

Health and Social Care Committee

Meeting Venue:
Committee Room 1 – Senedd

Meeting date:
9 October 2013

Meeting time:
09:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

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Agenda

(09:00 – 09:05 Pre-meeting)

1 Introductions, apologies and substitutions

2 Social Services and Well-being (Wales) Bill: Stage 2 – Order of Consideration (09:05 – 09:10) (Pages 1 - 3)

Note: Stage 2 proceedings on this Bill will only go ahead if the General Principles are agreed to in Plenary on 8 October 2013.

3 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

Items 4 and 7.

4 Unscheduled care – briefing on work of ministerial advisory group (09:10 – 10:00)

Baroness Finlay of Llandaff
Veronica Snow

5 Unscheduled care – preparedness for winter 2013/14 (10:00 – 11:00) (Pages 4 - 17)

Ministerial scrutiny session

- Mark Drakeford AM, Minister for Health and Social Services
- Gwenda Thomas AM, Deputy Minister for Social Services
- Albert Heaney, Director of Social Services
- Kevin Flynn, Director Delivery & Deputy Chief Executive of NHS Wales
- Dr Grant Robinson, Clinical Lead for Unscheduled Care

6 Papers to note

Letter from the Older People's Commissioner for Wales (Pages 18 - 19)

7 Forward Work Programme (11:00 – 11:30) (Pages 20 - 25)

From: Policy and Legislation Committee Service
To: Members of the Health and Social Care Committee
Date: 09 October 2013

Social Services and Well-being Bill - Stage 2 Order of Consideration

Actions

1. The Committee is asked to agree the order of consideration for Stage 2 of the Social Services and Well-being Bill.

Background

2. Following the introduction of the Social Services and Well-being Bill ("the Bill") on 28 January 2013, the Business Committee remitted the Bill to the Health and Social Care Committee ("the Committee") for Stage 1 and Stage 2 scrutiny. During Stage 1, the Committee was granted two extensions for the publication of its Stage 1 report. The deadline for Stage 2 consideration was extended from 18 October 2013 to 13 December 2013. It is anticipated that a large volume of amendments will be tabled during Stage 2.

Order of consideration

3. The order of consideration is the order in which the sections and schedules of the Bill are arranged for the purposes of disposing of amendments¹. The order in which amendments are debated is determined by the order of consideration (which is determined by the Committee) and by the groupings (which are determined by the Chair²).
4. Under Standing Orders:

Amendments are to be disposed of in the order in which the sections and schedules to which they relate arise in the Bill, unless the committee considering Stage 2 proceedings has decided otherwise.³

5. This means that a committee undertaking Stage 2 scrutiny may vary the order in which the sections and schedules are considered.

¹ An amendment is disposed of when a decision is taken on it, or it is either not moved or withdrawn.

² SO26.64

³ SO26.21

6. The thematic nature of the Bill means that it is likely that amendments which affect different parts of the Bill will be grouped for debate. Under the default order of consideration under Standing Orders, this could mean that amendments debated as part of an early group might not be disposed of until late in the order of consideration. The likelihood that more than one meeting will be required to dispose of the anticipated volume of amendments means that amendments might be debated during one meeting, but disposed of at a later meeting.
7. To reduce the likelihood of this, the Committee is asked to consider ordering the sections and schedules such that schedules would be considered immediately following the section that introduces them, and considering amendments to Section 1, which is an overview section, last, once the substantive amendments to the rest of the Bill have been disposed of:
 - a. Sections 2-69
 - b. Schedule 1
 - c. Sections 70-119
 - d. Schedule 2
 - e. Sections 120-160
 - f. Schedule 3
 - g. Sections 161-169
 - h. Section 1
 - i. Long title

Other measures

8. To further improve the clarity of proceedings, a number of other measures are being explored, including:
 - a. subdivision of thematic groupings by the location of amendments within the Bill to reduce the potential gap between the debating and disposal of amendments; and
 - b. reconsideration of the way in which information is presented to Members and the public prior to and during Stage 2 proceedings, and the potential for the provision of additional information, or improved presentation of information.

Stage 2 meeting dates

9. The Stage 1 debate is scheduled for 8 October. If the Assembly approves the general principles of the Bill, Stage 2 will begin on 9 October, from

when any Member may table amendments. At least 15 working days must elapse between the beginning of Stage 2 and the first meeting at which amendments are considered⁴, and amendments must be tabled at least five working days before they are due to be considered⁵. By convention, Welsh Ministers table amendments to Government Bills two working days before the five working day deadline.

10. Stage 2 proceedings have been scheduled to take place on the following dates, subject to the volume and nature of the amendments tabled.

Meeting date	Tabling deadlines	
	Welsh Government	Members
Wednesday 13 November	Monday 4 November	Wednesday 6 November
Wednesday 27 November	Monday 18 November	Wednesday 20 November
Thursday 5 December	Wednesday 27 November ⁶	Thursday 28 November
<i>Wednesday 11 December⁷</i>	<i>Monday 2 December</i>	<i>Wednesday 4 December</i>

11. Following each meeting tabling will reopen, but only to those sections and schedules of the Bill which have not yet been deemed agreed. Members will also wish to be mindful that amendments will not be admissible if they are inconsistent with decisions already taken during Stage 2 proceedings⁸. Members are therefore encouraged to table all amendments that they wish to table prior to the first meeting at which amendments will be considered.

⁴ SO26.17

⁵ SO26.59

⁶ The deadline for Government amendments has been adjusted so that it is after the meeting on Wednesday 27 November.

⁷ Based on current understandings of the likely volume of amendments, it is estimated that Stage 2 consideration will be completed on Thursday 5 December. The meeting on Wednesday 11 December has been allocated as a backup. Members should note that the deadlines for amendments to be tabled for 11 December are prior to the meeting on 5 December, meaning that it would not be possible to table further amendments after the meeting on 5 December.

⁸ SO26.61(iv)

Agenda Item 5

Document is Restricted

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

INQUIRY INTO UNSCHEDULED CARE: PREPAREDNESS FOR WINTER 2013/14

Date: 9 October 2013

Venue: Senedd, National Assembly for Wales

Title: inquiry into Unscheduled Care: Preparedness for Winter 2013/14

PURPOSE

1. This paper provides an update on the actions taken by NHS Wales and partners to assist provision of safe and effective unscheduled care services during winter 2013/14, including specific reference to those areas of interest identified by the Committee and outlined in the Committee Chair's letter of 17 September 2013.

SCALE OF THE CHALLENGES

2. There are a number of challenges which are beyond the control of the Welsh Government and cause difficulties for the delivery of health services across the UK. Whilst the 2012/13 winter was exceptional (as explained below), a combination of challenges mean there can still be an expectation of a difficult winter ahead.

3. Cold Weather

Winter 2012/13 started early with a large and sudden drop in temperature in October that lasted well into April 2013, making it the longest winter and coldest spring recorded for 50 years, impacting on the ability of health services throughout the UK to deliver timely services.

A Public Health Wales report on Winter 2012/13 suggested that the drop in temperature also saw peaks in respiratory and gastric virus circulation which extended into spring, causing A&E attendances to peak in March. The report also suggested the drop in temperature resulted in an increased risk of stroke, myocardial infarction and acute respiratory conditions, as well as falls (especially in older people).

4. Increasing Demand

There is evidence of gradual annual increases in major A&E attendance, with the 65-84 age group accounting for most of the increase, followed by the 45-64 and 85+ age groups. The older patients tend to have longer waits; be frail when very old; have complex chronic medical and social problems with their acute problems; and are often admitted. This situation is exacerbated by an approximate 4% year-on-year increase in call volumes to WAST.

Further, demand is more unpredictable and 'spikey', with random peaks in admissions making it difficult to forecast the appropriate capacity required to deliver services effectively at all times.

5. Demographic Changes, Health Status and Inequalities

Ageing Population

Future demographic trends clearly indicate increasing demand pressures over the next 5 to 10 years. Within Wales, the population aged 65-74 is projected to increase by 27.2% between 2008 and 2019 compared to 26.1% in the UK over the same period.

Chart 1 at annex 2 illustrates the ageing nature of the population in Wales. Evidence shows that the largest % increase in patients admitted as an emergency are in the age 85+ category, with a 57.7% rise in the number of patients aged 85+ admitted via emergency departments over the past 9 years.

A higher proportion of these older people arrive at A&E in emergency ambulances, and there is a higher risk of admission from A&E compared to seeing a GP for the same medical problem.

Austerity

The era of austerity has impacted on NHS Wales' ability to deliver services over recent years and will represent a challenge for the foreseeable future, shaped by a series of UK Government cuts. A cut in the Welsh Government budget for 2014-15 of £81 million, and a further £54 million in 2015-16 – and these on top of a series of cuts made from 2010 onwards.

Socio-economic Inequality/ the Impact on Health and Social Care Capacity

There is a strong correlation between poverty and deprivation inequalities and increased unscheduled care use. As incomes are falling, particularly for vulnerable groups, demand on unscheduled care is likely to increase.

Unscheduled care demand also increases with the cold and there is evidence that fuel poverty is getting worse. Wales has high levels of poor housing with poor energy efficiency and heating systems, and the rise in energy prices and squeeze on house hold incomes continues, particularly amongst the most vulnerable.

Local Authority Budgets

Local Authority spending on adult social care (most notably for the elderly) has not, and is unlikely to, keep pace with increasing demand. Further, residential care and nursing home sector providers are struggling to remain viable, with closures and the rate of closures likely to increase. The impact of this increases admissions and slows down the pace of discharges from the unscheduled care system.

Unscheduled care of the elderly is a unique and growing challenge. Pressures at every point mean that each service has created criteria or processes for dealing with referrals that act as a gatekeeper control to patients being seen. The one part of the system that cannot have these in place gets swamped: ambulance and hospital services across Wales, which are the only part of the NHS which are seen by the public as '24/7'.

Indeed, during periods of high demand, already pressured ambulance and hospital services become the default 'place of safety' for people who require other forms of care but are unable to access them, and the average length of stay at hospital increases.

Bed Capacity

A half a day increase in length of stay across Wales is the equivalent of 350 beds, a full day 700 beds and two days 1400 beds, a significant proportion of Wales' bed capacity.

It is not possible to increase capacity to the extent required when this happens, because of physical, workforce and other constraints. The only viable solution for the health and social care system is to maintain adequate levels of patient flow by maintaining discharges, at or above the rate of admission, which is what unscheduled care plans must seek to achieve under increasingly difficult circumstances.

PROGRESS IN DELIVERY OF IMMEDIATE PRIORITIES TO ALLEVIATE PRESSURES ON UNSCHEDULED CARE AND THE CURRENT POSITION

In April 2013, the Minister for Health and Social Services delivered an oral statement which set out a wide range of actions designed to enable improvements in the short, medium and longer term.

6. Improving Ambulance Handover Times at A&E

The number of patients waiting over 1 hour for handover from the care of ambulance crew members to the care of A&E staff has reduced significantly since April 2013. Latest data for August 2013 shows there were 69% fewer patients, waiting over an hour for handover than were in April. Over 2100 patients waited over an hour for handover in April, and under 650 in August.

In terms of A&E access, nearly half a million patients attending A&E were either admitted, discharged or transferred within 2 hours of arrival at A&E department in the last twelve months. Further, between March and August there has been a 7.4 per cent improvement in performance against the 4 hour A&E waiting time target.

7. Delayed Transfers of Care

Joint meetings between the Ministers for Local Government and Health and Social Services, and the Deputy Minister for Social Services with Local Health Boards and Local Authorities have taken place, with further planned over the coming weeks. Discussions have taken place about what local health communities are doing to reduce delayed transfers of care and how to accelerate social care assessments and discharges in their areas.

The Community and Hospital Interface (CHI) Task and Finish Group was established on 30 April 2013. The Group is chaired by Sue Evans, Chief Officer for Social Care and Housing at Torfaen County Borough Council and a member of the Association of Directors of Social Services Cymru (ADSSC). Within ADSSC, Mrs Evans is the nominated lead for unscheduled care.

The primary purpose of the group is to improve patient experience and journey through the whole pathway of care. An executive level taskforce has since been established by Albert Heaney (Director of Social Services and Integration), to encourage integration and leadership at a strategic level. Sue Evans is also a member of this taskforce to ensure linkages between these pieces of work. A draft report with recommendations has been developed outlining short, medium and long term actions.

The CHI group has met on four occasions to date and will be meeting again on 15 October 2013, with the intention of developing the Group into an Implementation Group to progress the recommendations and actions as a matter of urgency.

Following sign-off by the Group, the recommendations will require endorsement from ADSSC and the Unscheduled Care Strategic and Steering Board.

8. National Clinical Lead for Unscheduled Care

Dr Grant Robinson was appointed as the Unscheduled Care Clinical lead on Tuesday 6 August 2013 and commenced work at the beginning of September 2013. Programme management for this work has now been established at the NHS Wales Chief Executives Support Office at Innovation House, Llanharan, and Dr Robinson has been working with leaders from health and social care to secure improvement across pathways of urgent and emergency care.

9. National Conversation on Needs of Ageing Population (Baroness Illora Finlay)

Baroness Illora Finlay agreed to start the new 'National Conversation' on how care services in Wales can best meet the needs of our ageing population, and took up this role in May 2013.

Baroness Finlay is ideally positioned to undertake this work with her distinguished clinical experience; the national leadership she demonstrated in the transformation of palliative care and end of life care services; and her involvement with the development of the House of Lords Select Committee Report *Ready for Ageing?*

Baroness Finlay has met with key stakeholders and has chaired a number of Think Tank events. An interim report is expected by the end of October 2013.

10. The McClelland Strategic Review of Welsh Ambulance Services

Andrew Cottom, formerly Chief Executive of Powys teaching Health Board, was appointed as Programme Director for the Ambulance Reform Programme in July 2013. Mr Cottom has been tasked with leading NHS Wales and the Welsh Government's response to the McClelland Review, and with discharging the recommendations made with pace and purpose. An interim Chair for the ambulance Trust, Mr Mick Giannasi, was appointed by the Minister for Health and Social Services in August to assist the Trust through a period of significant change. Mr Giannasi will work with the Welsh Government to refresh the Trust's non-executive Board over the coming months, and assist Mr Cottom with the reform programme. A range of reforms will be in place by 1 April 2014, including:

- The establishment of a new National Ambulance Commissioning Committee;
- The re-naming of the Welsh Ambulance Services NHS Trust;
- The appointment of a new substantive Chair and a refreshed non-executive Board; and
- Implementation of new ambulance measures which demonstrate the quality of care being provided to patients.

A breakdown of performance delivered along the unscheduled care pathway – from emergency ambulance response performance to the numbers of Delayed Transfers of Care - between September 2011 and August 2013 (latest available data) is attached at annex 1.

EXAMPLES OF EFFECTIVE ACTION THAT HAS BEEN TAKEN QUICKLY TO RELIEVE THE PRESSURES ON UNSCHEDULED CARE, PARTICULARLY IN EMERGENCY AMBULANCE AND ACUTE HOSPITAL SERVICES

11. Welsh Government Action

The Welsh Government required Unscheduled Care and RTT Recovery Plans from all Local Health Boards and WAST in May 2013. Expectations were made clear that assurances about preparedness for winter 2013/14 should be included within the Unscheduled Care Recovery Plans.

The Welsh Government required all Local Health Boards and WAST to produce unscheduled care performance improvement trajectories against the 4 hour A&E and 8 minute ambulance response time targets. Reductions of patients waiting in excess of 1 hour for handover from ambulance crews to A&E staff, and those spending longer than 12 hours in the department before admission, transfer or discharge were also required.

Weekly phone calls with each Local Health Board and WAST were established by the Department for Health and Social Services in May 2013. The calls were initiated to provide assurance that the integrated recovery plans were being delivered within the confirmed timescales.

Responsibility for the daily Executive-level National Emergency Pressures Conference Call was transferred from Welsh Government to Local Health Boards in June 2013. The transfer was designed to encourage greater ownership of unscheduled care escalation arrangements, in addition to encouraging greater engagement and collaboration between NHS Wales' organisations.

The calls continued throughout the summer period and will continue throughout autumn and winter. Welsh Government require Local Health Boards to report delays experienced by patients in excess of 12 hours at A&E on the call, and to provide assurance that patients and families are being kept informed of reasons for the delay and when patients are likely to be admitted, transferred or discharged.

Welsh Government initiated the publication of data on the number of patients spending longer than 12 hours at A&E before admission, transfer or discharge from May 2013 to provide greater transparency to the public on the timeliness of care provided at A&E departments across Wales.

12. NHS Wales Action

All Local Health Boards and WAST have developed Unscheduled Care Plans that describe their strategic and operational approach to drive improvements quality, patient safety and how they will deliver against national targets.

As referenced above, Welsh Government required all organisations to provide assurance about preparedness for winter 2013/14 within their Unscheduled Care Plans, which were to be developed with partners e.g. WAST, LHBs and Local Authorities.

All plans set out the actions delivered and intended to be delivered by NHS Wales' organisations to relieve pressures on unscheduled care services ahead of, and during, the winter period and beyond. Welsh Government officials will distribute the latest iteration of the 'live' unscheduled care recovery plans to the Committee shortly.

Welsh Government officials have been in regular discussions with Health Board Executive Leads for GP Out of Hours services. Health Boards have been working together to ensure resilience of existing services. New standards of service have been developed and these are expected to be finalised in October to enable more effective monitoring of service provision.

THE PLANNING AND SOLUTIONS FOR WINTER PRESSURES IN 2013/14 INCLUDING WHETHER THERE IS THE RIGHT CAPACITY IN OUR HOSPITALS TO MEET DEMAND

13. Planning and Solutions for Winter Pressures in 2013/14 and Appropriate Capacity to Meet Demand

The Welsh Government holds quarterly Seasonal Planning Group meetings which are attended by senior representatives of Local Health Boards, WAST and Local Authorities. The rationale of the Group is to improve planning arrangements and learn lessons by working in co-operation with key partners, and to provide assurance to the Welsh Government that NHS Wales are operationally ready and resilient to deliver services throughout peaks of predicted pressure – including winter.

The Seasonal Planning Group has been planning for winter 2013/14 since its meeting in March 2013, when NHS Wales representatives delivered presentations on lessons learned from winter 2012/13. The NHS Delivery Unit also delivered a range of recommendations for the NHS' winter plans for 13/14 at the March meeting.

Additional assurance was sought by Welsh Government from all Chief Executives in August in respect to capacity and demand modelling for winter 2013/14. Assurance has been provided by all Local Health Boards in respect of:

- Accurate identification of RTT and Unscheduled Care demand;
- Plans for the provision of RTT Unscheduled Care capacity to meet this demand, in particular during periods of peak workload;
- The bed occupancy levels within which they plan to operate;
- How elective capacity will be protected to minimise outliers and reduce the impact of unscheduled care on scheduled care activity;
- How the impact of infection on their capacity will be managed; and

A National Winter Planning Forum was launched by the Minister for Health and Social Services on 10 September 2013, and attended by executive level representatives of Local Health Boards, WAST, Public Health Wales and Local Authorities (including the President of ASSDC).

Each local health community (comprising a representative of the Local Health Board, Local Authority and a WAST Head of Service for that area) delivered a presentation on preparedness for winter. All presentations are available for the Committee to view on request.

Following the Winter Forum, the Welsh Government required all Chief Executives to submit formal plans to build on the presentations. Further assurance was sought on:

- Accountability and Governance;
- Preventative measures, including flu campaigns and pneumococcal immunisation programmes;

- Operational readiness and bed management capacity;
- Discharge arrangements;
- Out of Hours arrangements;
- NHS/Social Care/Ambulance/Primary Care/Third Sector joint arrangements including assurance regarding work with local authorities and links with A&E; further assurance that there is appropriate communication; and assurance that the appropriate capacity is available across the whole system to meet predicted demand;
- Communications;
- Workforce arrangements; and
- Escalation.

All Local Health Boards have submitted responses outlining their plans against each of the above themes.

The Welsh Government has further developed the NHS Wales Unscheduled Care Dashboard to include near-live information on bed capacity levels. This data is designed to assist Local Health Boards' understanding of when to escalate locally and nationally.

WHETHER THE NECESSARY MEASURES ARE IN PLACE TO ALLEVIATE THE CONSIDERABLE PRESSURES THAT DEMANDS IN UNSCHEDULED CARE CAN HAVE ON THE WHOLE SYSTEM, INCLUDING WHETHER ANY ADDITIONAL FUNDS WILL BE TARGETED AT AREAS UNDER MOST PRESSURE

14. In addition to the range of measures already described, in particular those taken to better match capacity to demand, NHS Wales has further developed its approach to escalation. As part of the Work Programme for Unscheduled Care, the National Escalation and De-escalation plan is being reviewed and updated.
15. There is a more routine daily understanding of occupancy rates and a clearer link to the flexing of capacity to meet predicted demand. The evidence of last winter is that the prolonged bad weather had a significant impact on both the number and type of attendance. Work has been undertaken to develop understanding of the impact of the weather on demand for services and the best response. LHBs are building this into their planning and this is being shared with partner agencies.

THE LONGER-TERM CHALLENGES AND PLANS TO IMPROVE THE POSITION FOR THE FUTURE, MOVING BEYOND HOSPITAL AND AMBULANCE SERVICES TO ENCOMPASS PROVISION IN THE COMMUNITY

16. Longer Term Plans to Improve the Position for the Future

The National Work Programme for Unscheduled Care was developed by NHS Wales' Chief Executives in collaboration with Welsh Government in April 2013. Amongst the Programme's objectives are to improve the way health and social care work together to ensure hospitals focus on those who need them, and to ensure all get great care in the best place when they need it.

The Work Programme is led jointly by Andrew Goodall, Chief Executive of the Aneurin Bevan Local Health Board and Elwyn Price-Morris, Chief Executive of WAST. The following projects have commenced under the aegis of the Programme:

- Development of an escalation system for NHS Wales that is owned, understood, used properly and valued by Health and Social Care staff and organisations;
- Creation of a genuinely integrated health and Social Care system for Unscheduled Care where priorities are aligned and owned by all sectors (from primary care, through community, acute, social care and back into primary care) where all know what is required of them and are responding appropriately;
- Establishment of an Unscheduled Care Collaborative for Improvement;
- Creation of a national approach to GP Out of Hours, 111 and Community Hubs that acknowledges local differences whilst delivering improved services quickly;
- Identification and delivery of actions that change the health and social care system from 'push' to 'pull'; and
- Implementation of the Ambulance Review findings (i.e. the Ambulance Reform Programme).

The Wales Audit Office report, *Unscheduled Care: An Update on Progress* was published in September 2013 and made a number of recommendations for NHS Wales, Welsh Government and partners to deliver against. The majority of the recommendations featured in the report are aligned to work streams which are already underway through the Work Programme for Unscheduled Care. Any outstanding recommendations will be integrated into the work undertaken by the Programme.

17. Improving Integration between Health and Social Services and Provision of Care in the Community

Much progress is being made locally to drive forward greater integration of health and social care services with a particular focus on preventative services and older people. The Welsh Government is supporting the development of these approaches through the Regional Development Fund made available by the Minister for Local Government. However the Welsh Government expects progress in this area to pick up pace and to be scaled at a broader level.

The Welsh Government has recently published two documents relating to integration of services, these include *Delivering Local Health Care* - accelerating the pace of change, published in June 2013 and the *Integration Framework for older people with complex needs*, published for consultation in July 2013. These documents highlight a range of both short and longer-term actions for Health Boards, Local Government and partners to improve the services, care and support for people across Wales through new service models and more effective partnership working.

A Task and Finish group was commissioned by Welsh Government to develop interim guidance to replace the existing guidance on the Unified Assessment Process for older people. The purpose of this interim guidance is to develop more effective integrated assessment arrangements between health, local government and partners to ensure more timely and effective support to people in need. This Framework will be published in December as interim guidance and will operate for a limited period of time until the implementation of the Social Services and Wellbeing (Wales) Bill. It will not change the existing eligibility framework in the short term.

The Social services and Well-Being (Wales) Bill strengthens the duties on both Local Authorities and Local Health Boards to work collaboratively. It also provides for new powers for Ministers to direct partnership working at local, regional and national level across Local Authorities and across Local Authorities and health.

Management of Common Ailments

18. Research suggests that an estimated 18% of general practice workload and 8% of emergency department consultations each year are for common ailments which could be effectively managed by community pharmacists. The Welsh Government will, in October 2013, establish the Choose Pharmacy service in pathfinder sites in Cwm Taf and Betsi Cadwaladr Health Boards. Choose Pharmacy will involve approved pharmacists offering confidential NHS consultations, and where appropriate treatment to patients who would otherwise present with common ailments at other NHS services.
19. There is potential for Choose Pharmacy to improve utilisation of NHS services by reducing the demand for treatment of common ailments on GPs and other parts of the NHS. Choose Pharmacy will be subject to a robust evaluation of benefits and will be rolled out nationally only if it can be demonstrated that it reduces the need for individuals to seek an appointment from their GP.

Annex 1: UNSCHEDULED CARE PATHWAY PERFORMANCE

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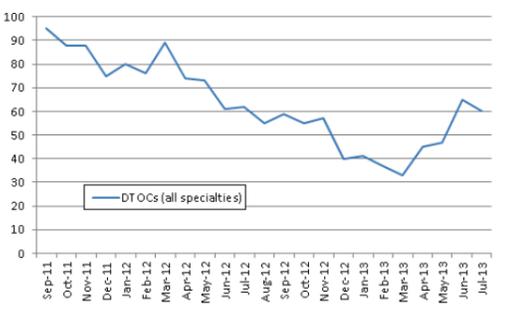
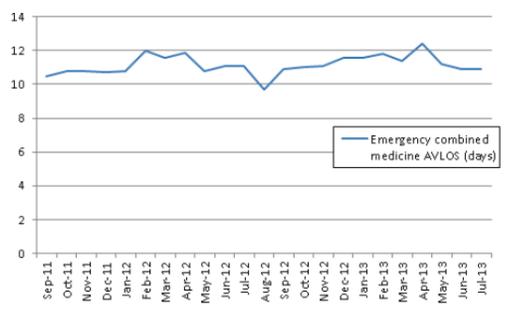
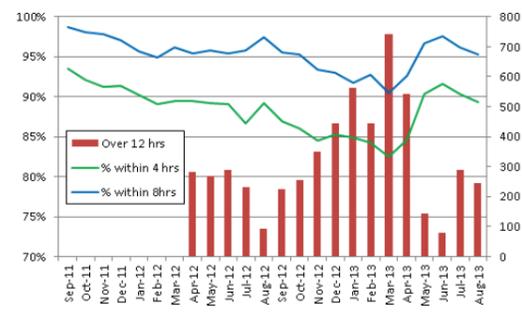
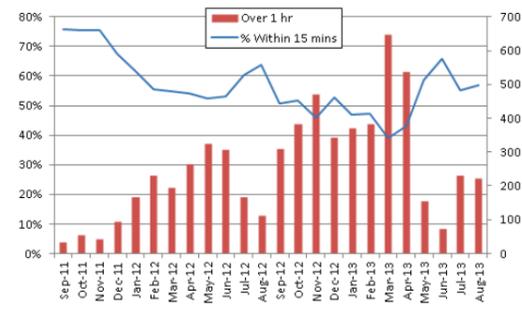
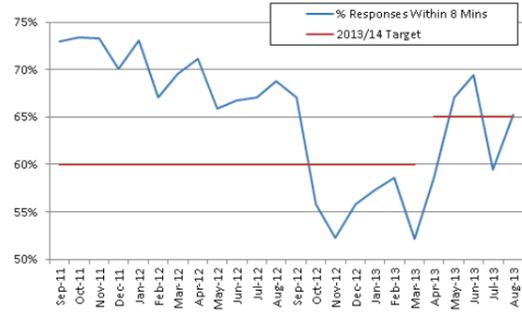
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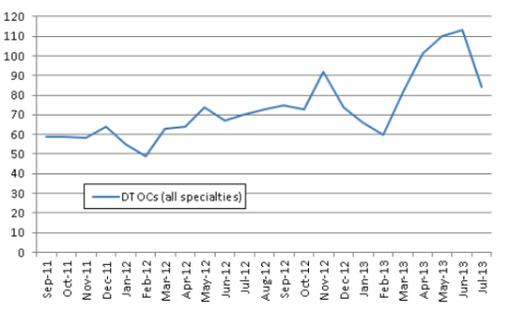
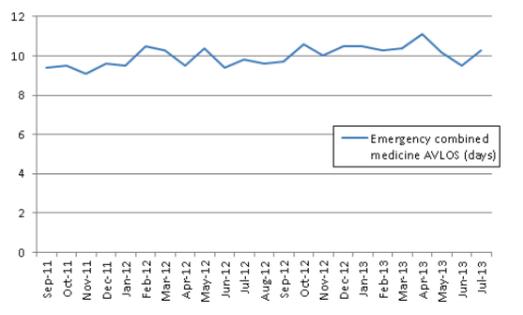
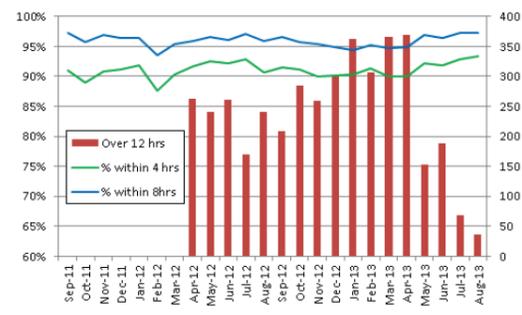
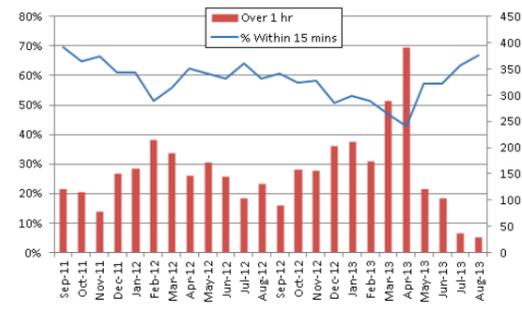
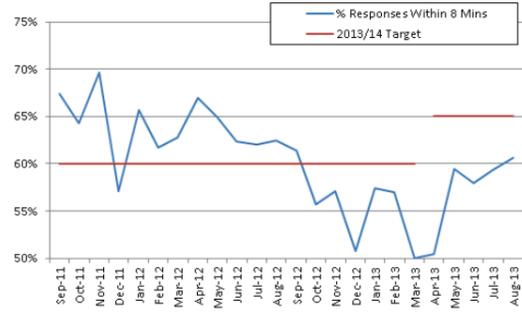
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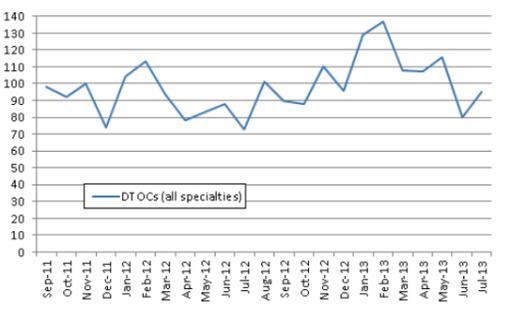
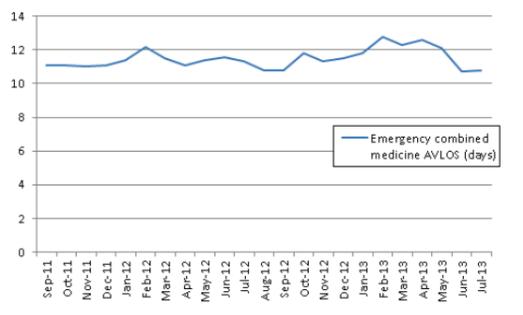
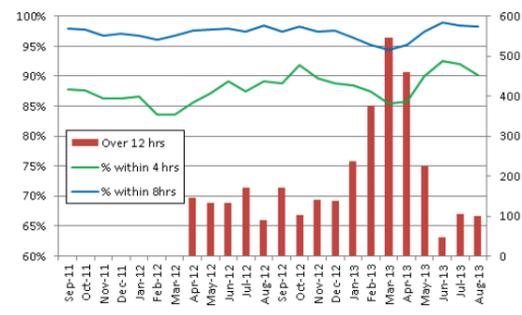
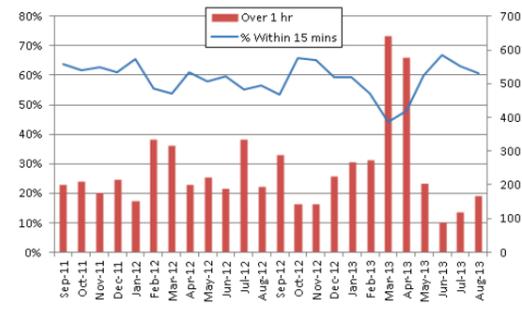
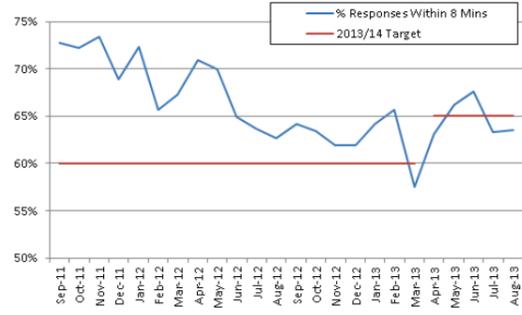


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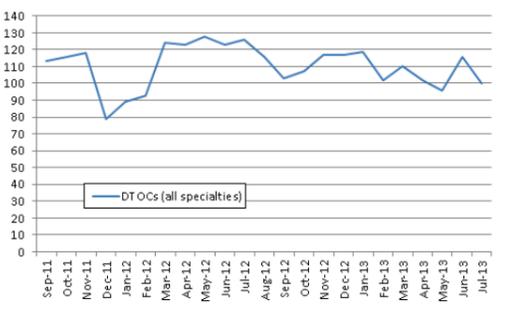
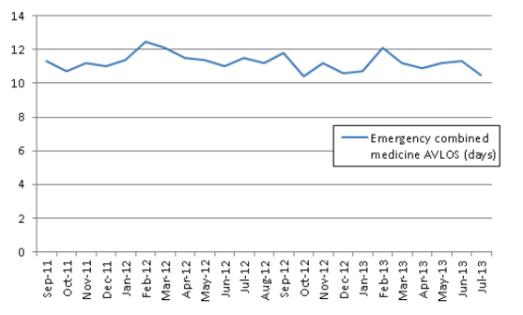
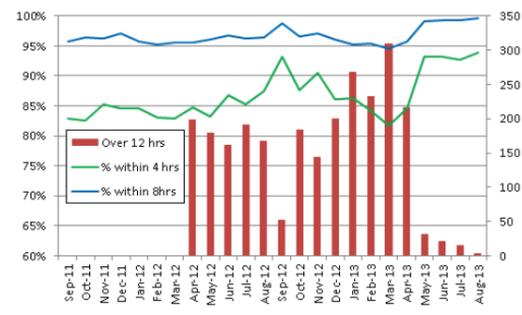
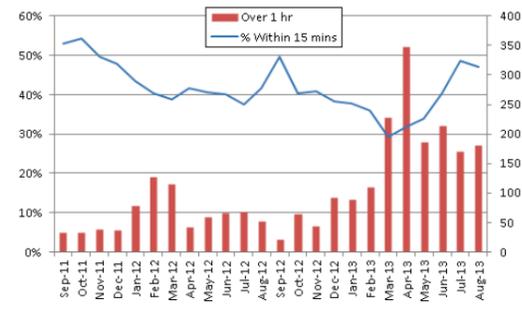
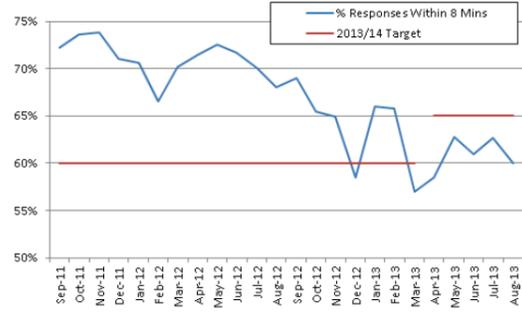
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CARDIFF & VALE



UNSCHEDULED CARE PATHWAY PERFORMANCE

CAT A RESPONSES WITHIN 8 MINUTES

HANDOVER

A&E WAITING TIMES

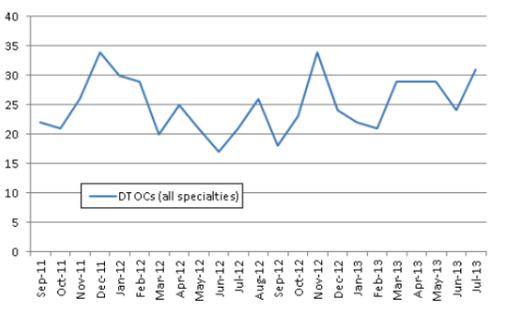
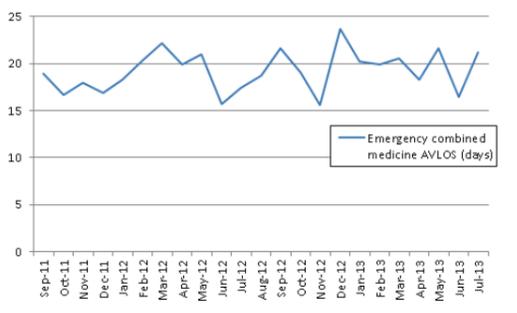
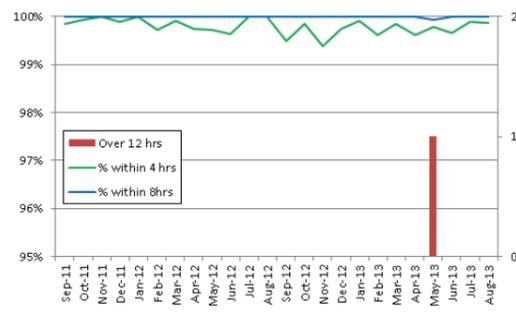
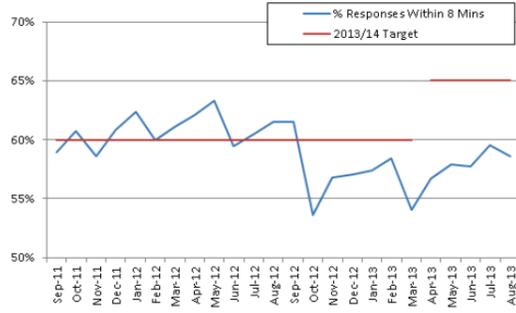
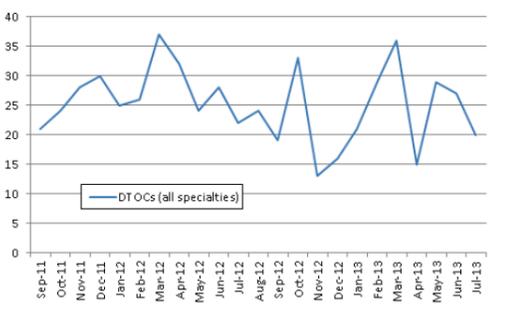
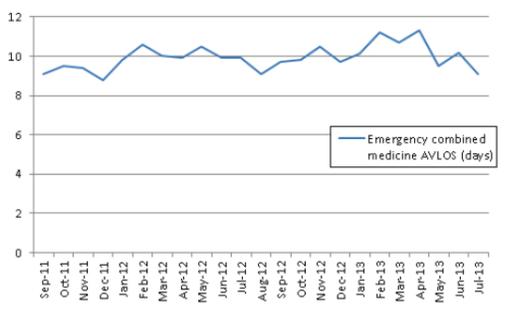
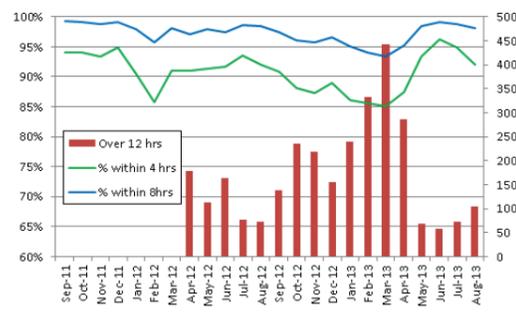
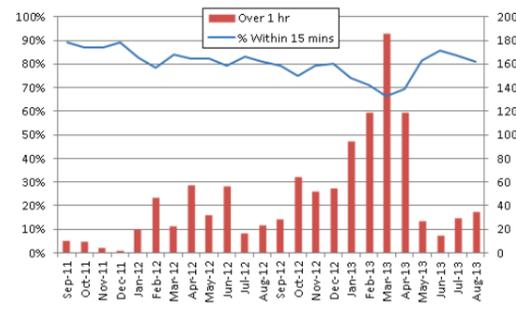
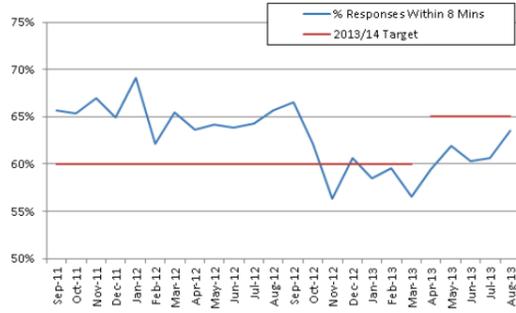
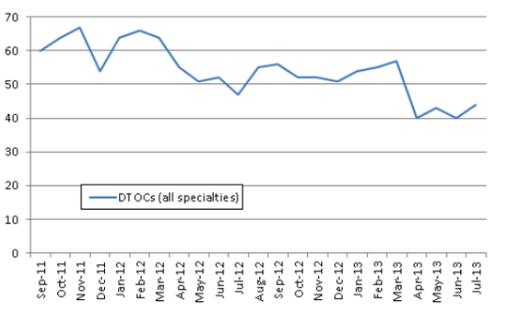
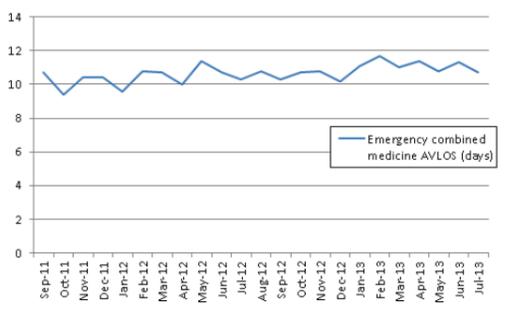
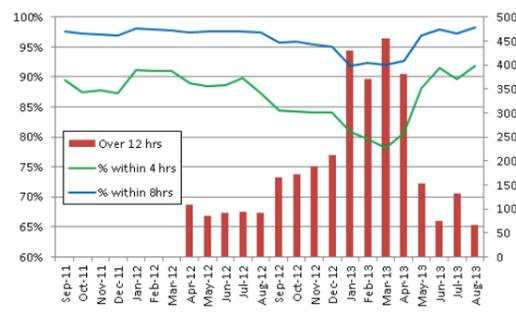
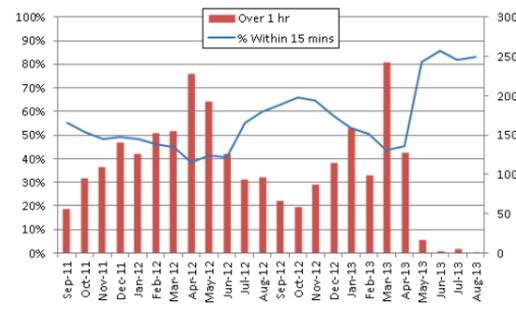
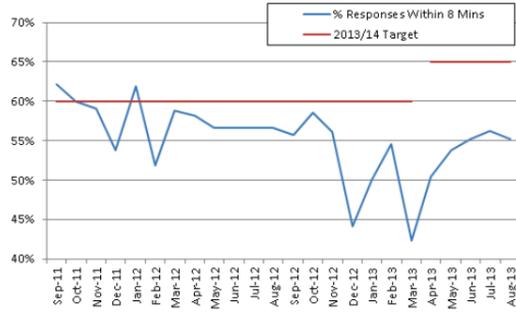
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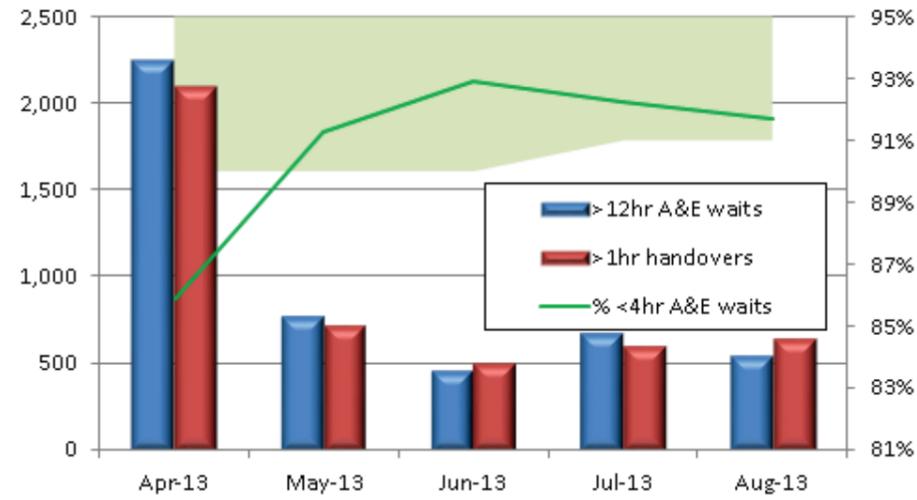
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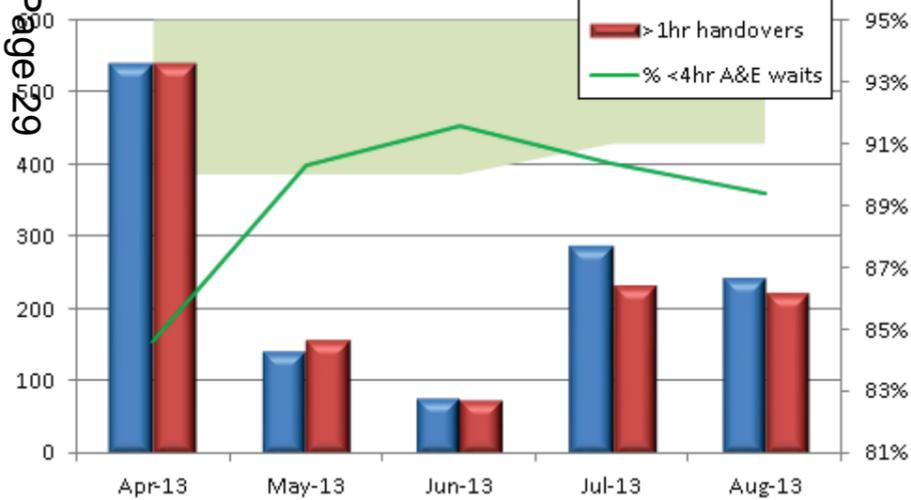


UNSCHEDULED CARE PROGRESS

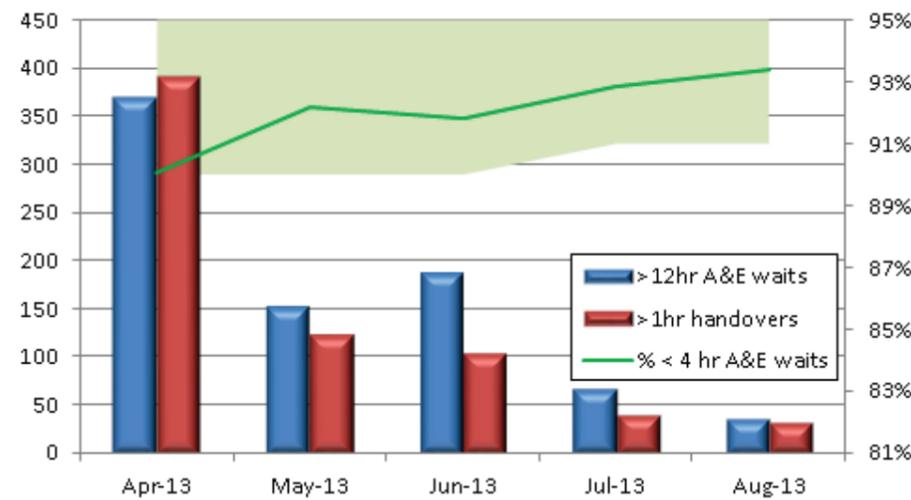
All Wales - Unscheduled Care Progress



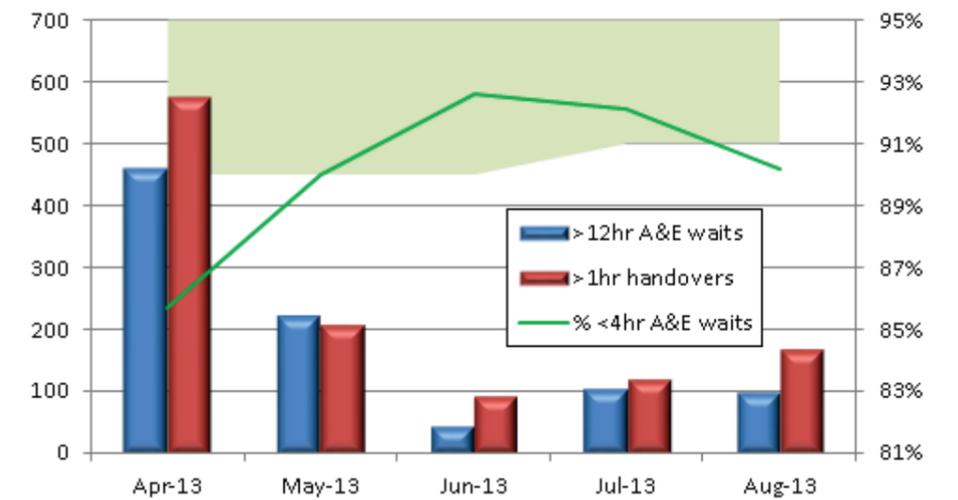
ABM - Unscheduled Care Progress

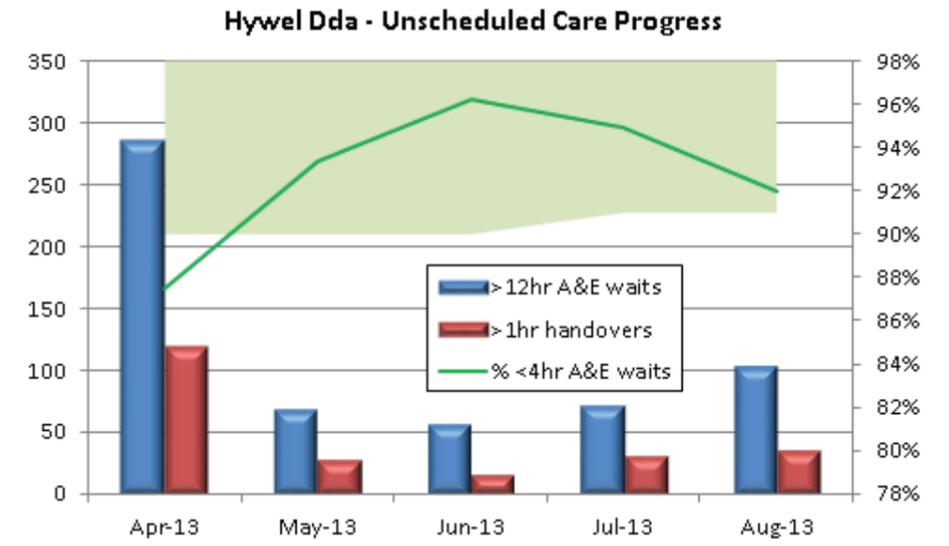
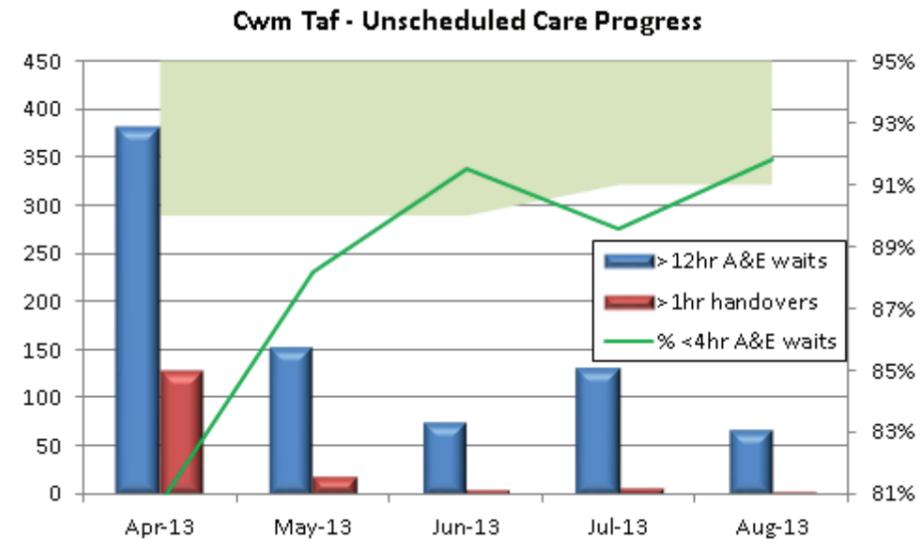
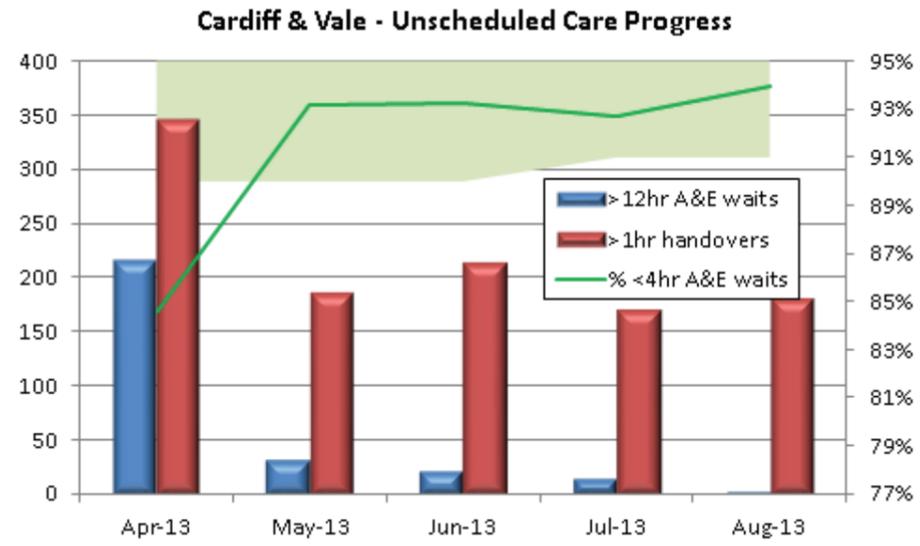


Aneurin Bevan - Unscheduled Care Progress



BCU - Unscheduled Care Progress

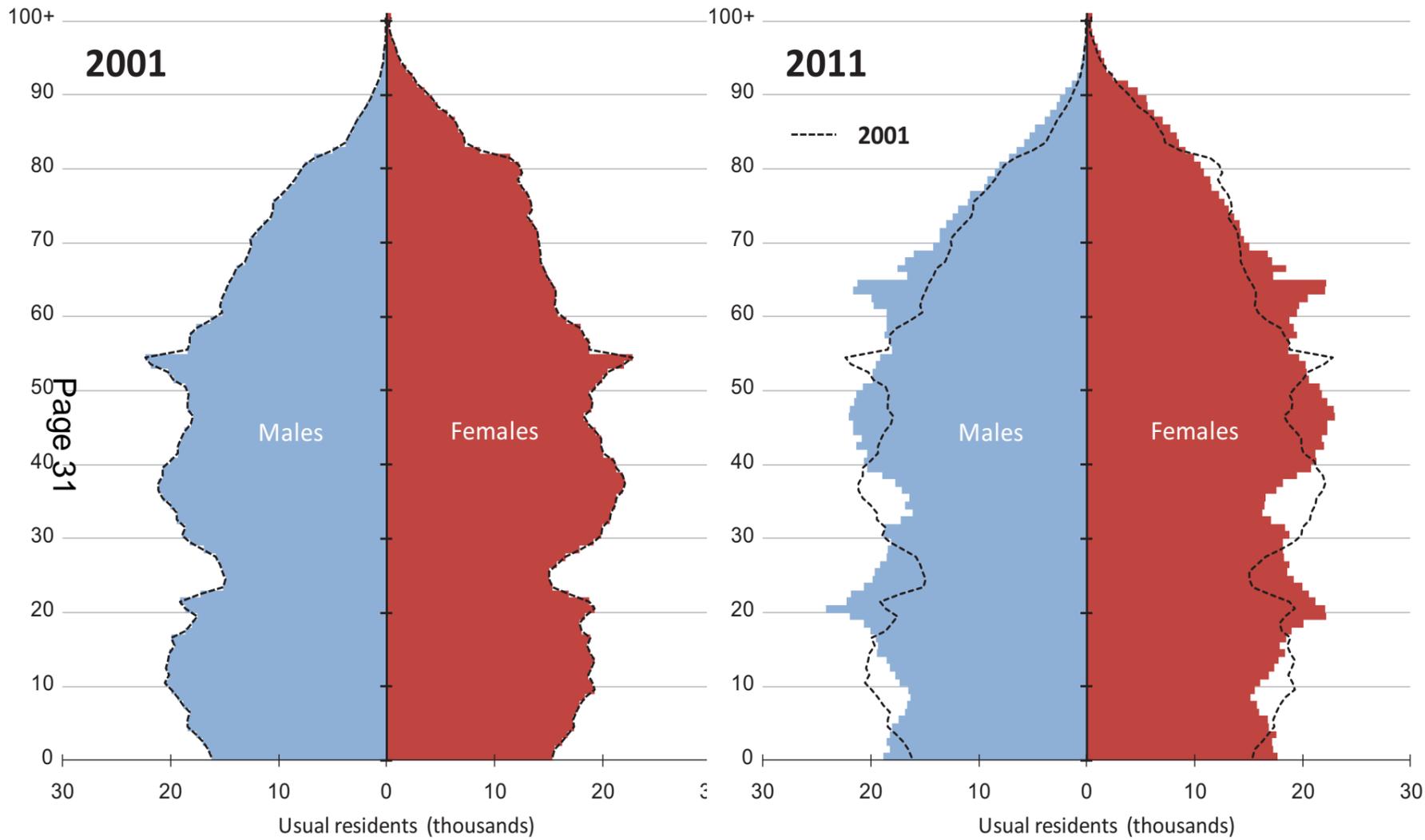




Annex 2

Chart 1

Changing Age Structure: 2001 vs 2011



Health and Social Care
Committee
National Assembly for Wales

Cambrian Buildings
Mount Stuart Square
Cardiff CF10 5FL

Adeiladau Cambrian
Sgwar Mount Stuart
Caerdydd CF10 5FL

By email

1 October 2013

Dear Chair,

Following my appearance at the Health and Social Care Committee meeting on 25 September 2013, the Committee requested that I provide information regarding the number of cases that I am considering at present, to include (1) the number relating to social care, and (2) those which the Commissioner considers serious.

I currently have 41 cases relating to social care, of these 26 are particularly serious cases.

The serious cases being looked at include, as examples,:

- Potential manslaughter (currently with the police)
- circumstances surrounding death
- alleged sexual assault
- personal injury
- very poor care standards and mistreatment of residents
- Continuing NHS Health Care
- Older people being moved out of area due to lack of EMI nursing places

- Problems with joint working between health and social care agencies
- Diagnoses of dementia without sufficient mental health assessment
- Whistle-blowing
- care home closure and the impact of moving frail, vulnerable individuals
- potentially discriminatory practices

By the end of this financial year I will publish my first Casebook covering cases I have intervened in, the wider themes emerging from casework and lessons that can be learned across public services in Wales.

Yours sincerely,

A handwritten signature in black ink that reads "Sarah Rochira". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Sarah Rochira, Older People's Commissioner for Wales

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