

**Public Accounts Committee - Update on the Welsh Assembly Government
Response to the Wales Audit Office Report:
Unscheduled Care – Developing a Whole Systems Approach**

Introduction

This paper reports on the progress in implementing the recommendations made in the 2009 Wales Audit Office (WAO) report on unscheduled care, published in December 2009. Responsibility for delivering the report recommendations is shared between the Welsh Assembly Government (WAG) and the new Local Health Boards (LHBs), which came into operation in October 2009.

As part of implementing the 5 year Service Workforce and Financial Framework (SWAFF), which co-ordinates and oversees the key priorities for the new NHS, twelve National Programmes have been established, including the National Unscheduled Care Programme. This programme supports the delivery of the WAO recommendations through the development of a planned, coherent and systematic national approach to unscheduled care services, including a 'whole systems service model'.

The National Unscheduled Care Programme is working closely with the other National Programmes in particular the National Programme for Long Term Conditions and Primary Care, which is overseeing implementation of *Setting the Direction*. This has established a new strategic direction for primary and community care and sets out a model for shared communication and co-ordinated management of care.

The overall approach to unscheduled care is supported by wider policy development. *Our Healthy Future* puts a new focus on prevention work. The recently published *Sustainable Social Services for Wales: A Framework for Action* sets out the important role of social services in the unscheduled care system, particularly in relation to frail elderly people, while *The Rural Health Plan* supports the development of services in rural areas.

These collectively establish a strong strategic planning context within which to improve unscheduled care services.

Priorities for LHBs, including those for unscheduled care are clearly set out in the current Annual Operating Framework (AOF), and LHB executive teams are held to account for the delivery of the AOF at six monthly performance reviews

The Report

The WAO report recognised the complexity of delivering unscheduled care services and the need to develop a whole system approach. Key actions and

activity undertaken in response to each recommendation are recorded in this paper. For ease of reference, the WAO recommendations are in **bold** and paragraphs are referenced to the recommendation they apply to as appropriate.

Recommendation 1 (a)

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

Current Position

The national communication strategy has been developed following a positive response to Betsi Cadwaladr University LHB's pilot of the *Choose Well* public health and education campaign in 2009. The Welsh Assembly Government launched *Choose Well* on a national basis on 28 February 2011. The campaign's goal is to ensure that the public are more informed when deciding which unscheduled care service meets their needs and how to best access this service, thus reducing rising demand on Emergency Departments (EDs) in particular. *Choose Well* is part of WAGs wider National Communications Strategy.

The process has involved two distinct phases:

Phase 1 - Campaign Planning - Well in advance of the launch, an all Wales Communications Forum was established comprising WAG officials and Communication Leads from each LHB and the Welsh Ambulance Services NHS Trust (WAST). The Forum has agreed an all Wales approach which addresses both national and local requirements, whilst maximising exposure to the *Choose Well* message.

Phase 2 - Campaign Launch - A media event took place on 28 February to launch the campaign, which includes a range of activities providing information via the radio, press and social networks such as 'Twitter'. This will run throughout 2011.

As part of the overall campaign, supporting local initiatives are being undertaken, for example:

- WAST launched a 3 month radio campaign in January 2011 in partnership with 'The Wave' & 'Swansea Sound' radio stations promoting '999 Emergency Ambulance - What Happens Next'. The specific objectives of the campaign are to educate listeners on appropriate alternatives to calling 999 in non life threatening situations;
- Promotion of *Choose Well* is being undertaken by Powys LHB via booklets with a specific focus on advice to the tourist population;

- Leaflets with the *Choose Well* message will be delivered to each residence in Pembrokeshire, Ceredigion and Carmarthenshire to raise awareness of the campaign; and
- *Choose Well* bilingual posters and leaflets have been widely distributed across all areas of the Cwm Taf LHB and will be displayed in as many public areas as possible. Information has also been shared with the newly formed Cwm Taf Community Health Council. Further voluntary sector engagement and support has been achieved through leaflet distribution.

The campaign will take guidance and feedback from the regular NHS Wales Seasonal Pressures Meetings and daily tele-conference calls with the LHBs and WAST.

Additionally, in Autumn 2010 and throughout the winter period, WAG (via the Chief Medical Officer) ran the annual media campaign to provide advice on public health matters. This addressed which of the unscheduled care service to access and when, including webcasts by Public Health Wales, who provided health advice to members of the public regarding seasonal flu on the Wales Online website.

Recommendation 1 (b)

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 access to the system, health boards should consider whether:

- a single point of access should be contactable by phone at all times of day;**
- they should establish a hub for all referrals to unscheduled care and transfers between parts of the unscheduled care service;**
- the different services could use an agreed, common triage and agreed clinical governance systems; and in the short-term**
- maintain a regularly updated directory of services.**

Current Position

The development and provision of a single point of telephone access is a key component within the new whole systems service model and is being overseen by the National Unscheduled Care Programme and the National Programme for Long Term Conditions and Primary Care. The ability to implement this on a Wales wide basis and to deliver the expected benefit is currently being explored. (1. (b) i.)

Communication Hubs that provide a directory of services, call handling, signposting and possibly scheduling of primary, community and secondary care appointments are currently being piloted in 3 LHB areas, namely Cwm Taf LHB, Aneurin Bevan LHB and Cardiff and Vale University LHB. Plans are in

place for evaluation and further development and will be rolled-out across Wales over the next 12 months. (1. (b) ii.)

There are two national services accessed by patients, 999 provided by WAST and NHS Direct Wales (NHSDW). Common triage systems have been taken forward in these national services and have involved the development of an alternative clinical model for Category C (low acuity) 999 callers. WAST has integrated its NHSDW and 999 services, providing a new model where experienced nurses conduct a telephone triage to provide patients with the most appropriate care that meets their specific needs. This includes self care advice or referral to another healthcare provider (other than the ED). As a result:

- there has been a 35% increase in Cat C calls being transferred to NHSDW; and
- NHSDW now manage close to 10% of all 999 calls.

This has resulted in more appropriate use of emergency ambulances and fewer transfers to hospital, which releases ambulances to respond to life threatening calls. The clinical governance framework is being taken forward by the Associate Medical Directors Group under the direction of the National Programme for Long Term Conditions and Primary Care (1. (b) iii.)

NHSDW continues to provide an up-to-date Wales Directory of Health and Social Services that is also utilised by LHBs. The National Programme for Long Term Conditions and Primary Care is working with the National Unscheduled Care Programme to develop communication hubs that will include linked local directories of services (1. (b) iv.)

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. work with GP practices to consider revising opening times so they better match the needs of the registered patients;**
- d. new health boards should review the provision of out-of-hours primary care services across the health board area; and**
- e. analyse how people access urgent home visits and where necessary, consider alternative models of providing home visits from appropriate healthcare professionals.**

Current Position

WAG has reviewed all actions taken by LHBs under this recommendation. Each LHB has implemented the recommendations, while WAG has supported these at an all-Wales level.

All LHBs carry out regular monitoring and analysis of access to urgent primary care appointments. Work has been undertaken to compare and contrast the success each LHB has had in developing and utilising extended hours. The National Programme for Long Term Conditions and Primary Care aims to ensure timely and appropriate access to GP services. (2. a.)

The 2010 /11 AOF established a national requirement for LHBs to review the opening hours of all practices, to ensure that, as a minimum, they met the contractual requirement for meeting the reasonable needs of patients. Discussions have been held between LHBs and Local Medical Councils, and agreements have been reached on minimum opening hours and on limiting lunchtime and half day closures. (2. b.)

In addition, WAG has provided for extended opening hours through a Directed Enhanced Service (DES) to enable LHBs to commission GMS practices to stay open beyond core hours where the demand exists. There are now 45 practices implementing enhanced opening hours. (2. c.)

All LHBs have reviewed the provision of Out of Hours Primary Care and are using ED data to highlight areas with a significant variation of 'walk-ins' and out of hours attendances at EDs. This will enable LHBs to consider whether a lack of access to GPs/primary care is the cause of inappropriate use of EDs and of avoidable admissions. It will also inform service planning. (2. d.)

The *Published Performance Improvement Framework for GP services* supports the ability of LHB's to examine and evaluate local variation and inform decisions regarding the provision of alternative service models for home visits. This information will be included in the Annual Primary Care Reports and so will be available to LHBs and to WAG to inform primary care performance reviews. (2. e.)

Recommendation 3

To improve pathways, we recommend that:

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

- 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.**

Current Position

WAG has closely monitored the progress of LHBs in relation to pathway development. All LHBs have developed pathways through the 'Focus On' programme. These new ways of working will inform LHBs who will continue the audit of pathways. There are a number of examples which demonstrate the progress made by LHBs. For example, Abertawe Bro Morgannwg University LHB has analysed emergency admission and ED data in relation to ambulatory care and sensitive conditions. Pathways for these conditions have been reviewed by clinicians and redesigned pathways are being disseminated. (3. a.)

The learning from the above is transferable to other clinical pathways and the method forms the basis for a Wales-wide improvement skills training programme for all middle to senior level clinicians and managers.

These pathways help to avoid inappropriate admissions via EDs and to stop unnecessary transfers to other hospitals. WAG, working in partnership with the LHBs, have identified the development of a range of national evidence based care pathways as an action within the National Unscheduled Care Programme. (3. b.)

LHBs have worked together on the development and implementation of a number of clinical pathways through the 'Focus On' and the Intelligent Targets programmes. They share a common aim of improving outcomes through a better and more consistent quality of care and the seamless transfer of patient through the pathway. These cover unscheduled care pathways such as stroke and fractured neck of femur. These are clinically based and now being rolled out across Wales. (3. c.)

As a result, the delivery of the acute stroke care pathway has dramatically improved. Timely senior assessment within the ED and access within 24 hours to CT scanning, nutritional and swallow screening, access within 3 days to specialty review and physiotherapy assessment, and within 7 days to a range of outcomes linked to ongoing rehabilitation/discharge, are now consistently undertaken across Wales. (3. c.)

The Carmarthen Chronic Conditions Demonstrator site has successfully driven change through Locality Leadership Groups and integrated care across GP clusters. The Demonstrator has been informing the development of new integrated care arrangements across health and social care through new Community Resource Teams and has delivered a governance framework including the definition of new roles and job descriptions. As a result there has been a significant reduction in emergency medical admissions and bed days used. (3.c.)

The development and implementation of evidence based integrated models of primary and community based care for people with a chronic condition is producing positive results. There are indications of falling emergency medical admission rates and length of stay for at least three main conditions – Chronic Obstructive Pulmonary Disease (COPD), Coronary Heart Disease

(CHD) and diabetes. Cardiff and Vale University LHB has reduced bed days for COPD by 35%. The development of these new models has provided the focus, impetus and infrastructure through which the *Setting the Direction* agenda is now being driven, notably in integrated locality services and communication hubs. (3. c.)

Recommendation 4

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 including GPs 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.**
- c. Subject to favourable evaluation, the Individual Health Record should be rolled out across Wales.**

Current Position

The development of joined up information systems across health and social care is an important element of the NHS Wales Informatics Service (NWIS) work programme. While some local arrangements currently function effectively they are often manual and paper based. A starting point for this work is the development of a summary social care record which is complementary to the Individual Health Record (IHR) bringing together health and social care information. The Review of the Unified Assessment Process will have a workstream focused on the electronic sharing of this type of information, with the appropriate safeguards concerning consent and confidentiality. (4. a)

To promote the sharing of information across the NHS, NWIS is developing the Welsh Clinical Portal. This is a secure system that unites key patient information from the many computer systems and databases used in NHS Wales, such as those in pathology, radiology and primary care. The portal provides fast access to information about medication, referrals and discharges, allows health professionals to request tests and results from various sources, and ultimately improves patient safety. Healthcare staff can log on and view results from a range of systems on one screen. (4.a)

The IHR has been successfully evaluated and the information governance model that controls its use is now widely accepted in Wales. The new IHR service has over 450,000 records live across 5 LHBs and is on target to cover around 850,000 people by the end of March. It is expected that IHR will be rolled out to the whole of Wales by the end of this year. This new electronic

link between primary care and unscheduled care settings gives doctors and nurses the information they need to help them make important decisions about how the patient is treated and thereby helping to improve patient safety. (4. c.)

NWIS on behalf of WAG, is currently mapping out ways in which to introduce the IHR into all urgent care settings across Wales including EDs and Minor Injury Units. A roll out has already been piloted successfully in Gwent's Out of Hours service, the Medical Assessment Unit at Royal Gwent Hospital, and also in parts of West Wales. (4. c.)

The National Leadership and Innovation Agency for Health (NLIAH) is working with all LHBs to explore the potential for the introduction of clinical transaction documents across Wales. The Welsh clinical communications gateway will carry the transaction documents between the services providing unscheduled care. There are a number of examples which demonstrate the progress made by LHBs to take this forward. These include:

- A number of transaction documents have been implemented by Anuerin Bevan LHB through initiatives such as *Passing the Baton* and the 1000 lives campaign. A baseline assessment has been completed against the *Passing the Baton* standards and action plans have been developed.
- The monitoring of internal standards for ED throughput will be underpinned by the procurement of a new ED system across North Wales. Where manual clinical transaction documents are in use in Betsi Cadwaladr University LHB e.g. stroke, patient journeys are being monitored and audited.
- Cardiff and Vale University LHB is working with NWIS in conjunction with GP clinical suppliers on the sharing of clinical data, including results. There is joint leadership from the Policy Division in WAG and the National Unscheduled Care Board to ensure consistency in application. (4.b.)

Recommendation 5

The new health boards should take the lead in studying and redesigning unscheduled care services and 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;**
- b. Identify the 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 population outcomes that unscheduled care system should deliver;**

- d. Without focusing on mandatory national targets, consider what measures would indicate the successful delivery of these desired outcomes; and**
- 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.**
 - iii. outcomes and indicators of quality.**
 - iv. access to services.**
 - v. the costs of unscheduled care services across the whole system.**
- f. Work with local authorities and voluntary sector services to provide a wider range of support for people in a timely way and do not result in unnecessary admissions to hospital.**

Current Position

All 7 LHBs have engaged with Local Service Boards (LSBs), each providing regular reports on the development of unscheduled care services. LHBs have joint plans with Local Authorities either in place, or in development, to deliver integrated unscheduled care services. Monthly performance meetings are held between WAG and LHBs to consider the success or otherwise of the impact of changes being delivered in the unscheduled care system. (5. a./b.)

This year (2010/11) the AOF required each LHB to provide a Local Delivery Plan for unscheduled care, which allows for local delivery within a consistent agreed national framework for integrating services and providing seamless care to patients. WAG's overall approach going forward builds on this is to work with the NHS and other partners through the National Unscheduled Care Programme to develop a whole systems service model. The model is currently being considered and each element is being scrutinised by the NHS to identify gaps and interfaces that need to be improved upon. (5. b.)

WAG has clearly set out the requirements for unscheduled care within the AOF for 2010/2011 and Annual Quality Framework (AQF) for 2011/12. The AQF has a clear focus on improving outcomes by providing an environment where the wider and longer term impact on the patient is measured, helping to promote a seamless holistic approach. (5. c./d.)

WAG is supporting the further development of a consistent and comprehensive data collection system within the ED which will better support the clinical process. The Delivery & Support Unit, on behalf of WAG, has developed a capacity and demand modelling tool which is been used to analyse demand activity against capacity e.g. number of doctors/nurses available. The tool has currently been rolled out to 4 LHBs and has helped to

align staffing rotas against peaks in activity and identify where their demand is out of balance with workforce capacity. (5. e.)

The development and implementation of dashboards for unscheduled care and flu has started to integrate a range of primary and secondary “real time” demand and capacity information e.g. ED attendances, patients seen within 4 hours, out of hours respiratory problem rates, flu consultations and critical care status indicators. This has helped provide a wider picture of both current and future demand and is widely available via the NHS intranet. (5. e.)

WAG expects to see joint working as the norm rather than the exception and there are examples noted in this paper in response to other recommendations. Specific examples include:

- The appointment of the Bridgend Joint Locality Manager, who has encouraged joint working across the health and social care system and reduced the emergency admission rate in Bridgend County Borough; and
- The Torfaen Joint Director who has reduced delayed transfers of care and is breaking down silo working.

In addition, WAG has made additional funds available to support service change and development through strategic Continuing Health Care schemes. Each health community, in partnership with local government colleagues, was asked to submit bids to access resources that were intended to modernise current services and develop and implement new service models. Across Wales these schemes have put in place services to address access gaps and reduce hospital admission. (5. f.)

The NHS continues to work with the voluntary sector and local authorities to avoid unnecessary admissions, such as where district nurse services liaise closely with social services to align services and support vulnerable people to remain in their own homes. Other examples include the Carmarthenshire Twilight Service which involves volunteers taking people home from hospital and providing immediate support, where the absence of such support would result in hospital admission. The Red Cross and Age Concern run a number of home from hospital schemes which facilitate transfers of care and help to avoid admission. (5. f.)

Recommendation 6

The Assembly Government should assist the new health boards improve their strategic approach to unscheduled care by:

- a. Firstly, awaiting the evaluation of the pilot of the Primary and Community Services Strategy before developing a broad template for local communities to use in developing their own medium to long-term unscheduled care strategies; and**

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

- i. Workforce issues and the extended scope of practice.**
- ii. Local plans to achieve greater continuity between in-hours and out of hours care, to move towards 24/7 working with a less acute distinction.**
- iii. WAG should establish mechanisms to increase the flexibility of, health and local government workforces supported by national standards /training schemes.**
- iv. Clarify the potential future role of NHS Direct Wales within the wider system of unscheduled care.**

Current Position

Setting the Direction, a Primary & Community Services Strategic Delivery Programme was published in February 2010 and establishes the all Wales approach for this critical work. The National Programme for Long Term Conditions and Primary Care is now delivering the core themes identified within *Setting the Direction* including primary care assurance and chronic conditions management. The Programme has developed a self assessment process to assess local progress and delivery against locality or community networks, chronic conditions management, communication hubs, clinical resource teams and improved community services. These will drive the development of a whole systems model. (6. a.)

The overall approach is for WAG to work in partnership with the NHS and Social Care through the National Programmes to develop an unscheduled care model that is accessible 24/7. WAG are working with the NHS and partners on a number of areas that support joined up local developments at a national level, introducing more flexibility. For example:

- *The Post Registration Career Framework for Nurses in Wales* provides guidance to individual nurses, education institutions and service providers on the support and development of nursing staff at all levels. NLIAH has also been commissioned by the WAG to set out guidance for nurses, midwives, allied health professionals and paramedics in Wales to support practitioners working at an advanced level. (6. b i)
- To avoid unnecessary hospital admissions, clinicians working in the community need increased clinical autonomy and decision making skills, and to be able to integrate practice with other community services. WAST has supported this by developing a Specialist Practitioner Programme, giving an enhanced role to paramedics and nurses, extending their scope of practice, skills and knowledge in the wider unscheduled care environment. (6. b. i.)

The achievement of greater continuity of care both in and out of hours and the removal of the distinction between scheduled and unscheduled care is being progressed in a number of key areas, for example:

- An extended consultant led model within EDs, both out of hours and at weekends. This has been supported in some LHBs with GP working alongside ED practitioners out of hours;
- Significant improvements in delivering thrombolysis service for stroke patients; and
- Enhanced coverage for clinical assessment of mental health patients in line with Care Programme Approach (CPA) compliance. (6. b ii.)

All National Programmes are supported by the Workforce Modernisation National Programme Board. Workforce implications of the service models identified by the National Unscheduled Care Programme will be addressed through their work. There is a recognition that there will be a need to increase flexible working practices, including extension of care outside the core working day. There will need to be 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. New extended roles will need to be developed. (6. b ii.)

In order to support one of the Minister's key priorities - the development of a primary care led NHS - the Community Nursing Strategy has been developed. This will be managed in parallel with the *Setting the Direction* and the National Programme for Long Term Conditions and Primary Care, with key recommendations supporting the provision of improved unscheduled care services including:

- Development of the Healthcare Support Worker;
- Development of the Community Children's Nursing Service;
- A strategic approach to the delivery of patient care by practice nurses; and
- An increase in the numbers of community clinical practice placements and Mentors and strengthened health visiting to meet population and service requirements.

All organisations are expected to work towards achievement of a 10% increase in the proportion of staff providing services in a community setting, and an agreed baseline is to be established to measure progress against this target. (6. b. ii.)

As part of their review of unscheduled care services LHBs have worked with Local Authority partners to implement new ways of working. Examples include:

- The Gwent Frailty Project has reduced professional divisions and increased shared learning across all 5 local authority areas in the 'Gwent' area;

- Vale Joint Appointment has established collaborative working across health and social care as the norm rather than the exception;
- The Powys Integration Project has seen a reduction in admissions in certain areas, as well as reduction in length of stay in hospital, and has led to wider strategic improvements including the extension of district nurse cover times to 10 p.m.;
- Hywel Dda Integration has included joint management posts in Pembrokeshire to enable a more holistic approach to service planning and delivery; and
- Wrexham Intermediate Care Programme has feedback to show strong user support for the integrated services being managed through the programme. (6. b iii.)

The National Programme Board for Unscheduled Care has identified specific workforce development issues relating to the existing, or future, workforces in health and social care. The workforce planning guidance identifies the need for LHBs to work in partnership with Local Authorities on matters of workforce modernisation. There are examples across Wales of joint appointments (see Recommendation 5) and role development that promote greater integration of the workforce and the services they provide. (6. b. iii.)

The Workforce Modernisation National Programme Board and the Social Work and Social Care Workforce Task Group have agreed a project to develop all Wales guidance on the governance of the cross boundary health and social care support worker roles. The work is being taken forward by the Care Council for Wales and NLIAH.

WAG and WAST have undertaken a great deal of work relating to the WAO comments on NHSDW. The key themes have been:

- The strategic role of NHSDW;
- Maximising efficiency and performance of NHSDW; and
- The potential role of NHSDW within the unscheduled care system.

It was recognised that NHSDW and the WAST are integral to the development of communication hubs. Changes in policy such as the transfer of (Ambulance) Category C calls to NHSDW has had a significant whole system impact, resulting in 100 calls per day being resolved locally and about 40 fewer patients a day being conveyed to hospital. (6. b. iv.)

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:

- a. 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 to support unscheduled care,**
- c. ensure that the rotas for emergency nurse practitioners are sufficiently matched to demand;**
- d. consider increasing nursing levels where ED 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.**

Current Position

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. Across Wales during the last 18 months there has been an increase of 8 Whole Time Equivalent Consultants working within EDs with a further 6 posts currently being actively recruited. There have been a similar number of Acute Physicians appointed within Medical Assessment Units/Clinical Decision Units. (7. a.)

The Director General of Health and Social Services as Chief Executive of NHS Wales has written to each LHB explicitly stating that they should review their staffing levels against unscheduled care demand. This is supported by the demand modelling tool in ED, noted previously, which has been used to analyse predicted demand against capacity e.g. the number of doctors, nurses, emergency nurse practitioners available. The tool has been used in LHBs to identify where expected demand is out of balance with rotas. WAG will continue to work with all LHBs to roll out this tool in advance of the release of the College of Emergency Medicine tool. (7. a.)

A number of the LHBs use GP input, either within or alongside their existing workforce, particularly out of hours. The All Wales picture will become clearer following the receipt of the Primary Care Annual Report. Emergency Nurse Practitioners are matched to peak demands. Wales are developing this role to provide sufficient number to fulfil rotas 24/7 where appropriate. (b/c/d)

All LHBs and WAST have identified an Executive Lead for Unscheduled Care. The Executive Leads are expected act as a figurehead by actively engaging in the planning and delivery of unscheduled care services. They also participate in regular seasonal pressures planning meetings and on daily tele-conference

calls improving communication and real time decision making between organisations. (7. e.)

Recommendation 8

- a. 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;**
 - ii. balance access, quality and outcomes; and**
 - iii. include measures of health service performance and measures relevant to other public sector services.**
- b. Once the extent of excessive patient handover times 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.**

Current Position

WAG continues to develop dashboards for unscheduled and flu that collate a range of current and historic information that will help predict future demand across the NHS by looking at ED attendances by season, time of the day and day of the week, Out of Hours respiratory problem consultation rates and in hours flu consultations. Information from the capacity and demand modelling tool, which is being used to analyse demand activity against capacity, will be included within the dashboards. (8. a. i.)

As previously described, WAG has recently published the AQF (2011/12) which moves NHS Wales away from process measures, to wider quality clinical outcomes measures. Work is on-going with the National Unscheduled Care Programme to refine these measures further, with specific focus on improving patient outcome and experience through improved care pathways. The AQF also places requirements on the NHS to report patient experience. WAG has also established a Working Group to develop a Performance Improvement Framework for GP services. (8. a. ii.)

Outcome agreements are now in place with all 22 Local Authorities. These describe and provide evidence for the contribution Local Authorities 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. For instance, Pembrokeshire County Council

has committed to a programme of reducing hospital admissions for people with complex care needs, as part of a wider programme of service improvements in this area. The agreements will run for 3 years (i.e. until the end of 2012-13) with annual milestones and reporting. (8. a. iii.)

The Delayed Transfer of Care measure has been incorporated into the AOF for several years, and has acted as a proxy indicator for collaborative working between Local Authorities and LHBs. Substantial and sustained improvements have been seen across Wales. WAG is looking to move away from measuring numbers of delays, and instead develop outcome measures from the collected information. (8. a. iii.)

WAG continually reviews patient handover performance and is working with LHBs to achieve a sustainable improvement. Achieving the required sustainable improvements has proved challenging for the LHBs and WAST particularly over recent months with the increases in demand, the severe weather and seasonal flu. (8. b.)

WAG has ensured that all LHBs have access to WAST's 'Launchpad' information. The site features real time information and data on handovers, turnaround times and performance levels. The information, shared at both operational and executive level enables senior decision making and informs the NHS' understanding of patient handover issues. (8. b.)

A key component of the new AQF philosophy is the requirement for both national and local measures for a range of conditions such as trauma, stroke, cardiac, mental health and acute illness. The NHS Performance Improvement Framework is therefore designed to be sufficiently flexible to allow NHS organisations to develop performance measures specific to their local context and need, in addition to national targets and performance indicators. This is evidenced by the fact that all NHS organisations have a wide range of local measures outside those mandated nationally. (8. c.)