

## **Welsh Government Response to the Report of the National Assembly for Wales Public Accounts Committee Report on Unscheduled Care: Committee Report**

We welcome the findings of the report and offer the following response to the 19 recommendations contained within it.

### **Recommendation 1**

**The Committee concludes that immunisation has a role in reducing pressures on unscheduled care services and we recognise the importance of public education on the benefits of immunisation programmes. We recommend that the Welsh Government undertakes further work with the NHS organisations to increase immunisation rates amongst the population, including significantly increasing its targets for vaccinating frontline NHS staff against influenza.**

### **Response: Partially Accepted**

The recommendation to increase immunisation rates amongst the general population is accepted. Immunisation targets, including the seasonal flu programme, form part of the Tier One measures for the NHS and are one of the key accountability requirements for health boards. Vaccination programmes are monitored quarterly by the Wales Immunisation Group which comprises representatives from Welsh Government, Public Health Wales, Directors of Public Health, Health Board Immunisation Co-ordinators and primary care.

The recommendation to increase flu vaccination targets for NHS staff is not accepted. We share the ambition of the committee to increase vaccination rates, however further work is required to meet the current 50 per cent target for front line healthcare workers, despite a significant improvement in recent years. In 2013-14 uptake reached 41.4 per cent compared to 30.9 per cent in 2011-12.

Increasing the target at this stage is unlikely to have a significant impact on improving uptake. It may also have a demoralising impact on staff, who over a number of years, have been working towards achieving the current target. Negative attitudes to flu vaccination still exist within parts of the NHS and setting a target that is achievable is likely to provide a more sustained improvement over time.

We will continue to work with Health Boards and Public Health Wales to encourage more staff to have the flu vaccine to protect themselves and their patients. The current 50 per cent target will be kept under review and uplifted in line with progress.

### **Recommendation 2**

**Evidence to the Committee suggests a lack of clarity around how data relating to ambulance arrivals and handovers are collected and that local variations apply. To end this confusion and ensure accurate recording of data, we recommend that the Welsh Government introduce**

**clear and consistent guidelines that set out how ambulance handovers should be recorded. This should include guidance on how patients treated in ambulances outside the department are to be appropriately cared for and categorised.**

**Response: Accepted**

Handover Arrival Screens (HAS) were introduced to all major A&Es in 2008 to support the accurate collection of data for the handover of patients from Welsh Ambulance Services NHS Trust (WAST) crews to hospital staff in Wales. Clear guidance on the use of the HAS system was issued to all organisations in 2010. This guidance will be reviewed in partnership with Health Boards and WAST to ensure it is fit for purpose and clearly understood by all.

This review process will conclude by the end of July and revised guidance will be issued by August 2014, re-emphasising responsibilities and the requirement for accurate data collection. The Welsh Government will also seek assurance that NHS organisations are providing the appropriate training for use of the HAS system, and that the existing and new staff are aware of their individual responsibility for the accurate collection of data.

The requirement that 'clock start time' for the 4 hour A&E target, for all patients arriving by ambulance, should begin once A&E staff are notified by the ambulance crew that the patient has arrived will also be reinforced in June 2014.

Health Boards will be reminded of their legal responsibility for providing care for patients within their health board area, and of Welsh Government expectation that patients should be monitored, assessed and treated by Emergency Care clinicians with the relevant skill set, in a timely manner and in order of clinical priority, on arrival at A&E.

**Recommendation 3**

**The Committee recognises the importance of recording Patient Related Outcome Measures (PROMS) but we remain concerned about the need to compare performance in Wales with that elsewhere in the UK and the willingness of patients, particularly older people, to share their experiences, especially if these are negative, at a time when they are poorly and vulnerable. We recommend that the Welsh Government work with health boards to develop a wider suite of performance measures for unscheduled care that allow quality of care and patient experiences to be measured and recorded in a way which allows for comparisons in the UK and beyond.**

**Response: Accepted**

It is important that we measure the things that tell us if we are making a positive difference to the clinical outcomes and quality of life of people in Wales. To that end, a wider suite of unscheduled care measures is currently being developed and patient experience and outcomes will be key components. This will build on the *Framework for Assuring Service User Experience*, issued in May 2013, which provides a national approach to measuring service user experience via a range of feedback methods. To provide a consistent approach, core service user experience questions are currently being used across all care settings. Welsh Government is also

exploring other ways to enable service users to share their experiences on a dynamic and on-going basis.

PROMs ask patients about their health from their own point of view before and after intervention or treatment but do not ask about patient experience with health care services.

Consideration is being given to complementing service user experience with the introduction of PROMs for selected procedures. These outcome measures enable comparison across national boundaries for selected procedures such as joint replacement. However, the comparability of performance data and outcome measures does not lie wholly with the Welsh Government. All three other UK nations are able to alter the way in which they record the performance of the unscheduled care system; all such changes are capable of eroding comparability.

#### **Recommendation 4**

**We believe there is a need to end uncertainty about the future provision of emergency department services across Wales and recommend that the Welsh Government continues to work with health boards to bring this uncertainty to an end in order to achieve safe and clinically sustainable medical staffing models in emergency departments and to promote the necessary recruitment and retention of staff.**

#### **Response: Partially Accepted**

All Health Boards have set out plans for service change in accordance with our *Together for Health* strategy to achieve safe and sustainable services. The concentration of some specialist services on fewer sites, including A&E services, will ensure national standards are met and clinicians will have levels of activity which enable them to maintain their skills. The uncertainty that the major consultations on these plans for service change gave rise to is now brought to an end, with the recent announcement on the South Wales Programme.

Plans for A&E services for South Wales and Mid & West Wales have now been agreed by the Health Boards and Community Health Councils. In North Wales, the Health Board is committed to providing a safe and sustainable configuration of emergency and urgent care services, provided through a network across the three major hospital sites and are developing more detailed plans this year.

We do accept that there is a continuing need to work with Health Boards to ensure the agreed plans are now successfully implemented, in partnership with their local Community Health Councils.

We continue to work with Health Boards and the Deanery to ensure effective workforce planning and training.

All Health Boards have to keep services under review to ensure that they can be provided in a safe and sustainable way.

### **Recommendation 5**

**The Committee recognises that primary care may be provided through a number of services in addition to those provided by GPs and public awareness of this needs to be raised. We recommend that the Welsh Government undertake more work to promote the choices available to patients and the means by which these services might be delivered. For example, we acknowledge that access to primary care may be through access to a health professional other than a GP and this could be over the telephone.**

#### **Response: Accepted**

Welsh Government is continuing the Choose Well Campaign building on the foundations already laid (see recommendations 13 & 14). NHS Direct Wales continues to provide valuable healthcare advice and information about local services, both by telephone and web, and will be an integral part of the consideration and decision making process in relation to developing a 111 telephone service for Wales.

Health Boards have made varying progress in developing communication hubs and local Directories of Services to publicise services and their appropriate use. We will write to Health Boards by 30 June, to ensure the wider choices available to patients seeking primary and community care services are highlighted through Health Boards' Primary Care Access Forums, in particular, the care provided by GP practice nurses, community nurses and community pharmacists through the Minor Ailments Scheme.

### **Recommendation 6**

**The Committee notes that the provision of a telephone service can assist patients in determining when an appointment is urgent but believe that it is essential that such services have clinical input. The Committee recommends that the Welsh Government ensure that health boards are promoting clinically led telephone triage in GP practices and that patients have access to telephone advice on the most appropriate course of action when an urgent appointment with a GP is requested.**

#### **Response: Accepted**

Health Boards' Primary Care Access Forums will support the further development of a range of ways to access urgent GP advice, including telephone, e-mail and video conferencing.

We will write to Health Boards by 30 June, to ensure clinically led telephone triaging is promoted through Health Boards' Primary Care Access Forums and follow this up with Health Boards through routine performance management meetings.

### **Recommendation 7**

**The Committee notes the approaches taken by Aneurin Bevan and Cwm Taf University Health Boards to improve access to GP services but note that despite these attempts to improve access significant progress is**

**still required. We recommend that existing approaches to improving access to GP appointments, be evaluated so that good practice can be identified and shared across health boards.**

**Response: Accepted**

We will write to Health Boards by 30 June, asking them to work collectively with Public Health Wales to evaluate and report on existing approaches to improve access to GP care. The approach undertaken by Cwm Taf and Aneurin Bevan Health Boards will be taken into account.

The 1000 lives team will be commissioned to provide support, building on best practice in this area. This work will address best practice on appointment systems, including minimising “did not attends” (see also recommendation 8).

**Recommendation 8**

**The Committee notes the difficulties involved in introducing penalties for those patients who do not attend appointments with their GPs. While the Committee recognises there are existing initiatives in place to reduce “did not attends”, we believe the current rate is unacceptable and is contributing to difficulties in patients accessing GP appointments. We recommend that the Welsh Government consider this issue further and look to approaches adopted elsewhere, including the Republic of Ireland and Northern Ireland in reducing “did not attends”.**

**Response: Accepted**

Work is needed to establish the scale of “did not attends” in primary care.. We will write to Health Boards by 30 June, asking them to work collectively with Public Health Wales to consider and report on the evidence of action taken to identify and reduce “did not attends” including sharing best practice in making appointments (also see response to recommendation 7).

**Recommendation 9**

**The Committee received mixed evidence on the extent to which inappropriate attendance to emergency departments is a problem. We recommend that the Welsh Government urge health boards to collect clearer data to identify the scale of inappropriate attendances to emergency departments to develop a consistent approach to addressing any issues identified. To further support this, initiatives to collect data on patient experiences in emergency departments should include questions to determine why patients chose to attend the A&E department.**

**Response: Accepted**

While some patients who attend A&E could be more appropriately treated in other settings, this often depends very much on the availability of, and access to, these services and this will vary across Wales according to local circumstances.

There is already a requirement within the nationally collected Emergency Department Data Set (EDDS) to collect a clinical assessment as to whether

an attendance is appropriate. We recognise that this is not captured consistently. Identifying an inappropriate attendance, other than by a review of the clinical record and relating it to local services, remains difficult.

As part of the on-going work to improve the information around A&E a pilot study is being undertaken in the Royal Gwent A&E Department to assess the opportunity to implement the *College of Emergency Medicine Minimum Data Set (CEMDS)*. This should provide better clinical information about each patient and the reason for their attendance. Initial evidence relating to the use of the *CEMDS* and the information it provides will be available by the end of July 2014 and will be assessed and discussed with clinicians and managers to determine whether this could be used to determine the appropriateness of the attendance, or as a proxy measure.

During 2014-15 Health Boards are targeting particular user groups to obtain information about their use of unscheduled care services. This will be used to inform future work in this area.

#### **Recommendation 10**

**The Committee was unable to clarify the progress that has been made in implementing the recommendations of the National Out- Of-Hours Steering Group. The Committee recommends that the Welsh Government publicly responds to the findings and recommendations of this Group and provide details to this Committee of the action it is taking in response to the Group's work.**

#### **Response: Accepted**

The Welsh Government referred the findings and recommendations of the all Wales review of Out of Hours services undertaken by Dr CDV Jones, Chair of Cwm Taf Health Board, endorsed by the National Out of Hours Steering Group, to the then Urgent and Emergency Care Board. Officials are currently reviewing progress made and where appropriate, we will refer further action to Health Boards at a local level or collectively through their refreshed National Unscheduled Care Steering Board. The Welsh Government will then update the Committee on progress before the end of September 2014.

#### **Recommendation 11**

**The Committee notes the potential benefits of co-location of GP services with emergency departments, particularly where these are accessed via the emergency department front door. The Committee recommends that the Welsh Government works with health boards to encourage further co-location of GP services with emergency departments and, as part of this work, considers whether there would be any benefits in introducing walk-in centres as part of the integrated provision of unscheduled care services in Wales.**

#### **Response: Partially Accepted**

The planning of healthcare services is a matter for Health Boards and partners and must reflect local population need and circumstances. We will, through the National Unscheduled Care Steering Board, support Health

Boards in the best planning of Urgent and Emergency Services, including the co-location of GP services with emergency departments.

The recommendation to consider whether there is any benefit in introducing walk-in centres is not accepted. Our key focus is on simplifying and maximising access to routine and urgent primary care services and to deliver more care in the community and at / closer to home. Walk-in centres duplicate other primary care services provided, including those provided by GPs. Following reports of the closure of walk-in centres in England, Monitor, the body responsible for regulating NHS Foundation Trusts in England recently undertook a review of walk-in-centres. The review does not provide any evidence that walk-in centres reduce pressure on urgent and emergency care services.

### **Recommendation 12**

**The Committee notes the concerns raised by the British Medical Association regarding the recruitment and retention of GPs and future workforce shortages. We also acknowledge that the problem varies across Wales with rurality being a particular issue. The Committee does not feel that we have received sufficient assurances from the Welsh Government that these concerns are being addressed. The Committee recommends that the Welsh Government undertake a detailed evaluation of the current GP workforce across Wales and that a strategy is developed to ensure capacity meets demand. We also recommend that such a strategy should include provision for the delivery of services in the Welsh language.**

### **Response: Accepted**

Welsh Government already has information about the GP workforce in Wales, and will work with others to provide a more complete picture, including Welsh language skills. This information, together with the results of other work around community care, will inform plans to address the issues raised by the committee, in the short, medium and longer term, to ensure there are sufficient trained staff in relevant professional groups to deliver integrated primary and community care. We are due to meet with key stakeholders on 20 June to discuss issues relating to individuals wishing to return to General Practice. At this meeting we will consider what gaps exist within the information we already have about the GP workforce, which of these will be addressed through work already in place e.g. the Mid Wales Study and what additional steps need to be taken to address any remaining information gaps.

We expect to be considering both the numbers of GPs and the way that they work. We recognise that in rural and hard pressed urban areas that posts must be made as attractive as possible.

### **Recommendation 13**

**The Committee is concerned that not all of the strands of services listed by the Choose Well campaign are actually available in all parts of Wales. For example, not all areas have minor injury units and in those that do service provision and hours of operation varies. The Committee**

**recommends that the Welsh Government undertake more work to educate the public on what services are available in their specific areas and how these can be accessed.**

**Response: Accepted**

We continue to deliver the Wales-wide Choose Well campaign and provide strategic direction for Health Boards in delivering Choose Well messages at a local level. We recognise that Health Boards could do more to educate their local population regarding the provision and availability of alternative services. We have encouraged Health Boards to undertake more work on the services available locally, rather than pursue uniform pan-Wales education campaigns.

We will ensure that this recommendation is fulfilled by the Health Boards. We will do this through the facilitation of the Choose Well forum meetings with the Health Board Communication Leads in July and October 2014.

**Recommendation 14**

**The Committee recommends that the Welsh Government enhances the Choose Well campaign through better promotion of other opportunities for accessing health care, for example through community pharmacists and optometrists.**

**Response: Accepted**

The Welsh Government accepts the recommendation and work has already been undertaken to address this.

Choose Pharmacy has been developed to complement and promote the wider Choose Well campaign, utilising the recognised Choose Well brand. Ongoing work includes promoting referrals between Choose Pharmacy sites and WECS accredited optometrists.

In addition, *Together for Health: The Eye Care Delivery Plan for Wales* outlines the need to promote optometrists as the first port of call for people with eye problems requiring urgent attention. The suggestion to enhance the campaign to 'Choose Optometry' is a good one and Welsh Government will explore this as part of the public communication plan that is being developed for eye care. The plan will be finalised by October 2014.

**Recommendation 15**

**The Committee acknowledges that the approach being taken by the Welsh Government, towards implementing a 111 service is sensible. However, the committee is keen to ensure that the timelines for the development and introduction of the service are met. The Committee recommends that the Welsh Government provides a written progress report on the 111 service by January 2015.**

**Response: Accepted**

The development of a 111 service for Wales is being led by the NHS as part of the National Improving Unscheduled Care Programme and will be subject to business case approval.

Welsh Government will provide a written progress report to the Public Accounts Committee by January 2015.

#### **Recommendation 16**

**The Committee acknowledges the opportunities presented by telephone initiatives to reducing demand on unscheduled care but recognise there are challenges in its practical application. We note evidence that such systems can be prone to risk aversion with telephonists making judgements using algorithms. To address this, the Committee recommends that the new 111 service should include sound clinical protocols with telephonists equipped with the right skills to evaluate a call and escalate it to an appropriate clinician who should be readily available.**

#### **Response: Accepted**

The proposed model for the 111 service must be clinically robust. Detailed modelling will be undertaken to ensure the appropriate level of highly trained telephone call handlers is available, supported by the right number and skill mix of clinicians. The modelling will be based on information, learning and best practice from our existing services and those in Scotland and England.

Further information will be provided in the written progress report to the Public Accounts Committee by January 2015.

#### **Recommendation 17**

**The Committee recommends that the Welsh Government provides evidence that health boards have sufficient bed capacity to meet unscheduled care demand. Where plans to provide surge capacity are in place, consideration is given to the use of GPs as well as hospital to enable the system to meet demand when necessary.**

#### **Response: Accepted**

The Welsh Government has made it clear through both the three year planning and seasonal planning processes that capacity must be aligned to predicted demand for both scheduled and unscheduled care services and supported by robust evidence. This includes the ability to flex capacity at times of increased demand, and to ensure the flow through existing capacity is maximised. Those plans are subject to assessment and sign off by Welsh Government annually.

Health boards are now working with GP clusters to analyse unscheduled care demand, including 'non bed' capacity, and we expect Primary Care Directors to address this and reflect the actions identified in their three year and seasonal plans.

#### **Recommendation 18**

**The failure to properly manage chronic conditions can have a significant impact on the demand for unscheduled care services. We therefore recommend that the Welsh Government sets out how it intends to**

**respond to the Auditor General's findings and recommendations, and that this response is shared with the Committee alongside the Welsh Government's responses to the other recommendations in this report.**

**Response: Accepted**

The Permanent Secretary wrote to the Chair of the Public Accounts Committee on 6 May 2014 setting out the Welsh Government's response to each of the recommendations in the Wales Audit Office's report. The Welsh Government note that the Auditor General's findings recognised the reduction in the number of emergency hospital admissions and readmissions within a year for people with chronic conditions which Health Boards have delivered. There is scope for further improvement in chronic conditions management and the interim Chief Executive of NHS Wales wrote to the Chief Executives of Health Boards and Trusts on 15 May 2014 to ensure they follow through on the actions now needed to make further progress.

**Recommendation 19**

**The Committee recommends that the Welsh Government emphasise, including to frontline staff, that transfers to hospital from care homes should not be automatic following a fall but that each case should be assessed individually to determine whether such a transfer is clinically required.**

**Response: Accepted**

It is not a CSSIW regulatory requirement that care homes should automatically transfer people to hospital after a fall. We recognise the need for an appropriate clinical assessment before determining whether or not a transfer to hospital is appropriate. Nursing homes employ nurses who can provide an assessment. Residential care homes will need to decide whether the GP or GP out of hours service needs to be contacted or if there are serious concerns to call an ambulance.

A task and finish group is being established under the Integrated Care workstream of the National Improving Unscheduled Care Programme to develop proposals for improving service user engagement and experience of Unscheduled Care Services. This will include options to enable care homes to have direct access to clinical opinion prior to referral to an emergency department. The task and finish group will provide a plan of action by October 2014.