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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanellwy,  
Llanellwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business  
Park, St Asaph, LL17 0JG

Dr Dai Lloyd AM  
Chair - Health, Social Care and Sport  
Committee  
National Assembly for Wales

Ein cyf / Our ref: GD/GH/DP/10472/1961

Eich cyf / Your ref:



Sent via email:  
[SeneddHealth@Assembly.Wales](mailto:SeneddHealth@Assembly.Wales)

Dyddiad / Date: 1<sup>st</sup> March 2019

Dear Dr Dai Lloyd AM

Following your letter to all Health Boards dated 30<sup>th</sup> January 2019 in relation to winter preparedness, I would like to brief you on the overall work undertaken. Betsi Cadwaladr University Health Board utilised a 90 day improvement plan methodology focusing on 3 work streams to improve our unscheduled care pathways.

1. Capacity and demand
2. Flow within the acute sites
3. Discharge planning

These work streams have supported improvements within the unscheduled care pathways and our second wave is due to start on 4<sup>th</sup> March 2019. As a result of this work we have seen an improvement in ambulance handover times and a reduction in the total time spent in our emergency departments. We have also seen a reduction in the number of delayed transfers of care.

I have responded to your specific questions below.

***What clinical pathways are in place in your Health Board area, and how well used are they?***

The Health Board have developed a number of Community Pathways in partnership with WAST which support care closer to home. The main pathways are:

- Minor Injuries unit utilisation
  - Early data has identified that there has been a rise in WAST conveyances to MIU however there is further work ongoing to maximise the capacity and benefit of the MIU as an alternative pathway.
- Ambulatory Care
  - An ambulatory Care Unit has recently opened in Llandudno hospital which receives direct GP referrals for assessment and diagnostics to avoid admission to the acute sites.



- Falls
  - Home visits by district nursing teams to avoid an Emergency department (ED) attendance. WAST are also using minor injury pathways to manage some of these patients.
  - An urgent Care Practitioner has been appointed to support the Dwyfor Cluster and has provided 152 home visits during Nov / Dec for primary care and the Community Response Team
  
- District Nursing
  - One example is the night owls scheme on Anglesey; they are supported by Health and Social care workers, who are providing input from 10pm to 8am. From April to December 385 patients were supported to remain at home, 322 crisis calls through to Galw Gofal, 64 falls related calls instead of WAST and 413 bed days saved.
  
- Mental Health
  - Providing better access to mental health liaison support in the community to avoid ED attendances. Focus on emotional well-being and continued work based on the principle of 'TODAY I CAN'.

***How effective are these clinical pathways (i.e. where WAST by-pass A&E and take patients straight to the relevant department) in reducing the pressure on A&E and ambulance handover delays, particularly during the busy winter months?***

BCUHB and WAST's plans are focused heavily on clinically safe admission avoidance with A+E very much the final consideration for our population. We have introduced a Single Integrated Clinical Assessment and Triage (SICAT) service to support the signposting of pathways and prepare for the introduction of NHS111. This model is delivered by GPs who provide over the telephone assessments and advice. Since its launch on 12<sup>th</sup> November 2018 to 20<sup>th</sup> February it has taken 366 calls, of those 27% were referred on to an ED. Review of the calls and previous data suggested that all of these patients would have previously been directed to an ED. This is a potential reduction of almost 300 attendances over a 3 month period. Further details can be shared if required.

Work is still on-going with the next cycle of our 90 day improvement methodology to improve access to assessment units across the acute sites. A model of 'direct to specialty' has been implemented at times of high escalation within ED so that patients self-presenting with obvious clinical conditions requiring admission can be stabilised and referred from triage to inpatient specialities. Paediatric pathways have been introduced to ensure that unwell children requiring admission can be seen directly by the paediatric team and transferred to their assessment unit. This includes paediatric staff working evening shifts within ED at one of our acute sites.



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All of this work has been undertaken collaboratively with our external partners and will continue. As a Health Board we are early adopters of the National Quality & Delivery Framework for Emergency Departments (EDQDF), this will continue to support our improvement programme to ensure that we continue to manage our demand throughout 2019 in to the winter of 2020.

If you require any further details please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gary Doherty'.

**Gary Doherty**  
**Prif Weithredwr**  
**Chief Executive**