Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
PAC(4)-22-15 PTN4

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

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

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
Cardiff Bay
Cardiff
CF99 1NA

Our Ref: AG/KH
07 August 2015

Dear Mr Millar

I write in response to your letter of 09 July in which you requested a response to the following questions in relation to unscheduled care:

1. **The Welsh Government's view on whether there should be a higher target for the flu immunisation rate for frontline NHS staff, as the Committee recommended and the Minister indicated would be assessed following the 2014-15 flu season**

Vaccinating at least 50% of NHS staff with direct patient contact is a priority for the NHS.

In recent years we have made good progress in improving uptake. This season, 44.3% of staff with direct patient contact had the flu vaccine across Wales compared to 41.7% in the previous year. This compares to just 18.5% in 2010-11. Three health boards/trusts (Betsi Cadwaladr, Powys and Velindre) achieved the 50% target this season. See full details below.

This improvement demonstrates that the additional emphasis and effort directed towards staff vaccination is continuing to have an impact but we are still below where we need to be. There remains variation in uptake across health boards overall and the Minister for Health and Social Services has written to the poorer performing boards/trusts seeking assurances of future improvement. The Chief Medical Officer has issued a Welsh Health Circular stating that NHS leaders should be exploring the full range of measures necessary to address low uptake and should demonstrate strong clinical leadership in helping staff understand that if they refuse to be vaccinated, they put themselves, their families and the people they care for at unnecessary risk.

While we share the ambition of the committee to continually improve vaccination rates, we do not regard an increase in the target at this stage as the most effective means of securing further improvements. Negative attitudes to flu vaccination still exist within parts of the

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 02920 801182/1144
Andrew.Goodall@wales.gsi.gov.uk

Gwefan • website: www.wales.gov.uk

NHS and setting a target that is achievable is likely to provide a more sustained improvement over time.

We will continue to engage in constructive dialogue with health boards to encourage more staff to have the flu vaccine and to more robustly address those negative attitudes which act as a barrier to the improvements we seek and expect.

Uptake of Influenza immunisation in Health Boards: 2010-11 to 2014-15

	2010-11	2011-12	201-/13	2013-14	2014-15
Abertawe Bro Morgannwg UHB	11.9%	23.5%	35.9%	41.1%	41.7%
Aneurin Bevan UHB	24.6%	31.7%	37.6%	39.4%	39.2%
Betsi Cadwaladr UHB	30.8%	37.6%	35.9%	41.0%	50.3%
Cardiff and Vale UHB	18.3%	29.7%	36.5%	41.0%	46.7%
Cwm Taf UHB	9.2%	35.5%	35.9%	41.1%	47.0%
Hywel Dda UHB	10.5%	30.0%	29.8%	41.2%	37.1%
Powys Teaching HB	-	22.7%	36.8%	42.4%	50.4%
Public Health Wales NHS Trust	-	-	-	33.9%	41.2%
Velindre NHS Trust	-	-	-	47.1%	64.9%
Wales Ambulance Service NHS Trust	-	-	-	30.2%	31.0%
Wales (Total)	18.5%	30.9%	35.5%	40.6%	44.3%

2. Your reflections on how the Welsh Government monitors out of hours GP services, and whether the March 2015 report Review of General Practitioner Out of Hours Medical Services, relating to Betsi Cadwaladr University Health Board, represented isolated problems, or if similar issues are arising elsewhere in Wales. We would be grateful to receive information on the performance data you require from Welsh Health Boards on their GP out of hours services and their performance against this for the past 12 months

Welsh Government currently monitors GP out of hours services through the established processes of Quality and Delivery meetings with health boards, joint executive team meetings and regular unscheduled care conference calls.

Following the Betsi Cadwaladr University Health Board out of hours review and the issues identified, Welsh Government asked the GP Out of Hours Providers' Forum to identify a small number of key indicators which would provide valuable local intelligence and inform the national assessment. Officials are expecting their response shortly.

The *Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services* was published in May 2014. Health boards have been instructed that the standards should be delivered by March 2018. Arrangements are currently being developed to monitor health boards' progress towards introducing and achieving the standards; this will include a self assessment tool and a series of review visits by the NHS Delivery Unit, as well as more standardised data collection.

There has been variation in the collecting and reporting of information on GP out of hours services, partly due to the different IT systems used by health boards. This has made all Wales comparisons difficult and I am unable to share data that is not robust. To address this, since September 2014, Welsh Government has been working with health boards to overcome the challenges and develop and test the collection of more consistent and reliable

information. I issued the new data collection tool in July which will provide data on activity since April 2015, using the key access standards from the *Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services*. The data collection will be reviewed in November before being formally mandated.

The pressure on GP out of hours is a UK wide issue. All Health Boards in Wales have reported challenges in filling staff rotas with GPs for out of hours services. Welsh Government is working with Health Boards, Wales Deanery, Royal College of General Practitioners and others to develop national programmes to improve the supply and retention of GPs in Wales. At the same time health boards are looking for innovative ways of meeting demand more appropriately using other services and health professionals, for example pharmacists for repeat prescriptions, advanced nurse practitioners with authority to prescribe, and advanced paramedic practitioners to undertake some home visits. The 111 pathfinder in ABMUHB will test the integration of the current Out of Hours call handling and NHS Direct services, providing an easy to remember free to call number that will signpost patients to the appropriate services or information.

3. An update on action taken following the Welsh Government's pilots in relation to the Committee's recommendation on other unscheduled care performance measures

The pilots were set up to investigate the opportunity to better describe patient experience within the unscheduled care pathway and to identify and measure the time to the key clinical interventions that have an impact on outcomes. Three of the pilots looked at measuring the time from call to treatment for conditions (stroke, fractured neck of femur and heart attack) where evidence demonstrates that the 'total' time is a crucial factor in delivering better outcomes. Two of the pilots investigated more appropriate measures of key interventions within the A&E Department.

The pilots demonstrated that there are measures for unscheduled care that have the potential to better describe patients experience and support a move towards the measurement of outcomes, both within the A&E Department and across the unscheduled care pathway. However, the pilot work also identified that information systems across Wales are not at this point sufficiently aligned or consistent to be able to roll out these measures across Wales.

The pilot work noted that the procurement of a new A&E system in parts of Wales and the consideration being given to implementing the Royal College of Emergency Medicine Emergency Care Dataset could support the implementation of new measures. The Unscheduled Care Programme Board has asked for further work to be undertaken in this area to understand the pilot findings, requirements, costs and the opportunities.

4. An overview of how children should access unscheduled care, particularly when a children's hospital is available, and whether parents and carers are aware of the appropriate action

Children who need to access unscheduled care will be referred via local out of hours GP or access direct via the ambulance service, an Emergency Department or Minor Injuries Unit to appropriate secondary care services. In these circumstances the arrangements are always based on the clinical condition of the child and will vary according to their need.

For the majority of children across Wales without an existing diagnosis, access to the Children's Hospital would be via the local paediatric service. The configuration of local paediatric services varies between Health Boards. Children with existing illnesses will often

have direct ‘open access’ to specialist wards with clear arrangements in place that parents can utilise when needed. Parents are often in close contact with the wards and individual staff in many cases.

5. **An update on the proposed 111 service, including whether a decision has been taken on the organisation that will host the service and any observable operational impact of the 111 service on the rest of the heath service.**

The 111 implementation project has worked closely with a wide range of stakeholders to develop proposals for a pathfinder pilot in Abertawe Bro Morgannwg University Health Board (ABMUHB) to test the service for Wales. The project team will continue to draw on the experiences from England and Scotland to develop the model for Wales, based on using a more skilled clinically led workforce with less reliance on risk averse algorithms.

The originally proposed start date of October 2015 is to be rescheduled until the evaluation of the learning and development pilot work currently being undertaken in England can be assessed, this is due to be published in the autumn. The project will also review work in Scotland and new pathways put in place in ABMUHB that will complement and support the 111 service before proposing a new date. The 111 service will be thoroughly tested before going live to ensure it is clinically safe and robust. The evaluation of the pathfinder service will inform decisions regarding the future of the service and ensure issues and any unintended consequences are resolved in advance of any further roll out.

The process for selecting the host organisation has been completed and the Minister for Health and Social Services has agreed that the Welsh Ambulance Service NHS Trust will host the pathfinder phase in ABMUHB. 111 provides a real opportunity to co-ordinate and manage the demand on unscheduled care for NHS Wales, meet the needs of patients within their own communities, avoid unnecessary hospital admission and reduce demand on acute hospital services.

6. **An updated assessment of how effectively efforts to manage demand are operating, including the Choose Well campaign, along with understanding patients’ choices, particularly when accessing accident and emergency**

Both the Choose Well campaign and NHS Direct Wales (NHSDW) emphasise the importance of supporting patients in choosing alternatives to hospital visits where appropriate. NHSDW Cat C triage typically supports the ambulance service to avoid over 1,000 unnecessary ambulance journeys each month. A significant rise in NHSDW web based activity is an indication that the public are beginning to take responsibility for their own healthcare before contacting healthcare services. In 2014/15 the NHSDW web site received 4.5 million visits (not just hits) up from just 0.5 million 5 years ago.

Welsh Government recently held a workshop with all Health Boards to assess progress of the choose well campaign and agree the next steps. It was agreed that a baseline of activity be developed so that performance indicators relating to impact can be established, to help assess impact of the campaign as choices made can be influenced by a variety of actions and activities.

Specifically the ambulance service continues to implement a range of demand management initiatives, include development of the clinical desk in the control room increasing the rates of ‘hear and treat’. Specialist and advanced paramedics attending patients in their home, are showing promising results in rates of ‘see and treat’ and transport to places other than ED. The recent announcement of the clinical response model pilot, should further improve the ambulance services ability to efficiently manage the emergency demand it receives.

7. Information of how GPs' compliance with their contracts is being monitored by Health Boards and the Welsh Government, in particular the provision of extended opening hours

NHS Wales Shared Services Partnership (NWSSP), Health Boards and Welsh Government monitor GPs compliance with their GMS contracts.

NWSSP has a dedicated Primary Care Services function which provides a wide range of services in relation to GP practices, in particular, annual scrutiny of primary care service system controls (in order to provide assurances to Health Boards the systems in place to pay GP practices are both efficient and accurate) and annual local claims verification audits undertaken on behalf of health boards (In 2013/14, over 100,000 records were checked during 348 visits and approximately £260,000 was recovered for Health Boards from incorrect reimbursement claims in relation to General Medical and Ophthalmic services). In addition, NWSSP's Primary Care Services ensures (a) GP practice patient list sizes are updated as patients leave and join GP practices (b) ensures the secure, timely and accurate transfer of paper medical records from GP practice to GP practice; and (c) ensures the safe inclusion and removal of Doctors onto individual Health Board's Primary Care Performers Lists.

Health Boards carry out a wide range of GP contract compliance checks, including general contract reviews, review of Quality and Outcome Framework (QOF) and review of GP enhanced services. General contract reviews are undertaken annually (typically, as part of annual practice development visits) and also include a focus on any practice specific issues and targeted practice visits. In relation to the review of QOF, many health boards conduct a three year rolling programme of structured review of compliance against the requirements set out in QOF. Health Boards also monitor delivery of the cluster network development QOF which includes, review of practice development plans; cluster network action plans and annual reports and review of general practice national priority areas. Issues relating to primary care monitoring and development, including contract compliance, contract concerns and cluster development, will be considered at Board level.

Health Boards monitor access to GP services through a number of mechanisms such as access improvement groups / access forums (which includes GP, LMC and CHC representation); surveys of patient access; CHC patient access surveys and GP practice visits. In addition, headline GP access statistics reported to Welsh Government. In relation to enhanced access to GP services after 6.30pm, Health Boards assess the reasonable patient need through a range of mechanisms, for example, specific reviews of extended access; review of practice complaints and concerns; review of Community Health Council survey results; review of practices detailed assessment of patient activity, demand and satisfaction. Where there is a Health Board assessed reasonable patient need for enhanced access after 6.30pm, access will be expected to be provided.

Welsh Government monitors Health Boards management of GP contract compliance through regular meetings with GPC Wales, regular meetings with Health Board's senior primary care staff together with reviewing specific statistics and information. In particular, Welsh Government and GPC Wales meet monthly through a GP Forum. Health Boards are represented at GP Forum by a nominated Director of Primary Care and a nominated Associate Medical Director. Specific contract issues, including GP access, are discussed. Welsh Government meets monthly with Health Boards' Directors of Primary Care and meets bi- monthly with Health Boards' Heads of Primary Care. GP access is a standing item on these meetings. Health Boards submit GP access monitoring reports to Welsh Government.

Welsh Government also reviews annual published reports for GP access and the achievement of clinical QOF indicators. From 2015/16, Welsh Government will be reviewing published GP practice development plans objectives and priorities; cluster network action plans and annual reports.

8. An update on the pilots for on-line booking systems for GPs' appointments, including the proportion of practices offering such appointments;

My Health Online (MHOL) is a web-based service that enables patients to manage appointments, order repeat prescriptions and update basic details, such as address and mobile number, via the internet. MHOL was first made available to GP practices in Wales in March 2011. Rollout has since continued as part of the national GP Systems Implementation Project, with Welsh practices moving from 4 suppliers and 6 different systems, to just 2 suppliers and systems. WG provided £1.7 million to support the initial development.

All GP practices in Wales are now capable of offering the MHOL service to their patients. Not all GP practices utilise MHOL with 47% (215 of 458) actively offering either online appointment and/or repeat prescription facilities. To date, approximately 140,000 patients have registered to use the service (as at end of June 2015) with further potential to continue to improve this.

Practices are currently able to choose whether they offer MHOL to their patients. GP practices are also able to decide on which 'modules' of the system they would like to use, e.g. appointments only, prescriptions only or both.

WG officials work closely with colleagues in NWIS to monitor the overall effectiveness of the MHOL service, as well as the benefits being delivered. Monthly statistics detailing both practice and patient uptake are provided and scrutinised. An agreement has also recently been reached to re-establish a MHOL project to more formally tackle some of the issues detailed above.

9. Information on the number of did not attends at GP practices and hospitals in Wales for the past 12 months

In relation to the number of "did not attends" at GP practices in Wales, the following DNA rates were reported at December 2014.

Health Board	Average DNA rate	Highest DNA rate	Lowest DNA rate
Aneurin Bevan UHB *	5.6%	13.0%	2.7%
Betsi Cadwaladr UHB	4.0%	7.1%	1.9%
Cardiff and Vale UHB	6.1%	12.3%	3.%
Cwm Taf UHB *	3.6%	4.4%	2.7%
Hwyel Dda UHB	5.5%	13.0%	3.0%
Abertawe Bro Morgannwg*	N/A	13%	0.04%
Powys Teaching UHB	4.0%	17.4%	2.0%

* Note, the calculation of the average DNA rates for Aneurin Bevan and Cwm Taf has been calculated by proxy information from cluster data. Consequently, the data is not a comprehensive picture of the health board's estimated DNA rate and should be considered with caution. An average DNA rate for Abertawe Bro Morgannwg was not supplied.

Actions being considered to address DNA rates include:

- Alternative appointment systems: Telephone triage, use of e-mail/internet to book appointments and walk in clinics.
- Promotion of telemedicine.
- Patient education; DNA rates, promotion of self management tools, alternative primary care services and telephone consultation.
- Patient reminder and cancellation services: the use of text messaging.
- Review of demand & capacity, missed appointment processes and reviewing services through patient satisfaction questionnaires.
- Sharing best practice: Cluster group meetings, practice visits and peer support.
- Improved staff training, skills mix and wider community roles.

10. An overview on the proportion of GPs' appointments that are urgent, compared with routine appointments

The data to assess the proportion of GP appointments that are urgent, compared with routine appointments, is not systematically available and I am therefore not able to respond to your question.

11. An update on workforce planning issues, including the provision of Welsh language services and the potential impact of the Immigration Bill announced in the Queen's Speech

The Welsh Government's intention is to make primary care the engine room of the NHS in Wales and a plan to develop the workforce to support this was launched by the Minister for Health and Social Services on the 17th of July. This fulfilled a commitment made under "Our plan for a primary care service in Wales up to April 2018", which gives the overall strategic vision for primary care and which was published in February.

The workforce plan contains a number of actions to be taken in the immediate and medium terms. One area of focus is the need to put in place the foundation for a more robust approach to workforce planning. An early action is to develop a more rigorous and consistent understanding of the current workforce. Work on this has already begun with changes to the GP contract meaning that from this year GP contractors will publish practice workforce data contained within practice development plans on an annual basis as part of a wider drive towards greater transparency.

More generally, workforce data must be more systematically collated, analysed and fed into the wider system to develop an up to date 'as is' picture from which planning the future primary care workforce can proceed. This includes establishing a better understanding of the Welsh language capability of the workforce to ensure commitments made in *More Than Just Words* are being met. The plan therefore contains an action for health boards to undertake an analysis of existing and future Welsh language population need and the support required by the workforce to develop the necessary language abilities.

Whilst an understanding of the workforce implications of service redesign has significantly improved with the introduction of Integrated Medium Term Plans (IMTPs), there remains more to be done to identify the full range of traditionally hospital-based services (or parts of services) which will in the future be delivered in the community. Clear and specific commitments to service redesign in the medium and long-term are a fundamental requirement for successful workforce planning. Health boards have therefore been tasked

with identifying a priority list of services currently delivered in secondary care settings which can in the future be delivered by primary care as part of the next round of IMTPs.

As regards workforce planning more broadly, work was undertaken ahead of the last IMTP commissioning cycle to improve the guidance on what is expected for workforce planning and the process by which those involved in this aspect of the overall plan are engaged during its development. The Welsh Government also continues to work with the Workforce Education and Development Service (WEDS) to ensure that a programme of work is in place to educate and train health board staff in the skills necessary for workforce planning including, horizon scanning and all Wales workforce modelling, the application & development of workforce planning approaches and workforce intelligence & analysis.

In respect of the impacts on the NHS Wales nursing workforce of the forthcoming changes to the immigration laws being introduced by the UK Government, all health boards have been asked to consider the impact of this legislation. Although there a number of non EU-national nurses working in the Welsh NHS, when those who have indefinite leave to remain are discounted, considerations of returns from all heath boards shows that the actual number of nurses likely to be affected by the proposed legislation is 11 although these numbers will vary over time based on the criteria.

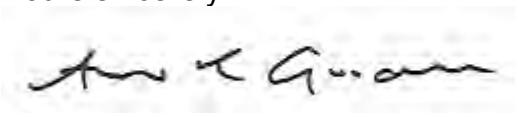
The changes to immigration laws and the impact on nurses currently practising in Wales however remains a concern and the Welsh Government has previously provided evidence to the UK Government's Migration Advisory Committee's review of the shortage occupation lists, in favour of including nursing within the UK list.

There are also other immigration issues which impact the workforce for NHS Wales. For example, the length of time it takes the visa paperwork and processes to be put in place can have an impact on the start date for internationally recruited doctors; with recruitment at Withybush Hospital in Haverfordwest being a recent example. Issues have also been raised in relation to doctors in training and we are currently considering what steps can be taken to help address this problem.

Changes to the immigration laws will also impact staff working in the social care sector. The Welsh Government is liaising closely with Care Forum Wales on this issue, initially working with Care Forum Wales to collect the data on the numbers of staff affected in order to inform a possible response to the Migration Advisory Committee. It is important we establish the impact on the overall system and there are material concerns being expressed by this sector.

The Welsh Government is carrying out workforce planning with the Care Council for Wales and the sector as a whole to prepare the workforce for the future. This includes giving attention to the need to provide services through the medium of Welsh.

Yours sincerely



Dr Andrew Goodall