansion of a virtual West Yorkshire CAS (including but not limited to): • Provision of a system-wide Single Point of Access (SPOA) triage and consult service for service providers (including 111/YAS/GPs) delivering virtualised clinical services/pathways supporting system pressures and the avoidance of ambulance conveyance/ED attendance.	Scope Yr1 Q3 Decision Yr2 Q1	Increase
2.1 111 Online ED Validation Service			
2.1.1	Re-run value for money exercise with demand and cost data year 2 Q1. • Although review identified good value for money, demand was slightly lower than projected.	Yr2 Q1	Neutral
2.2 NHS111 GP 1&2 Hours			
2.2.1	LCD to work collaboratively with YAS to understand and manage referrals that go beyond 1–2-hour response time window. • Work is ongoing with LCD and YAS.	Yr1 Q2	Neutral
Workstream 3: Place Based Services			
3.1 ED Streaming			
3.1.1	Review and potential alignment with in-hours service offer (provided by CHFT) including eligibility criteria	Scope Yr1 Q2 Decision Yr2 Q1	Increase
3.1.2	Scope the move from an appointment service to an open access as the in-hours service	Scope	Increase

		Yr1 Q2 Decision Yr2 Q1	
3.1.3	Review of utilisation of appointments and potential service reconfiguration	Scope Yr1 Q3 Decision Yr2 Q1	Saving
3.1.4	Work with CHFT on the co-location within the new ED at HRI	Yr1 Q1	Neutral
3.1.5	Explore and define how the ED Streaming Service supports the PCC offer (both are co-located on the CHFT estate)	Yr1 Q3	Neutral
3.1.6	Proactive and closer working and association with ED department and team, including introductions at the start of rotas/shifts	Yr1 Q1	Neutral
3.2 Protected Learning Time (PLT)			
3.2.1	Develop contingency arrangements for PLT at times of system pressure (OPEL 4) including a consistent approach (recognising the separate arrangements within Bradford and Airedale) should PLT support need to be cancelled. • This would help the resilience of general practice by enabling the protection of PLT.	Scope Yr1 Q4 Decision Yr2 Q1	Neutral
3.2.2	Share specific performance information/activity analysis for the PLT afternoons by place and Practice to determine Value For Money for this element of the WYUC service	Yr1 Q2	Neutral
3.3 Safe Haven (Services Special Allocation Scheme (SAS))			
Overall aim is to review the Services Special Allocation Scheme (formally Safe Haven) considering publication of new national specification and expectation (including changes within the service offer implemented during COVID).			
3.3.1	Review of current offer and service linking with commissioners' expectations	Scope Yr1 Q1 Decision Yr1 Q3	Neutral
3.3.2	Work with commissioners on future strategy and plans for this element of the service	Yr1 Q4	Saving
3.4 Urgent Treatment Centres (UTC)			

3.4.1	Implement improved process for service disruption notification and monitor and review the effectiveness.	Yr1 Q1	Neutral
3.4.2	Monitor and review the effectiveness of RAIDR tool	Yr1 Q1	Neutral
3.4.3	Review and redesign all UTC communications both to patients and system partners which will: - Support Patients to understand clearly what services are available to them. - Demonstrate that the services offer a credible alternative to ED - Provide clarity on redirections • Currently the ICB fund the communication campaign and related materials. Would expect any large campaigns/public information to be funded by the ICB, with more 'basic' patient information funded by LCD. • As a result, cost implication is expected to be neutral.	Yr1 Q3	Neutral
3.4.4	Look at opportunity for provision of consistent and stable workforce. This would be demonstrated by improved rotas filled and less use of agency to run the services	Yr1 Q2	Saving
3.4.5	Review staffing model to improve performance of KPI relating to 'initial patient assessment (not a fully consultation) within 15 mins of arrival'	Scope Yr1 Q3 Decision Yr2 Q1	Neutral
To note: Previous engagement reports posed several recommendations, specifically relating to the current community based UTCs, we would like to explore these as part of developing the SDIP for 24/25:			
3.4.6	Scope whether the UTCs could open earlier than 8am	Scope Yr1 Q3 Decision Yr2 Q1	Increase
3.4.7	Training gap analysis to identify additional training opportunities with a focus on health inequalities. E.g., training to support staff to communicate with diverse people and those with special needs (e.g. who have mental health problems, who have learning difficulties, who are D/deaf or hard of hearing, and who have autism)	Yr1 Q4	Neutral

Appendix 6 – Timeline