Welsh Assembly Government Response to the Wales Audit Office Report: Unscheduled Care: A Whole Systems Approach

Recommendation 1:

To improve public engagement and simplify access to unscheduled care:

1.a. The Assembly Government should develop a national communication strategy to improve public understanding about how to most appropriately access unscheduled care.

1.b. The new health boards should seek to provide points of access to unscheduled care that better reflect the nature of demand, including:

   o a single point of access should be contactable by phone at all times of the day;
   o establish a hub for all referrals to unscheduled care and transfers between parts of the unscheduled care service;
   o different services could use agreed, common triage or assessment system;
   o maintain a regularly updated directory of services.

Recommendations Accepted

Recommendation Response

The strategic response for improving Unscheduled Care is detailed within the 5 year Service, Workforce and Financial Strategic Framework (SWFSF). It will be driven by a National Programme for Unscheduled Care (NPUC), which has now been established. The NPUC has a range of key objectives to deliver, including the development of a national public engagement and communication strategy (Target Date: November 2010) and a common clinical governance and triage system (Target date: December 2010).

Each Local Health Board and Trust has developed Unscheduled Care Local Delivery Plans for 2010/2011, which take account of the need to develop single points of access, communication hubs and regularly updated directories of service. These are being progressed and will be supported by the NPUC and the national programme for Primary and Community Care. (Target date: December 2010)

Recommendation 2:

The new health boards should:

   a) carry out local analysis to highlight areas where people are not able to consistently access urgent primary care appointments;
   b) work with GP practices to ensure that their working hours are in line with those set out in the GMS contract;
   c) using the results of their local analysis, work with GP practices to consider revising opening times so they better match patient needs;
   d) to review the provision of out-of-hours primary care services across the health board area.

Recommendations Accepted
Recommendation Response

The provision of accessible, efficient and primary care services is a key enabler to providing high-quality unscheduled care. The NHS Reform programme, and the creation of the new integrated LHBs, provides the structural foundation for true service integration. The Directors of Primary, Community Care and Mental Health are tasked with the responsibility for ensuring that citizens are able to consistently access urgent primary care appointments, ensuring that local need is met by GP services with regards to GP practice opening times and out-of-hours provision.

These requirements were set out within the Annual Operating Framework for 2010/2011 and each LHB has developed a LDP for Primary and Community Care through which they will address these issues, including an analysis of urgent access to primary care. This will be supported by the National Programmes for Primary and Community Care and Setting the Direction, which will work to improve GP services and ensure that they are effectively integrated with secondary care. In addition, the continued implementation of Designed to Improve Health and the Management of Chronic Conditions in Wales – an integrated model for action, will support patients to remain within the community and reduce the impact of inappropriate attendances within the secondary care setting.

**Target date: December 2010**

Work is also progressing on the development of communication hubs within LHBs, to ensure that people’s needs are identified and co-ordinated effectively. This work will be progressed in partnership between the National Programmes for Primary Care and Unscheduled Care respectively.

**Target date: June 2011**

Recommendation 3

Improving pathways:

a) The new health boards should carry out audits of their existing pathways. The audits should include outcomes of people’s care, awareness by the public and professionals.

b) The Assembly Government should make arrangements to share the lessons from these audits at a national.

c) The new health boards should work together to develop a strategic approach across Wales to piloting new pathways.

Recommendations Accepted

**Recommendation Response**

Each Local Health Board and Trust has developed Unscheduled Care Local Delivery Plans for 2010/2011, which takes account of the need to identify any gaps in current service provision and develop integrated care pathways, which incorporate primary, community, intermediate, secondary and social care. A number of LHBs have already commenced and/or implemented a range of clinical pathways (refer to annex 1)
The NPUC will also address this issue and seek to co-ordinate a strategic approach between LHBs by prioritising high-volume pathways and identifying best practice work that has already been undertaken and sharing it across Wales.

**Target date: Immediate and ongoing**

**Response to 3b**

The Welsh Assembly Government currently has arrangements in place to share learning across Wales through the National Leadership and Innovation Agency for Healthcare (NLIAH) and the practical knowledge and skills imparted to the NHS by the Delivery and Support Unit (DSU), including a national library of resources for unscheduled care. This will be strengthened and the potential for establishing a national unscheduled care learning forum, which will be examined by the NPUC.

**Target date: September 2010**

**Recommendation 4**

We recommend that:

a) The Assembly Government should facilitate joined-up information systems across health and social care providers.

b) In the short term, local organisations should develop and use clinical transaction documents that provide details of a person's journey through the unscheduled care system.

c) Subject to favourable evaluation, the Individual Health Record (IHR) should be rolled out across Wales.

**Recommendation Accepted**

**Recommendation Response**

The development of joined-up information systems and the Individual Health Record (IHR) is a strategic issue which will be progressed by the NUCP in partnership with Informing Healthcare. The two main ICT systems that the Informing Healthcare Programme has developed which are designed to address the issue of sharing patient information are:

a) The Individual Health Record, which is capable of providing all clinicians with access to information contained in the GP record.

b) The Welsh Clinical Portal which is capable of providing all clinicians with a single point of access to patient information contained in the wide range of hospital systems that exist in NHS Wales.

Both of the above systems have been developed, tested and are now operational in early adopter sites in the NHS.

The IHR is in the Aneurin Bevan OoH service covering around 75 practices (approx 450,000 patients) and the national roll out has commenced in Hywel Dda with currently 11 practices in Pembrokeshire (around 76,000 patients).
The Welsh Clinical Portal is operational in 5 clinical areas in Hywel Dda - 2 wards, 1 Outpatient department which is consultant led, the short stay unit and the respiratory nurses office

They have been included in the 2010/11 Annual Operating Framework, along with other ICT systems that will be required to provide a comprehensive range of patient information. Local Health Boards have developed their plans for implementing these systems and progress will be monitored through the performance management of the AOF.

There are two main areas where new developments are required:

a) A summary social care record which is complementary to the Individual Health Record.
b) A national scheduling system which can be used to manage patient pathways in a consistent and standardised way throughout NHS Wales.

Proposals for taking both of these forward are contained in the 5 Year Service, Workforce and Financial Plan. The factors which will determine progress on providing wider access to patient information are:-

a) The level of investment made available for ICT developments through future budget allocations and decisions about priorities.
b) The capacity of the LHBs and Social Services to deal with the re-design of processes and working practices that will be required to support the delivery of integrated care, wherever that care is provided.
c) The wider acceptance of the information governance model that has been developed via the IHR Project in the Gwent Out of Hours service. This will determine how widely and by whom access to patient information can be made available. The National Information Governance Advisory Board which has a wide range of professional representation is responsible for overall policy development in this area. Informing Healthcare provides standardised information and implementation packs to assist LHBs who are responsible for managing communication with clinical professionals, patients and the public on matters of consent and access.

**Target Date: Discussion are currently taking place between Informing Healthcare and each Local Health Board to finalise implementation dates**

4.b.

In the short-term, Local Health Boards will progress the development of clinical transaction documents through their Unscheduled Care Local Delivery Plans for 2010/2011. This will be supported by the National Programme for Primary and Community Care and Setting the Directions, which will work to establish improved flow of patient information as part of the Locality Communication hubs.

**Target Date: Immediate but with final completion by March 2011**

**Recommendation 5**

Building on shorter-term local delivery plans, the health boards should:
a. Engage local service boards in the cross-cutting issue of developing a coherent unscheduled care system. As a minimum, the local service boards should request regular progress reports on the development of the unscheduled care system.

b. Identify clearly the current gaps in integration between the various services and how they plan to achieve greater integration and seamless care from the citizen’s perspective;

c. Work with their partners to agree a set of desired outcomes that unscheduled care system should deliver for the population they serve;

d. Without focusing on mandatory national targets, consider what measures would indicate the successful delivery of these desired outcomes.

e. As a priority, inform their plans by studying demand and the performance of the unscheduled care system. As a minimum, the data should consider:

f. Work effectively with local authority and voluntary sector services to provide a wider range of support for people in a timely way to ensure that access gaps in community-based services and a lack of alternatives other than hospital admission, do not result in unnecessary admissions to hospital.

Recommendation Accepted

Recommendation Response

5 a.– f.

The NPUC will assist the LHBs in developing its understanding of demand and measures of success in a number of ways:-

i. the development of a minimum data set for unscheduled care. This will include demand (type and frequency) and activity levels across the whole system (from primary care to social care).

ii. the development of a set of intelligent targets. This will support LHBs in measuring the quality and outcome of unscheduled care services.

The LHBs have also established a number of mechanisms to address these recommendations:-

i. all have established Unscheduled Care Boards within their organisations, which will engage with key partners e.g. Local Authorities and the voluntary sector

ii. all have produced a Local Delivery Plan which set out the current demand on services and provide a framework for increasing their understanding of demand and costs within the system

iii. all have produced Local Delivery Plans for Primary Care, based upon Setting the Directions, which demonstrate how they will better co-ordinate patient care to avoid unnecessary hospital admissions

iv. all LHBs continue to implement Designed to Improve Health and the Management of Chronic Conditions in Wales – an integrated model for action, will support patients to remain within the community and reduce the impact of inappropriate attendances within the secondary care setting.

Each LHB have identified Executive Leads for Unscheduled Care and a Director of Primary and Community Care and they are actively engaging with Local Authorities and the voluntary sector in developing their service plans and the delivery of integrated services which ensures need is met close to home.
Recommendation 6

While it is right to avoid over-specifying the system of unscheduled care, the Assembly Government should assist the new health boards improve their strategic approach to unscheduled care by:

a. Awaiting the evaluation of the pilot of the Primary and Community Services Strategy before developing a broad template for local communities to use when developing their own medium to long-term unscheduled care strategies

b. Where appropriate, joining up local developments in unscheduled care provision at a national level:

i. Workforce - in particular, the ambulance trust and the Assembly Government should develop a clear framework through which to extend the scope of practice of unscheduled care professionals.

ii. The need for local plans to achieve greater continuity between in-hours and out-of-hours care;

iii. The Assembly Government should establish mechanisms to increase the flexibility of, and alignment between, the health and local government workforces supported by a set of national standards and training schemes.

iv. In responding to the recommendations of our separate report, clarify the potential future role of NHS Direct Wales within the wider system of unscheduled care and encourage its better integration into local service planning to improve the flow of patients through the system

Recommendation Accepted

Recommendation Response

6a & b(ii). Key actions

Setting the Direction has identified the need to strengthen integrated working in primary and community care, and support the effective management of patient care close to home. A series of Desk-top Exercises and self-assessments were undertaken by the Primary Care & Community Services Steering Group across Wales to evaluate the framework.

The outcomes of the evaluation were positive and each LHB has produced a Local Delivery Plan to secure implementation. All LHBs will be supported by the National Programme for Primary and Community Care, which will identify best practice and share it with each organisations. The implementation of the work will be overseen by a national Setting the Direction Assurance Board, chaired by Dr Chris Jones. The Board will support all LHBs and ensure that alignment and integration is achieved between primary, community and intermediate care and the range of other national programmes.

This will be supported by a continuing emphasis on prevention and early intervention in the community particularly on the management of chronic conditions. The Chronic Conditions Management Model (CCM) and Framework sets out clear directions for this
based on proactive planned and managed care in the community based upon prevention, early intervention and self care.

The National Programmes for Primary and Community Care and Unscheduled Care are jointly focused on the need for local services to achieve greater continuity between in-hours and out-of-hours care, and move towards twenty-four seven working with a less acute distinction between scheduled and unscheduled care and greater flexibility in scheduling contact with various forms of care. These issues are being taken forward jointly, and also locally at LHB level within the Local Delivery Plans for 2010/2011.

**Target date: March 2011**

6b. (i)

The NPUC has a specific strategic theme to address workforce issues. Key areas of development are:-

- Development of a national workforce planning tool
- Workforce analysis
- Provision of appropriate staffing /skill mix to meet need

A number of specific developments currently being taken forward and supporting the national programme. The Welsh Ambulance Service Trust has significantly developed the Paramedic profession by:

- Working with NLIAH and Swansea University to set up an undergraduate programme for new entrants.
- Enhancing its existing internal Paramedic entrant programme by adding an additional module of study.
- Continuing to deliver its established continuous professional development programme.
- Developing care pathways for Paramedics to access (e.g. older person falling, resolved hypoglycaemia and convulsions).
- Developed a Specialist Practitioner Programme via clinical strategy and workforce plans.

The Post Registration Career Framework for Nurses in Wales has now been launched and provides guidance to individual nurses, education institutions and service providers on the support and development of nursing staff at all levels.

NLIAH has been commissioned by the Welsh Assembly Government to set out guidance for nurses, midwives, allied health professionals and paramedics in Wales to support practitioners working at an advanced level. This work amplifies the guidance set out in the Post Registration Career Framework for Nurses.

**Target date: March 2011**

6 (iii).

All organisations are expected to work towards achievement of a 10% increase in the proportion of staff providing services in a community setting by 2013. There will be a need to increase flexible working practices including extension of care outside the core working day; a re-modelling of the skill mix to ensure that professional expertise is
maximised and health care support workers are appropriately trained to accept delegated duties; and the development of new and extended roles.

An agreed baseline will be established to measure progress against the target by December 2010.

The Welsh Assembly Government has established a National Task and Finish Group to look at the future direction for the social care workforce, which complements the previously established Enabling Workforce Modernisation Programme Board. These work streams will examine the potential mechanisms available to increase the flexibility of, and alignment between, the health and local government workforces supported by a set of national standards and training schemes.

They will also work in partnership with the NPUC on the workforce issues which fall out of any required changes to clinical service models e.g. 24/7 working, increases in community nurses etc.

The pace of delivery for these changes will be agreed with each LHB as part of their 5-year Service, Workforce and Financial Framework plans.

**Target date:**
(i). agreed baseline *(December 2010)*
(ii). 10% increase in the proportion of staff providing services in a community setting *(2013)*

6 (iv).

The Welsh Ambulance Service Trust, in partnership with the Welsh Assembly Government, convened a meeting of key stakeholders on 27 May 2010 entitled ‘**Working in Partnership to enhance the delivery of health and social care across Wales**’ to address the recent Wales Audit Office report.

The themes of the conference were:-

- The strategic role of NHS Direct Wales and its engagement with stakeholders
- Maximising efficiency and performance of NHS Direct Wales across Wales
- The potential role of NHS Direct Wales within the unscheduled care system

The information gathered from the event will provide evidence to inform further discussions between the Welsh Assembly Government and NHS to determine the function of NHS Direct in the redesigned unscheduled care system.

**Target date: October 2010**

**Recommendation 7**

Working with local authority partners, the new health boards should conduct a fundamental review of their unscheduled care workforce to ensure there is a reasonable balance between supply and demand across the various services and sectors. In particular they should:

- review activity and staffing levels within their major acute specialties and emergency departments using the soon-to-be released College of Emergency Medicine audit tools;
b. consider the size and utilisation of the primary care workforce across the system, for example GP presence in emergency units;
c. ensure that the rotas for emergency nurse practitioners are sufficiently matched to demand;
d. consider increasing nurse staffing levels where emergency department pressures frequently result in nurse practitioners resorting to core nursing roles; and
e. introduce professional leads for unscheduled care to act as a figurehead and contact point for engaging professionals in their field; professional leads must cover the whole system across the range of professions required to deliver unscheduled care in new ways

Recommendation Accepted

Recommendation Response

7a-c

Each LHB has developed a Local Delivery Plan for unscheduled care which sets identifies the importance of developing a workforce which is fit for purpose to deliver high quality services. All LHBs are currently undertaking work to review activity and staffing levels within A & E and their current staffing arrangements to ensure that supply meets demand.

The Welsh Assembly Government is assisting LHBs in this work and has mandated a minimum data set for A & E, from March 2010. Each LHB is required to submit this data on a weekly basis and the Welsh Assembly Government analyses it and provides information back to all LHBs regarding service demand, activity and A & E breaches and the reasons for them. Each LHB is able to utilise this information to identify service demand patterns and any gaps with workforce supply, and take action.

However, this is clearly an area where more work needs to be undertaken nationally. Therefore, the Welsh Assembly Government will discuss progress to date with each organisation and determine what further actions can be taken to improve workforce planning arrangements across Wales and what if any immediate actions need to be taken by Local Health Boards with regard to operational staffing levels.

Target Date: Identification of current status of workforce plans and operational implementation August 2010

Recommendation 8

We recommend that the Assembly Government:

should ensure that the measures it is currently developing incorporate a wider system perspective and ensure that they:

a.i. are based on a comprehensive examination of demand for unscheduled care services;

ii. balance access, quality and outcomes recognising in particular the need to avoid managing clinical services with reference to the time an episode of care takes without reference to its quality or outcome for the citizen;
iii. include measures of health service performance and measures relevant to other public sector services, especially those delivered or commissioned by local authorities.

iv. once the extent of excessive patient handover times at emergency units has been addressed on a sustainable basis, the Assembly Government to review whether it is necessary to continue to record handover times; and

b. should ensure that its performance management framework is sufficiently flexible to place a firm responsibility on local organisations to develop their own key measures of success in making longer-term system changes. The Assembly Government should examine these local measures and hold communities to account if they fail to develop their own key measures of progress.

Recommendation Accepted

Recommendation Response

8a(i-iii).

The Welsh Assembly Government is developing a set of Intelligent targets for unscheduled care which are based upon clinical effectiveness and outcome. These will complement the existing measures of activity and output. The Intelligent Targets Core Group developed a draft set of intelligent targets and has handed them over to the NPUC, who will be responsible for final developments and piloting, prior to final issue.

Target Date: September 2010

8a(i-iv).

Once the NHS achieve and sustain the 15 minute patient handover target, the Welsh Assembly Government will consider the method for recording handover times.

Target Date: As soon as the 100% target for patient handover is achieved

8b.

The NHS Performance Improvement Framework is sufficiently flexible to allow NHS organisations to develop local performance measures specific to their local context and need; outside of the range of national targets and performance indicators. This is evidenced by the fact that all NHS organisations have a wide range of local measures outside of those nationally mandated. However, this issues will be included in discussions regarding the further development of the NHS Performance Improvement Framework following the production of a range of Intelligent targets.

Target date: November 2010
WAO Recommendation | Response | Timescale
--- | --- | ---
Public engagement and access to unscheduled care 1. The system of unscheduled care is complicated and people can be uncertain about how and where to seek help. There are numerous ways of accessing help and the access points to the system change at different times of day and in different geographical areas. These issues also make it difficult for health and social care professionals to be aware of what services are available and at what times of day, thereby causing problems when making onward referrals. Designing services against demand and effective public engagement can help the public make better choices about how to access unscheduled care. A pilot communications campaign is currently taking place in North Wales based on an example of good practice from England.  
To improve public engagement and simplify access to unscheduled care, we recommend that:  
1a. The Assembly Government should develop a national communication strategy to improve public understanding about how to most appropriately access unscheduled care.

The Welsh Assembly Government has produced a 5-year Service, Workforce and Financial Framework which sets out the direction of travel for NHS Wales. The framework will be supported by a range of National Programmes, one of which is Unscheduled Care. The aim of the programme is to improve the quality of unscheduled care services through a national approach which is planned, coherent and systematic. The two Senior Responsible Officers for the Programme are Richard Bowen, Director of Operations, Department of Health and Social Services (DHSS) and Trevor Purt, Chief Executive Officer, Hywel Dda Local Health Board. A national programme charter ‘Improving Unscheduled Care in Wales: A Partnership Approach’ and Project Initiation Document have been developed for the programme which identify a number of key strategic themes of work, objectives and actions that will be taken at a national level. The first meeting of the National Unscheduled Care Board is planned for early June 2010.

1a. The ‘Choose Well’ campaign designed to support the public to make informed choices about their care has already been piloted in North Wales and is being rolled out across Wales.

Communication and engagement forms one of the strategic themes of the national programme. The Welsh Assembly Government will work with the NHS, Local Government and the Third Sector to develop a national communication strategy to improve public understanding and how to access the system. It will seek to build on the work undertaken in North Wales.

• Development of draft communication strategy
• Informal consultation on strategy

December 2010

November 2010
Based on their analysis of demand for unscheduled care and the current service configuration, the new health boards should seek to provide points of access to unscheduled care that better reflect the nature of demand. In any future rationalisation of points of access to the system, health boards should consider whether:

**i.** a single point of access should be contactable by phone at all times of day;

**ii.** they should establish a hub for all referrals to unscheduled care and transfers between parts of the unscheduled care service, using appropriate technology to transfer calls and patient-level data directly to other unscheduled care services;

**iii.** the different services could use an agreed, common triage or assessment system and agreed clinical governance arrangements; and

**iv.** in the short-term, maintaining a regularly updated directory of services to give service users details of how to contact other services.

### Implementation across Wales

In addition, a Primary Care National Programme, led by Dr Chris Jones, has been developed that will, amongst other improvements, ensure timely and appropriate access to GP services.

**1.b**

**The responsibility for delivery of the recommendations contained in Section 1b (i-iv) lies with the 7 Local Health Boards.**

The Welsh Assembly Government’s role will be two fold:- (i). to support and assist the NHS in delivering the recommendations (ii). to performance manage NHS delivery of the recommendations and hold it to account.

The Welsh Assembly Government, working in partnership with the LHBs has progressed this work by providing a wider range of support e.g.

1. Developed a 5-year Service, Workforce and Financial Framework to provide clear direction and structure for delivery;
2. commissioned the National Leadership and Innovation Agency for Health (NLIAH) to work with all LHBs on options for a single point of access
3. Commissioned Informing Healthcare to develop the individual health record within the Gwent health community
4. produced a strategy for primary and community care ‘Setting the Direction’ which sets out a clear model for shared communication and co-ordinated management of care;
5. identified the development of a common triage or assessment system and supporting clinical governance arrangements as a key issue for national resolution within the draft national delivery framework *Draft Improving Unscheduled Care in Wales: A Partnership Approach*
6. Directed all LHBs to produce a regularly updated directory of services.(to be supported by NLIAH)

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<td>Draft Improving Unscheduled Care in Wales: A Partnership Approach</td>
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There are also a number of examples which demonstrate the progress made by LHBs taking the recommendations forward. These include:

- The development of directory of services in progress at Abertawe Bro Morgannwg University LHB (ABM ULHB).
- The development of a shared patient record between GPs/Primary Care and secondary care in Aneurin Bevan LHB (AB LHB).
- The establishment of a shared control room between NHSDW, LHBs, and GP Out of Hours and the Welsh Ambulance Service Trust at the South East Wales HQ, Vantage Point House.
- The establishment of a Single Point of Contact work stream in the Gwent Frailty Programme.
- Powys Teaching Local Health Board (PTLHB) is developing a single point of access in collaboration with Health, local authority and Out of Hours providers, Primary care, WAST and Third Sector colleagues.
- Development and implementation of a communications hub by Betsi Cadwaladr ULHB (BC ULHB) that will include locality based directories which set out all services available / access times and offer alternatives to admission. This will create a single point of access for health and social care professionals in the region.
- In Hywel Dda LHB all Out of Hours services will be co-located. Work is underway to develop protocols for integrated working to include triage, assessment, cross referral and case management.
- A WAST developed clinical contact centre strategy.

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<td>July 2010</td>
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In accordance with the National Service Framework (NSF) for Stroke Care, WAST Paramedics use FAST (face, arms, speech test) to assess and handover patients who may have suffered a Stroke or Trans Ischaemic Attack (TIA).

WAST is working with the Welsh Cardiac Networks to develop and implement a common triage tool for the optimum care of Acute Coronary Syndrome (ACS).

As part of the ‘1000 Live Campaign’, Paramedics are being trained in the use of the common assessment and handover communication tool known as ‘SBAR’ (situation, background, assessment, & recommendations).

NHSDW hosts a Pan Wales directory of health & social care services including health & intervention services. The directory is accessible via the NHSDW consumer health information website. The information is predominately accessed by the public but is also utilised by health professionals and the third sector.

NHSDW also host an ‘extranet’, that is a free web based (online) content management system. This enables health professionals and third sector colleagues to log on and validate their own service information held within the NHSDW databases. In simple terms, this provides an opportunity for an up to date directory of services to be available for healthcare professionals.

The Welsh Assembly Government expects that these recommendations will be addressed within each LHBs Local Delivery Plan for 2010/2011. It will scrutinise the plans and hold each LHB to account for delivery through the formal monthly performance management meetings, chaired by the Director of Operations, DHSS and the annual review process, overseen by the Director General, DHSS.

2. The urgent care provided by GPs and other primary care professionals is a vital part of the unscheduled care system in Wales, whether in or out of hours. However, our review has found a mixed

2.a - d

The responsibility for delivery of the recommendations contained in Section 2a. – d. lies with the 7 Local Health Boards.

The Welsh Assembly Government, working in partnership with the LHBs has
picture regarding access to urgent primary care appointments and home visits. Whilst there appears to be general satisfaction with access to GP services, there is evidence that some people, in some areas can struggle to get the urgent support they require from primary care. The remit of the new health boards across primary and secondary care provides a significant opportunity to improve the integration of these key areas of unscheduled care. The new health boards should:

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<td>a.</td>
<td>carry out local analysis to highlight areas where people are not able to consistently access urgent primary care appointments;</td>
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<td>b.</td>
<td>work with GP practices to ensure that their working hours are in line with those set out in the GMS contract;</td>
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<td>c.</td>
<td>using the results of their local analysis, work with GP practices to consider revising opening times so they better match the needs of their registered patients;</td>
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<td>d.</td>
<td>use the creation of the new health boards to review the provision of out-of-hours primary care services across the health board area; and</td>
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<td>progressed this work by providing a wider range of support e.g.</td>
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<td>vii.</td>
<td>engaged with the Primary Care Foundation who are supported by the department of health, the BMA and the Royal College of GPs, to work with LHBs to implement their work regarding the improvement of access to GP surgeries and effective management of demand. The WAG set up a further presentation by the Primary Care Foundation on the work to all LHBs in February 2009 and has now identified BCULHB and ABLHB as potential pilots with a view to commencing in September 2010;</td>
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<td>viii.</td>
<td>mandated a minimum A &amp; E data set from each LHB in March which is provided weekly. The WAG analyses the data and returns it to each LHB which is then able to highlight areas with a significantly higher variation of ‘walk-in’s to A&amp;E’ and attendances at A&amp;E out-of-hours. This enables LHBs to analyse whether a lack of access to GPs/primary care is the cause of inappropriate A &amp; E admissions and to take the appropriate action;</td>
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<td>ix.</td>
<td>set up a Working Group to develop a Performance Improvement Framework for GP services. The group has produced a draft framework and identified a set of performance indicators, including access, which the WAG will hold LHBs to account against;</td>
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<td>x.</td>
<td>WAG produced a strategy for primary and community care ‘Setting the Direction’ which sets out a clear model for shared communication and co-ordinated management of care. This should assist in providing the appropriate access to primary and community care for patients in a co-ordinated way (both in-hours and out-of-hours);</td>
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<td>xi.</td>
<td>In 2008 the Extended Opening Directed Enhanced Services (DES) was introduced to enable LHBs to commission GMS practices to stay open beyond core hours where the demand exists;</td>
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<td>xii.</td>
<td>Set out in the Annual Operating Framework national requirement for LHBs to review the opening hours of all practices to ensure, as a minimum, they meet the contractual requirement to provide for the reasonable needs of patients. This was supported by Welsh Assembly Government Guidance issued in 2008 describing the legal requirements and explaining the role and duties of LHBs. Discussions have been held between LHBs and LMCs and agreements reached on minimum opening hours and limiting lunchtime hours to enable working arrangements to be made in the local areas.</td>
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e. analyse the extent to which people can access urgent home visits and where necessary, consider alternative models of providing home visits from appropriate healthcare professionals.

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<td>xiii.</td>
<td>The Welsh Assembly Government has undertaken a review of the annual MORI Patient Survey and working in partnership with the BMA and Community Health Councils a different approach has been taken in 2010. The survey is now being run with input and support from CHCs. GMS practices have been given a more significant role in administering the survey, with the objective of securing greater commitment and engagement. The survey process is now overseen by CHCs who will work with practice and LHBs to analyse the results and to identify areas for improvement work. The intention in the longer term is to develop the role of CHCs in monitoring and promoting good access and spreading good practice;</td>
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<td>xiv.</td>
<td>Identified a number of issues to be taken forward within the national programme for unscheduled care. These include the review of primary care contracts, as part of Dr Chris Jones’ work, to determine whether it meets need and the development of a primary care service which removes the distinction between ‘in-hours’ and ‘out-of-hours’; and</td>
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<td>xv.</td>
<td>Secured the support of the BMA, who in June 2009 issued its guidance Developing General Practice: Listening to Patients. This set out good practice and encouraged GPs to communicate with patients on services and access to them. This document provides an excellent framework to which the leadership of the profession is committed. It provides a good starting point for review of services and can be used by both practices and LHBs.</td>
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There are also a number of examples which demonstrate the progress made by LHBs taking the recommendations forward. These include:

- Cwm Taf LHB plans to integrate Out of Hours services and A&E services using GP resources.
- Cardiff and Vale LHB are piloting a case management service model, working with GP practices, to identify and support high risk individuals and ensure they get
• ABM UHB has organised a stakeholder group of professionals and voluntary sector colleagues to explore and identify alternative models of providing home visits.

• The ABHB will review the OOH GP Service as part of its Service Review process.

• Further, the ABHB OOH service provision and impact will be reviewed as part of a new Unscheduled Care Improvement Board.

• Establishment of a working group by BCULHB to review the provision of out-of-hours primary care services across the region. This will include the addition of outsourced services into the NHS service.

• A scoping exercise is being undertaken by BCULHB to determine access to urgent care including home visits. The information will be used to support the Board’s Primary Care Foundation work.

• A key role being introduced by WAST via clinical strategy and workforce plans is that of ‘Specialist Practitioner’. This is an enhanced role for Paramedics and Nurses, who will extend their skills / knowledge in unscheduled care. The aim of this role being to increase clinical autonomy and decision making, and thus be able to integrate practice with other community services (avoid unnecessary hospital admissions). Recruitment has commenced.

<table>
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<tr>
<th>Action</th>
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<tr>
<td>ABM UHB organised stakeholder group</td>
<td>April 2010</td>
</tr>
<tr>
<td>Review OOH GP Service</td>
<td>May 2010</td>
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<tr>
<td>Review ABHB OOH service provision and impact</td>
<td>June 2010</td>
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<tr>
<td>Create Unscheduled Care Improvement Board</td>
<td>October 2010</td>
</tr>
<tr>
<td>BCULHB establish working group for out-of-hours services</td>
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<tr>
<td>Review urgent care including home visits</td>
<td>September 2010</td>
</tr>
<tr>
<td>Introduce ‘Specialist Practitioner’ role for Paramedics and Nurses</td>
<td>2010/2011</td>
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The initial analysis will be complete by 30 September 2010/2011.
3. There is considerable scope to improve the development and use of pathways because the right care is not always provided at the right time and in the right place. Pathways vary considerably between different areas and different times of the day. An important barrier to the development of new pathways and the more effective use of existing pathways in Wales is that there is a lack of shared clinical governance across the unscheduled care system. This means that staff working in the various unscheduled care services have separate risk and governance procedures to adhere to.

To improve pathways, we recommend that:

a. Through the unscheduled care forums, the new health boards should carry out audits of their existing pathways to better understand the strengths and weaknesses of their current arrangements. The audits should consider not only outcomes of people’s care but awareness of the pathways among the public and, critically, professionals within the unscheduled care system.

3a and c.

The responsibility for delivery of the recommendations contained in Section 3a and 3c lies with the 7 Local Health Boards.

The Welsh Assembly Government, working in partnership with the LHBs has progressed this work by providing a wider range of support e.g.

<table>
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<tr>
<th>xvi.</th>
<th>identified the development of a range of national evidence based care pathways as an action within the draft national delivery framework ‘Draft Improving Unscheduled Care in Wales: A Partnership Approach’</th>
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<td>xvii.</td>
<td>Supported the development of clinical pathways in a range of areas through the Intelligent Targets programme (stroke, cardiac, mental health and unscheduled care) and the ‘Focus On’ programme for elective care (e.g. ENT and Orthopaedics)</td>
</tr>
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There are also a number of examples which demonstrate the progress made by LHBs taking the recommendations forward. These include:

- **ABMU LHB** has a Clinical Pathway Board in place, Chaired by the Medical Director for Primary Care. The current Pathways in place are DVT, TIA, Stroke and STEMI. Recent workshops identified a further 14 potential pathways including Cellulitis, management of COPD, Elderly falls, and UTI. Leads have been identified to take forward each area of work.

- **C&V LHB** have a number of existing pathway protocols, for example: Fractured neck of femur, and pancreatitis. Pathways for Paediatrics, Chest pain and DVT are currently being developed, with monitoring provided via their demand management corporate improvement programme.

- **Cwm Taf** has adopted Map of Medicine as a mechanism for supporting Pathway development - initially for the top ten presenting conditions.

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b. The Assembly Government should make arrangements to share the lessons from these audits at a national level to support the sharing of good practice.

c. Using the benefits of their broader remit, the new health boards should work together to develop a strategic approach across Wales to piloting new pathways. These pathways should target common presentations for unscheduled care and the approach should involve national evaluation, shared learning and rapid roll-out of new pathways.

- Powys has established an Unscheduled Care improvement group. Work underway includes how patients are managed through the STEMI pathways and access for MIs. With WAST they have recently developed an Elderly Falls Pathway.

- ABLHB concluded a review of arrangements for management of COPD patients that has resulted in the development of an agreed pathway for Respiratory Care. This model of review and development is now to be formalised and applied to other long term conditions – the programme will be agreed by June 2010.

- BCUHB - Audits of stroke, venous thrombosis, fractured neck of femur and chest pain pathways are being carried out and will inform changes in pathways through the LHB’s Strategic Board.

- Hywel Dda LHB have identified top ten presenting conditions, top ten reasons for readmissions and top ten reasons for ambulance transfer. Universal standards and pathways to be adopted across the Health Board.

- WAST’s current audit plan includes the existing pathways of:
  1. Stroke
  2. Thrombolysis for ACS
  3. Resolved Hypoglycaemia
  4. Resolved Convulsions (Adult)

- WAST has developed a referral process for Paramedics to access Aneurin Bevan LHB’s GP OOHs. This work is now being progressed with the Welsh GP OOHs forum in an effort to establish the referral process across Wales.

3b.

The Welsh Assembly Government has in place a number of arrangements for sharing the lessons from the audits at a national level to support good practice:

xviii. ‘Focus On’ work and the Medical Director Forum, which is Chaired by the
WAG Medical Director and includes all LHB MDs, will oversee dissemination of lessons learned.

xix. NLIAH and DSU have a specific team responsible for supporting the improvement of unscheduled care, and a supporting library of resources, both in the form of guides/best practice booklets etc and through knowledge and experience of the staff. The team shares ideas from all parts of Wales/other countries with all LHBs and ensures that the different organisations are put in contact with each other where there is an opportunity for sharing learning and best practice.

These will be supplemented through the implementation of the national programme for unscheduled care which will create a number of forums where learning and sharing will occur. These include:-

xx. A national board for unscheduled care; and
xxi. A range of pioneer groups each with the responsibility of tackling specific strategic themes e.g. clinical governance and service models with identified best practice.
There is poor sharing of patient-level information between unscheduled care services. This means that when a person sees more than one service during their episode of care, they often have repeated assessments and have to answer the same questions more than once. Due to the poor patient-level information sharing between services, it is extremely difficult, and in many cases impossible, to analyse a person’s journey through the unscheduled care system. Therefore, there is very little analysis of people’s pathways through the system and how these pathways affect their eventual outcome. We recommend that:

- **a** The Assembly Government should facilitate health and local government organisations in developing joined-up information systems across health and social care providers. Discussions about joining up information systems should involve GPs and their representatives as the primary holders of patient-level information.

- **b** In the short term, local organisations should develop and use clinical transaction documents that provide details of a person’s journey through the unscheduled care system. Where clinical transaction documents are already in use, unscheduled care forums should carry out local audit work to analyse the strengths and weaknesses of the current arrangements. The forums should work

### 4a and 4c

The two main ICT systems that the Informing Healthcare Programme has developed which are designed to address the issue of sharing patient information are:-

- **c)** The Individual Health Record, which is capable of providing all clinicians with access to information contained in the GP record.

- **d)** The Welsh Clinical Portal which is capable of providing all clinicians with a single point of access to patient information contained in the wide range of hospital systems that exist in NHS Wales.

Both of the above systems have been developed, tested and are now operational in early adopter sites in the NHS. They have been included in the 2010/11 Annual Operating Framework, along with other ICT systems that will be required to provide a comprehensive range of patient information. Local Health Boards have developed their plans for implementing these systems and progress will be monitored through the performance management of the AOF.

There are two main areas where new developments are required:

- **a)** A summary social care record which is complementary to the Individual Health Record. The Review of the Unified Assessment Process will have a workstream focused on the electronic sharing of information with the appropriate safeguards concerning consent and confidentiality.

- **b)** A national scheduling system which can be used to manage patient pathways in a consistent and standardised way throughout NHS Wales.

Proposals for taking both of these forward are contained in the 5 Year Service, Workforce and Financial Plan.

The factors which will determine progress on providing wider access to patient information are:

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The delivery dates will vary from LHB to LHB and we are currently agreeing them as part of the AOF planning process - once this is complete then the deadlines will be available.
together at a national level to share the messages from these audits.

c) Subject to favourable evaluation, the Individual Health Record (IHR) should be rolled out across Wales and into a full range of unscheduled care settings.

d) The level of investment made available for ICT developments through future budget allocations and decisions about priorities.

e) The capacity of the LHBs and Social Services to deal with the re-design of processes and working practices that will be required to support the delivery of integrated care, wherever that care is provided.

f) The wider acceptance of the information governance model that has been developed via the IHR Project in the Gwent Out of Hours service. This will determine how widely and by whom access to patient information can be made available. The National Information Governance Advisory Board which has a wide range of professional representation is responsible for overall policy development in this area. Informing Healthcare provides standardised information and implementation packs to assist LHBs who are responsible for managing communication with clinical professionals, patients and the public on matters of consent and access.

4b.

The responsibility for delivery of the recommendations contained in Section 4b lies with the 7 Local Health Boards.

xxii. the National Leadership and Innovation Agency for Health (NLIAH) to work with all LHBs to explore the potential for the introduction of clinical transaction documents across Wales. However, this is not a short term initiative.

There are a number of examples which demonstrate the progress made by LHBs taking the recommendations forward. These include:

- A number of transaction documents have been implemented by ABLHB through initiatives such as Passing the Baton and 1000 lives (SBAR). A baseline assessment has been completed against the Passing the Baton standards. Action plans have been developed. The findings will be presented at a future patient flow
meeting in June 2010.

- Internal standards for ED throughput to be addressed and monitored by BCULHB and mechanisms for this data collection will be underpinned by the procurement of Symphony across North Wales.

- Where manual clinical transaction documents are in use in the BCULHB region eg stroke, outcomes and events throughout the patient’s journey are being monitored and audited.

- Cardiff and Vale LHB is working with Informing Healthcare (IHC) in conjunction with GP clinical suppliers on the sharing of clinical data, including results. There is joint leadership from the Community Division and the Unscheduled Care Board to ensure consistency in application.

- WAST is drafting an Outline Business Case (OBC) for an electronic patient record (EPR). This will provide technology to transfer patient-level data directly to other unscheduled care services. This work has involved close association with Informing Health Care (IHC), and is linked to the Individual Health record (IHR).

Information to be shared will be agreed as part of the national programme for Unscheduled Care – as detailed in 3b above.

### 5. Radically new models are needed to deliver improved unscheduled care against a backdrop of significant resource constraints. These models should be developed from a comprehensive analysis of the way the system operates and demand for services within each health and social care community. The elements of the

#### 5a - f

**The responsibility for delivery of the recommendations contained in Section 5a – f lies with the 7 Local Health Boards.**

The Welsh Assembly Government, working in partnership with the LHBs has progressed this work by providing a wider range of support e.g.

1. xxiii. Set out clearly the requirements for unscheduled care within the Annual
Local visions that have been developed are too focused on hospital services without fully considering the role of local authorities as well as community and primary health services which can reduce demand on the more acute unscheduled care services. Strategic planning is hampered by poor information about the variable nature of demand for services and costs across the whole system.

The new health boards should take the lead in studying and redesigning unscheduled care services. Building on shorter-term local delivery plans already in place and considering wider system changes, the health boards should:

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<td><strong>a.</strong></td>
<td>Engage local service boards in the cross-cutting issue of developing a coherent unscheduled care system. As a minimum, the local service boards should request regular progress reports on the development of the unscheduled care system.</td>
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<tr>
<td><strong>b.</strong></td>
<td>Identify clearly the current gaps in integration between the various services and how they plan to achieve greater integration and seamless care from the citizen's perspective;</td>
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- The current gaps in integration between the various services and how they plan to achieve greater integration and seamless care from the citizen's perspective;
- A set of desired outcomes that unscheduled care system should deliver for the population they serve;
- What measures would indicate the successful delivery of these desired outcomes; and
- How they will work effectively with local authority and voluntary sector services to provide a wider range of support for people in a timely way to ensure that access gaps in community-based services and a lack of alternatives other than hospital.

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<td><strong>xxvi.</strong> The Welsh Assembly Government has also established a National Programme of work to develop a range of Intelligent Targets for unscheduled care. It is intended to identify a wider range of performance measures relating to inputs, throughputs, outputs; with a specific focus on the identification a small number of outcome measures for unscheduled care. The programme has progressed well and a draft set of performance measures have been produced. A further meeting of the Core Working Group is planned for May 2010 where it is intended to refine them ready for pilot over the summer months.</td>
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<td><strong>xxvii.</strong> Mandated a minimum A &amp; E data set from each LHB in March which is provided weekly. WAG analyses the data and returns it to each LHB. This will assist LHBs in the volume and nature of demand for current and future services and inform their planning / service delivery arrangements for 2010/2011.</td>
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<td>September 2010</td>
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achieve greater integration and seamless care from the citizen's perspective;

c. Work with their partners to agree a set of desired outcomes that unscheduled care system should deliver for the population they serve;

d. Without focusing on mandatory national targets, consider what measures would indicate the successful delivery of these desired outcomes. These measures should drive change to the system, be agreed with professional leads, and be used to enable the system to learn as new models of unscheduled care are piloted and rolled out.

e. As a priority, inform their plans by studying demand and the performance of the unscheduled care system. As a minimum, the data should consider:
   
   i. the volume and nature of activity within existing services;
   
   ii. the volume and nature of demand for unscheduled care across all health and local government unscheduled care services, taking account of presenting

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<tr>
<th>There are also a number of examples which demonstrate the progress made by LHBs taking the recommendations forward. These include:</th>
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<tr>
<td>• Powys TLHB has an established Unscheduled Care Partnership Board made up of WAST, Primary Care, (in and out of hours providers), Local Authority, CHCs and Third Sector, all working continuously to improve unscheduled care and prevent unnecessary hospital admissions.</td>
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<tr>
<td>• Provision of seamless service is a work stream for the merger project between the Powys County Council and the Powys Health Board, with a target for full seamless services.</td>
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<td>• Rhondda Cynon Taf (RCT) and Merthyr Tydfil Local Service Boards have agreed to take a key role in modernising health and social care services. They will exert leadership across public services to remove barriers to implementing services in key areas such as:</td>
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<td>- Communication hubs</td>
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<td>- Integrated transport</td>
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<td>- Locality networks</td>
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<td>- Community resource teams</td>
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<td>- Develop generic worker roles</td>
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<td>- Enhancing home medication administration scheme</td>
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<td>• The RCT and Merthyr Tydfil LSBs will support these schemes to help maintain independence and improve local access to services.</td>
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<tr>
<td>• BCULHB’s identification of the current gaps between the various services and subsequent improved integration will be addressed across the Health Board through the Modernising Unscheduled Care Strategic Board, and by the Primary and Community Strategy Implementation Board. This will be achieved by 30 September 2010 through effective working at a locality level between health, and social care and the 3rd sector.</td>
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### iii. Additional data on presenting conditions and underlying causes of demand; outcomes and indicators of quality; access to services, flow through the system and the nature of any delays or unnecessary handovers or use of particular services; and the costs of unscheduled care services across the whole system regardless of organisational boundaries.

### iv. Work effectively with local authority and voluntary sector services to provide a wider range of support for people in a timely way to ensure that access gaps in community-based services and a lack of alternatives other than hospital admission, do not result in unnecessary admissions to hospital.

### v. Work effectively with local authority and voluntary sector services to provide a wider range of support for people in a timely way to ensure that access gaps in community-based services and a lack of alternatives other than hospital admission, do not result in unnecessary admissions to hospital.

### f. Work effectively with local authority and voluntary sector services to provide a wider range of support for people in a timely way to ensure that access gaps in community-based services and a lack of alternatives other than hospital admission, do not result in unnecessary admissions to hospital.

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<th><strong>Bullet Point</strong></th>
<th><strong>Details</strong></th>
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<td>• BCULHB - Data on presenting conditions, demography, deprivation and access to transport collated as part of North Wales Clinical Strategy work. Further analysis of data relating to all local government services required and will be agreed with Heads of Adult Services.</td>
<td>July 2010</td>
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<td>• The AB Health Board will, through its Locality Divisions, use the mechanism of the Health Social Care and Well Being (HSCWB) Partnership Boards to oversee a comprehensive system of improvement and development which will include a multi-agency focus on Long Term Conditions and frailty.</td>
<td>July 2010</td>
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<td>• A range of integrated services have already been developed and are in place for intermediate care in the ABHB region; ACAT, Rapid response, re-ablement team, falls prevention (these services are in line with “Setting the Direction”). Further opportunities will be developed under the Frailty programme.</td>
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<td>• Hywel Dda has Acute Response Teams being rolled out across the HB area following a successful Invest to Save bid approved by WAG.</td>
<td>July 2010</td>
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<td>• The development of the framework of services for older people will provide examples of good practice in terms of service provision from social care, housing and health across all sectors. This should provide a broader balance of services to support the NHS.</td>
<td>Ongoing</td>
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<td>• WAST recognises the need to develop a focus upon clinical outcomes, and has aimed to develop this work through:</td>
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<td>o Being the first ambulance service worldwide to participate in the internationally recognised ‘1000 Lives Campaign’.</td>
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<td>o Developing a set of Trust wide clinical performance indicators.</td>
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<td>o Contributing to the development of intelligent targets – nationally led by the Welsh assembly Government.</td>
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6. There is widespread agreement with the principles within the DECS strategy but there is also criticism that the strategy is not prescriptive or specific enough on particular issues that are most appropriately determined at a national level.

While it is right to avoid over-specifying the system of unscheduled care, the Assembly Government should assist the new health boards improve their strategic approach to unscheduled care by:

- Firstly, awaiting the evaluation of the pilot of the Primary and Community Services Strategy before developing a broad template for local communities to use when developing their own medium to long-term unscheduled care strategies. The central driver of these plans should be the need for the new health boards and their partners (particularly primary care, mental health, social care, ambulance services and the public) to develop a much more robust understanding of demand, against which to develop their plans and performance measures.

- Where appropriate, joining up local developments in unscheduled care provision at a national level, considering for example:

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<td><strong>6a.</strong></td>
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<tr>
<td>a.) Setting the Direction has identified the need to strengthen integrated working in primary and community care and in particular to meet the needs of frail elderly people with complex care needs. In this report Dr Chris Jones identifies the need to improve communication systems through a communication hub and single point of access to help address, direct and signpost queries.</td>
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<td>Desk-top Exercises were facilitated by the Primary Care &amp; Community Services Steering Group and took place in each of the 7 LHB areas.</td>
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<td>Each exercise was conducted over a period of approximately 8 weeks commencing with a briefing event for key Leaders in the community; then a large stakeholder event (attendance between 50 - 100 people) to share the vision for primary care and community services and explore local understanding and &quot;readiness&quot; for change;</td>
<td>Ongoing</td>
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<td>The next phase involved the stakeholders undertaking a self assessment over a period of 4-6 weeks of local services against the key components of &quot;Setting the Direction&quot; model;</td>
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<td>Finally a follow up Stakeholder event was held to evaluate the self assessment and what actions would need to be taken to progress the model in the health community.</td>
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<td>The outcome of this work has been fed back to the individual Health Boards and has informed the &quot;Charter&quot; for the Primary &amp; Community Services Assurance Board work programme that identifies key milestones for the LHBs.</td>
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<td>To progress this work proposals have been submitted and agreed by the Minister for</td>
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### Setting the Direction

i. Workforce issues to ensure people receive the right care from the right professional. In particular, the ambulance trust and the Assembly Government should develop a clear framework through which to extend the scope of practice of unscheduled care professionals. This framework should support the national development of the paramedic profession but provide significant local flexibility to support tailored solutions to meet local demand.

ii. The need for local plans to achieve greater continuity between in-hours and out-of-hours care, to move towards twenty-four seven working with a less acute distinction between scheduled and unscheduled care and greater flexibility in scheduling contact with various forms of care;

| | Health and Social Services to set up an Assurance Board, which will direct and support delivery of *Setting the Direction*. The Board will report to the Minister and the Director General. In addition, three Reference Groups including External and WAG Policy teams will ensure wider engagement and communication across DGHSS and the NHS and provide more effective operational working.
| | Work is ongoing to develop a detailed Implementation Plan.
| | Officials met with Directors of Primary and Community Care on 15 and 16 April to discuss barriers and ways forward for delivering *Setting the Direction*.
| | A stronger emphasis on prevention and early intervention in the community particularly on the management of chronic conditions - the Chronic Conditions Management Model (CCM) and Framework sets out clear directions for this based on proactive planned and managed care in the community based upon prevention, early intervention and self care. This is being driven forward based upon better care coordination, integrated teams and GP working in clusters. Transitional funding has been allocated to support the delivery of this and appropriate services transferred from hospitals into the community.
| | Both elements of work have identified the need to work closely with social services. The CCM Demonstrators are testing these approaches and early results indicate good progress is being made in collaborative local joint planning to ensure integrated service provision and on care coordination. Positive results are also emerging from the overall work particularly on reducing Emergency Admissions from chronic conditions and reducing Length Of Stay.

#### 6b.

The *Draft Improving Unscheduled Care in Wales: A Partnership Approach* national programme has a specific strategic theme to address workforce issues. Key areas of development are:
- Development of a national workforce planning tool

| | July 2010
| | Ongoing
| | Completed

| | July 2010
| | Ongoing
| | Completed

| | July 2010
| | Completed
iii. The Assembly Government should establish mechanisms to increase the flexibility of, and alignment between, the health and local government workforces supported by a set of national standards and training schemes.

iv. In responding to the recommendations of our separate report, clarify the potential future role of NHS Direct Wales within the wider system of unscheduled care and encourage its better integration into local service planning to improve the flow of patients through the system.

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<th>Workforce analysis</th>
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<tr>
<td>Provision of appropriate staffing /skill mix to meet need</td>
<td>Completed</td>
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<tr>
<td>Development of a national 10 year workforce plan.</td>
<td>Ongoing</td>
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i. A number of specific developments currently being taken forward and supporting the national programme are:

The Welsh Ambulance Service Trust has significantly developed the Paramedic profession by:

- Working with NLIAH and Swansea University to set up an undergraduate programme for new entrants into the service. This is in line with the quality assurance requirements of the career framework for the Paramedic profession.
- Enhancing its existing internal Paramedic entrant programme by adding an additional module of study.
- Continuing to deliver its established continuous professional development programme (CPD), and improve the content by adding curriculum items of POVA & POCA.
- Developing care pathways for Paramedics to access (e.g. older person falling, resolved hypoglycaemia and convulsions).
- Developed a Specialist Practitioner Programme via clinical strategy and workforce plans. This is an enhanced role for Paramedics and Nurses, who will extend their skills / knowledge in unscheduled care. The aim of this role being to increase clinical autonomy and decision making, and thus be able to integrate practice with other community services (avoid unnecessary hospital admissions). 11 students were recruited onto this programme in November 2009, of which 5 have now successfully completed the competency framework to practice as Specialist Practitioners. A further 16 trainee Specialist practitioners were recruited in April 2010, and are now working through their competency framework – supported by the clinical supervision process put in place for this key role.

| Completed |
| 2010/11 |
| Completed |
| Ongoing |
The Post Registration Career Framework for Nurses in Wales has now been launched and provides guidance to individual nurses, education institutions and service providers on the support and development of nursing staff at all levels.

NLIAH has been commissioned by the Welsh Assembly Government to set out guidance for nurses, midwives, allied health professionals and paramedics in Wales to support practitioners working at an advanced level. This work amplifies the guidance set out in the Post Registration Career Framework for Nurses.

The Welsh Ambulance Service Trust has expressed interest in the principles set out in the framework and the related developments in respect of advanced practice roles. WAG and WAST senior staff are due to meet to discuss role development of emergency care staff and the establishment of a career framework for paramedics in Wales.

WAG acknowledges that it is important that role developments in the paramedic profession are in line with developments in other professional groups. For example the concept of an advanced practitioner should have common meaning across non medical professions.

This is already the case for non medical consultants, where there is a common set of standards for nurses, midwives, AHPs and paramedics, monitored through HIW (standards are posted on their website and all new posts go through a scrutiny panel).

The achievement of greater continuity / removal of the in-hours/out-of-hours distinction and removal of the acute distinction between scheduled and unscheduled care are key issues identified for delivery within the draft national delivery framework Draft Improving Unscheduled Care in Wales: A Partnership Approach and ‘Setting the Direction’ strategy.
iii.

All organisations are expected to work towards achievement of a 10% increase in the proportion of staff providing services in a community setting.

An agreed baseline to be established to measure progress against the above target.

The Welsh Assembly Government has established a national task group to look at the future direction for the social care workforce. This work includes health colleagues and will examine the potential and the type of arrangements to support generic social care and health staff.

The National Programme for unscheduled care will be supported by the enabling workforce modernisation programme board. Based upon the service models identified by the unscheduled care group, workforce implications will be addressed. It is expected that there will be a need to increase flexible working practices including extension of care outside the core working day; a re-modelling of the skill mix to ensure that professional expertise is maximised and health care support workers are appropriately trained to accept delegated duties; and the development of new and extended roles.

The pace of changes will be agreed as part of the 5 year service, workforce and financial framework plans as agreed at local level.

iv.

The WAST, in conjunction with the Welsh Assembly Government, convened a meeting of key stakeholders on 27 May 2010 ‘Working in Partnership to enhance the delivery of health and social care across Wales’ to address the recent Wales Audit Office report. The themes are of the conference are:

The strategic role of NHS Direct Wales and its engagement with stakeholders

<p>| 2013  |
|---|---|
| December 2010 |
| Dates to be confirmed |
| Completed |</p>
<table>
<thead>
<tr>
<th>Maximising efficiency and performance of NHS Direct Wales across Wales</th>
<th>The potential role of NHS Direct Wales within the unscheduled care system</th>
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<tbody>
<tr>
<td>The outcomes of the conference and further discussions will enable clarity to be reached with regard the potential future role of NHS Direct within the unscheduled care system.</td>
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7. Staffing issues in unscheduled care services are contributing to problems within the system. There is a lack of capacity in some areas of the system, including shortages of emergency department medical staff which can lead to senior clinical decision-making not happening soon enough in some departments. Another factor in delaying senior decision making is the lack of progress in developing extended scope, specialist staff roles.

Working with local authority partners, the new health boards should conduct a fundamental review of their unscheduled care workforce to ensure there is a reasonable balance between supply and demand across the various services and sectors. In particular they should:

f. review activity and staffing levels within their major acute specialties and emergency departments using the soon-to-be released College of Emergency Medicine audit tools;

g. consider the size and utilisation of the primary care workforce across the system to support unscheduled care, for example GP presence in emergency units;

h. ensure that the rotas for emergency nurse practitioners are sufficiently matched to demand;

i. consider increasing nurse staffing

7a – e

The responsibility for delivery of the recommendations contained in Section 7a – e lies with the 7 Local Health Boards.

The Workforce Modernisation National Programme Board will work with NHS Wales to ensure that staffing issues are supported at the national level.

The Welsh Assembly Government, working in partnership with the LHBs has progressed this work by providing a wider range of support e.g.

xxviii. producing a capacity and demand modelling tool which can be used by LHBs to analyse demand activity against capacity e.g. number of doctors, nurses available. The tool has been piloted at Hywel Dda and Morriston and has proved successful as it has enabled the LHBs to identify where their demand is out of balance with workforce capacity. The WAG will work with all other LHBs to roll this tool out in advance of the release of the College of Emergency Medicine tool.

xxix. In April, it required that all LHBs identify an Executive Lead for Unscheduled Care.

xxx. All LHBs were required to produce Workforce Plans for 2010/2011 which provided for an appropriate skilled and sized workforce across unscheduled care. LHBs are being supported by the Workforce Modernisation National Programme Board to deliver these plans.

xxxii. WAG has commissioned DSU to support Aneurin Bevan, Hywel Dda, Abertawe Bro Morganwg, Cardiff and Vale and Betsi Cadwalader LHBs with demand capacity staff modelling in their A&E departments.
levels where emergency department pressures frequently result in nurse practitioners resorting to core nursing roles; and

j. introduce professional leads for unscheduled care to act as a figurehead and contact point for engaging professionals in their field because change will not be delivered without their support; professional leads must cover the whole system across the range of professions required to deliver unscheduled care in new ways.

There are also a number of examples which demonstrate the progress made by LHBs taking the recommendations forward. These include:

- C&V LHB have appointed a Director for Unscheduled Care and an Operational manager for EU to provide professional and operational leadership and delivery of services.
- C&V LHB have ring fenced the ENP service to support the Minor injuries service.
- Powys TLHB has appointed Professional unscheduled care leads for locality areas. They include a Lead GP, Lead nurse and Lead therapist for each area.
- Cwm Taf LHB MIUs are now ENP led and staffing is matched to demand
- ABMU LHB has GP provided Out of Hours in all their acute sites.
- A&E Medical Model workshop held by AB LHB to explore interim recruitment strategies whilst working towards a new Medical Model, and workforce plans being developed.

Further, Community Pharmacy within the ABLHB region have developed 7 enhanced services:-

- Emergency hormonal contraception
- Supervised consumption of methadone
- Waste reduction scheme
- Needle Exchange
- Palliative care rota
- Out of hours rota
- Smoking cessation

The appointment of Clinical Champions across Clinical domains, ie. Diabetes Clinical...
Champion, will support development of care pathways reducing unscheduled care demand.

- A Clinical Leadership Model has been devised by ABLHB and embedded in the Board’s new structures. Divisional Directors now lead the Divisions of Unscheduled Care and Community Services. The Health Board’s Unscheduled Care Division is implementing a revised structure that will identify emergency medicine and acute medical service groups; these will be clinically led.

- BCULHB have reviewed activity and staffing levels within major acute specialities and emergency departments as part of North Wales Clinical Strategy work.

- Further, the nursing establishment is being reviewed in BCULHB by the CPG Head of Nursing.
8. The way in which performance of the unscheduled care system is measured focuses primarily on access to individual services rather than the whole experience of the person accessing unscheduled care. Current performance targets measure important parts of the journey but do not reflect the whole journey, nor do they reflect in any way the overall outcome. Using a target-driven approach to performance management that focuses on access to services can act as a disincentive to system change, important though access to unscheduled care is.

We recommend that the Assembly Government:

- should ensure that the measures it is currently developing incorporate a wider system perspective and ensure that they:
  
  i. are based on a comprehensive examination of demand for unscheduled care services;

  ii. balance access, quality and outcomes recognising in particular the need to avoid managing clinical services with reference to the time an episode of care takes without reference to its quality or outcome for the citizen;

8a (i-iii)

The Welsh Assembly Government has:

- established a National Programme of work to Develop a range of Intelligent Targets for unscheduled care. It is intended to identify a wider range of performance measures relating to inputs, throughputs, outputs; with a specific focus on the identification a small number of outcome measures for unscheduled care. The programme has progressed well and a draft set of performance measures have been produced. A further meeting of the Core Working Group is planned for May 2010 where it is intended to refine them ready for pilot over the summer months.

- developed an unscheduled care dashboard, based on the successful pandemic flu dashboard that shows a range of real time demand and capacity information e.g. A&E attendances, Patients seen within 4 hours, Out of Hours Respiratory rates consultations, Critical Care status indicator. This information is available via the internet to the NHS, with further developments planned over the coming months. Information on, and a web link to the dashboard is to be circulated by WAG by the end of May 2010, with the expectation of widespread use by the NHS.

- set out a range of National Efficiency and Productivity measures for 2010/2011 which the NHS must deliver. The measures cover a range of dimensions of quality e.g. A&E re-admission rates provides an indicator of efficiency, clinical effectiveness, patient safety and experience and the overall effectiveness of the scheduled and unscheduled care systems.

- set up a Working Group to develop a Performance Improvement Framework for GP services. The group has produced a draft framework and identified a set of performance indicators, including access, which the WAG will hold LHBs to account against. It is intended that all LHBs will be required to produce an annual report in December 2010, which contains a number of wider indicators of the quality of care provided by the system e.g. access to appointments, immunisation
iii.include measures of health service performance and measures relevant to other public sector services, especially those delivered or commissioned by local authorities.

b.once the extent of excessive patient handover times at emergency units has been addressed on a sustainable basis, it would be sensible for the Assembly Government to review whether it is necessary to continue to record handover times; and

c.should ensure that its performance management framework is sufficiently flexible to place a firm responsibility on local organisations to develop their own key measures of success in making longer-term system changes. The Assembly Government should examine these local measures and hold communities to account if they fail to develop their own key measures of progress.

- a national measure of service integration within its Annual Operating Framework for the past 7 years: Delayed Transfers of Care, which requires LHBs to work collaboratively with Local Authorities to deliver.

- commenced the development of Local Authority outcome agreements where Local Authorities will be expected to describe and provide evidence for the contribution they and other agencies (including the NHS) make towards a series of agreed outcomes. One of the aims is to break down divisions between service-providers, and to focus instead on outcomes for citizens and communities, however those are delivered. All 22 local authorities are expected to have agreements in place by the end of September 2010. The agreements will run for 3 years (ie until the end of 2012-13) with annual milestones and reporting.

8b
The Welsh Assembly Government will review patient handover performance and determine the next steps when a high quality of service has been achieved and is sustainable.

Following a decline in the use of the HAS system across Wales during the winter months, WAG requested that WAST carry out a data validation audit at Morriston, UHW and Wrexham Maelor A&E departments to ensure that the systems were running effectively.

Following the audits, WAG reformed the National Handover Task and Finish Group to review the findings – which confirmed that the system was extremely robust - with representatives from all A&E sites and WAST. Following a Data Quality Improvement Initiative in early April, in which WAST implemented a number of software improvements, the use of the HAS system has improved. However, further progress is required, and WAG are working closely with the service on a daily basis to achieve it. This issue remains a priority for the Assembly Government.
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<td>The NHS Performance Improvement Framework is sufficiently flexible to allow NHS organisations to develop local performance measures specific to their local context and need; outside of the range of national targets and performance indicators. This is evidenced by the fact that all NHS organisations have a wide range of local measures outside of those nationally mandated. This issue will be included into discussions and development work as the NHS Performance Improvement Framework evolves over the coming years.</td>
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