Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA

Our Ref: DS/TLT

25 November 2013

Dear Darren,

PUBLIC ACCOUNTS COMMITTEE - WAO REPORT - UNSCHEDULED CARE: AN UPDATE ON PROGRESS

At the Public Accounts Committee on 12 November I agreed to provide you with information on the following:

i. The 5 priority areas the Welsh Government is focusing on in the development of the national programme for unscheduled care;
ii. Examples of initiatives to aid frail and elderly patients and how these are being promoted at both a local and national level;
iii. The cost and future evaluation of the Choose Well Campaign; and
iv. The numbers of people accessing NHS Direct Wales.

The Committee also indicated that they would like an update on the 111 service for Wales.

i. <u>The 5 priority areas the Welsh Government is focusing on in the development of the national programme for unscheduled care</u>

The 5 priority areas and their purposes are set out below:-

1. Measurement and Information Work Stream
To develop a common measurement and information framework for unscheduled care.

2. Integrated Care Work Stream
To co-ordinate activities supporting the integration of health and social care and the care of frail older people.

3. Out of Hours Work Stream (111)

By 2015 to have implemented a non emergency, 24/7 telephone service across Wales with national and local infrastructure including directories of service and communication hubs.

4. Support and Intervention Work Stream

To strengthen and align systems and processes maintain patient flow, trigger a co-ordinated response at times of escalation, and encourage the uptake of best practice through an 'all Wales' collaborative.

5. Emergency Response Service Work Stream

To provide an interface between the Ambulance Programme and Unscheduled Care Programme.

ii. Examples of initiatives to aid frail and elderly patients and how these are being promoted at both a local and national level

Older people and those with complex needs are a key priority and examples of relevant initiatives include:

Locally

- All Health Boards are taking forward integrated care projects that will specifically benefit frail and older people. I have attached details of these at Annex 1.

- Alternative care pathways have been developed by the Welsh Ambulance Service in partnership with five Local Health Boards for patients who have fallen in their homes. So far the work has resulted in over 2300 patients being treated in their homes by paramedics or through advice on the telephone by NHS Direct Wales nurses.

Nationally

- The Framework for Integration Services for Older People with Complex Needs was published July 2013. It places a requirement on health and social care to develop integrated plans and services within a defined timetable.

- Under the banner of 'Keep Well This Winter' and in collaboration with 'Choose Well', Welsh Government has jointly funded the development of thousands of 'room temperature thermometer' cards with Age Cymru. They provide clear indications that either their room is too hot or too cold. The cards feature Choose Well campaign messages which help people to select the most appropriate healthcare service for their needs when they become ill or injured.

iii. The cost and future evaluation of the Choose Well Campaign

The Choose Well Campaign has cost £159,604 since 2011 i.e. £53,000 per annum. This was spent on:

- App development;
- National and local advertising;
- A comprehensive range of marketing materials;
- Social media development;
- Development of 'room temperature' thermometer cards for elderly patients;

We are exploring various approaches to enable us to undertake more formal evaluation in line with the WAO recommendations.

Through their own internal evaluation, NHS Direct Wales attribute a significant rise in the use of their website (240% increase in web hits over two years) to the campaign.

iv. The numbers of people accessing NHS Direct Wales

The latest statistics in relation to NHS Direct Wales were published on 6 November 2013 for the quarter ending 30 September 2013. These statistics provide exact numbers of people accessing the NHS Direct Wales Service and can be found at Annex 2.

During the Committee meeting Kevin Flynn quoted 740,000 web hits on the NHS Direct website for the month of September. This actually relates to the number hits for the quarter ending September 2013 (table 3, annex 2 refers).

v. Update on the NHS 111 Service for Wales

Ofcom allocated 111 as the three digit telephone number for urgent healthcare needs in response to a request from the Department of Health. It is the only three digit number that will be allocated for that purpose in the UK. The regulatory requirements from Ofcom are that it must be;

- used for non emergency healthcare needs,
- free to access, and
- available 24/7.

The 111 number was piloted in four sites in England prior to implementation in 2013. The problems with implementation in England have been well documented since its roll out and the lessons learned will be fully considered during the on-going planning in Wales.

There are no requirements for Wales to introduce the 111 number, but it has been agreed that the number would provide an opportunity for the NHS in Wales to create a system that is simpler for people to use, is safe and reliable, and addresses some of the reported confusion in navigating the services that constitute unscheduled care. In essence, 111 will become the first point of contact to provide 24/7 access to urgent, but non emergency care.

Plans for developing a 111 model in Wales have been taken forward in the first instance via a task and finish group Chaired by Dr CDV Jones, Chair Cwm Taf Health Board. The purpose of that group was to develop recommendations for a national approach and develop a draft model to deliver 111 in Wales; this has now been completed and was supported by a wide range of stakeholders including the BMA, RCGP, the Out of Hours providers Group, RCN and CHC. Future development has been handed over to a small NHS led group under the governance of the newly established *Improving Unscheduled Care Programme Steering Board*.

The national model signifies a different approach in Wales to that taken in England where 46 separate contracts were let. It will include the co-ordination and filtering of calls for GP Out of Hours Services. It is envisaged that there will be a single Welsh database to support

continuity of care, particularly in relation to call handling. There is moreover likely to be additional triage by clinicians.

It is important to note that 111 is a number that will provide an access point to a range of services to enable people to receive the right care, in the right place, at the right time. The availability of a broad range of services accessible through a national directory of service (DoS) is therefore pivotal to its success, regardless of the final agreed model for Wales. This has been reinforced as a part of the learning from implementation of 111 in England.

Next Steps :

- The work of the task and finish group has been completed and the function of the group has been transferred to that of an expert reference group.
- NHS ownership and engagement is crucial to successful implementation. As such, future development will be undertaken within the context of the revised arrangements for delivering the unscheduled care work programme through the newly established *Improving Unscheduled Care Programme Steering Board.* Implementing a national approach for 111 and GP Out of Hours has been identified as one of the five priority areas under the governance of the new Board. An NHS group was established in October with formal project management support provided by the Chief Executives Policy and Strategy Unit. One of the first key areas for action for this group will be to address the development of a robust DoS.
- In parallel with this, officials are undertaking further work to inform the draft model developed by the task and finish group.

It is envisaged that the development of 111 in Wales will:

- build on the national IT and telephony platform of NHS Direct Wales and replace the existing 0845 number;
- support an integrated system, connecting national and local service via a DoS to enable access to the right care, at the right time, in the right place, and
- be developed through a series of incremental steps.

Yours sincerely

David Sissling

c. Kevin Flynn, Director of Delivery, Welsh Government
Ruth Hussey, Director of Delivery, Welsh Government

Enc. Annex 1 – Integrated Care Projects
Annex 2 – NHS Direct Wales Statistics, quarter ended 30 September 2013

Annex 1

Community Service Development – LHBs in Wales

Background

The following report provides an update on the progress of community service models that Health Boards in Wales are either developing or implementing and how these initiatives are to be measured and monitored going forward.

Overview of Models – Key Points

- All of the Health Boards in Wales are either developing or implementing at least one model that will assist in the development of community health care services.
- All of the models include partnership working including primary, community and secondary care services, social services and/or third sector organisations.
- The key outcome benefits for the majority of the models are: reduced length of stay/early discharge; reduced admissions into secondary care services and; improved outcomes for the patient (e.g. reablement).
- The majority of Health Boards are utilising efficiency and productivity health measures to demonstrates the success of their community models. Some Health Boards (ABMU, Cardiff & Vale, Cwm Taf and Hywel Dda) have also incorporated mechanisms that will enable patient experience to be quantified.

Invest to Save Funds

Four Health Boards are receiving Invest to Save funds from Welsh Government to develop their Community Service models:

Health Board	**Community Service Model**
Aneurin Bevan	Gwent Frailty Programme
Cardiff & Vale University	Wyn Campaign
Cwm Taf	@ Home Services
Hywel Dda	Community Virtual Ward (part of Out of Hospital Care Model)

These Health Boards are working with Welsh Government's Knowledge and Analytical Services and Swansea University's Centre for Innovative Ageing to evaluate the Invest to Save projects. It is expected that the evaluation framework will assist in the identification of the benefits realised from Community Service projects (cost savings, the impact on service user wellbeing and model testing), whilst recognising the difficulties of measuring benefits in the short term. This work will continue until June 2014.

<table>
<tr><th colspan="4">Community Resource Teams</th></tr>
<tr><td>Aim</td><td colspan="3">To support people to live at home, preventing hospital admissions and to facilitate timely discharge from hospital.</td></tr>
<tr><td>Service Description</td><td colspan="3">The following are some of the services in place within Swansea, NPT, and Bridgend areas:
Nurse-led rapid response assessment (within 4 hours) – 8.00am to 8.00pm, 7 days a week.
Consultant-led ‘hot clinics’ to provide in-depth assessment, with further access to further investigation & rehabilitation.
Single point access to all adult social care and intermediate care services.
Nurse led falls assessment within 24 hours of referral.
Home IV antibiotic therapy, includes prescribing antibiotics, monitor patients & review bloods.
Emergency placements for clients who are not able to be supported within their home.
Stroke rehabilitation.
Continuing health care services – nursing, domiciliary & respite care.
Specialist practitioners including palliative, tissue viability, dementia, medicine management, continence, young person’s sexual health education.
Reablement services including residential reablement.
Integrated approaches to contracting, contract monitoring and quality assurance of long term care being developed through the Western Bay Programme.
Integrated community network teams of district nurses, social workers and occupational therapists co-located in community hubs in plans in Bridgend.
Expanded services in place in Neath Port Talbot following changes in community hospital service model and more out of hospital care pathways in place between primary and secondary care.</td></tr>
<tr><td>Scope of Service</td><td colspan="3">Local delivery - Swansea, Neath Port Talbot and Bridgend.</td></tr>
<tr><td rowspan="2">Delivery Partners
(In addition to Secondary Care)</td><td>Swansea</td><td>Neath Port Talbot</td><td>Bridgend</td></tr>
<tr><td>GP
Local Authority
Third Sector</td><td>GP
Out of Hours
Local Authority</td><td>Local Authority
Third Sector
GPs</td></tr>
<tr><td>Invest to Save Funding</td><td colspan="3">No.</td></tr>
<tr><td>Timeline for Improvements</td><td colspan="3">Each locality service has started from a different timeline and there is a different emphasis across the localities. Through the Western Bay Health and Social Care Reform Programme and the Health Board’s Changing for the Better Programme, a new joint Community Services Project Board has been established which will drive the development of improved community services (including CRT services) across the whole area. Modelling work to look at options for scaling up current health and social care is being finalised; an initial business case has been developed and detailed business cases will be presented in December. A standard specification for the CRT is being developed. A standard set of performance metrics are also being developed to ensure consistency in measuring outcomes.</td></tr>
<tr><td>Key Principles being Monitored</td><td colspan="3">Rapid medical assessment/diagnostics
Rapid response – admission avoidance
Domiciliary rehab
Domiciliary intake reablement
Residential IC beds</td></tr>
</table>

Community Resource Teams			
Mechanism used to Monitor Improvements	Performance Dashboard within ABMU Health Board The following indicators are being used/and or developed within ABMU and will be further developed and refined by agreement on a common set of performance metrics across health and social care being developed (as referenced above)		
	• Community Resource Team Services – indicators that reflect the range and type of services provided and effectiveness ie. numbers of patients managed with IV antibiotics at home, numbers receiving reablement packages, number of avoided admissions. Response times.	• Interface with hospital services: emergency admissions for patients aged 65+, bed days consumed, length of stay indicators.	• Effectiveness - % of patients admitted to residential care, nursing home care and number of placements into these settings made directly from hospital.

Additional Community Service Projects

Acute GP Unit at Singleton Hospital	
Aim	To reduce the number of hospital admissions by promoting community services as an alternative to hospital care.
Core Deliverables	• A GP triage of all GP referrals to the acute medical intake at Singleton Hospital. • Arrange patients into appropriate clinical pathways at the point of telephone triage or following face to face patient consultation.
Delivered By	Staffed by GPs who work closely with physicians, consultants, therapists and nurse assessors.
Benefits	• Patient experience – patients are given an informed choice about the most appropriate care pathway; decisions are made with them rather than for them and; avoid the social and psychological impact of a hospital stay. • Prompt access to senior clinical decision makers who can divert patients to alternative pathways • Avoid medical admissions. • Bed reduction.

Acute Clinical Team	
Aim	To increase the level of care to patients in their own home and avoid hospital admissions.
Core Deliverables	• Rapid nurse led response within 4 hours (7 days a week). • IV Antibiotics Service – patients managed at home by receiving intravenous antibiotic therapy. • DVT Pathway – 4 hour response time for patients with suspected DVT. ACT visits & assesses the patient & delivers warfarin (if appropriate). Clinical team take daily blood tests & anticoagulant therapy until the patient reaches therapeutic levels. • Endoscopy/Vitamin K – Anticoagulant patients being managed at home before and after endoscopy procedure.

Delivered By	A nurse led acute clinical team. Referrals to the DVT pathway are made by GPs.
Benefits	• Patient experience – care delivered within their own home. • Avoid hospital admissions.

Integrated Health and Social Care Teams	
Aim	For older people and those with complex needs, provide an integrated approach to health and social care thereby reducing duplication and enabling patients to access care through a single point of access.
Core Deliverables	• Integrated management structure with professional leadership. • Single point of access to community health and social care services in place. • All referrals to the CRT and Adult Social Care received through a single route.
Delivered By	Three integrated health and social care network teams being created in Bridgend.
Benefits	• Professionals can share information on vulnerable patients & target support. • Reduced duplication of referral and assessment. • Timely interventions provided to patients/service users at risk. • Improved co-ordination of care plans and discharge support. • Reduction in admissions for vulnerable patients. • Early discharge.

Aneurin Bevan Health Board

<table>
<tr><th colspan="4">Gwent Frailty Programme</th></tr>
<tr><td>Aim</td><td colspan="3">To keep people independent in their homes, through admission avoidance and earlier discharge. By focusing on prevention and ensuring clients have their health and social care needs solved quickly.</td></tr>
<tr><td>Service Description</td><td colspan="3">• Single point access.
• Access 8.00am to 8.00pm, 7 days a week, 365 days a year.
• 0-4 hour response time for health & social care urgent components.
• Emergency care at home
• Reablement
• Up to 6 weeks rehabilitation and review
• Falls assessment, falls clinic
• Two weeks rapid medical intervention including CGA
• Hot clinics
• Onward referral where required</td></tr>
<tr><td>Scope of Service</td><td colspan="3">LHB wide delivery. 5 Community Resource Teams across Gwent.</td></tr>
<tr><td>Delivery Partners
In addition to Secondary Care</td><td colspan="3">• Local Authority
• Voluntary Sector</td></tr>
<tr><td>Invest to Save Funding</td><td colspan="3">Yes.</td></tr>
<tr><td>Timeline for Improvements</td><td colspan="3">• Payback of Invest to Save bid not noted on information provided.
• In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University. Consideration is to be given to applying the ‘theory of change’ to plans.</td></tr>
<tr><td>Key Principles being Monitored</td><td colspan="3">• To reduce the usage of bed days related to the patients who could be seen by CRT.
• Growth in activity in CRT patient/client care.
• Reduction in Residential and Domiciliary care packages (Social Care)</td></tr>
<tr><td rowspan="2">Mechanism used to Monitor Improvements</td><td>Reduction of Bed Day Usage</td><td>Growth in CRT Activity</td><td>Social Care Packages</td></tr>
<tr><td>• Overall bed days utilised
- Admission avoidance <2 days
- Acute Ages 75+ >14 days
- Acute Ages <75 >10 days
- Community Ages 75+ >28 days
- Community Ages <75 >21 days
• Length of stay
- Acute hospitals for frailty cohort</td><td>• Total activity
- Reablement
- Falls
- Rapid response - medical
- Rapid response - other</td><td>• Social Care DToC.
• Older people supported in the community.
• Older people whom authority supports in care homes.
• Total no. of domiciliary care hours per week for service users where the package is 10-20 hrs per week, less than 10 hrs per week & more than 20 hrs per week.
• Total no. of general & mental health residential placements on the last day of the quarter for older people.
• Total no. of general & mental health nursing placements on the last day of the quarter for older people.</td></tr>
<tr><td colspan="3">• A combination of finance & performance reports are sent to the Gwent Frailty Joint Committee & meetings are held with Welsh Government on a quarterly basis.
• Local Evaluation - exploring opportunities for an ‘organisational raid’ to be undertaken by Academia Wales.</td></tr>
</table>

Gwent Frailty Programme	
Progress to Date	• An adverse variance for the number of bed days for the frailty patient cohort has been reported for 2012-13 against the targeted profile and has deteriorated in comparison with 2011/12 and 2010/11. • A reported growth in CRT activity, but it has not achieved the levels of activity expected from the investment of extra resources. • Social Care indicators illustrate a broadly stable position for 2012/13. Further work is to be undertaken on the social care indicators to understand trends and future target levels for the Frailty Programme. • High level modelling undertaken to determine how the Programme has contributed to the management of growth for the cohort. • Support in Anticipatory Care Planning where appropriate alongside GP referrals. • Instruction of FOPAL (Frail Older Persons Assessment & Liaison) team in line with frailty at the front door – MDT presence to assess patients in admission areas of RGH and NHSS and facilitate discharge with CGA in place and management plans. • Introduction of drivers and care bundles and use of frailty index for appropriate referrals. • Mental Health Nurse Practitioners in post in 3 localities within CRT. • Facilitating Early Stroke Discharge from secondary care • The profile of the people living at home and in community hospitals is increasingly complex and the community based staff are extending their core skills to support managing this complexity. • 7 day working of the medical model covering 4 of 5 areas from March 2013.

Betsi Cadwaladr University Health Board

Enhanced Care at Home (Denbighshire and Anglesey)	
Aim	To provide an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community hospital or an acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been.
Service Description	• The patient's GP practice acts as the 'gatekeeper' of the service. The GP decides whether or not a patient's health and social care needs can be safely met at home. • The GP provides the medical care to the patient and is supported by a multi-agency, multi-disciplinary 'team' including an Advanced Nurse Practitioner, District Nurses, Health Care Support Workers; Therapy staff; and Social Worker support. The voluntary sector also provides support where required, together with community equipment. GPs and the wider 'team' have access to specialist advice and support from Care of the Elderly Consultant and Consultant in Palliative Care Medicine. • A care plan is agreed by the GP and Enhanced Care 'team' for each patient who receives Enhanced Care, including the ability to provide a 24/7 service if required, with the needs of any carers also considered. • The length of time that a patient receives Enhanced Care varies but is usually up to 14 days. However, when someone requires Enhanced Care for a longer period of time (such as in the provision of terminal care), this can be provided although usually this is no longer than 28 days. • Before patients are 'discharged' from Enhanced Care, a full review of their ongoing health and care needs is done and the necessary arrangements are put in place to provide ongoing care. This is very similar to the type of assessment and ongoing arrangements that are done when a patient is discharged from hospital. • Enhanced care is provided for any adult over the age of 18 whose GP agrees can be safely cared for at home. However the majority of patient who would benefit from Enhanced Care are over the age of 65. • It is estimated to deliver at least 3,366 episodes of care across North Wales per year once fully implemented. • Plans to be developed to deliver the service in Meirionnydd, Central/South Denbighshire, North West Flintshire and South Wrexham in 2013, and the service will be rolled out to all localities in a phased.
Scope of Service	LHB wide delivery in a phased approach.
Delivery Partners In addition to Secondary Care	• Local Authorities across North Wales • GPs • Voluntary Sector
Invest to Save Funding	Yes – for 4 localities out of 14 in North Wales.
Timeline for Improvements	• Provision of service in 8 localities by Autumn 2013 • Develop evaluation framework and reporting for the I2S localities and clear mechanisms for impact on unscheduled care by December 2013 • Additional capacity in the community will support unscheduled care provision from Autumn 2013 onwards • I2 localities to provide over 1,000 episodes of care (equivalent to 40 beds) over a full year (by Autumn 2014)

Enhanced Care at Home (Denbighshire and Anglesey)	
Key Principles being Monitored	• More people are appropriately and safely cared for in their own home • Number of episodes of care provided supporting reduced hospital admissions and early discharge • Patient & Carer satisfaction
Mechanism used to Monitor Improvements	Joint Outcome Measures: 1. Number of 'step-up' admissions to enhanced care 2. Number of patients where discharge has been facilitated by Enhanced Care 3. Estimated bed days saved for those patients on Enhanced Care – by condition and hospital site – measured against the total 4. Levels of care package/hours per week measured at pre-admission, at start of enhanced care, end of enhanced care and post enhanced care 5. Cost of care packages for step up for Social Services and for Clients 6. Prevention of placement in care homes 7. Number and reasons for delayed discharges from Enhanced Care (which could be due to wait for a care package) 8. Admissions to hospital beds 9. Length of stay in hospital beds 10. Repeat admissions to Enhanced Care 11. Destination of patients when they are discharged from Enhanced Care 12. Emergency admissions by GP practice 13. Outcome Star model – patient questionnaires for qualitative information linked to certain goals such as mobility, general care, dealing with emergencies etc. This would be carried out in their own words which are agreed at the beginning of Enhanced Care and evaluated at the end and then possibly again in about 3 months.
	Evaluation Framework: A framework is being developed to evaluate the delivery of the new service to include, patient outcomes and satisfaction, increase in number of patients cared for in their own home and reduction in demand for inpatient services, and cost effectiveness.
Progress to Date	• The ECH service has been in place in North Denbighshire for over 3 years and more recently Anglesey ('step up' patients only at present) • In August 2013 the service commenced in a further three localities, namely North West Flintshire, Meirionnydd and South Wrexham

Cardiff and Vale University Health Board

Wyn Campaign	
Aim	To support people to regain and retain independence by delivering safe and efficient support, delivering a good experience and creating sustainable services.
Service Description	• Communication Hub providing a single point of contact for the citizen with a range of local services, interest groups or healthy ageing programmes. Also, acts a single point of contact for referral for assessment by the most appropriate agency. • Comprehensive geriatric assessment via Elderly Care Assessment Services or at home. • Intervention by a range of therapists including physiotherapist, occupational, speech & language and dieticians. • Falls assessment. • Case management for people with long term conditions. • Intravenous drug administration. • Nursing support. • If admitted to hospital, assessment by a multi-disciplinary team in EU & patient tracking and rehabilitation/reablement at home. • Co-ordinated long term care planning for those with complex needs.
Scope of Service	LHB wide delivery (Cardiff and Vale of Glamorgan Local Authority areas)
Delivery Partners In addition to Secondary Care	• GP • Local Government • Social Care • Third sector partners (voluntary services)
Invest to Save Funding	Yes
Timeline for Improvements	Based on the payback of Invest to Save funds: • Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures). • Estimated bed reduction of 79 by 2015/16.
Key Principles being Monitored	Phase 1: • Improve response time for facilitated discharge from hospital to home. • Improve falls management and prevention in the community. • Improve chronic condition management for those at most risk of admission to hospital. • Provide in-reach to care home to prevent avoidable admission. • Prioritised ‘step up’ response to people identified by Elderly Care Assessment Service (ECAS) & Frail Older People’s Advice & Liaison Service (FOPAL) (front door turnaround)

<table>
<tr><th colspan="3">Wyn Campaign</th></tr>
<tr><td rowspan="4">Mechanism used to Monitor Improvements</td><td colspan="2">Performance Indicators</td></tr>
<tr><td>• Emergency admissions to hospital for people aged 65+.
• Emergency bed usage for people aged 65+.
• Shift in balance from care home to home care provision.
• Re-admissions avoided by FOPAL.
• Falls data submitted to NLIAH: reducing harm from falls.
• Admission to care home direct from acute hospital.
• Discharge to usual place of residence.
• Number of people dying at home.</td><td>• Unplanned hospital attendance.
• Readmission within 14 days of discharge.
• DToC due to waits for packages of care or modifications to the home environment.
• Admission avoided by ECAS.
• Patient/Carers Experience Questionnaire (treated as an individual with dignity & respect; been worked with & not ‘done to’; provided with timely information and; received joined up services).</td></tr>
<tr><td colspan="2">Reporting Mechanism</td></tr>
<tr><td>• Wyn Steering Group & Engine Room (monthly).
• Integrating Health and Social Care Board (bi-monthly).</td><td>• Welsh Government Invest to Save team (quarterly).
• Each partner organisation reports into its own governing body.</td></tr>
<tr><td rowspan="4">Progress to Date</td><td colspan="2">Initiatives</td></tr>
<tr><td colspan="2">• Pathway redesign: Condition specific e.g. #NoF, amputee, stroke and falls, plus an aspirational ‘whole systems’ pathway.
• The establishment of an Integrated Discharge Service to support complex discharge from hospital.
• The testing and establishment of the first phase of the Frail Older People’s Advice & Liaison Service.
• Further development of the Elderly Care Assessment Service.
• The development and testing of a care co-ordination model.
• Work with GPs on the end of life pathway and piloting of the advance care planning protocol.
• Work on joint health and social care commissioning.
• Further development of Community Resource Teams to provide consistency across localities & a focus on targeted intervention.
• Inter-agency workforce/team development.
• Improvements in medicines management across the care pathway.
• The development and implementation of IT solutions to support integrated working.</td></tr>
<tr><td colspan="2">Efficiencies (comparison with the previous year)</td></tr>
<tr><td colspan="2">• Emergency admission to hospital for people aged 65+ is increasing.
• A&E attendance for peoples aged 65+ is increasing.
• The number of people aged 65+ being supported in the home has increased, whilst the number supported in a care home has reduced.
• Discharge to usual place of residence has increased.
• Discharge to care homes from acute service has fallen.
• During financial years 2010/11 and 2011/12 readmission rates have consistently averaged 11.9% (Cardiff residents aged 65+ discharged from General Medicine of OPAIC).
• Between 3% and 9% of DToC reasons are attributed to homecare and modifications to the home environment.</td></tr>
</table>

Additional Community Service Projects

Both of the following projects were established prior to the Wyn Campaign and have been developed further via the Wyn Campaign.

Vale Elderly Care Assessment Service (ECAS)	
Aim	• To provide Consultant Geriatrician led multi-disciplinary comprehensive assessment, timely review of older patients who are at risk or deteriorating in the community or failing in residential homes.
Core Deliverables	• To provide GPs with a rapid-access Geriatrician-led inter-disciplinary service, this allows timely review of older patients who are at risk or deteriorating in the community or failing in residential homes. • To provide a full (and written) multi-disciplinary assessment to enable Social Services and Primary Care Teams to support older people in their own homes. • To provide a community/hospital based rehabilitation plan where appropriate.
Delivered By	• A multidisciplinary team, including Consultant Geriatricians, nurses, therapists, social services. • Maintaining close links with the Vale Community Resource Service (VCRS) and Day Hospital to maximise appropriate rehabilitation and support for older people in the community.
Benefits	• Avoid unnecessary admissions to acute hospitals. • One stop multi-disciplinary assessment. • Optimum independence for patients. • Patient satisfaction.

Acute Response Team	
Aim	To provide nursing therapies and care to patients in their own home by visiting those who are registered with a GP in the Cardiff and Vale area.
Core Deliverables	• Provision of a rehabilitation programme to ensure patients reach their optimum independence. • Assess patients in their place of residence or prior to discharge from hospital to provide intravenous medicine at home. • Provision of deep vein thromboses services (including monitoring, administration of medicine, education and support). • Provision of care and equipment to enable end of life care to be delivered at home.
Delivered By	A multidisciplinary team, including nurses, support nurses, physiotherapists and occupational therapists. Specialist advice and support are also sought from microbiology and pharmacy departments, district nurses, Marie Currie Support Project and specialist palliative care services.

Benefits	• Expedite transfer home. • Reduce hospital admissions. • Optimum independence for patients. • Patient satisfaction.

Cwm Taf Health Board

@ Home Services			
Aim	To move care out of the hospital and into local community to improve the health and well being of individuals.		
Service Description	• Reconfiguration of existing services to enhance the @Home Service which includes the Community Integrated Assessment Service, Community Ward, IV Service, Reablement and Intermediate Care Services, Reablement for Cognitive Impairment, Home Medication Administration Scheme, Discharge Liaison Nurse pilot and Specialist Practitioners e.g. Tissue Viability, Lymphoedema, Continence, Parkinson etc. • The Community Integrated Assessment Service (CIAS) enables GPs to refer people over 65 to a rapid access assessment clinic (up to 72 hours) if extra medical care or therapy support is needed. • A ' Community Ward' providing care that would normally be available on a hospital ward in the community or in a patient's home. • Delivering IV Therapy in either a patient's home, local nursing or residential homes, includes the provision of intravenous medicine and co-ordinating the input of district nursing services. • Continue the provision of reablement services that promote optimum levels of independence for patients through the delivery of short term multidisciplinary intervention. • Single Point of Access established to refer patients to adult social care and integrated care services.		
Scope of Service	LHB wide delivery.		
Delivery Partners In addition to Secondary Care	• Primary Care Services – GPs and Medical Health Services • Local Authority • Third sector		
Invest to Save Funding	Yes.		
Timeline for Improvements	Cash releasing efficiency savings are planned for 2014/15 and 2015/16. In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University.		
Key Principles being Monitored	• Prevent admission. • Support early discharge. • To improve quality of life for client & carer.		
Mechanism used to Monitor Improvements	Prevent Admission	Early Discharge	Quality of Life
	• Admissions avoided for over 65 population - COE, General Medicine, Fractures, GP. • Admissions within 30 days contact with the services (ex reablement). • Admissions from nursing & residential homes	• Length of stay for those patients accessing reablement services. • DToC	• Patient outcomes as measured by therapy outcome measures. • No. accessing reablement/intermediate care services. • Patient experience.
	Monitored via a Project Board which reports to the Setting the Direction Assurance Collaboration. Monthly performance reports are produced and a Quarterly Invest to Save Checkpoint report submitted to Welsh Government.		

@ Home Services	
Progress to Date	• Lower than planned no. of referrals to Community Integrated Assessment Service, however referrals to CIAS are increasing following changes to the Service Model, however current pressure on acute service in terms of emergency admissions are impacting on the organisation's ability to reconfigure acute services and therefore reducing the impact of the @Home services. • Community Ward contacts continue to increase enabling earlier hospital discharge for patients requiring continued intervention. • Implementation of Falls Pathway • Referrals to reablement services exceeding targets which is enabling a greater number of discharges from the DGH and Community Hospitals • Delayed Transfers of Care are decreasing and patient flow increasing enabling greater capacity within DGHs. • Working closely with WAST to implement three referral pathways, Falls; Epilepsy and Diabetes to reduce the number of avoidable admission to the DGH • Number of patients treated as part of the IV component of the @Home Service continues to increase. We are also working with the Independent Sector targeting patients requiring IV intervention and provision of sub-cut fluids in five large Nursing/Care Homes • Patient information developed • Currently undertaking an evaluation of the @Home Project with support from Swansea University.

Additional Community Service Projects

Reablement Services for People with Cognitive Impairment	
Description	Specialist OT staff provide a programme of reablement which is tailored to the needs of the individual and their families/carers.
Progress	Service established during 2012.

Discharge Liaison Pilot	
Description	Discharge Liaison Nurse (DLN) with the single point of access to reablement and intermediate care services.
Progress	• Pilot has proved to be successful. • A commitment moving forward to sustain this post and rotate the DLN team into the service. • In the process of redesigning the DLN service and has been aligned to the Community Resource Team. • Next step is to review the function of the role and link to complex care co-ordination.

Home Medication Administration Service	
Description	Enable patients to maintain their independence in their own home, by providing medication administration support.
Progress	Service has been in place since 2007. The number of individuals that the service supports has increased by 69% since April 2012.

Hywel Dda Health Board

Out of Hospital Care Model		
Aim	Development and alignment of community network services and functions that work together to deliver 'out of hospital care'.	
Service Description	Delivering care closer to home, by co-ordinating care that is designed around the needs of the individual and provided by a local interdisciplinary network of people with a range of skills coupled with moving patients/service users from a model of dependency to self-care/enablement. • Improve the consistency of service delivery and patient outcomes. • Identification of demand and risk stratification. • Surveillance and care co-ordination, including telephone case management, guided self management and secondary prevention (includes musculoskeletal interface clinics, self referral, lifestyle services, tele-health for COPD, diabetes and heart failure etc). • Communication, including information sharing and development of a communication hub (e.g. booking appointments, single point access for health and social care community services). • Case management and navigation, including virtual ward development and integrated community response.	
Scope of Service	LHB wide with community services are aligned to 7 geographical localities.	
Delivery Partners In addition to Secondary Care	• Primary Care • Local Government • Social Services • 3rd Sector Services	
Invest to Save Funding	Yes. Invest to Save funding has been received for the **Community Virtual Ward** element of the model.	
Timeline for Improvements	Out of Hospital Care Model	Community Virtual Ward element
	• Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures).	• Rebalance number of acute & community beds in system with phased workforce shift to community service & overall reduction in WTE (phased). • Development of clinical pathways and new ways of working (from Jan 2013 and to be further developed through the Population Health Programme of Work. • Cash releasing efficiency savings planned from 2013/14.

Out of Hospital Care Model		
Key Principles being Monitored	• Reduction in hospital admission. • Improved productivity. • Improved health outcomes. • Better patient experience. • Community based provision strengthened.	• Reduce the risk of health deterioration & improve the wellness of individuals at risk of hospital admission, readmission, health crisis (frail & chronic conditions). • Reduce unscheduled care demand (OoH & A&E attendance). • Reduce unplanned acute hospital admissions & readmissions. • Earlier hospital discharge for patients requiring continued intervention. • Reduce the number of acute hospital beds. • Rationalisation of CHC expenditure. • Improve quality by optimising the acute pathway for older people with complex needs. • Move towards local financial accountability.
	Out of Hospital Care Model	Virtual Ward Development
Mechanism used to Monitor Improvements	• Reduction in the number of emergency hospital admissions & re-admissions. • Improvement in DToC delivery. • Number of individuals receiving telehealth. • Number of MDT clinic sessions for frail adults accessible within 48 hours of referral (Carmarthenshire) • No & % of people (includes carers) reporting that their quality of life & level of confidence/independence was restored/improved after episode of care from community services. • No & % of people who received enabling intervention to optimise independence by CRT. • No of people who require a reduced / no longer require health & social care package after an enabling intervention by CRT. • No of falls, epilepsy and hypoglycaemia events that are referred to the Community Resource Teams by WAST (avoiding A&E attendance)	• Average LoS for Emergency Care (Combined Medicine) • DToC (non mental health). • Emergency admission & readmission rates for chronic conditions & ALoS. • Reductions in emergency packages of care. • Reduction in emergency admissions via A&E – WAST. • No of people who require a reduced health or social care package after a CRT intervention. • People reporting that their quality of life & level of confidence/independence was restored/improved.
	The Community & Chronic Conditions Management Board steering the Out of Hospital Care work programme and monitoring the progress reported by county delivery groups and task & finish sub groups has now been disestablished with a view to embedding the function within the revised governance structure of the HB in respect of performance and delivery monitoring. Quarterly Invest to Save checkpoint reports are submitted to WG on the Community Virtual Ward element.	

Out of Hospital Care Model		
Progress to Date	• Locality leadership teams developed (with 7 GP leads). • CRT established in each locality. • Communications hub in Carmarthenshire now 24/7. • Implementation of services for chronic conditions from level 1 to level 4 of the CMM triangle across Health Board. • Prevention services provided through patient education, information & targeted advice aimed at chronic disease. • Specialist from hospital services, community & primary care working together in community based clinics or via telemedicine links (Joint frailty clinic commenced in Oct 12). • Implementation of falls pathway. • Joint care beds available in each county providing a convalescence model in the community. • Specialist nurses & therapists aligned to CRT.	• Planning work for implementation has been completed. • Skills mapping & role redesign work undertaken across professional groups. • New roles have been recruited within therapy professions, nursing & support workers. • Workforce shift from acute based services to community teams providing 'in reach' to hospital for therapy professions & some specialist nursing roles. • Scoping work complete on appropriate tools/methods of case finding. • Development of a menu of complimentary preventative services and of systems to target resources towards a more anticipatory approach across the primary & community services.

Powys Teaching Health Board

Model	Reablement Service	Care Transfer Co-ordinators	Community Resource Team
Aim	Provide short term support to individuals to retain or regain their independence by promoting well being, independence, dignity & social inclusion.	Facilitate the seamless transfer of patients from nominated District General Hospitals to own home, community hospital, residential home or nursing home.	Provision of locality level specialist advice & support for patients along the scheduled & unscheduled care pathways.
Service Description	Based on an intake model. Supports health by promoting improved self care & treatment in a community setting so that people remain at home where appropriate.	Co-ordination of the transfer of patients at the earliest opportunity.	• CRTs are independent prescribers & work at the advanced level supported by medical consultant teams. • CRTs include MDT community services such as falls, COPD, parkinsons, cardiac services, neuro clinics and MND MDT.
Scope of Service	LHB wide.	LHB wide	LHB Wide
Delivery Partners In addition to Secondary Care	• Local Government • Social Care	• GP	• Primary care teams. • Local Government / Social Services
Invest to Save Funding	No.		
Mechanism used to Monitor Improvements	• Section 33 Agreement between Powys CC & Powys LHB established which includes operational monitoring Group. • A monitoring framework is in place.	• Reduction in ALoS in community hospitals. • Reduction in the number of patients awaiting & the length of time patients awaiting for transfer from District General to own home, community hospital, residential care or nursing home. • Reduction in DToC.	• Powys HB and County Council have formally approved the Joint Maturity Matrix as a framework for co-ordinating the implementation of an integrated model of care within the 3 localities of Powys. • The matrix reflects WG guidance – Setting the Direction & Better Support at Lower Cost. • Progress against the matrix is reported to the Integrated Care Pathway for Older People Programme Board. • A suite of outcomes/performance indicators is being developed.
Progress to Date	The service is operational but will make a transition during 2013/14 to an 'intake model' & work is underway to design this service.	• Completed the recruitment of Care Transfer Co-ordinators to each locality & associated district general hospital. • Objectives are set against the monitoring criteria above.	• Using the framework, Health and Social Care teams at locality level have developed and are progressing actions plans to deliver key themes of WG guidance including Community Resource Teams.

Model	Builth Model	Virtual Ward
Aim	Improving the quality of life & life chances for the local population by offering the most appropriate care options close to the individual's main residence.	To reduce unscheduled care attendances at the MAU by 20% (particularly for older people) by developing local community based services & interdisciplinary working across health & social care.
Service Description	• Development of a single access patient flow system through a communication hub. • The use of residential care beds for individuals with stable medical conditions that require clinical nursing interventions & services. • Provision of personal care during an individual's short stay by Residential Care Team. • Work towards clinical & organisational integration within adult social services with single care management plan for those admitted into residential care beds. • Develop case management & pro-active case management finding through risk stratification/screening approaches to encourage self management. • Patients on case loads will have one identifiable named key worker for their health/socials care needs.	• Case management of the most at risk & frail patients. • Daily virtual ward rounds with the GP, district nurse & practice based social worker. • Weekly multidisciplinary team meetings (including age care consultants). • Interdisciplinary operational policy. • Virtual ward patient status at a glance boards. • SBAR handover tools. • Practice level frailty registers. • Quarterly morbidity & mortality meetings. • Monthly operational management meetings.
Scope of Service	Local Delivery – Builth Wells	Local Delivery – South Powys
Delivery Partners In addition to Secondary Care	• GPs • Social Care Services	• GP & district nurse • Social workers
Invest to Save Funding	No.	
Mechanism used to Monitor Improvements	• Developing an outcome/performance framework which will link to a locality & countywide performance framework for the PCC/PLHB Integrated Care Pathways for Older People Programme. • Outcome framework to be overseen by a local Joint Service Management Group.	The Virtual Ward is measured through: • The Powys Enhanced Service agreement with the GPs. Measures the frailty register & those with a MDT discussion & plan of care. • MDS data from secondary care. Provides impact of the proactive case management (above) by a reduction in MAU attendances. • Unscheduled care performance report submitted to Unscheduled Care Board.

Model	Builth Model	Virtual Ward
Progress to Date	• A service model has been developed. • Additional community nursing staff have been identified & released for specialist training in their new role. • Construction on a new Integrated Health & Social Care Centre is complete & delivery is to commence during July 13. A tender has been issued to secure a new service provider for personal care in the new 12 Shared Care Unit.	• Virtual ward has been implemented across South Powys (Haygarth, Crikhowell, Brecon & Ystradgynlais) during 2013. • Multidisciplinary interagency operational policy in place. • 2nd Phase: The management of people with long term conditions across the full Community Resource Team by streamlining care across practice nurses & specialist nurses with a focus on self management with leadership informed by psychological approaches. • Facility opened on 2 September 2013 and beds will open in December 2013.

SDR 192/2013 **6 November 2013**

NHS Direct Wales, quarter ended 30 September 2013

NHS Direct Wales is a 24-hour information and advice line staffed by experienced nurses, dental and health information advisors offering advice about health, illness and the NHS.

This Statistical Release presents the latest quarterly data on the total number of calls made to, and answered by, NHS Direct Wales, the number of calls where callers chose the Welsh speaking option, and the number of calls to information help lines, alongside data for previous quarters. Charts presenting data on daily calls and web visits are also shown.

'Made' calls are those where the caller has listened to all of the welcome messaging and stayed on the line. 'Answered' calls are those in which the caller speaks to an NHS Direct operative or receives information from an automated service.

Further information about NHS Direct Wales can be found in the 'Key Quality Information' section on Page 8 of this Statistical Release.

Data from the start of the service is available in tables on the StatsWales website.

Changes to the telephony system on 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Key Results:
During the quarter ended 30 September 2013:

- 79,784 calls were made to NHS Direct Wales, of which 76,033 (95%) were to the main 0845 number (*Chart 1*.
- 53,422 calls were answered by NHS Direct Wales, of which 50,620 (95%) were on the main 0845 number *(Chart 2)*.
- 8,933 calls were transferred to NHS Direct Wales, from the Welsh Ambulance Services NHS Trust, for clinical triage.
- 347 calls were answered *(Table 2)* (out of 351 made *(Table 1))* from callers expressing a preference for the call to be taken in Welsh (around 0.6% of all calls answered).
- 419 on-line enquiries were made to the web-based enquiry service, 16.4% more than the number (360) in the July to September quarter of 2007 *(Chart 4)*, *(Table 3)*.
- 736,657 visits were made to the NHS Direct Wales website, more than ten times as many as in the July to September quarter of 2007 (70,937) *(Chart 5)*, *(Table 3)*.

We welcome comments on content and presentation from users of our publications.
If you have any comments, please contact us - see page 10.

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Chart 1 shows the number of calls made to NHS Direct Wales, by service, from the July to September 2007 quarter to date.

- More than 76,000 calls were made to the main NHS Direct Wales 0845 number in the July to September quarter 2013 – changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 1: Calls made[(a)] to NHS Direct Wales, quarter ended 30 September 2007 to date

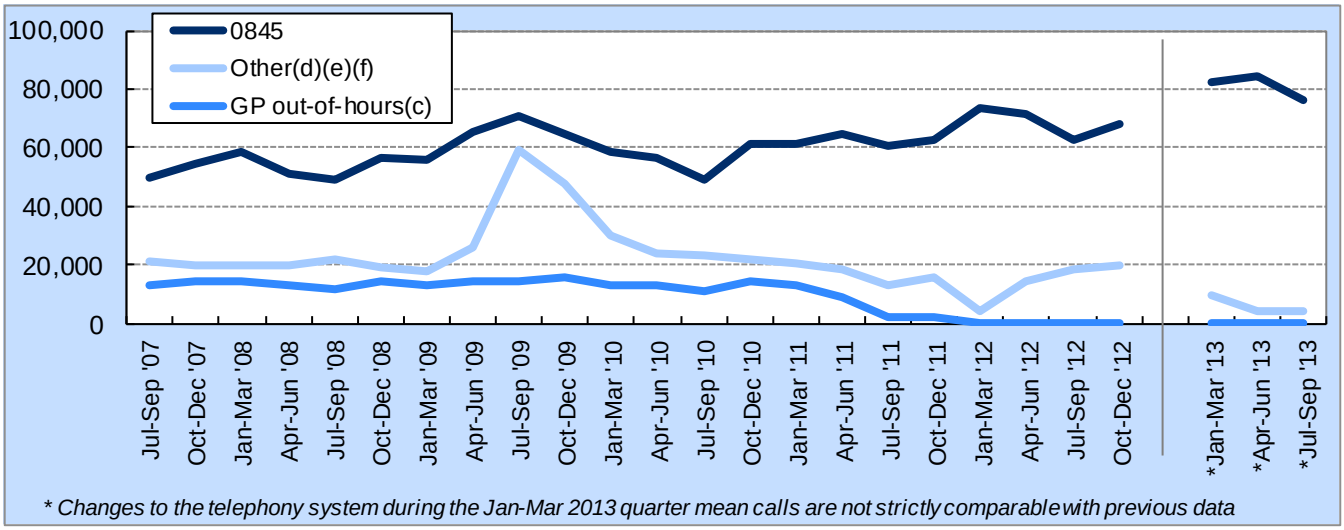
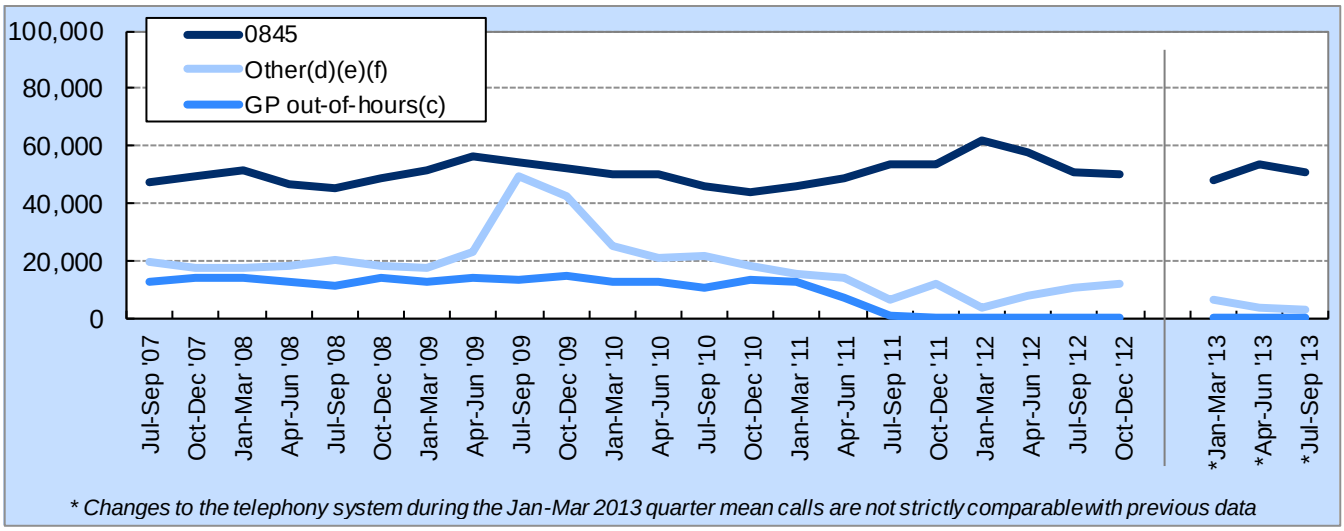


Chart 2 shows the number of calls answered by NHS Direct Wales, by service, from the July to September 2007 quarter to date.

- More than 50,600 calls to the main 0845 number were answered by NHS Direct Wales in the July to September quarter 2013 – changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 2: Calls answered[(b)] by NHS Direct Wales, quarter ended 30 September 2007 to date

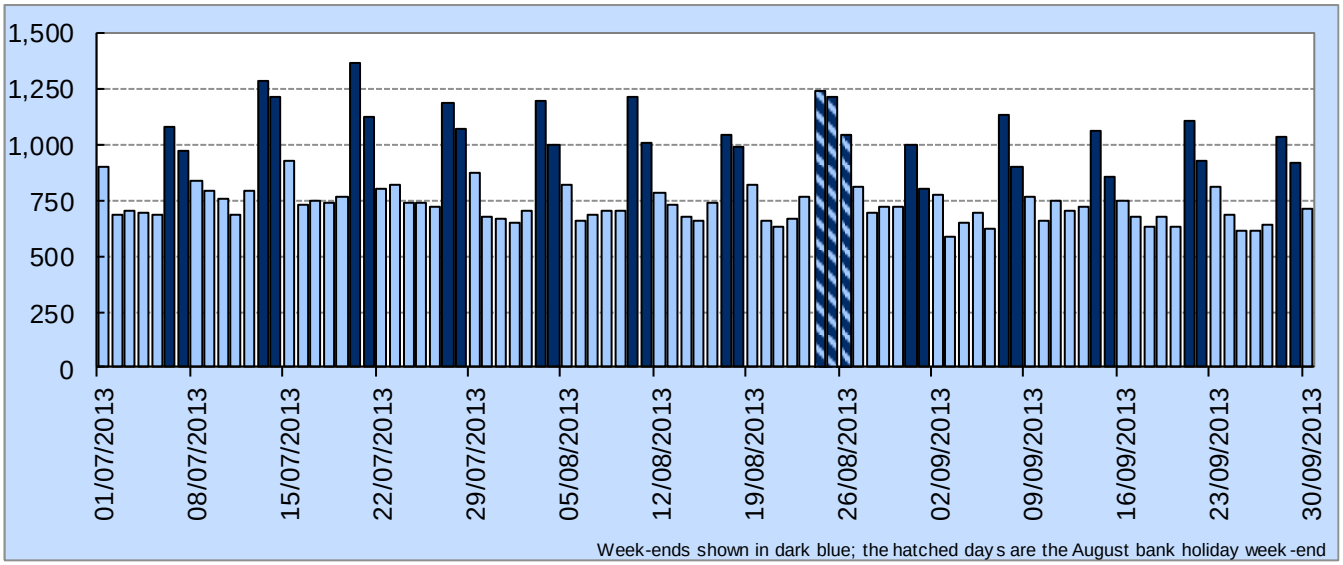


Notes: (a) The numbers of calls made to NHS Direct i.e. the number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered. The difference between the number of calls made and the number of calls answered is abandoned calls.
(b) The number of calls answered by NHS Direct Wales.
(c) From 1 April 2011 NHS Direct Wales was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales; callers are directed to their Local Health Board.
(d) Calls to other services include all recorded messaging services, but see (f) below. A H1N1 (swine flu) information line was operational from 30 April 2009, the calls to which have influenced figures in the July to December 2009 quarters. See table in Key Quality Information for details of operation dates for each service.
(e) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.
(f) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services' in these charts. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.

Chart 3 shows the daily number of calls made to the main 0845 service between 1 July and 30 September 2013. Changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

- During the latest quarter, a daily average of 1,078 calls were made at week-ends, compared with 727 on weekdays.
- The busiest day during the quarter was Saturday 20 July with 1,366 calls (note however that as on any busy day, some of these calls may have been repeat calls).
- Over the quarter, Saturdays were the busiest day, with an average of 1,154 calls, Wednesdays the quietest (689).

Chart 3: Daily calls made[(a)] to the main 0845 service, quarter ended 30 September 2013



Notes: (a) the number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered. Changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 4 shows the number of quarterly on-line enquiries submitted to the NHS Direct Wales website. These enquiries are confidential and a reply is sent back within a maximum of 3 working days.

- During the July to September quarter of 2013, a total of 419 on-line enquiries were submitted to NHS Direct Wales via the website, down from 725 (42.2%) in April to June 2013, and 40.9% down on the number (709) in July to September 2012.

Chart 4: On-line enquiries, quarter ended 30 September 2007 to date

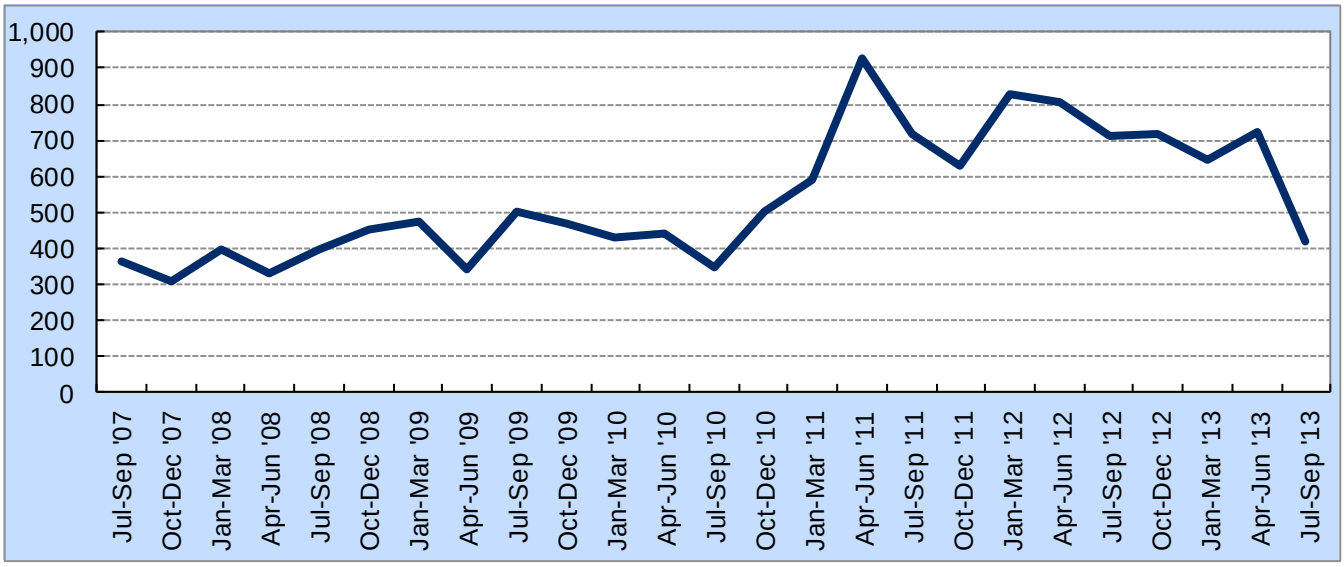


Chart 5 shows the number of visits to the NHS Direct Wales website from the July to September 2007 quarter to date.

- There were almost 737,000 visits to the NHS Direct Wales website during the July to September 2013 quarter, 7.4% up on the April to June 2013 quarter, and more than ten times as many as in the July to September quarter in 2007.
- Increased awareness of the facility, (through advertising, leaflets, details in the telephone welcome message etc) is likely to have had an impact on the number of visits to the website.

Chart 5: Web hits, quarter ended 30 September 2007 to date

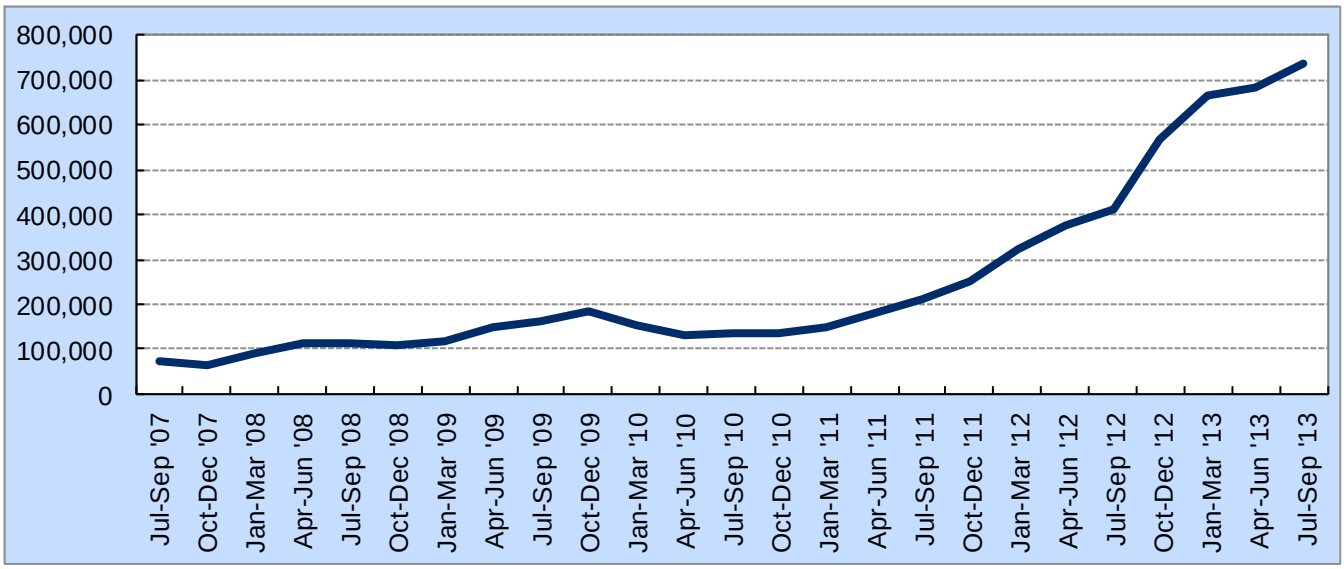


Chart 6 shows daily visits to the NHS Direct Wales website between 1 July and 30 September 2013.

- Unlike calls made to NHS Direct Wales which are higher at week-ends, web visits are higher on weekdays.
- An average of more than 8,440 web visits were made each weekday, compared with around 6,900 on Saturdays and Sundays.
- Mondays were the busiest day, with an average of 9,129 web visits; Saturdays the least busy with 6,423.

Chart 6: Daily web visits, quarter ended 30 September 2013

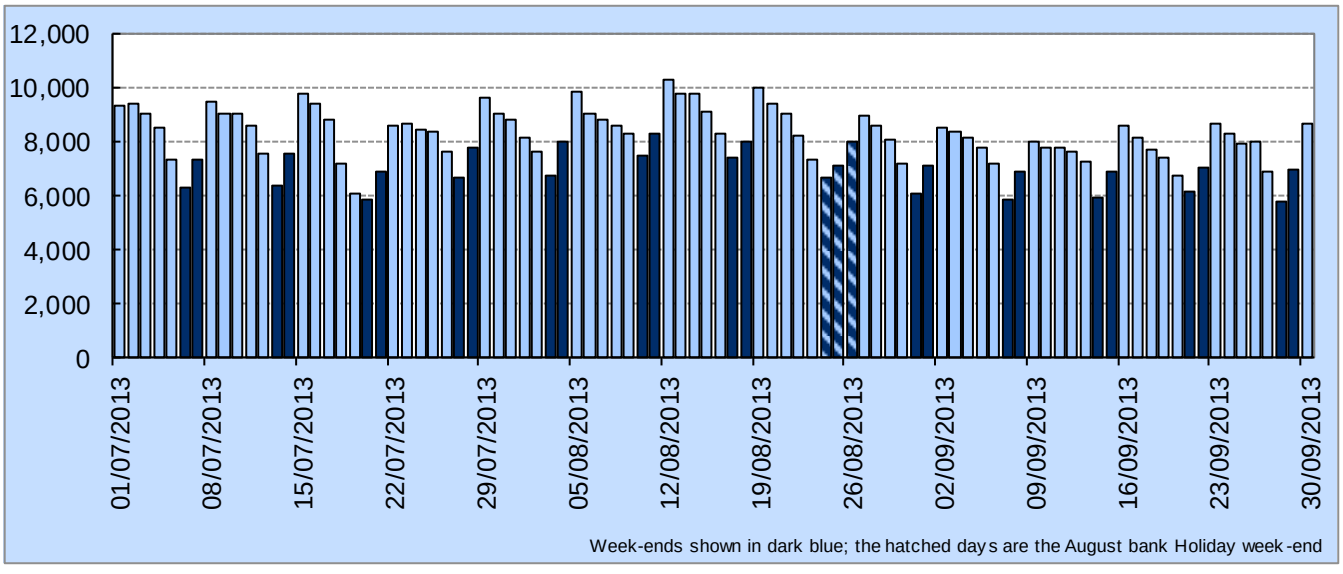


Table 1: Total number of calls made[(a)] to NHS Direct Wales by service, and number of calls where the Welsh language option was chosen.

	Calls to 0845 service	Calls to GP OOH services (b)(f)	Calls to other services (c)(d)(g)	Total calls	Calls requested in Welsh (e)(f)(i)
2007-08					
April - June	55,093	14,872	22,616	92,581	2,426
July - September	49,356	12,616	21,242	83,214	2,138
October - December	54,599	14,337	19,675	88,611	2,245
January - March	58,169	14,437	19,704	92,310	2,320
TOTAL	**217,217**	**56,262**	**83,237**	**356,716**	**9,129**
2008-09					
April - June	50,925	13,073	19,826	83,824	2,071
July - September	48,968	11,551	21,547	82,066	1,926
October - December	56,298	14,591	18,847	89,736	2,446
January - March	56,034	12,679	17,925	86,638	2,231
TOTAL	**212,225**	**51,894**	**78,145**	**342,264**	**8,674**
2009-10					
April - June	65,609	14,466	25,852	105,927	2,263
July - September (c)	70,721	14,324	59,225	144,270	2,727
October - December (c)	64,656	15,630	47,392	127,678	2,659
January - March	58,214	12,909	29,891	101,014	2,162
TOTAL	**259,200**	**57,329**	**162,360**	**478,889**	**9,811**
2010-11					
April - June	56,538	12,653	24,031	93,222	2,167
July - September	49,252	10,871	23,302	83,425	2,265
October - December	61,226	13,997	22,087	97,310	2,621
January - March	61,099	13,044	20,534	94,677	3,088
TOTAL	**228,115**	**50,565**	**89,954**	**368,634**	**10,141**
2011-12					
April - June	64,397	8,789	18,437	91,623	1,629
July - September	60,685	2,337	13,191	76,213	1,891
October - December	62,392	1,984	15,411	79,787	718
January - March	73,575	229	3,910	77,714	351
TOTAL	**261,049**	**13,339**	**50,949**	**325,337**	**4,589**
2012-13					
April - June	71,151	0	14,244	85,395	1,248
July - September	62,708	0	18,692	81,400	1,154
October - December	68,164	0	19,689	87,853	1,330
January - March (h)(i)	82,577	0	9,842	92,419	895
TOTAL	**284,600**	**0**	**62,467**	**347,067**	**4,627**
2013-14					
April - June	84,486	0	4,197	88,683	513
July - September	76,033	0	3,751	79,784	351
October - December					
January - March					
TOTAL	**160,519**	**0**	**7,948**	**168,467**	**864**

(a) The number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered.
(b) GP 'Out of Hours' service.
(c) Calls to Other Services include all recorded messaging services, but see (g) below, including a H1N1 (swine flu) information line, the calls to which have influenced figures in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data. See table in Key Quality Information for details of operation dates for each service.
(d) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.
(e) In addition around 1% of the dental messaging calls during the quarter were listened to in Welsh.
(f) From 1 April 2011 NHS Direct Wales was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); this will have a significant impact on total GP out-of-hours calls as well as those requested in Welsh; from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales (callers are directed to their Local Health Board).
(g) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services'. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.
(h) Changes to the telephony system during the Jan-Mar 2013 quarter mean calls are not strictly comparable with previous data - see notes.
(i) Please note that following the introduction of the new telephony system during the Jan-Mar 2013 quarter, it appears that not all calls requested in Welsh are being identified as such.

Table 2: Total number of answered[(a)] calls by service, and number of calls where the Welsh language option was chosen.

	Calls to 0845 service	Calls to GP OOH services (b)(e)	Calls to other services (c)(d)(f)	Total calls	Calls requested in Welsh (e)(h)
2007-08					
April - June	51,772	14,441	19,340	85,553	2,049
July - September	46,914	12,204	19,556	78,674	1,813
October - December	49,312	13,757	17,571	80,640	1,853
January - March	51,190	13,958	17,221	82,369	1,915
TOTAL	**199,188**	**54,360**	**73,688**	**327,236**	**7,630**
2008-09					
April - June	46,550	12,690	18,311	77,551	1,823
July - September	45,080	11,112	20,131	76,323	1,647
October - December	48,366	13,723	17,762	79,851	2,107
January - March	51,699	12,204	17,059	80,962	1,947
TOTAL	**191,695**	**49,729**	**73,263**	**314,687**	**7,524**
2009-10					
April - June	56,143	13,597	22,734	92,474	1,866
July - September (c)	54,225	13,182	49,093	116,500	2,020
October - December (c)	51,741	14,384	42,444	108,569	2,047
January - March	49,654	12,178	25,299	87,131	1,806
TOTAL	**211,763**	**53,341**	**139,570**	**404,674**	**7,739**
2010-11					
April - June	50,209	12,207	20,768	83,184	1,906
July - September	45,953	10,502	21,271	77,726	1,994
October - December	43,932	12,956	18,001	74,889	2,126
January - March	45,832	12,312	15,064	73,208	2,027
TOTAL	**185,926**	**47,977**	**75,104**	**309,007**	**8,053**
2011-12					
April - June	48,528	6,927	14,086	69,541	854
July - September	53,379	370	6,147	59,896	1,118
October - December	53,601	0	11,813	65,414	440
January - March	61,832	0	3,225	65,057	747
TOTAL	**217,340**	**7,297**	**35,271**	**259,908**	**3,159**
2012-13					
April - June	57,553	0	7,437	64,990	838
July - September	50,354	0	10,358	60,712	762
October - December	49,846	0	11,664	61,510	765
January - March (g)(h)	47,817	0	6,541	54,358	649
TOTAL	**205,570**	**0**	**36,000**	**241,570**	**3,014**
2013-14					
April - June	53,710	0	3,183	56,893	505
July - September	50,620	0	2,802	53,422	347
October - December					
January - March					
TOTAL	**104,330**	**0**	**5,985**	**110,315**	**852**

(a) The number of calls answered by NHS Direct Wales.
(b) GP 'Out of Hours' service.
(c) Calls to Other Services include all recorded messaging services, but see (f) below), including a H1N1 (swine flu) information line, the calls to which have influenced figures in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data. See table in Key Quality Information for details of operation dates for each service.
(d) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.
(e) From 1 April 2011 NHS Direct was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); this will have a significant impact on total GP out-of-hours calls as well as those requested in Welsh; from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales (callers are directed to their Local Health Board).
(f) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services'. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.
(g) Changes to the telephony system during the Jan-Mar 2013 quarter mean calls are not strictly comparable with previous data - see notes.
(h) Please note that following the introduction of the new telephony system during the Jan-Mar 2013 quarter, it appears that not all calls requested in Welsh are being identified as such.

Table 3: Web visits and on-line enquiries.

		Web visits (a)(c)	On-line enquiries (b)	
2007-08				
	April - June	102,880	407	
	July - September	70,937	360	
	October - December	65,505	304	
	January - March	89,010	398	
	TOTAL	**328,332**	**1,469**	
2008-09				
	April - June	113,046	330	
	July - September	112,889	397	
	October - December	106,512	451	
	January - March	117,664	473	
	TOTAL	**450,111**	**1,651**	
2009-10				
	April - June	146,715	340	
	July - September	159,767	498	
	October - December	183,108	470	
	January - March	151,705	426	
	TOTAL	**641,295**	**1,734**	
2010-11				
	April - June	131,472	438	
	July - September	133,314	348	
	October - December	136,448	502	
	January - March	148,434	591	
	TOTAL	**549,668**	**1,879**	
2011-12				
	April - June	178,388	927	(r)
	July - September	213,117	719	
	October - December	248,975	626	
	January - March	323,287	826	
	TOTAL	**963,767**	**3,098**	
2012-13				
	April - June	376,482	803	
	July - September	409,777	709	
	October - December	568,474	717	
	January - March	664,847	646	
	TOTAL	**2,019,580**	**2,875**	
2013-04				
	April - June	685,888	725	
	July - September	736,657	419	
	October - December	0	0	
	January - March	0	0	
	TOTAL	**1,422,545**	**1,144**	

(a) A web visit is a series of actions that begins when a visitor views their first page from the server and ends when the visitor leaves the site or remains idle beyond the idle-time limit (currently 30 minutes).
(b) A web-based enquiry service accessed via the NHS Direct Wales website that enables visitors to send their health enquiries via email to the health information team at NHS Direct Wales. A response is sent back answering the queries within a maximum of 3 working days. All on-line enquiries are confidential.
(c) Visitor numbers exclude all known spiders. A spider is a program that trawls the internet looking for web pages and adding them to a database, in order for search engines to be able to find the page.
(r) Revised data received from NHS Direct Wales (was 915 in release covering April – June 2011 quarter).

Key Quality Information

Source:
The data is provided by the Health Informatics Department of the Welsh Ambulance Services NHS Trust.

Description:
NHS Direct Wales answers calls in English, Welsh and over 120 other languages via a language line. In addition to the main telephone helpline (0845 46 47), they handle triage calls transferred from A&E departments and the Welsh Ambulance Services NHS Trust (WAST), and provide a dental information line.

NHS Direct Wales also provides ad hoc information lines to support public health campaigns. The number of calls will be affected by ad-hoc services provided at points in time. Table 3 gives details of services, other than the main 0845 health helpline. Some of these have not been operational in the period covered by the release. Calls to other services include all recorded messaging services.

This table provides information on the various ad-hoc public health information lines that have been run by NHS Direct Wales. These lines are set up to support national and local public health campaigns, and remain in use for as long as necessary. Callers to closed lines will receive a message directing them to an appropriate alternative service; for a limited period after the closure of a line there will still be calls recorded as 'made' although these calls will not be answered.

Details of Non-0845 services and operation dates:

Service	Operation dates
GP Out of Hours	24 April 2001 to 3 July 2011
A&E (including Minor Injuries Units)	15 November 2001 to date
Dental information line (a)	8 November 2003 to 20 January 2012,
	re-opened 20 April 2012 until 30 January 2013.
Other:	
Health Information Wales	May 2001
Category C (Ambulance triage calls)	January 2004 – February 2005
	Re-opened 2 September 2009 (b)
Health Challenge Wales	31 January 2005 – 30 June 2005
Cryptosporidium Helpline	24 November 2005 – 10 February 2006
HPV Helpline - automated message facility only	11 August 2008 to date
HPV Helpline	15 September 2008 to date
Public Health Wales - childhood height & weight campaign	5 January 2009 – December 2009
Smoking Line	1 April 2009 to date
H1N1 (Swine Flu)	30 April 2009 to date
Cold & Flu Line	26 February 2010 to 20 January 2012
Air Alert	30 January 2013 to date
Patient Pathway	30 January 2013 to date
NHSDW Control (test calls)	April - June quarter 2013 only

(a) Calls to the dental information lines are now included in the 0845 calls 'made' - but are not included anywhere in the number of 'answered' calls.
(b) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.

To improve patient experience and ensure that emergency 999 calls receive an appropriate level of assessment and response, WAST has implemented a system to pass a significant number of its non immediately life-threatening calls to NHS Direct Wales nurse advisors for clinical triage. The triage model was established as a pilot in South East operational region on 2nd September 2009, and phased into the other two operational regions (North and Central & West) in October 2010. These calls are not included in any of the tables and charts in this release as they are no longer part of the NHS Direct Wales telephony system. An indication of the number of these calls is provided in footnotes.

An H1N1 (swine flu) information line was operational from 30 April 2009, the calls to which have influenced figures particularly in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data.

From 3 July 2011, NHS Direct Wales was no longer responsible for any GP out-of-hours service in Wales; callers are directed to their Local Health Board.

Change of telephony system:
Due to a change of telephony system on 30 January 2013, the data is no longer strictly comparable with the data previously published. The main difference is that calls to the dental information lines are now included within 0845 calls 'made' - but are not included anywhere in the number of 'answered' calls.

For the January to March quarter of 2013 this is estimated to have added around 10,000 calls (February and March only) to the 0845 'made' numbers. This should be noted as the main reason for the difference in numbers between calls 'made' and calls 'answered', although there were also likely to have been a number of repeat calls, particularly over the busy Easter weekend.

Definitions:
To provide an accurate picture of calls activity at NHS Direct Wales, the data used represents the number of calls 'made' to NHS Direct Wales and the number of 'answered' calls. Prior to the October to December 2011 quarter, 'made' calls were identified as 'queued' or 'offered' calls. The definition has not changed.

Calls 'made' are those where the caller has listened to all of the welcome messaging and stayed on the line to be answered. 'Answered' calls are those in which the caller speaks to an NHS Direct operative or receives information from an automated service. The difference between the number of calls made and the number of calls answered is abandoned calls.

NHS Direct Wales also provides information to the public via its website www.nhsdirect.wales.nhs.uk. The main features of the Website include a bilingual health encyclopaedia, an on-line enquiry service and the facility to search for other NHS services, such as dentists.

Web visits are a series of actions that begin when a visitor views their first page from the server, and ends when the visitor leaves the site or remains idle beyond the idle-time limit (currently 30 minutes). Visitor numbers exclude all known spiders. A spider is a program that trawls the internet looking for web pages, and adding them to a database in order for search engines to be able to find the page.

A web-based enquiry service accessed via the NHS Direct Wales website enables visitors to send their health enquiries via email to the health information team at NHS Direct Wales. A response is sent back within a maximum of 3 working days. All on-line enquiries are confidential.

Users and uses:
The aim of these statistics is to present data which is available from a routine administrative source in an accessible format providing a summary of NHS Direct Wales call statistics over time. Some of the key potential users are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Other areas of the Welsh Government;
- Other government departments;
- National Health Service and Public Health Wales;
- Students, academics and universities;
- Royal College of Nursing and other professional organisations;
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- Advice to Ministers;
- To inform debate in the National Assembly for Wales and beyond;
- To monitor and evaluate performance and activity in the NHS.

Related statistics:

You may be interested in some of our other statistical releases relating to unscheduled care:

Ambulance services in Wales
http://wales.gov.uk/topics/statistics/theme/health/nhsperformance/ambulance/?lang=en

Unscheduled care services in Wales, 2011/12
http://wales.gov.uk/topics/statistics/headlines/health2011/111215/?lang=en

Flu statistics are published on the Public Health Wales website at:
http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=27522

Comments:

We welcome comments from users of our publications on content and presentation. If you have any comments or require further information, please contact:

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