

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

Mr Darren Millar AM  
Chair  
Public Accounts Committee  
National Assembly for Wales  
Cardiff Bay  
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Our Ref: DS/KH  
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Dear Darren

### **Public Accounts Committee – Unscheduled Care**

Thank you for your letter of 21 January in which the committee requested some further information. I am happy to respond.

#### **1) An update on the recent changes made to GP contracts and the impact on access to unscheduled care**

Agreement has been reached with GPC Wales on changes to the GMS Contract for 2014/15.

The contract places greater reliance on the professionalism of GPs to use their clinical judgement through the removal of 300 Quality and Outcome Framework (QOF) points. These changes reduce unnecessary patient testing, reduce the frequency of patient recall and enable GPs to spend more time caring for the most vulnerable patients with complex care needs, in particular, the frail elderly. This will help to avoid unnecessary hospital admissions for this group.

The delivery of local health care will be improved through the introduction of a new Local Service Development domain. GP practices will be required to improve the coordination of care, enhance the integration of health and social care and develop collaborative working with local communities and networks.

The Local Service Development domain also requires GP practices to participate in three national care pathways:



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- Minimising the harms of poly pharmacy
- Improving end of life care
- Understanding Cancer care pathways

Of the three pathways, 'Minimising the harms to poly pharmacy' has a direct link to unscheduled care. It is estimated up to 6.5% of hospital admissions relate to this issue. GPs will be required to undertake an in depth medication review for all patients aged 85 years and over receiving 6 or more medications. This work will inform the development of the strategy for medication reviews.

'Understanding cancer care pathways' will engage GPs in understanding patient experience. The pathway aims to identify practical steps to improve early diagnosis and timely management. By analysing each new case of lung and gastrointestinal cancer, GPs will identify themes (for example, late presentation, delayed access to diagnostics, late referral) in patient experience which in turn will highlight areas to focus activity. Whilst not directly impacting unscheduled care, improvements in early diagnosis and timely management of this condition will support more patients with cancer through Primary and planned care.

A further element of the Local Service Development domain requires GPs to undertake a review of the provision of services within their practice and agree shared local objectives with the GP cluster. This review of services will build on the Quality and Outcome Framework in relation to the analysis of referrals, accident and emergency attendances, emergency admissions to hospitals and patient risk profiling.

## **2) Details of the action being taken by Welsh Government to promote immunisation outside of epidemics**

The Welsh Government works with Public Health Wales and Health Boards to identify barriers to uptake of vaccinations, to improve the delivery of vaccination programmes and support Health Boards in their efforts to improve vaccination rates.

Vaccination programmes are monitored by the Wales Immunisation Group which comprises representatives from Welsh Government, Public Health Wales, Directors of Public Health, Health Board Immunisation Co-ordinators and primary care. The Group meets quarterly.

The NHS Delivery Framework includes as Tier 1 measures:

- 95% of children are fully immunised by the age of four years;
- 75% of people in at risk groups are vaccinated against seasonal flu, along with 50% of NHS staff with direct patient contact.

All health boards have submitted plans to the Chief Medical Officer for meeting the Tier 1 requirements. Routine monitoring is conducted through the NHS Delivery Framework processes and appropriate escalation mechanisms are activated as required.

This year, Public Health Wales (PHW) has accepted a 'systems leadership' role for the seasonal flu campaign and is working with health boards to support and deliver agreed activities to drive up the seasonal flu vaccination rates. Responsibility for flu communication activity in Wales has also been delegated to PHW. This has seen the introduction of the Flu Fighters campaign aimed at promoting uptake among front line NHS staff.

Welsh Government policy circular (2005)81 requires the follow up of children who have missed one or more doses of MMR at entry to primary school, secondary school and when the teenage booster vaccine is offered. This provides at least three further routine opportunities for children who have missed a routine dose of MMR to be offered a 'catch up' vaccination.

The Chief Medical Officer and Public Health Wales recommend that health professionals use every type of encounter with adolescents or young adults as an opportunity to check full immunisation status.

The Chief Medical Officer has asked Health Board Chief Executives to check the MMR status of their staff and instigate wider checks on staff immunisation against all infectious diseases as provided for in the UK. Public Health Wales is supporting health boards by producing good-practice guidance for new and existing staff.

The "Child Health Immunisation Process Standards - CHIPS" was produced by Public Health Wales in 2011 and provides national minimum standards for childhood immunisation and data. This supports improved information handling and accuracy in recording immunisations within existing systems.

A range of materials is available to the public and health professionals to help promote awareness of immunisations.

### **3) An outline of the work being undertaken by Welsh Government to educate the public on the alternative options available for treatment as opposed to attending A&E**

The Choose Well campaign is a long term initiative to educate the public on how to access the right level of care to meet their needs when they have an illness or injury. The Campaign is supported by a free smartphone app and highlights the range of Health Services available. The app explains what each NHS service does and when they should be used. The app also features contact information, opening hours and directions to health services.

In addition to Choose Well, the Keep Well This Winter campaign run by Age Cymru is promoted by NHS Direct Wales. The campaign is specifically directed at keeping older people healthy at home. Both the Choose Well Wales campaign and NHS Direct Wales emphasise the importance of using alternatives to hospital visits where appropriate.

The Welsh Government established the Choose Pharmacy service in pathfinder sites in Cwm Taf and Betsi Cadwaladr Health Boards in October 2013. Choose Pharmacy will involve approved pharmacists offering confidential NHS consultations and where appropriate, providing treatment to patients who would otherwise present at other NHS services.

**4) Details of any work being undertaken to move towards greater co-location of GP out of hours services and A&E departments and whether consideration has been given to ensuring consistency of provision across Wales (with the exception of Powys)**

Local health boards have developed a number of service models for GP out of hours services designed to meet their local population needs.

Abertawe Bro Morgannwg University Health Board (ABMU) has a co-located GP Out of Hours (OoH) service with either an A&E Department or Minor Injuries Unit (MIU) in all four of their main hospitals.

Aneurin Bevan Health Board (AB) has three GP OoH services, two of which are co-located with an A&E Department or MIU (Nevill Hall Hospital and Ysbyty Ystrad Fawr). The third OoH Service is not co-located at the Royal Gwent Hospital but is proximal – being located at the nearby St Woolos Hospital.

In Betsi Cadwaladr University Health Board (BCUHB) two of three sites (Bangor and Wrexham) have GP OoH and A&E co-located. The Glan Clwyd site has units separated across the entrance road to the main hospital (approximately 100 metres distance). However, unlike Bangor and Wrexham, Glan Clwyd has GP presence knitted into the team within A&E at peak times. There is also co-location of GP OoH services with the Llandudno MIU.

Cardiff and Vale University Health Board (CVUHB) has one of their three OoH services co-located with A&E at the University Hospital of Wales.

Cwm Taf Health Board (CTHB) has four operational OoH services (two at community hospitals and two at the District General Hospitals). The OoH service at Prince Charles Hospital is co-located with the MIU section of A&E. The OoH service at Royal Glamorgan Hospital is located in the Diabetic centre which is a short walk from the A&E Department.

Hywel Dda Health Board (HDHB) has co-located OoH services within the Local Emergency Department at Prince Philip Hospital.

The above indicates the significant extent to which GP Out of Hours services are co-located. There are however variations in the detailed models of care. Welsh Government officials are reviewing relevant information including the evidence of positive impact. We will

direct the outcomes of this work to the Unscheduled Care Programme Steering Board to ensure appropriate consistency.

#### **5) Details of any work being undertaken by Welsh Government to share good practice between Health Boards on managing Unscheduled Care**

The Welsh Government holds quarterly Seasonal Planning Group meetings, attended by senior representatives of Local Health Boards, WAST and Local Authorities. The Group works to improve planning arrangements and share good practice by working in co-operation with key partners. It also provides assurance to the Welsh Government that NHS Wales are operationally ready and resilient to deliver services throughout periods of high demand such as winter.

As part of the Seasonal Planning work, the Welsh Government organised a Winter Planning Forum which was held in Cardiff on 10 September 2013. LHBs, Social Care and WAST representatives presented their joint-plans for the forthcoming winter period. The event provided an opportunity for engagement, constructive peer review and sharing of best practice.

Following the Seasonal Planning Group meeting on 9 December, the Welsh Government identified and shared relevant good practice with Local Health Boards, WAST and Local Authorities.

The Welsh Government hold senior level weekly winter planning calls with the Health Boards and WAST. These calls enable the sharing of good practice and have increased engagement between services.

Dr Grant Robinson was appointed as Unscheduled Care Clinical lead in September 2013. Dr Robinson has been working with leaders from health and social care to secure improvement across pathways of unscheduled care and to ensure best practice is shared.

A National Patient Flow Collaborative has been established by the 1000 lives improvement team. Health Boards have created project teams to drive forward improvements in patient flow. Specialist staff training is underway. A collaborative learning event, held in December 2013, was attended by around 80 staff. Each Health Board will be attending an Executive Team masterclass and on site workshops before the end of March 2014.

#### **6) Details of any work to address the requirement that care homes must transfer service users to an emergency department following a fall – even if this may not be clinically appropriate.**

It is not national policy to require care homes to transfer residents to a hospital emergency department following a fall regardless of their clinical needs. Care and Social Services Inspectorate Wales (CSSIW) guidance makes it clear that a hospital admission is only one

outcome of a fall and only when certain criteria have been met. Decisions following a fall are taken on the basis of the individuals clinical and personal circumstances.

**7) Details of any action being taken to review patient medication on admission to A&E to determine the extent of medication related complications and their impact on unscheduled care**

Adverse medication-related events have been reported to account for up to 6.5% of hospital admissions in England. Limited work has been undertaken in Wales to verify the number of medicine-related admissions. However, data collected as part of a study at Wrexham Maelor Hospital since April 2006 reflects a similar percentage.

Data from the Wrexham Maelor study was presented at an all Wales clinical leadership and engagement showcase conference in 2013, a North Wales Medicines Research Symposium in July 2013 and at the All Wales Prescribing Advisory Group (AWPAG) meeting in December 2013. AWPAG have established a working group to take the work forward.

Thematic analysis of the data collected in the Wrexham Maelor study has revealed that:

- A wide range of medicines are involved in medicine-related admissions
- The medicine-related admissions identified have involved dispensing, prescribing, medicine monitoring and IT system errors as contributory factors.
- Increased patient susceptibility during acute illness e.g. acute kidney injury has also been identified as contributing to medicine related admissions.

**8) An update on the timescales for implementing a revised suite of performance indicators for Unscheduled Care**

New unscheduled care performance measures will be piloted from April 2014. The pilot will be reviewed after three months.

**9) An update on the timescales for the implementation of the 111 service**

In my letter of 14th January, I provided you with a provisional timeline for the development of a 111 service. This has been agreed by the 111/OOH work-stream of the Improving Unscheduled Care Steering Board but remains subject to the agreement of the Board, which is meeting on 19<sup>th</sup> February 2014.

Yours sincerely

