Health and Social Services Committee

HSS(2)-17-06(p5)

Meeting date: Thursday 30 November 2006
Venue: Committee Room 2, Senedd, National Assembly for Wales
Title: Report on the Delivering Emergency Care Services (DECS) Strategy

Purpose

The purpose of this paper is to advise the committee of the main elements and the current status of the above strategy. The strategy has recently undergone public consultation and a summary of the responses is included.

Summary

The strategy has been developed with the patient experience at its centre and the theme of joining up services which is at the heart of the Assembly Government's thinking and reflected in policies such as "Making the Connections".

The strategy has been developed through a process of dialogue with a number of partners over a considerable period of time. This has involved discussions with and presentations to many of the key organisations who deliver emergency care and would be involved in delivering this new service model.

The principle aim of the strategy can be summarised as:

To provide a service that ensures patients - no matter how or when they contact any of the emergency or unscheduled care services - are assessed and then seen by the most appropriate health care professional at the most appropriate time

What are the benefits for the patient?

The strategy has a number of key objectives:

- Patients receive a consistent quality of response, regardless of where, when and how they contact the services;

- Safe services are provided as locally as possible, not local services as safely as possible;

- Information obtained at each stage in the patients' journey is, with their consent, available to other professionals to whom they may be referred as they proceed through the care pathway;

- The quality of care is delivered to clear, consistent, and measurable standards which cover each element of the service and the whole of the patient's journey;

- Patients' needs are met by a professional who is best able to deliver the care they need to a prescribed standard;

- Planning, organisation and delivery of care is undertaken in a collaborative manner, between the various agencies involved;

- The changes in the services are communicated to the public via appropriate means.

How will we achieve this?

- Linking unscheduled care services, so that patients receive a consistent response, using telephone and face to face communication, from whichever agency or service to which they present;

- Co-location of "urgent" Primary Care Centres alongside A and E departments and some Community Minor Injury Units;

- Much greater integration between NHS Direct and the Ambulance service to provide economies of scale and improved joint working;

- Making sure there is clarity about which hospitals can provide particular specialised services and how they can be accessed

- We will have clear plans for emergency and unscheduled care services within the different health communities in Wales

Background

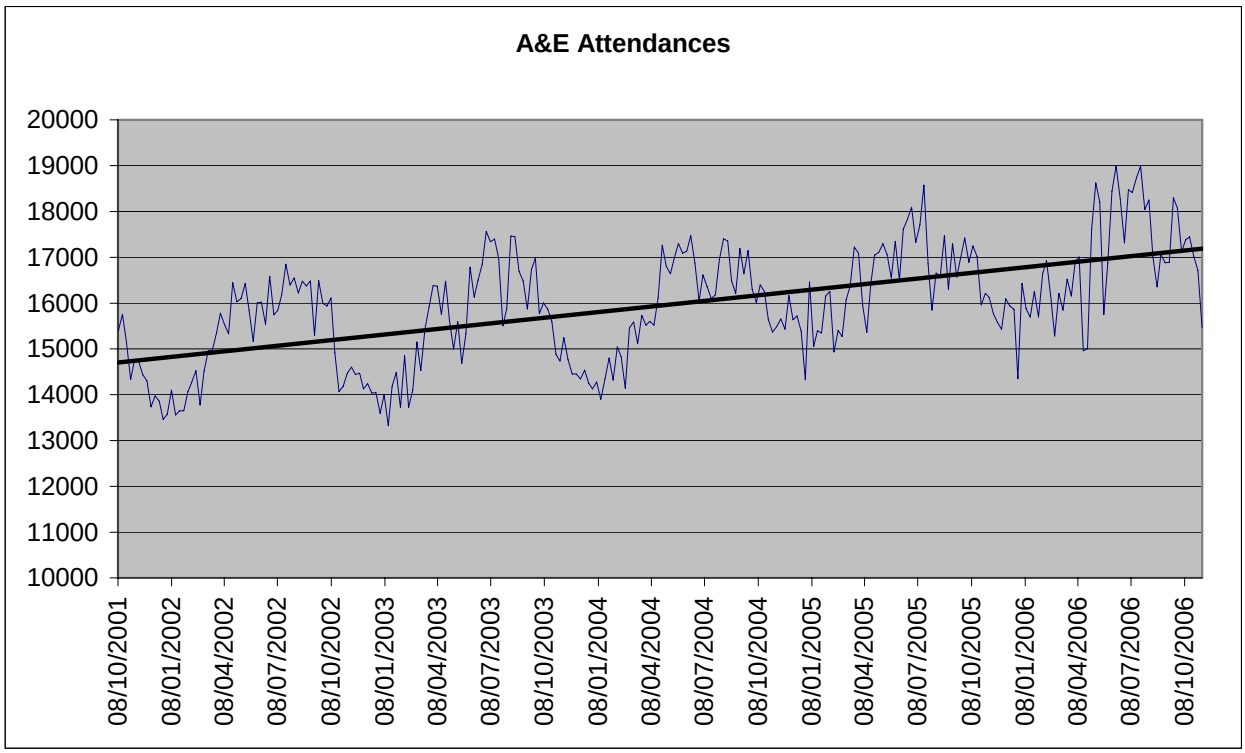
How Wales delivers the range of unscheduled and emergency care services in the future, is one of the key challenges facing the NHS in Wales today. The impact of individuals who present at various service providers for different types of "unscheduled" care is considerable and increasing year on year. In many hospitals up to 70% of admissions are emergency or unscheduled.

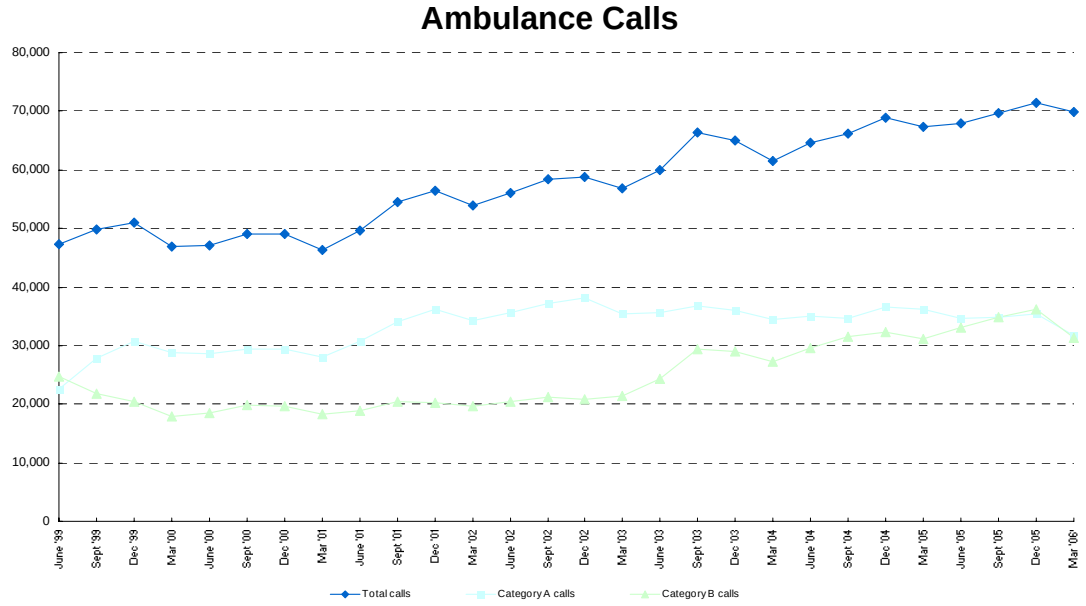
Within the strategy the term unscheduled care is used as a generic term for all unplanned events.

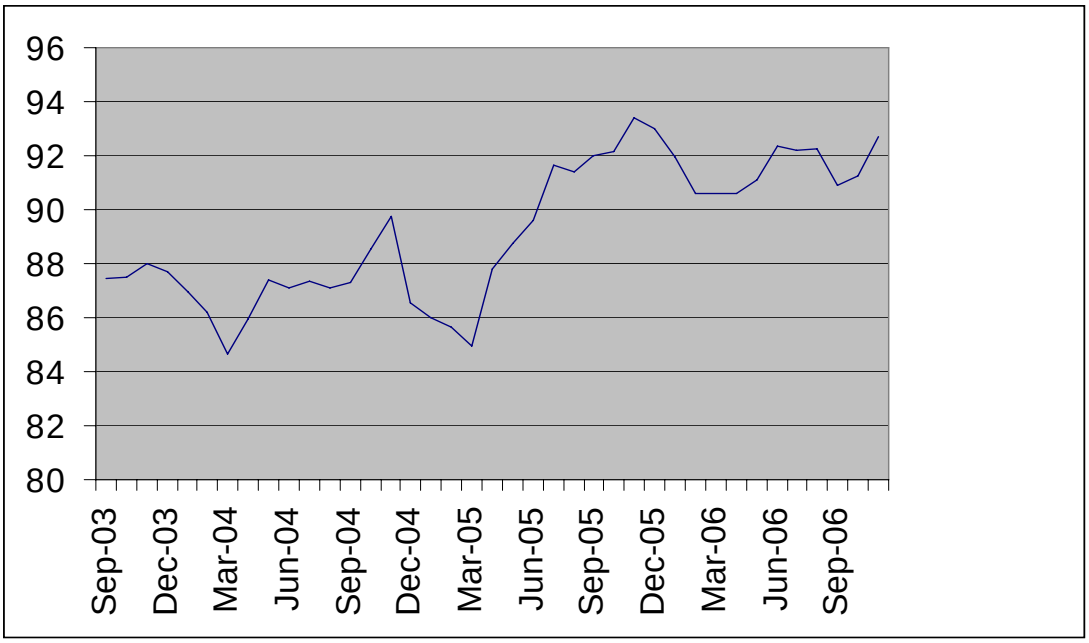
This strategy is aimed at patients who access any unscheduled care services. This includes NHS Direct, all Primary Care Services, GP Out of Hours Services, Ambulance Services, Social Services and Hospital Care.

Where are we now?

Many of our services are seeing increasing numbers of patients presenting. This includes A and E departments, GP Out of Hour services, Ambulance Services and NHS Direct.

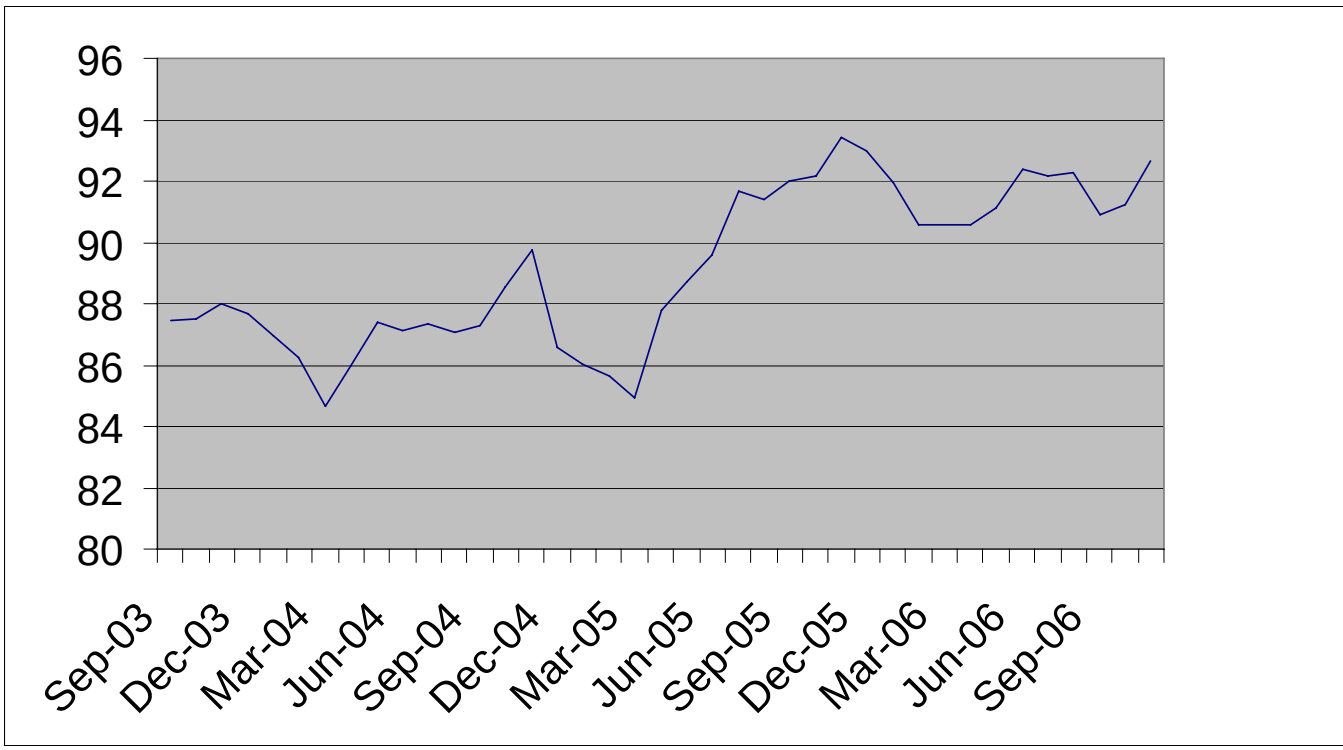






However despite the increased numbers of patients services are continuing to improve, this is illustrated by the chart below showing the performance against the 4 hour target for emergency departments.

Performance against A and E 4 hour target



Consideration

The essential new element, compared to current services, will be that demand will be managed in a proactive manner, instead of services simply responding to demand in an uncoordinated way. This will provide the framework for designing a new pattern of services.

The strategy identifies five different levels of unscheduled care that are available:

- self-care, with various forms of support, such as internet guidance and telephone support;
- first level contact with services – including GPs, pharmacists, minor injury services and social services support;
- attendance at a specialist hospital unit, such as A&E;
- hospital admission;
- specialised hospital support – e.g. for highly specialised surgery.

How will the services be arranged?

Areas within Wales will have a mix of local emergency centres, urgent treatment centres, accident and emergency units and access to major trauma centres, forming an integrated system that gives everyone fair access to emergency services.

The development of urgent treatment centres will build on the work already started with some out of hours providers and will develop multi skilled teams to provide a more appropriate response to some groups of patients. These units will provide skilled GPs, nurses and extended role ambulance paramedics to provide urgent but non-emergency treatment to patients. They will have some parallels with the English Walk In Centres, but will have to be developed as part of a fully integrated unscheduled care model with managed access.

Each region will work as a network, sharing pressures, maintaining access and ensuring standards are met. Through applying best practice, waits in accident and emergency departments will be reduced and maintained at an agreed standard. People will not be held in the A&E department for minor illnesses or injuries when their needs could be better met elsewhere. Strict standards will be set for each category of patient to ensure timely treatment.

Examples of the changes we expect to see:

- In future there will be a single, common assessment, to direct people through to the appropriate service, though it will still be possible to make contact with the emergency services at a number of points e.g. starting with the GP practice, the local pharmacy, or a telephone call to Social Services or NHS Direct;

- The use of telephone and face to face triage will be expanded so that patients accessing a wide range of emergency or unscheduled care services will experience a structured triage process. This will involve NHS Direct and/or other providers becoming well integrated into Primary Care and Emergency Care services to deliver this

- For many, the Ambulance Service will continue to provide the first point of contact and will be more effective through focusing its role on serious injury and illness. The call handling services provided by the Ambulance Services will be reviewed to allow greater flexibility in response as outlined above. Greater use of a mobile response to treat people in their own home as part of a structured unscheduled care service will be developed;

- More and more, we will see ambulance personnel attached to other unscheduled care services and delivering an expanded range of services and benefiting from increased levels of training. The development of new care pathways will increasingly involve paramedics in their extended roles contributing to better patient care;

- It is important that GP skills are involved in any future role for unscheduled care services. GPs are skilled in managing a wide range of conditions and familiar with dealing with co-morbitities that some patients can present with. The future models of service should utilise this expertise in an "urgent care" setting adjacent to A and E units. This should not be seen as GPs working in an A and E environment, but more appropriately bringing primary care skills to complement those provided by A and E units. Clinical assessment will stream patients to either service when they attend with units able to cross-refer;

- Providing separate services for minor injuries and other conditions, which will direct patients to non-A&E care or into a nurse-led pathway. This will allow the concentration of scarce medical resources on early assessment, diagnosis and treatment of majors cases before onward referral;

- The number of patients admitted from A&E and the Medical Assessment Unit is minimised, by obtaining a senior clinical opinion as early in the process as possible and ensuring that alternatives to admission are available and are understood by and accessible to the emergency team;

- Protected diagnostic sessions are in place to prevent unnecessary admissions purely for diagnostic tests and facilitate early discharge constrained by the availability of diagnostic tests. However, good discharge planning remains a priority and many tests can be undertaken post discharge on an out patient basis.

Consultation

The consultation process engaged with the health communities and their representatives across Wales for a 16 week period which ended on October 10th 2006.

There is overwhelming support for the broad vision as described in the document and agreement that the current service model lacks co-ordination. Many respondents highlight the need for resources to support the implementation of such a vision. Information sharing and communication appears a consistent theme in responses, particularly the need to ensure different systems used by different organisations can "talk" to each other. Other issues raised include:

- Links to working times directives;
- The need to ensure that capacity of NHS Direct and the Ambulance Trust to deliver the service model is assured
- The need to involve other providers in delivering the model i.e. existing GP out of hours providers;
- The need for greater reference to children issues;
- Issues relating to workforce development;
- The need to provide better access to diagnostic services for non in patients.

These issues are being fully considered as part of the next stage of the development of the strategy and will either be addressed by revisions to the strategy or by tasks allocated to the various workstreams, which will support the further implementation of the strategy.

Financial Implications

Much of the emphasis of this strategy relates to different ways of working and will therefore be about better, more co-ordinated use of existing resources. It is recognised that there maybe short-term costs to introduce some of the changes proposed and capital requirements to support the service models, which will need to be found from existing Health and Social Service budgets.

Cross Cutting Themes

Whilst the strategy is largely health related it will have links with the provision of Social Services and the next stages of the development of the strategy will be engaging with Social Service colleagues, to ensure the strategy aligns with the recently published Social Service Directions paper: Fulfilled Lives.

The strategy recognises the potential role for Voluntary Organisations to play a role in the development of local plans to implement the strategy.

The strategy will have a very positive effect in relation to promoting equal opportunities. The aim of the strategy is to help patients and carers access the most appropriate services. We know from work already undertaken that there is often confusion over which services patients should access for particular conditions. The combination of a wide range of service responses and assessment of the patient will help promote equal opportunities and access to service.

Next Steps

The Project Board is currently considering the responses to the consultation and relevant issues will either be included in a final strategic document or in the National Implementation Plan, which will be published at the same time. This will include details of the supporting workstreams and a timetable for implementation.

Action for Subject Committee

The committee is asked to note the current status of this strategy and to support the overall approach.

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