

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Nick Ramsay, AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay, Cardiff, CF99 1NA

Our Ref: AG/JM

18 October 2016

Dear Mr Ramsay

Public Accounts Committee – update on Unscheduled Care

The Committee wishes to receive an update on how the NHS Wales is coping with unscheduled health care at present and whether there have been any peaks which have meant that elective surgery has had to be cancelled this year. The Committee would also welcome an update on the winter 2016 planning proposals.

The committee will wish to note that the Health and Social Care Committee is currently undertaking an inquiry into NHS winter preparedness for winter 2016/17.

Context

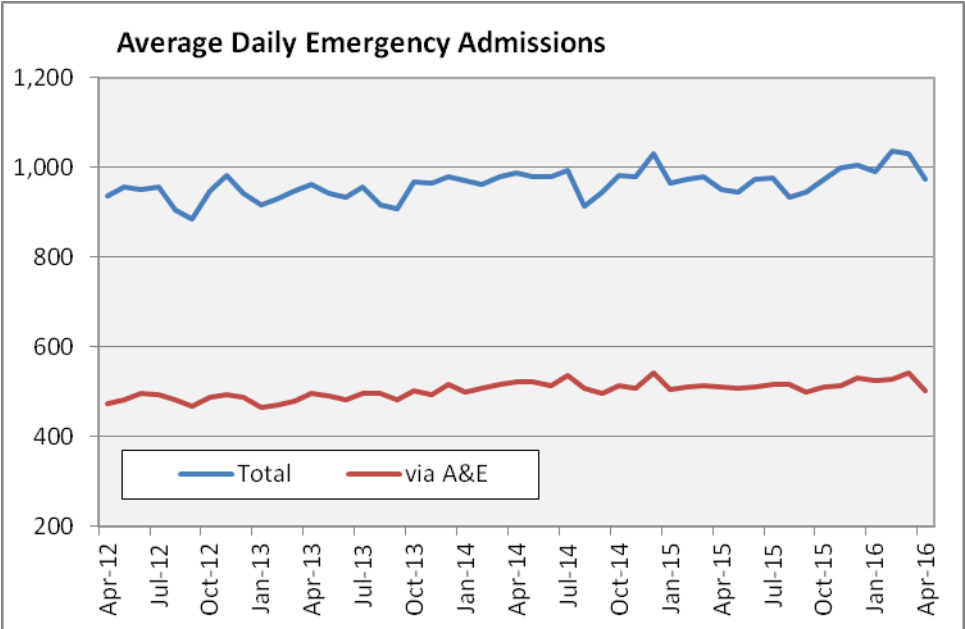
The complexity of delivering unscheduled care services is evident across the UK and cannot be underestimated. Health inequalities in deprived areas resulting in slower increases in life expectancy, poverty, fuel poverty and the inability of local authority spending to adult social care (most notably the elderly) to keep pace with increasing demand are all factors that cause substantial and unrelenting pressure on unscheduled care services.

Demand on unscheduled care services

On an average each day in 2015/16, the NHS in Wales saw nearly 2,765 people through its Emergency Departments; received 1,232 999 ambulance calls; offered over 800 NHS Direct Wales calls; and over 1500 out of hours care calls.

The unscheduled care system is faced with increasing activity and patient acuity. Over the last 12 months, more than one million people have attended emergency departments across Wales. This is 3% higher than the previous 12 months ending August 2015.

Changes in how people live their lives and the success of the NHS in keeping people alive for longer means demand for care is rapidly rising. An ageing population, combined with more people having increasingly complex needs, means that demand for health and social care services is predicted to grow rapidly in coming years. This often manifests in peaks in emergency admissions to hospital, which has seen a gradual increase over the past four years as illustrated in chart 1 overleaf.



Performance against key unscheduled care indicators

The emergency ambulance services clinical response model pilot is providing faster responses to people who need an immediate intervention from our emergency ambulance crews. Almost 80% (78.1%) of the most life-threatening calls received a response in fewer than eight minutes in August, meeting the target for the eleventh successive month. A similar model has been formally adopted by the Scottish Ambulance Services, and there is significant international interest in replicating the Welsh approach.

Despite over 69 more ED attendances per day in 2015/16 compared to 2010/11 the vast majority of people who access EDs are admitted or discharged within the four hour standard, which is one of the toughest standards across developed countries.

A high level summary of performance against key emergency care access targets is provided in *Annex A*.

Facts on peaks in demand on unscheduled care and elective surgery cancellations

- Each year, more than 330,000 elective admissions take place across Wales;
- Nearly half of all postponements are by the patient;
- In Wales, the data covers all postponed procedures, whether it was due to take place in a theatre or an outpatient setting, and even if the procedure was postponed with more than two weeks notice;
- The number of short notice non-clinical postponements fell by 1% in 2015-16 compared to 2014-15;
- Over the last two years, the number of short notice non-clinical postponements has fallen by 14%;
- 14% of short notice postponements were because the patient did not turn up. When this happens, it means the slot cannot be used by other people; and
- Health boards are using different forms of communication to remind patients of their appointment, including text messaging and automated phone messages.

There will always be times when a procedure needs to be postponed due to emergencies, however, we expect all health boards to make sure they plan services to minimise the risk of postponements. This will include reducing the amount of planned elective activity over the winter period to enable unscheduled care admissions to be accommodated;

We have a national efficiency board, chaired by the Chief Executive, NHS Wales – one area they are looking at is theatre efficiency and there is a national event taking place shortly to share good practice. Further, following work by the Wales Audit Office, each health board has actions in place to improve theatre efficiency.

National activity to support local health and care systems to cope with demand on unscheduled care services

To ensure the health and social care services are best placed to manage pressures arising from the change in demand for services described above, a number of national actions are being put in place.

Guiding people to the right care and support, in the right place and at the right time

The Choose Well campaign is nationally led with health boards and other organisations participating in local and national activity using the identity, targeted materials and messaging from the national campaign. For the coming winter, Choose Well will complement other winter health campaigns such as Beat Flu; Stay Healthy This Winter; Spread the Warmth (Age Cymru); and Prudent prescribing / Choose pharmacy.

The campaign will adopt a whole family approach, targeting parents of young children and older people and their carers.

- Ensure target audiences have access to information about what services are available as alternatives to A&E in their area, including pharmacies, minor injuries units and GP out of hours;
- Increase awareness of community pharmacy services and increase the number of people accessing community pharmacy services when they have a minor ailment;
- Increase the number of people accessing self-care information and advice from NHS Direct when they have a minor ailment;
- Promote NHS Direct as a source of information on local services and alternative services to A&E.
- Increase awareness among target groups of the actions they can take to avoid A&E in non-urgent cases, and benefits of those actions to them;
- Link effectively with other winter health campaigns including *Beat Flu* and Age Cymru's *Spread the Warmth* to increase the reach of key messages.

How are we attempting to influence a change in people's behaviour?

It is clear that alongside traditional projects to improve service performance and quality, we need to become more sophisticated in the way we engage stakeholders and the wider public. There is a growing evidence base and plenty of experience across NHS Wales, to confirm that incorporating community engagement and consultation into local service development, contributes significantly to making those changes more sustainable. Helping to align expectations with service design and delivery and maintaining strong trusting relationships with communities, is now an accepted part of the job to provide safe and effective care.

To realise the strategic opportunity that exists in leveraging population level behaviour change, we first need to make best use of the improvement resources currently available and ensure that an element of this valuable resource is targeted at earlier steps in the unscheduled care pathway.

A working group will be established by Public Health Wales to lead on Communication, Engagement and Behavioural Change and consider how population behavioural change should be taken forward.

Navigating people through a complex and confusing system when they unexpectedly need care, support or advice

We are developing a national directory of services to enable fast assessment of patient symptoms and need, and immediate direction to the best medical care, advice or information for citizens.

The non-emergency 111 service will provide a real opportunity to co-ordinate and manage the demand of unscheduled care for NHS Wales, meet the needs of patients within their own communities, avoid unnecessary hospital admission and reduce demand on acute hospital services.

Primary and community care initiatives to reduce demand on unscheduled care services

24 'pacesetter projects' are being funded by the Welsh Government that fall into broad themes that aim to address current challenges for Primary Care across Wales and test out innovative models for delivering healthcare services, for example. These projects include a focus on alleviating unscheduled care demand on primary care services, for example:

- GPs working within a multi-professional Primary Care team are able to spend more time with acutely unwell patients and those with complex conditions, in addition to having protected time for leadership and innovation.
- A 'Hub' model used to triage and direct patients to the appropriate professional within an enhanced Multi Disciplinary Team, so patient access is improved and the GP has time and resource to manage more complex cases, often earlier in the patient pathway. This is intended to support a reduction in the chances of admission.

Falls prevention is a key issue in the improvement of health and wellbeing amongst older people and can significantly help reduce the demand for unscheduled care services. There are a number of work streams in place to both prevent falls and to support people who have fallen and reduce the risk of them having further falls.

The Falls Prevention Network is co-ordinated by the Older People Commissioner's Office and consists of representatives from the Welsh Government, Ageing Well Wales, Health Boards and a number of third sector organisations with an interest in preventing falls. The work of the Network helps older people to maintain their health and wellbeing, live longer in their own homes and remain active in their communities.

The Multiagency Falls Collaborative for Wales aims to support practitioners and community-based teams to improve care for patients who have fallen. The aim of the collaborative is to reduce mortality and harm to adults who have fallen, and are at risk of further falls, by providing a structure around which to align and develop community services.

Winter preparedness

Winter is always a very challenging time for our health and social services, in the UK not just Wales, and there will always be times when demand places our services under great pressure, needing local escalation.

Health Boards and Trusts, as part of their IMTP process, review previous winter plans and performance each year and then develop plans for the forthcoming winter period.

As part of this process Health Boards implement their unscheduled and urgent care improvement plans and consider the priorities that have been confirmed as part of their individual IMTP process for 2016/17.

Health Boards, the Welsh Ambulance Service and local authorities have reflected on last winter, which saw some days where our urgent and emergency care services experienced significant surges in demand above and beyond which could have been anticipated. We also directed the health and social care organisations to start planning for winter 2016/17 earlier than ever before this year. We made our expectation clear for resilient and integrated winter plans through clear guidance and a number of events at which organisations have had an opportunity to share lessons learned and good practice from previous winters. All draft plans were received by 16 September and will be made publically available by the end of October 2016.

We have seen improvements in performance against the key unscheduled care indicators over the last six months, although we recognise the slight drop in A&E performance in September. A number of suites have demonstrated local improvements in recent weeks and we are working with health boards to achieve further improvements across Wales leading into the winter period. Health Boards, the Welsh Ambulance Service and Local Authorities will be expected to regularly keep their plans under review to understand how they are impacting on their performance during the winter period, and ensure they can respond accordingly.

Monitoring and surveillance

Public Health Wales influenza and infection control surveillance will support health boards with weekly updates.

Welsh Government officials will also provide scrutiny on a regular basis for assurance through:

- Daily national executive-level emergency pressures conference calls will be held at 11 o'clock, seven days a-week. An additional 4 p.m. conference call will also be trialled for a week in November for organisations reporting emergency pressures escalation level 4 in line with the *national escalation and de-escalation action plan*, to encourage active de-escalation.
- Fortnightly calls will be held between Welsh Government and a nominated health board winter resilience lead between 1 December 2016 and 31 March 2017 to track delivery against actions described in local winter plans. Weekly calls will be held over the winter months between Welsh Government and Directors of Social Services to monitor unscheduled pressures. This will help to ensure that decisions are based on the very best information available and that good practice and learning is disseminated effectively.
- Welsh Government officials will track progress on delivery of winter specific initiatives described in other parts of the UK to support the evaluation process and inform planning and delivery in 17/18.

Evaluating delivery of services over winter

A Welsh Government and Unscheduled Care Programme sponsored review event will be held in March / April 2017 to support NHS and local authority colleagues' evaluation of delivery and performance, and planning for winter 17/18.

A review of overall delivery and performance during the winter period will be presented to the national Unscheduled Care Programme Board in spring 2017.

National Unscheduled Care Programme

The National Programme for Unscheduled Care was established to facilitate and enable transformational change and improvement for unscheduled care services in Wales by promoting a more prudent, whole system approach, with better integrated health and care services.

The Programme provides a framework, within which regional and local initiatives can be shared and supported across the whole system and draws on best practice from the UK and beyond. As well as engaging widely with a range of stakeholders within health and social care in Wales, the programme supported a Welsh delegation who recently met with NHS Scotland to explore opportunities to build a mutually beneficial relationship and share learning on local delivery of unscheduled care services. Similar opportunities will also be explored with colleagues in Northern Ireland and used to inform the future development and provision of services to patients in Wales.

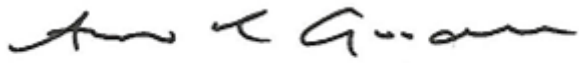
A central tenet of the Programme is to promote a better understanding of the unscheduled care system and establish a baseline assessment of the current system. Welsh health boards will be participating in NHS Benchmarking Network audits relevant to unscheduled care services. The NHS Delivery Unit has also undertaken a piece of work to identify current in-hospital unscheduled care activity. Work is ongoing to identify relevant activity in pre- and post-hospital settings to enable a whole system view of unscheduled care in Wales and facilitate improved integration of services. This work will support to develop of an intelligent suite of measures to accurately reflect patient experience across the whole unscheduled care services and facilitate whole system improvements.

Collaboration across national programmes

There is a developing level of integration between the programmes in an effort to achieve the best overall outcomes, and to achieve the adoption of a whole system approach to the planning and delivery of health and care services across all health and care pathways

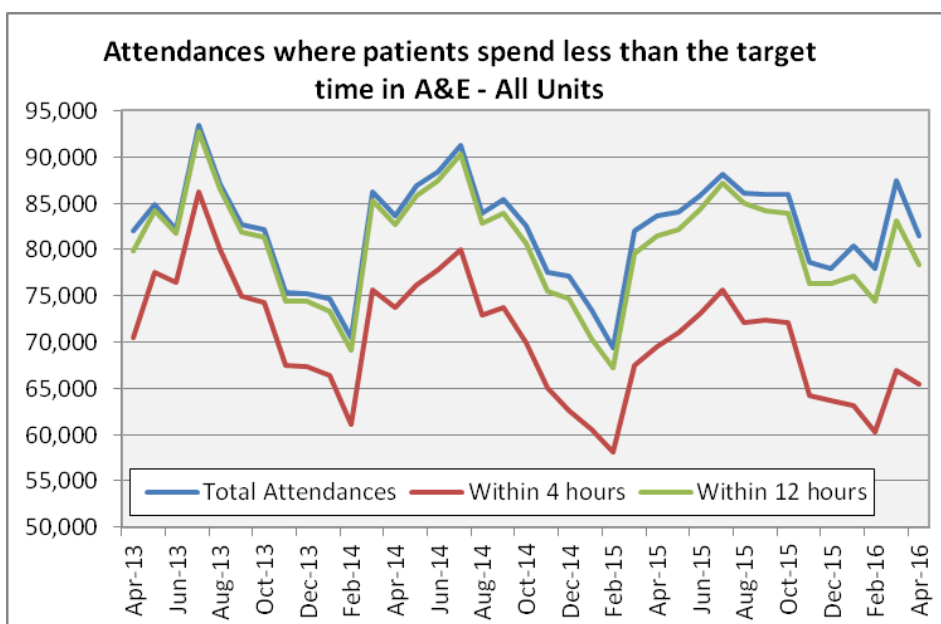
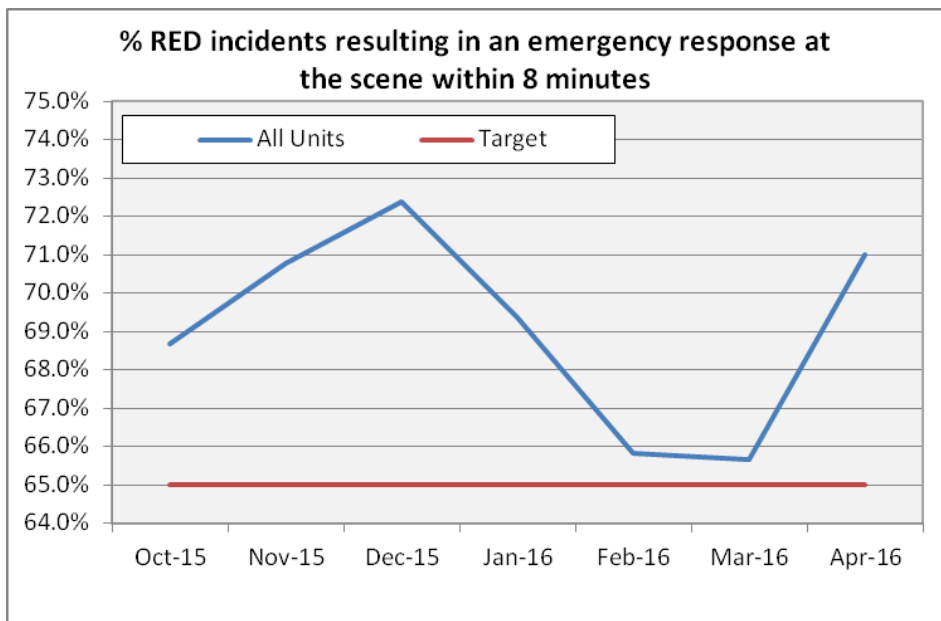
There is significant cross representation among the programme boards and sub-groups and regular engagement between programme leads.

Yours sincerely

A handwritten signature in black ink, appearing to read "Andrew Goodall". The signature is fluid and cursive, with the first name "Andrew" and the last name "Goodall" clearly distinguishable.

Dr Andrew Goodall

Unscheduled Care - Progress against key indicators



Performance against 4 hour A&E target

