GIG CYMRU NHS WALES
Bwrdd Iechyd Cwm Taf Health Board

Your ref/eich cyf:
Our ref/ein cyf: AJW/KMG/KAD
Date/Dyddiad: 20th November 2013
Tel/ffôn: 01443 744803
Fax/ffacs: 01443 744888
Email/ebost: Allison.williams4@wales.nhs.uk
Dept/adran: Chair & Chief Executive

Mr Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 2NA

Dear Mr Millar

RE: Wales Audit Office Report - 'Unscheduled Care – An Update on Progress' September 2013

Thank you for your letter of the 8th November 2013 concerning the above report and the short inquiry into the subject that will be undertaken by the Public Accounts Committee.

Please find attached Cwm Taf Health Board's action plan in relation to the recommendations from the above Wales Audit Office report which I hope you will find helpful.

In respect of inappropriate referrals, there has been no comprehensive audits undertaken locally, however significant work has been progressed in conjunction with the Welsh Ambulance Services NHS Trust to reduce hospital conveyance rates and provide an alternative to hospital attendance. This work has included the development of condition specific pathways with direct links to community based services, and the introduction of additional support to care homes to prevent inappropriate conveyance to hospital and inappropriate admissions.

The initial evaluation of the "Phone First!" for minor injuries project in the Rhondda area also appears to illustrate that the initiative has been successful in ensuring patients access other services as an alternative to the accident and emergency department. The evaluation report considered by the Health Board in September 2013 is attached for your information and you will note that we are now working to roll out the "Phone First!" approach for minor injuries across Cwm Taf.

Contd/…

The above are two examples of the many work streams in progress across the Health Board in relation to unscheduled care services. If you require any additional information please do not hesitate to contact Kath McGrath, Assistant Director of Operations (Unscheduled Care) on 01443 744800.

Yours sincerely

Mrs Allison Williams
Chief Executive/Prif Weithredydd

CWM TAF HEALTH BOARD
WALES AUDIT OFFICE REPORT – UNSCHEDULED CARE RECOMMENDATIONS (SEPTEMBER 2013)

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
1a	To supplement existing quality assurance and risk management practices, Health Board medical directors and directors of nursing should carry out joint, urgent reviews to make sure they fully understand the safety implications for patients in their Emergency departments. The reviews should identify the extent of safety issues, and produce specific action plans that seek to reinforce what is acceptable and what is not acceptable practice.	Staffing establishments have been reviewed within each emergency department, and minimum staffing numbers agreed. Any gaps in rotas are covered by flexible bank and agency staff to maintain the minimum safe staffing levels. Acute care physician appointments have been made with further appointments planned. New roles have been developed to support and maximise the potential of all staff. Each emergency department now has a fully staffed therapy assessment team working within the emergency department and clinical decision unit. Daily local conference calls are held to ensure the departments are well supported and that there is always a senior manager on site. Patient records are reviewed regularly to ensure all appropriate care is provided. All 12 hour waits are incident reported and reviewed.	Development of advanced emergency practitioner role – provides senior clinical nursing support within the department reducing the need for agency staff. Increased impact in turn around at the front door due to increased acute care physician input.

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
2a	Health Boards' progress in delivering their unscheduled care plans should be reported robustly and regularly to their board meetings, to the Welsh Government and within the new national programme.	The Health Board's unscheduled care plan was submitted to the WG in September, and presented to the Health Board executive board in September, updates on progress are reported via the monthly operational board meetings, and also at finance and performance and quality and delivery committee meetings. The Health Board is also developing a specific unscheduled care dashboard to further support Board level performance reporting. The Health Board provided a presentation at the September national programme event and Health Board representatives will attend all events planned.	
2b	Those charged with developing the new unscheduled care programme should ensure the programme specifically addresses the issues presented in this report and in the *Ten High Impact Steps to Transform Unscheduled Care (USC)*.	The Unscheduled Care plan seeks to specifically address the issues highlighted in the *Ten High Impact Steps to Transforming Unscheduled Care*.	
3a	As a matter of urgency, Health Boards and the ambulance service should implement the new national framework for patient experience and ensure that they are routinely asking patients about their experiences of unscheduled care, across the whole	Recent patient surveys have been undertaken in each emergency department and will continue to be undertaken on a regular basis to inform the departments' progress and further action. Informal visits are also undertaken by	

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
	system and not just in the emergency department.	independent board members. The Health Board has also commenced work with the Public Health Wales Improvement Team around patient flow based on 1000 lives work.	
3b	Unscheduled care indicators used by each Health Board and reported to their board members should include a much wider suite of measures that cover, as a minimum, patient experience and outcomes, primary care access, performance of out-of-hours primary care, ambulance service and local NHS Direct Wales performance, 4-hour and 12-hour waiting time performance in emergency departments, instances of corridor nursing and overnight stays in the emergency department, performance of community-based unscheduled care services and measures related to patient flow, including responsiveness of inpatient specialist teams in responding to referrals and requests to review patients from the emergency department.	A suite of indicators has been developed to cover all aspects of patient flow, from primary care, out of hours service through community and intermediate care, acute and community hospital settings and these will be reported on a monthly basis via the operational board. Tier 1 targets are reported daily to the senior management team. Ward based measures are being developed and will be reported weekly to all ward areas capturing anticipated date of discharge compliance, length of stay, discharge pre-noon etc.	A suite of indicators covering primary, community, intermediate and acute care have been developed and will be implemented during October these will be utilised monthly to inform progress. A further ward based suite of data is being developed to enhance staff involvement at all levels in the patient flow improvement cycle.
3c	The Welsh Government should work with Health Boards to ensure the national Emergency Department Data	The Health Board continues to work closely with the DSU to ensure all data sets are robustly and consistently applied.	

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
	Set (EDDS) is completed consistently and comparably across all units and that the data are used effectively to understand demand.	The EDDS data quality indicators are also regularly reported across the organisation as part of the integrated performance dashboard.	
3d	In line with new standards issued by the Welsh Government, Health Boards should make it a priority to significantly improve their clinical coding performance.	In order to improve upon the timeliness and quality of clinical coding within Cwm Taf, the following actions have been implemented: • The improved working relationship between the coding department and the Assistant Medical Director with the remit for Quality and Governance and strong links with the clinical audit department. • The introduction from November 2012 of daily minimum coding targets. These are set in line with the agreed standard of 30 episodes daily and are monitored on a weekly basis to ensure that the minimum standard is maintained • We have standardised the working practices in the two coding departments and in so doing we have seen a significant improvement in efficiencies in the coding process. • We have recruited into the two vacant positions in PCH, they took up their posts in December 2012. This recruitment round included the appointment of a coding supervisor and both new appointments have coding experience.	

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
		• We produce weekly reports on both the achievement of coding against the targets and data quality that is fed back to all members of the team • Recruitment of two trainee clinical coders at RGH – posts commenced in July 2013. • There is still a level of overtime being undertaken to support the removal of the backlog however this is now under review. • Monthly case note audit to ensure quality of coding is maintained. • Clinical coding performance is reported as part of the dashboard at executive board, finance and performance committee and public board level.	
3e	Public Health Wales should build on its recent analysis of unscheduled care demand by providing health boards and the ambulance trust with support to strengthen local demand analysis. This support should aim to strengthen local organisations' abilities to predict and pre-empt peaks in demand, across all unscheduled care services and not just the emergency department.	The Health Board has undertaken a point prevalence study led by public health to inform the work of the unscheduled care group and this has informed further work on specific pathways. The point prevalence work will be repeated on a quarterly basis. Further work on the Health Board's revised escalation triggers and long length of stay will provide early indications of blockages across the system, enabling early identification of issues and targeted action. The revised escalation triggers provide a Health Board wide predictor tool as opposed to just the emergency department triggers.	Point prevalence work has informed further work of unscheduled care programme. The newly revised Health Board escalation triggers provide early prediction of delays across the pathway of care to pre-empt blockages at an early stage. Escalation is closely linked to the local authorities and WAST providing a whole system approach.

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
4a	If the Welsh Government decides to continue with the *Choose Well C*ampaign, it should: • Ensure the campaign complies with the National Social Marketing Centre's good practice principles. In particular, the campaign should set clear, measurable targets and should be robustly evaluated. • Consider whether *Choose Well* would benefit from using the *Mindspace*18 methodology to optimise the approach of changing public behaviours.	In advance of 111 Cwm Taf Health Board has implemented a "Phone First!" minor injuries service, this has had a positive impact in the Rhondda area and will be rolled out to all areas of the Health Board over the coming months. This service has resulted in a reduction in footfall at the Royal Glamorgan Hospital and has directed patients to other services – including pharmacies, self-help, and primary care services as an alternative to the emergency department. Patients are also re-directed from the main emergency departments to the two Health Board minor injury units and a varied communication campaign is being developed to encourage patients to use these services more frequently.	The "Phone First!" minor injuries service in Ysbyty Cwm Rhondda has evaluated and this has shown a reduced foot fall at the major emergency department, redirection of patients also occurs on a daily basis from the main emergency departments to both minor injury services. The Health Board is in the process of enhancing communication with the public to encourage re-direction to the minor injury services via a multi-faceted approach.
4b	The Welsh Government should take the following actions in relation to the 111 service: • as part of the decision-making process about the future of the 111 call service, come to a clear decision about the strategic direction of NHS Direct Wales; • develop a model for 111 that avoids all of the issues experienced in the English 111 service pilots; produce a detailed timeline setting out clear milestones that must be achieved	The Health Board in advance of the 111 development has implemented phone first minor injuries service, this is now being further enhanced with a multi faceted communication campaign and roll out.	As above. National OOH Forum has a desire to develop the integrated Phone First , Single Point of Access and OOHs service across Wales.

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
	before the final implementation of 111 in 2015; • ensure that the 111 service has supporting electronic systems to gather information on call case mix and volume to help contribute to a better understanding of unscheduled care demand and patients' urgent care needs; and • use the public communication campaign that will be needed to launch the new 111 service as an opportunity to communicate clearly and widely to the public about how best to access unscheduled care services.		
4c	The Welsh Ambulance Services NHS Trust should, as a matter of urgency, deliver transformation in the skill base of its staff so they have significantly stronger skills in assessing and referring patients.	The Health Board has worked with the WAST to develop pathways for specific conditions to reduce the number of conveyances. This has greatly enhanced the patient pathway and reduced conveyance rates, utilising community services as an alternative to admissions. Work continues to divert ambulances appropriately to the Health Board minor injury services. More detailed work is being undertaken to support nursing and residential homes in the localities, this work has commenced in the two largest homes with the aim to reduce unnecessary attendances.	The Health Board has commenced work with the two largest nursing / residential homes, alongside the WAST to reduce attendances and utilise community services as an alternative to conveyance to hospital.

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
5a	The Welsh Government should facilitate a Wales-wide exercise to share good practice, from Wales and further afield, in the use of Emergency Nurse Practitioners (ENPs).	Emergency nurse practitioners are based in and run both minor injury departments. ENPs also provide cover in both emergency departments. Training of new staff continues. The development of the advanced emergency practitioners further enhances the skills of senior nursing staff and enables a senior clinical role within the departments.	The ENP role within Cwm Taf is well embedded and has been further enhanced by the introduction of the advanced emergency practitioner role. This role has been developed and supports senior clinical nursing and paramedic staff to extend their emergency skills and work at a higher level within the department.
5b	Health boards should monitor their use of ENPs to ensure they are not routinely drawn into core nursing roles and they should ensure that ENP roles are fully considered in their workforce plans for unscheduled care.	ENPs have a separate rota to ensure they are not routinely drawn into the core nursing numbers within the departments. This rota spans minor injuries services as well as the emergency departments.	
5c	The Welsh Ambulance Services NHS Trust should, as a matter of urgency, deliver transformation in the skill base of its staff so they have significantly stronger skills in assessing and referring patients.		
5d	The Welsh Government should work with representative bodies and its counterparts across the United Kingdom to identify and address the root causes of recruitment and	Within Cwm Taf Health Board there have been developments to start to address some of the shortfalls in medical staff. The development of the advanced emergency practitioner role is the first in Wales and has demonstrated some	Within Cwm Taf Health Board there have been developments to start to address some of the shortfalls in medical staff working with colleagues to

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
	retention problems in the emergency department and primary care out-of-hours services.	success in its early stages. Recruitment campaigns continue across the Health Board to ensure appropriate levels of staff at all times. Longer term locum posts as opposed to add hoc agency are used where at all possible. South Wales Programme is also looking at service redesign to develop more sustainable unscheduled care services across South Wales.	develop innovative opportunities for training. The development of the advanced emergency practitioner role is the first in Wales and has demonstrated some success ion its early stages.
5e	Based on local circumstances, health boards should consider revising their staffing models for unscheduled care services to include paramedics and nurses with extended decision-making skills. Health boards should also consider whether physicians and GPs can be used effectively in emergency departments to ease the recruitment and retention problems relating to middle-grade and consultant emergency medicine staff.	As above the development of the advanced emergency practitioner role has enabled both nurses and paramedics the opportunity to extend their clinical skills and work at a more advanced level within the emergency department. This innovative role will continue to be developed across the service. The introduction of increased numbers of acute care physicians has provided early senior clinical decision making, reducing the numbers of admissions and increasing the numbers of patients with a short (<48 hour) length of stay. It is the Health Boards intention to further enhance this workforce and redesign services to align the acute care physician with care of the elderly services. A review of out of hours services has been undertaken and alignment of GP service	The Out of Hours model is currently being redesigned. The aim of the new model is to integrate A&E and GP Out of Hours and will involve a multidisciplinary team working together (not alongside) each other to provide 'emergency' services. New pathway for acute exacerbation of COPD patients is being developed utilising the skills of APPs and referral to GP for follow-up therefore avoiding an acute admission.

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
		(especially out of hours) with the emergency departments is one of the proposed ways forward.	
5f	Given the increase in emergency department attendances from older patients, Health Boards should reassess the skill base of their staff for meeting the needs of older people.	Alongside the above changes to medical staffing, nursing and therapy staffing has been enhanced to meet the needs of the increase in elderly attendances. Therapy staff are closely linked to the reablement and local authority services providing important links to community based services.	
5g	Health boards should assess the levels and causes of stress within emergency department staff, with a view to protecting and supporting the workforce.	A specific staff survey has been undertaken in one of the two emergency departments and face to face interviews have been undertaken by the organisational development team, this is planned for the second of the two areas in the next month. Dedicated work to address some of the issues raised has been successful and close monitoring of staff sickness and absence continues to ensure early support during times of high activity. The OD team has worked closely with the emergency department team to identify areas of potential "stress".	
6a	Work with GPs to agree local standards for access to urgent primary care; and once agreed the extent to which these standards are achieved should be routinely monitored.	The Health Board has established an access group for general practice, which is reviewing opening hours, and access to urgent primary care. This group will set and monitor standards through practice visits and patient experience surveys.	Activity in out of hours is assessed regularly at the Access Improvement group and correlated against access in hours

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
		A new model for out of hours services is being considered which will align general practitioners with the emergency departments.	Development of new out of hours model has commenced. In the early stages of design.
6b	Strongly encourage general practices to implement access arrangements that reflect good practice. In doing so, Health Boards should highlight the benefits that these good practices can bring to patients as well as to those working in general practice.	As above	New Access LES has been developed which will encourage practices to assess demand and need and to produce 3 year implementation plans. Implementation of DNA policy
6c	Strengthen the support, guidance and information they give to GPs in order to avoid inappropriate emergency admissions.	The Health Board primary care services work alongside the locality services and are fully involved in the development of at home services, reablement and district nursing services. Home IV services have provided an alternative to long stay admissions, and collaborative work with nursing and residential homes is proving successful.	Q&A service has been developed for Cardiology, ENT, Paediatric, and Respiratory Specialities and enables GPs to email queries to the consultant regarding specific patients prior to referral.
6d	Request that GPs provide them with data on their capacity and demand for seeing patients within the practice. Health boards should work with primary care providers to ensure these data are analysed and used to improve services.	This work is being undertaken by the access group for primary care and reports via the operational board on a monthly basis. Feedback is provided to General Practices via the locality cluster groups by the relevant locality clinical director.	GP Demand and activity in-hours is now being submitted to the Health Board on a weekly basis. In July & August the out of hours service saw a drop in demand of approximately 1000 patients as a result of a slight

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
		General practices have access to Myrddin data related to emergency department attendances.	change in the 'front end' messaging system. Ongoing monitoring is continuing to take place.
7a	Health boards should facilitate improved teamwork and mutual support between key staff groups involved in unscheduled care. This work should focus, in particular, on generating more shared ownership of the pressures and patient flow issues that exist in emergency departments by improving the links between staff in emergency departments, Clinical Decision Units (CDUs) and inpatient ward teams.	All possible opportunities to improve team work across the range of Health Board services is utilised to ensure staff at all levels and across all areas understand that the pressures in the emergency department are a symptom of the whole system. Clinical director meetings have a standard item on patient flow. The revised escalation policy looks at levels of escalation across the service not just the emergency department. Ward areas including the community hospitals will have a suite of indicators that will relate to their individual patient flow improvement. The Health Board has reconfigured its nursing structure to focus on site based senior nurse presence this has resulted in the development of twice daily hospital wide bed meetings, engaging all areas of the site. This has resulted in shared ownership of the pressure and focus on a system wide solution.	The Health Board has reconfigured its nursing structure to focus on site based senior nurse presence this has resulted in the development of twice daily hospital wide bed meetings, engaging all areas of the site. This has resulted in shared ownership of the pressure and focus on a system wide solution.
7b	The Welsh Government's Department of Health and Social Services should lead a specific programme of work to support better integration of health and social care with the aim of	The Health Board has forged improved relationships with social services. Work is ongoing to improve implementation of the choice protocol, both local authorities are align to the Health Board escalation plans and	Task and finish group has been established to take forward the implementation of the new Integrated Assessment. This group comprises health and

RECOMMENDATION		PLAN	EXAMPLES OF GOOD PRACTICE / WHERE SIGNIFICANT IMPROVEMENT HAS BEEN ACHIEVED
	ensuring the timely discharge of patients that are ready to be discharged from hospital. This programme should use the forthcoming Social Services and Well-being (Wales) Bill as a key driver for change but it should not wait for the bill to be enacted.	respond positively to high levels of activity. Joint working in relation to reablement and other community services continues.	local authority leads and is supported by the project manager for integration.

MEETING	Health Board
DATE	4 September 2013
RESPONSIBLE DIRECTOR	Chief Operating Officer
STANDARD FOR HEALTH SERVICES REFERENCE	Safe and Clinically Effective Care (7) Care Planning and provision (8)

TITLE OF REPORT

"Phone First!" – Minor Injuries Service – Evaluation Report

SITUATION / PURPOSE OF REPORT

This report provides the Board with information following the evaluation of the Phone First! Minor Injuries Service at Ysbyty Cwm Rhondda and seeks support to roll out the approach to Ysbyty Cwm Cynon and across the Cwm Taf area.

BACKGROUND / INTRODUCTION

Board members will be aware that the Minor Injuries Unit at Ysbyty Cwm Rhondda was temporarily closed in October 2011 in order to ensure that the Health Board had the right level of support available to the A&E department at the Royal Glamorgan Hospital whilst we recruited additional staff.

The Health Board was faced with a serious shortage of doctors at the Royal Glamorgan Hospital's A&E department, threatening the viability of the unit and we chose to transfer the emergency nurse practitioners working in the Minor Injuries Unit to improve safety and patient care at the Royal Glamorgan Hospital. This was the most appropriate short-term solution and at the time of the closure, we made the commitment to patients that it would only be a temporary measure. This temporary closure provided an opportunity to remodel the service and attempt to minimise inappropriate attendances by sign posting patients to the most appropriate setting.

During the temporary closure we worked with the staff at both departments to develop a new and innovative Phone First! service model to ensure sustainable services into the future and to ensure that we are getting the **right patient to the right place for the right care by the right clinician in the most timely manner**.

On Monday 14 May 2012, the Minor Injury Treatment Centre at Ysbyty Cwm Rhondda became operational on the Phone First! pilot basis and evaluation of the pilot project started from day one. This report illustrates the results of the evaluation and demonstrates that the pilot project has been well received by the public and staff involved. It highlights a number of areas where further work is required and also sets out a proposal to expand the pilot project to other sites within Cwm Taf.

The service provided by the Minor Injury Treatment Centre compliments and supports the GP LES scheme and the Choose Well campaign that was recently re-launched by the Welsh Government.

THE EVALUATION

As stated above, the Phone First! pilot project has been evaluated since it was established and an interim evaluation report was considered by the Board at its October 2012 meeting. This report builds on the initial evaluation and provides an analysis of a number of aspects up to 31 December 2012. The evaluation report included as **Appendix 1** sets out the following: -

- Contacts with Phone First! and the outcome of the initial patient triage;
- Activity at the Minor Injuries Treatment Centre at Ysbyty Cwm Rhondda;
- Activity at the Minor Injuries Unit at Ysbyty Cwm Cynon;
- Analysis of patient safety incidents and concerns;
- Staffing profile and financial analysis;
- Possible impact on the accident & emergency departments at the Royal Glamorgan Hospital and Prince Charles Hospital;
- Activity and costs associated with the GP Local Enhanced Services in the Rhondda area;
- Patient satisfaction survey outcomes;
- Equality impact assessment and risks;
- Communications activity and future plans.

ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The new approach has been well received by the local population and the Community Health Council with very few negative comments received to date. The new approach is seen as an innovative and sustainable way to ensure that we continue to provide safe and effective services to the population and get the right patient to the right place for the right care by the right clinicians in the most timely manner.

One area of concern relates to the ability of NHS Direct Wales to agree that it will accept responsibility for the anticipated additional activity. To date there has been no cost to the Health Board for the service provided

by NHS Direct Wales but this position is not felt to be sustainable. Contact has been made with the Welsh Ambulance Services NHS Trust to discuss the proposals for expanding the Phone First! service but it has not proved possible to meet and agree the best approach to suit both parties.

The Health Board could consider the possibility that the triage is done in-house by the Nurse Practitioners but this option would need to be considered further and costed to ensure that it was a viable option that would work across the whole of the Health Board.

CONCLUSION AND NEXT STEPS

The initial evaluation has been very positive about the impact of the Phone First! approach and the Health Board needs to now consider the roll out of the approach across the Cwm Taf area. This would involve: -

- expanding the Phone First! approach across the YCC minor injuries unit;
- considering the use of the approach to manage minor injury patients who present at both A&E departments;
- changing the opening times at the MITC to align with the times of highest demand;
- reviewing the availability of support service such as the plaster rooms and radiology departments;
- consider the provision of an in-house telephone triage service

RECOMMENDATION

The Board is therefore asked to: -

- Note the evaluation of the Phone First! Minor Injuries Service at Ysbyty Cwm Rhondda;

- Note that the evaluation report and the next steps were discussed with the Community Health Council at its meeting in July 2013;

- Support the expansion of the Phone First! approach to the YCC minor injuries unit;

- Support the establishment of a Task & Finish Group to consider the use of the approach to manage minor injury patients who present at both A&E departments.

APPENDIX 1

PHONE FIRST! – MINOR INJURIES SERVICE EVALUATION REPORT

PHONE FIRST!

At the heart of the new minor injuries treatment service is a new concept – Phone First! - instead of simply turning up at the Minor Injuries Unit, patients now phone ahead on a dedicated number. Patients are then assessed by staff experienced in telephone triage and directed to the most appropriate service for their injury. This telephone triage service is provided by NHS Direct Wales and is undertaken by Emergency Nurse Practitioners (ENP).

Those patients suitable to be treated at the Minor Injuries Treatment Centre are then given an appointment time – this means they are not waiting to be seen but can attend at a convenient time for them during the week-day opening hours.

Patients who can appropriately and safely look after their condition themselves are given self-care advice. In some instances where patients would be better seen at a GP practice under the Local Enhanced Service Scheme, the relevant practice is contacted and the patient is referred.

It might also be appropriate to re-direct the patient to their nearest A&E department and, in a small number of cases, an emergency ambulance has been required.

The new Phone First! system means that only those patients who are suitable to be seen by the Minor Injuries Treatment Centre are directed there for treatment at a time which is convenient for them. In the past there had been incidences when genuine emergencies and patients who needed A&E treatment had instead come to the minor injuries unit.

During the period 14 May 2012 to 31 December 2012, the Phone First! minor injuries treatment service received 3,695 calls - an average of 109 calls a week. Of these:

- 1,404 (38%) were given an appointment to attend the Minor Injuries Treatment Centre at Ysbyty Cwm Rhondda to receive treatment from an emergency nurse practitioner;

- 824 (22%) were re-directed to A&E for urgent treatment;

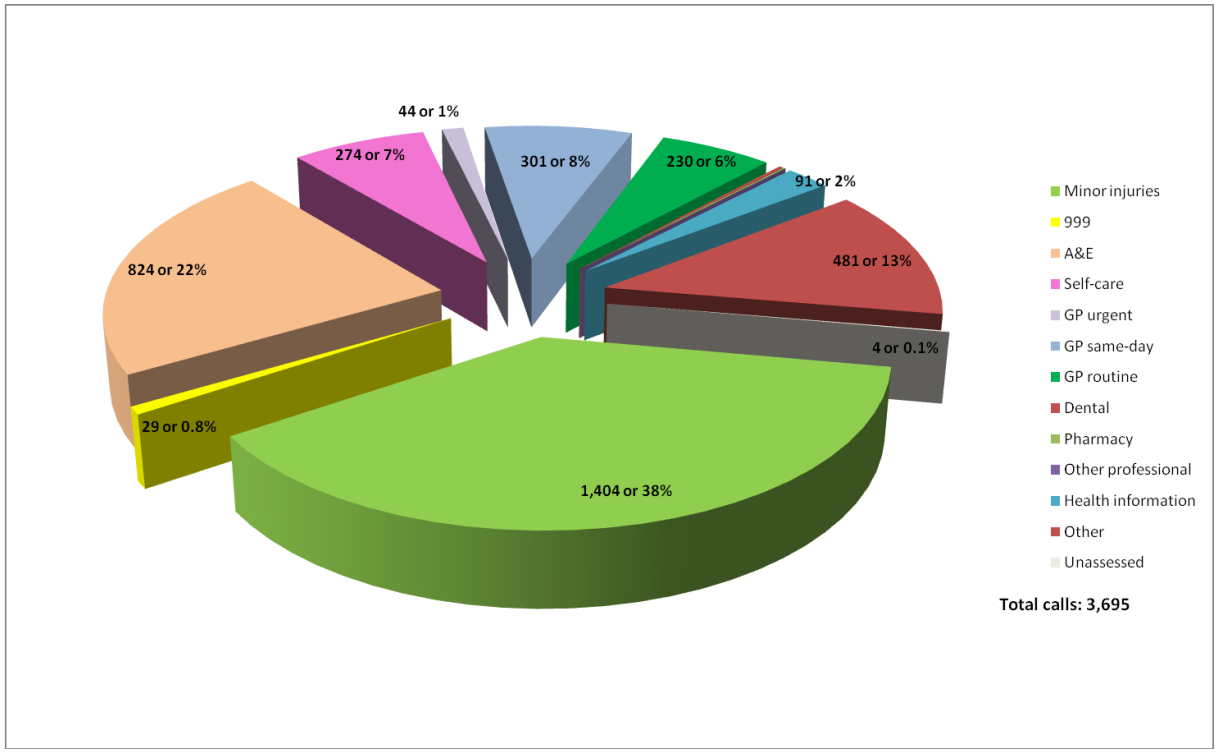
- 575 (15%) were referred to their GP for care. 44 people needed urgent GP care; 301 were suitable for same-day GP care and the remaining 230 needed routine GP care;

- 589 (16%) were referred to other sources of help, including their dentists, to their local pharmacy or another professional, such as a midwife, social worker or police officer, or they were given health information during the call;

- 274 (7%) were given advice about self-care;

- 29 (0.8%) were triaged as having a serious illness or injury which needed a 999 emergency ambulance response.

In summary, five out of 10 calls to Phone First! continue to be safely triaged away from the minor injuries service or A&E department to more appropriate sources of care thereby ensuring patients were seen by the right person, at the right time, in the right place.



Some initial teething problems were experienced including problems with the phone lines, Bank Holiday messaging, the percentage of abandoned calls and arrangements for the receipt of faxes. These problems have been largely addressed and business continuity plans have now being finalised to ensure that the service can be maintained in the event of phone line failure.

MINOR INJURIES TREATMENT CENTRE AT YSBYTY CWM RHONDDA

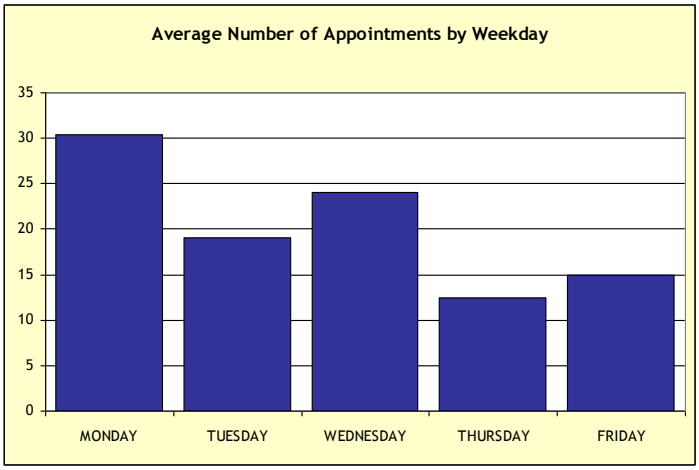
The Minor Injuries Treatment Centre (MITC) at Ysbyty Cwm Rhondda is open Monday to Friday between 9am and 5pm and has been operational since 14 May 2012. As mentioned above, since that date Phone First! has

referred 1,404 (38%) patients for an appointment to attend the MITC and 94% of these appointments have been kept by the patients.

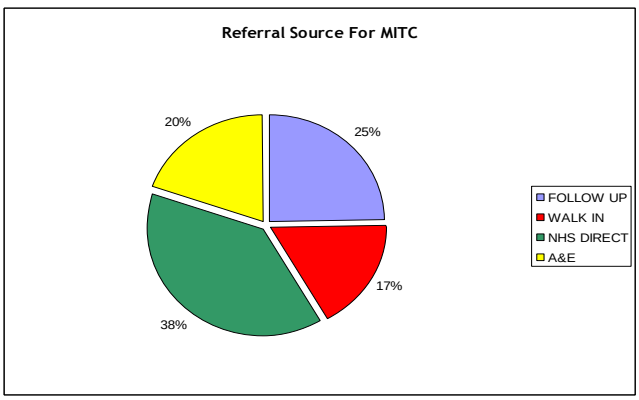
Patients attend the MITC with a wide range of injuries including animal, insect and human bites, needlestick injuries, broken bones, limb injuries, burns, facial injuries, foreign bodies in eye, ear, nose and skin, head injuries, eye injuries, genital trauma, wounds, and wound infections.

In addition to the patients referred via Phone First!, the MITC will see patients with follow up appointments, walk in patients and referrals from the A&E department at the Royal Glamorgan Hospital.

The total number of patients seen during the period is 6,047 and the average number of appointments has risen from 95 per week during the initial evaluation period to 101 per week and as before, the busiest day is Monday – see chart.



As before, the most common source of referral to the Minor Injuries Treatment Centre is NHS Direct Wales, although this has fallen from 50% during the initial evaluation period to 38%. The largest increase has been in the number of referrals from the A&E department at the Royal Glamorgan Hospital which have risen from 8% to 20%.



The number of walk-in patients continues to be an issue and the staff within the MITC will see an individual on the first occasion and then provide advice on how to appropriately access the service in the future. Further work needs to be undertaken to address this matter and to audit whether walk in patients are attending more than once.

The area covered by Phone First! has been expanded to include the Pontypridd and Llantrisant areas and a percentage of those attending live outside of the Rhondda Valleys - patients from Blackmill, Ogmore Valley, Cowbridge and Pentyrch have accessed the service.

Patients with a minor injury who attend the A&E department at the Royal Glamorgan Hospital are being redirected to the MITC when appropriate. Continued efforts need to be made to ensure that all appropriate patients are referred to the MITC by the A&E department and the Head of Nursing is working with the staff at both units to take this forward. The messaging within the A&E department has been strengthened to ensure that all patients know the most appropriate and timely pathway available.

From the evaluation above it is clear that the MITC is busiest on a Monday and Wednesday with lower numbers attending on Thursday and Friday. An average of 20 patients a day are seen in the MITC and it is accepted that there is capacity to see additional patients within the unit. The maximum number that could be seen within the unit is a day is 44 patients. This issue is considered further as part of the proposals to roll out the Phone First! concept across the Cwm Taf area.

MINOR INJURIES UNIT AT YSBYTY CWM CYNON

The Minor Injuries Unit at Ysbyty Cwm Cynon provides a walk-in service to the population of the Cynon Valley and Merthyr Tydfil. The service is open Monday to Friday between 9am and 5pm. Between May and 31 December 2012 the unit treated 5,288 patients – 4,109 new patients and 1,179 follow up patients.

No further analysis of the activity within the unit has been undertaken to date, although it should be noted that a comparison in respect of the cost of the service compared to the Phone First! approach is included later in the report.

PATIENT SAFETY INCIDENTS AND CONCERNS

The evaluation considered the reported patient safety incidents at the MITC at YCR and YCC during the period of the review. It was noted that nine incidents had been reported in respect of YCR and one in respect of YCC during the period and the details for each incident are set out below.

Ysbyty Cwm Rhondda

Incident 1 – Communication

Details - Patient referred to the MITC from NHS Direct Wales with chest pain and upper back pain and had been seen by her GP the previous day. The patient had been triaged fully at NHS Direct Wales and the disposition had stated A&E immediately. This advice had been over-ridden by the call handler and had also been discussed with the shift lead. The patient had been informed to make her way to MITC.

Outcome – On receipt of the fax from NHSD the receptionist at the MITC called NHS Direct Wales and informed it MITC did not take life-threatening emergencies. The receptionist spoke with the shift lead and was informed the patient had become verbally distressed and abusive, stating that she lived near the MITC and could attend immediately and didn't want to attend A&E. The ENP at the MITC then called NHS Direct Wales and stressed the importance of referring patients appropriately. The patient was then called back and redirected to A&E. The patient had her own transport

Incident 2 - Other

A patient arrived at the hospital looking for the Minor Injuries Unit. Staff were initially unable to contact the reception at the MITC so allowed the patient to phone the designated number where, after eight minutes, they were still on hold. Patient was then put through to MITC internally where they spoke to the reception staff. The receptionist advised that the patient needed to phone the designated number again. Staff tried again and the patient was on hold 10 minutes. The sister in charge advised the patient to put down the phone and arranged for someone in the MITC to speak to them. When, after half an hour, no one had arrived from the MITC, staff went over to the unit. Eventually someone was able to leave the MITC to speak to the patient and advised them that they didn't meet the criteria to be seen in the MITC. The patient then had to leave after being on the premises for more than 1½ hours without seeing any one.

Incident 3 - Delays

An ambulance was called to take an unwell patient from the MITC to the A&E department at the RGH at 4pm as the patient had some facial numbness and drooping of the eyelid. An ambulance attended at 6.50pm. Ambulance control was contacted three times and the urgency was explained to officers. The patient was continually monitored in department.

Incident 4 – Patient Injury

The automatic door at the MITC hit a patient's foot when she was waiting to enter the unit. The patient was attending the MITC with a separate problem and was then assessed and treated for the injury. Notices were placed on the doors to warn patients that they opened outwards and all patients waiting are told by receptionist.

Incident 5 - Admission / Transfer / Discharge

A patient was referred from the out of hours centre at YCR with shortness of breath. Patient was let into the MITC and spoke to receptionist who called an ENP for advice. Patient was informed of MITC remit by the receptionist and chose to leave the department with his wife, to attend the A&E department, before being seen by the ENP.

Incident 6 - Delays

A patient was brought to the MITC by the porters following a call from the general office. Patient had a wound to the forehead and was assessed and deemed to require treatment at the A&E department. An ambulance was requested at 2.40pm and it arrived at 4.35pm. Ambulance control was contacted three times to try to expedite the ambulance. Wound to forehead sutured and analgesia given.

Incident 7 – Patient External Transport

A patient came to the MITC suffering an asthma attack and was extremely short of breath. Patient was given immediate treatment and an ambulance was called to transfer the patient to the A&E department. The ambulance took 50 minutes to arrive at the MITC.

Incident 8 – Organisational / Staffing issues

Nurse practitioner asked to work at Prince Charles Hospital A&E department leaving one ENP, a bank nurse and a (supernumery) training nurse practitioner at the MITC. The agreed staffing levels are two ENPs and a band three HCA. Only half the appointments were therefore available that day.

Incident 9 – Organisational / Staffing issues

Qualified nurse was asked to work at Prince Charles Hospital A&E department leaving one ENP in the MITC. The agreed staffing levels are two ENPs and a Band three HCA. Only half the appointments were therefore available that day.

Ysbyty Cwm Cynon

Incident 1 – Patient Injury

While removing a below-the-knee DCC cast it was noted that there was no stockinette next to the skin. The plaster saw touched the patient's skin causing a superficial laceration to the lower leg. No dressing was required. The patient's carer was informed and shown the area.

Concerns

To date only one formal concern has been raised about the new approach and this related to the attitude of staff at the A&E department when a patient attended there inappropriately rather than accessing services at the MITC using "Phone First!". An informal concern relating to access was raised via an Assembly Member and this related to a patient who was seen in the first week of the new service. Both concerns have allowed the departments to refine their processes and no further concerns had been raised at time of writing the report.

Conclusion

The incidents reported at the MITC at YCR illustrate two key points: -

- There continues to be a need to raise awareness of the minor injuries that can be treated at the MITC and this is addressed as part of the communications plan set out later in this evaluation report.

- There continues to be a delay when ambulances are called to the unit and this has been discussed with the Welsh Ambulance Services NHS Trust and will be closely monitored.

ACCIDENT & EMERGENCY DEPARTMENT AT THE ROYAL GLAMORGAN HOSPITAL

The figures set out overleaf relate to the number of patients attending the Emergency Care Centre at Prince Charles Hospital (PCH) and the A&E department at the Royal Glamorgan Hospital (RGH) over the same period during 2011-12 and 2012-13.

Emergency Care Centre PCH

Month	2011-12	2012-13	Variance
May	4873	5247	374
June	4865	5043	178
July	5169	5324	155
August	4863	4972	109
September	4730	4881	151
October	4568	5001	433
November	4440	4653	213
December	4656	4703	47
January	4838	4537	-301
TOTALS	**43002**	**44361**	**1359**

A&E department Royal Glamorgan Hospital

Month	2011-12	2012-13	Variance
May	5306	5821	515
June	5189	5585	396
July	5405	5675	270
August	5186	5354	168
September	5206	5482	276
October	5852	5338	-514
November	5806	4950	-856
December	5641	5005	-636
January	5815	4886	-929
TOTALS	**49406**	**48096**	**-1310**

The table above illustrate that the Emergency Care Centre at PCH saw an increase of 1,359 patients during the period whilst the A&E department at the RGH saw a reduction of 1,310 in the number of patients seen.

One explanation could be that the Phone First! approach for minor injuries is having a positive impact on the provision of services at the A&E department in the Royal Glamorgan Hospital. As mentioned earlier, five out of 10 calls to Phone First! continue to be safely triaged away from the minor injuries service or A&E department to more appropriate sources of care thereby ensuring patients were seen by the right person, at the right time, in the right place.

No other rationale for the overall reduction in the patients seen at the RGH A&E department has been highlighted although it should be noted that further work needs to be undertaken to measure and confirm this impact.

GP LOCAL ENHANCED SERVICES (LES) SCHEME

The Phone First! approach is supported by the GP Local Enhanced Service (LES) Scheme for minor injuries which means that the practice has agreed to provide wound care and minor injuries services for its patients or as part of an affiliation with other practices in the area. Not all parts of the Rhondda are covered by a GP LES Scheme with eight practices included at the present time. The Locality Team continues to work with primary care colleagues to further implement the GP LES Scheme.

Only surgery-based services for ambulatory patients in the categories below will be covered by the LES: -

1. Requests for removal of sutures, where the operative procedure and insertion of the sutures was performed outside general medical practice as a consequence of a referral to, or ongoing care by, secondary care services, and where it is either inconvenient or undesirable for the patient to attend at hospital.

2. Requests for wound dressing where the operative procedure was performed outside general medical practice as a consequence of a referral to, or on-going care by, secondary care services, and where it is either inconvenient or undesirable for the patient to attend at hospital.

3. A minor injury service would cover the following treatments:

    (i) lacerations capable of closure by stripping
    (ii) bruises
    (iii) following recent injury of a severity not amenable to simple domestic first aid
    (iv) partial thickness thermal burns or scalds involving broken skin not over one inch diameter not involving the hands, feet, face, neck, genital areas
    (v) foreign bodies superficially embedded in tissues
    (vi) minor trauma to hands, limbs or feet

Only accredited persons will actually provide wound care and minor injuries on behalf of the practice.

A number of issues have been highlighted with the GP LES scheme over recent weeks and these include lack of awareness within the practice, inappropriate referrals from the GP to the MITC, availability of staff within the practice to undertake the LES scheme and difficulty obtaining appointments at the practices.

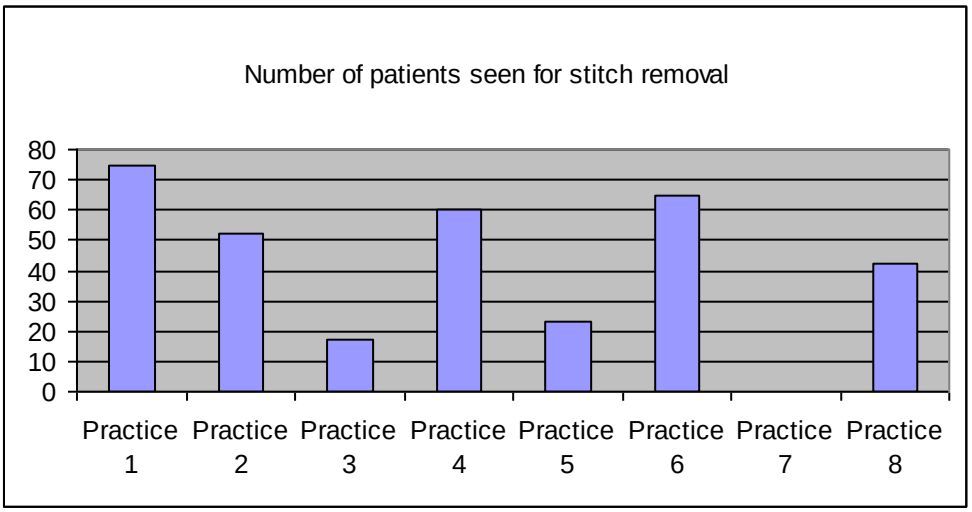
These issues are being discussed with the GPs, at the Practice Managers Forum and with other practice staff to ensure that the GP LES scheme is

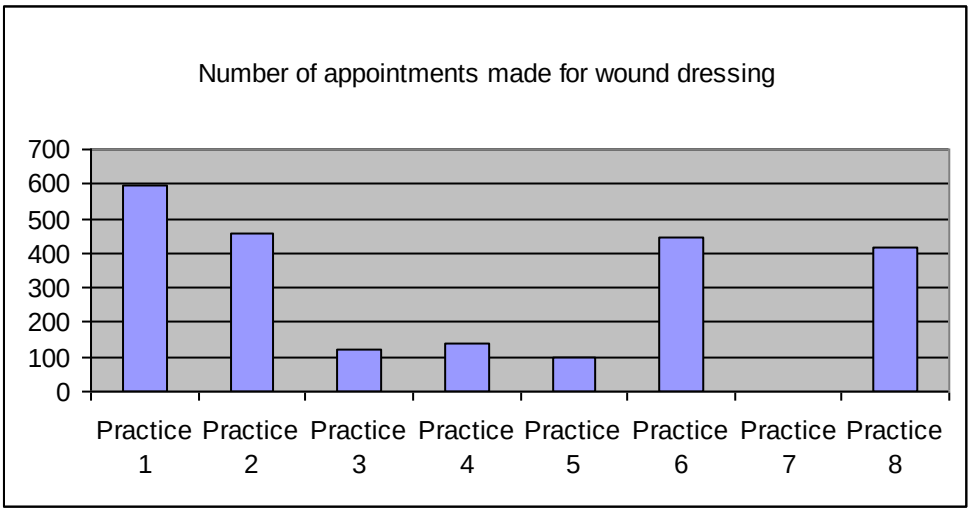
operating effectively in support of the Phone First! approach. Staff within the MITC support individual patients through the process and make direct contact with the practices when appropriate.

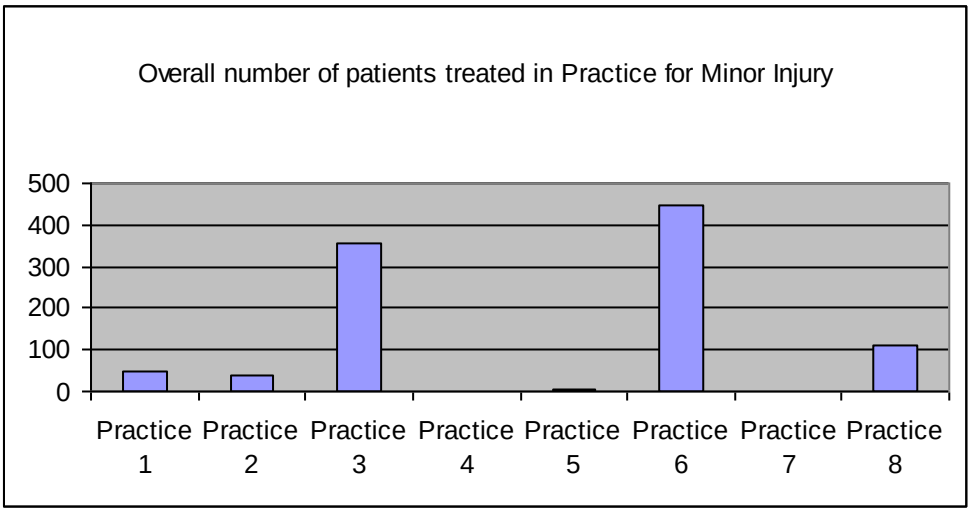
The Locality Team has undertaken practice visits and information is now available from seven of the eight practices in respect of the LES scheme. It should be noted however that further work is needed to ensure that the information collected to date is robust and to ensure that the one practice returns the required activity data. The activity levels at some practices seem much higher than for others but this may not mean that the practice has not seen the numbers of patients. The way that the information has been recorded requires uniformity and this work is underway.

The charts below illustrate: -

- The number of patients seen for stitch removal;
- The number of appointments made for wound dressings;
- The number of patients treated for a minor injury.







The cost to the Health Board for the GP LES scheme in the Rhondda Locality is £39,085 per annum. This figure does include stitching as the LES scheme is for minor injuries and wound care only. It should be noted that the funding comes from the GMS budget and careful consideration may need to be given to using the money to provide the service in a different way within the primary care setting.

It should be noted also that the cost of the GP LES scheme across the whole of Cwm Taf is in excess of £200k per annum. Should the Health Board consider the provision of a different model for minor injury services in primary care this would need to be replicated across the Health Board.

PATIENT SATISFACTION

Discussion following the initial evaluation report concluded that further surveys needed to be undertaken to ensure that the views of patients who were redirected away from the MITC were taken into account. We have therefore attempted to gain feedback from three groups of patients: -

- Those who attended the MITC at YCR
- Those who attended the A&E department at the Royal Glamorgan Hospital with a minor injuries deemed suitable to be seen at the MITC
- Those redirected to other services by NHS Direct following the initial call to the Phone First! number

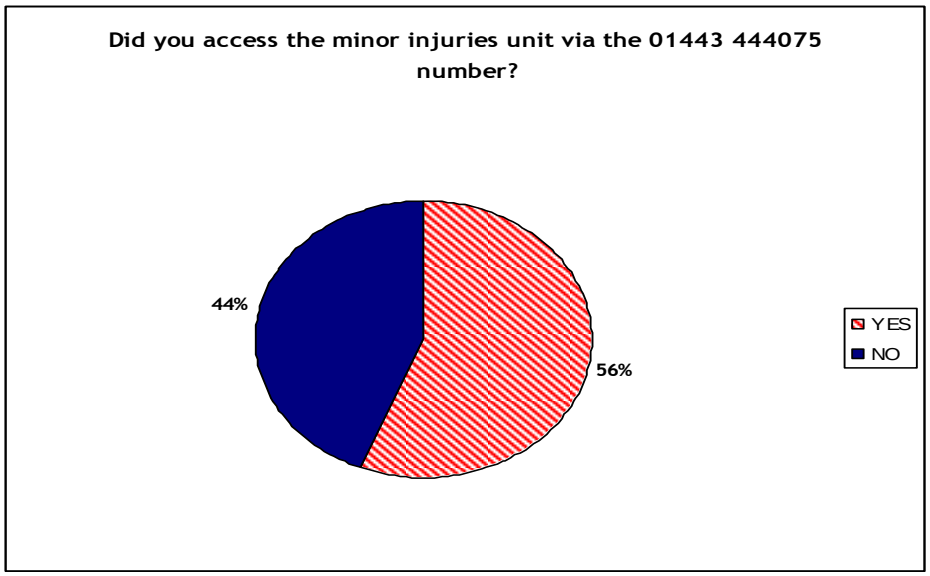
Ysbyty Cwm Rhondda

As part of the evaluation of the Phone First! approach it was agreed that all patients attending the MITC would be asked to complete a satisfaction survey. Generally patient satisfaction with the service is high, with two patients commenting:

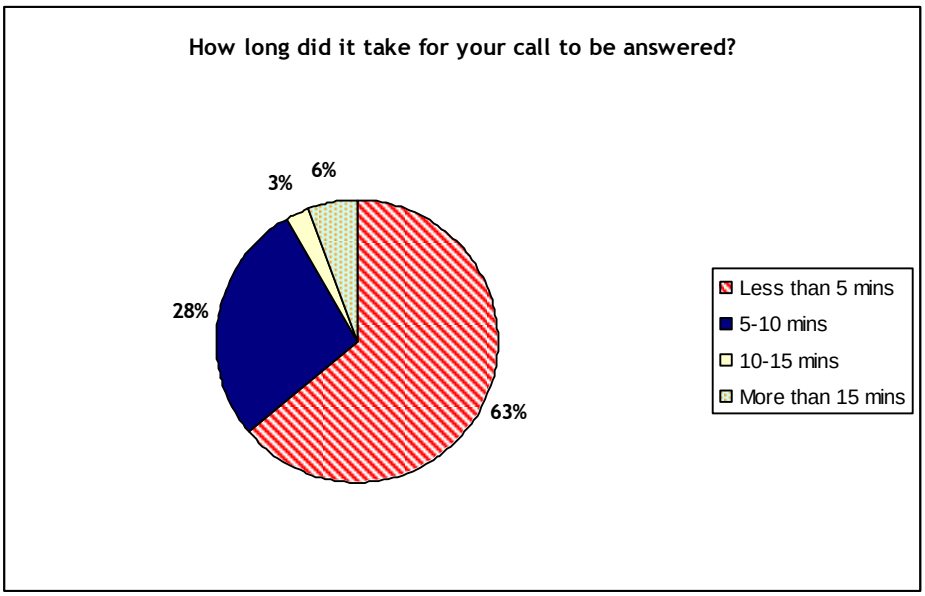
"Fantastic service from first phone call all the way through."

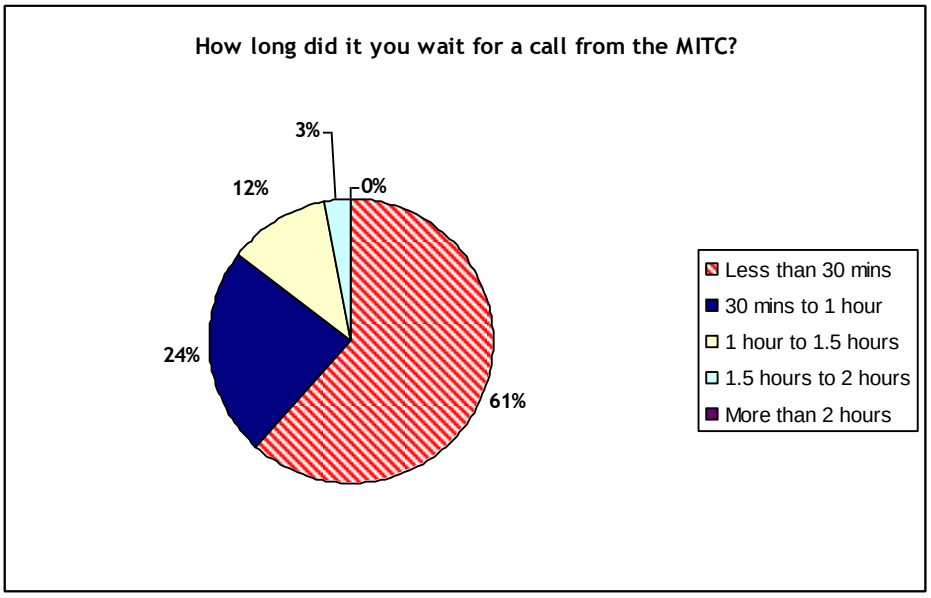
"Excellent service from start to finish."

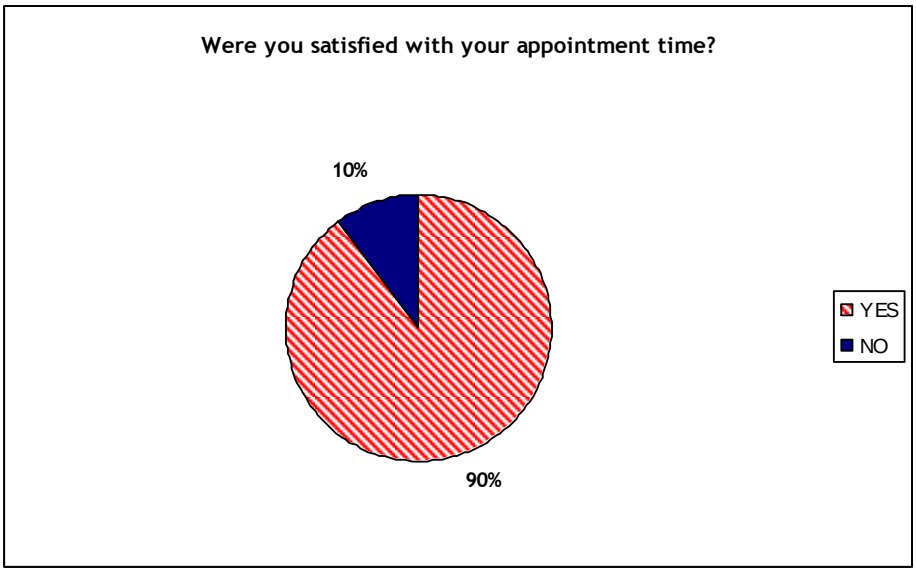
Nevertheless the level of satisfaction was not as high as the previous evaluation and the number of negative comments was higher. The outcome of the evaluation is illustrated in the charts that follow.



56% accessed the service with the 01443 444 075 number. This was a fall from 74% in the June analysis. 12 patients walked in, eight were referred from the Royal Glamorgan Hospital A&E department and one was referred by their GP. Two of those who rang first were given the number by, in one case, their GP and, in the other, an unspecified hospital. One patient who walked in stated that they did not know that they had to call first.







Five patients were not satisfied and commented: -

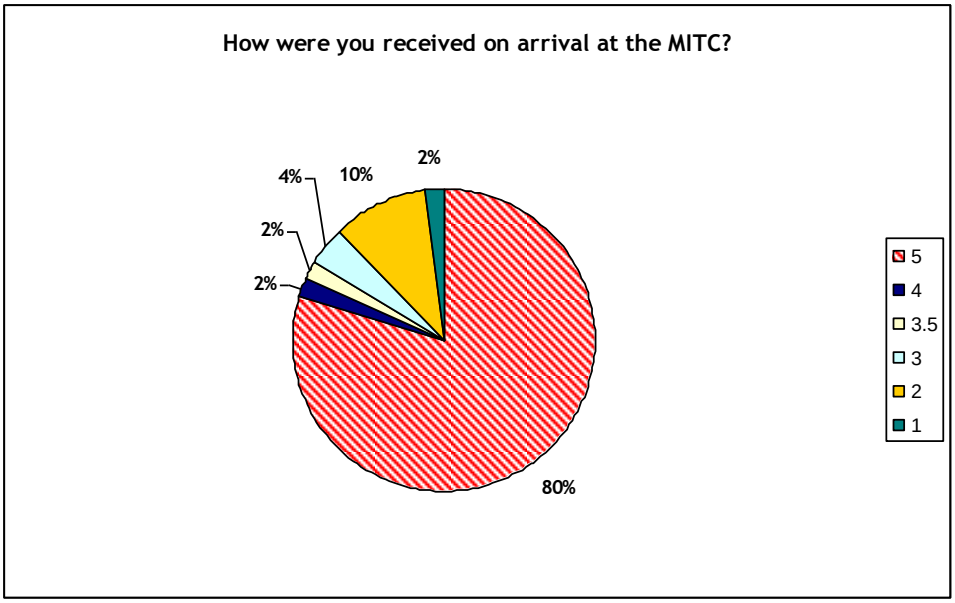
"Had to wait until next day as gone half past four."

"Had to go to Royal Glamorgan then Minor Injuries not happy."

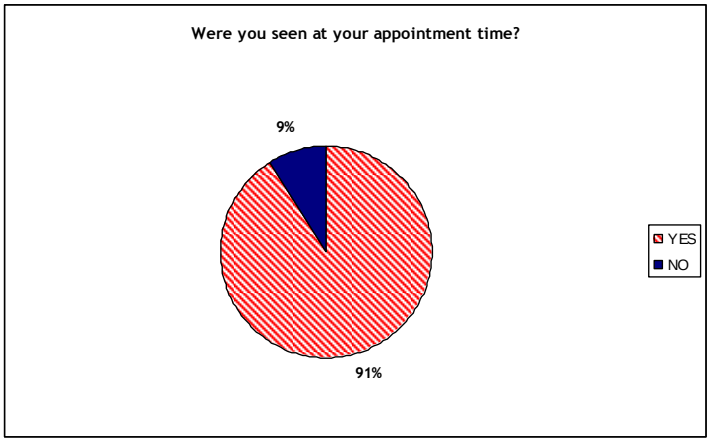
"Minor Injuries yes, being sent elsewhere no."

"I live in Pontypridd and was told I was out of area. Had to go to Royal Glamorgan who were very busy they referred me back to YCR."

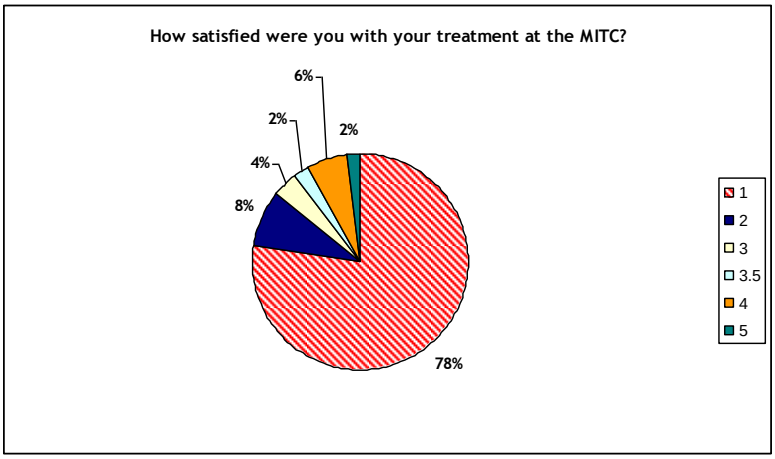
"I first phoned at 9.30 and finally got an appointment at 12.30. Appointment time was 2.20."



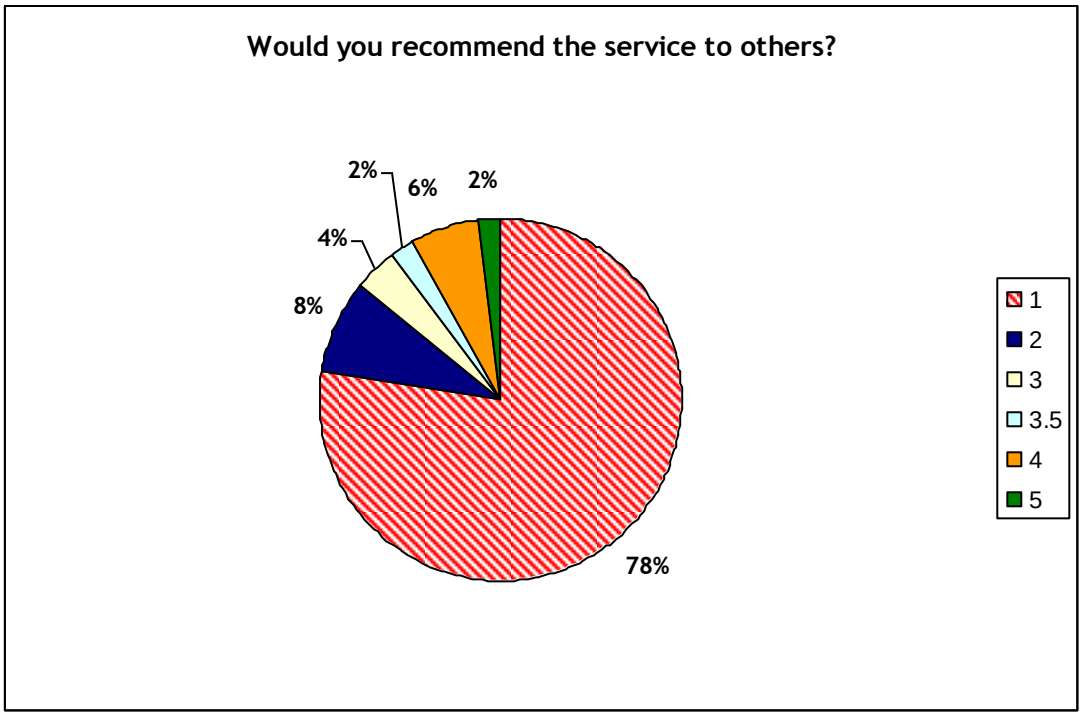
(Scale 1-5: 5= Very well, 1= Unsatisfactory) The 3.5 is for a patient scoring 3 & 4



One patient was not seen on time as they arrived late. They are not included in the above figures. One noted that the appointment was only 10 minutes late and rated the service as excellent.



(Scale 1-5: 1= Very well, 5= Unsatisfactory) The 3.5 is for a patient scoring 3 & 4.



(Scale 1-5: 1= Excellent, 5= Unsatisfactory) The 3.5 is for a patient scoring 3 & 4.

One patient scored the service as one and five, making it clear that the service at YCR was excellent but that they were not happy to be redirected from the Royal Glamorgan Hospital.

A&E department, Royal Glamorgan Hospital

In addition to the patient satisfaction survey at the MITC, patients suitable to be redirected from the A&E department at the Royal Glamorgan Hospital following triage were asked for their views. The patients included in the survey were those identified as category green (four - standard) or blue (five - non urgent) as per the Manchester Triage System. The tables below give an illustration of the patients surveyed over a two week period in October 2012.

Number of forms completed	371
Number of patients redirected to the MITC at YCR	74
Number of patients redirected to the GP Out of Hours Service	12
Number of patients redirected to their GP	11
Number of patients redirected to dental services	2
Number of patients redirected to the eye clinic	1
TOTAL NUMBER REDIRECTED	**100**

The triage nurses felt also that a number of other patients could have been redirected but this was not possible for the following reasons: -

91	Patients presented out of the opening times for the MITC
61	Patients did not have transport to get up to MITC
4	No appointments available at the MITC
1	Patient was not able to get a GP appointment
1	Patient not registered with a GP
3	Patients had been sent to the A&E Department by a GP
161	**TOTAL NUMBER SUITABLE but redirection not possible**

In summary, during the period of the survey, out of the 371 patients triaged as green or blue, 216 were identified as suitable for redirection from the A&E department to the MITC.

While this survey was undertaken over a relatively short period of time, it illustrates that there is potential to redirect patients away from the A&E department thereby reducing the waiting times and increasing the level of patient satisfaction with the service provided. The Health Board needs to encourage the development of this new and innovative Phone First! service model across the Cwm Taf area to ensure sustainable services into the future. It is important that we ensure that we are getting the right patient to the right place for the right care by the right clinician in the most timely manner.

NHS Direct Patient Survey

Following discussion with NHS Direct it was agreed that those patients who accessed the Phone First number and were then signposted away from the MITC would be contacted and asked to complete a patient satisfaction survey. This survey took place over a three week period during February / March 2013.

It should be noted that NHS Direct made one attempt to contact each caller and the following patients were excluded during the survey: -

- Anyone who had been transferred to the 999 emergency services
- Patients under 18 who were calling for themselves
- Calls where a child protection or POVA issue arose during the original call and referral was made without consent.

Feedback has now been provided in respect of the following areas and is set out in the table at the Appendix 1(a): -

- Date of contacts
- Injury/condition
- Recommended level of care
- Date of call back
- Compliance with advice
- Service rating

- Treated with respect during the call
- What could be done to improve the service

EQUALITY IMPACT ASSESSMENT AND ASSOCIATED RISKS

While the creation of the Phone First service for minor injuries in the Rhondda locality is deemed to have been a positive development to generally improve the efficiency and efficacy of service provision, it should be recognised that the service inadvertently disadvantages those who are deaf or hard of hearing, people with learning disabilities or those who speak other languages. Consequently discussions have taken place, initially with deaf club members, about their general and often unique difficulties in accessing NHS services in order to fully appreciate and consider appropriate solutions relating to telephone based services.

There is clearly a need for an all-Wales approach to address the wider difficulties of access issues which are supported by the Equality Act 2010; the Public Sector Equality Duties Wales; and the Accessible Healthcare for People with Sensory Loss Report. In this regard links have been established with the South Wales Programme to explore a joint approach and: -

"*It was agreed the South Wales Programme offered an opportunity to do an equality impact assessment in a new and different way—working together as health boards, not only to understand the impact, but to make a real difference for people who already have significant barriers to accessing services."* - South Wales Programme - News Update - 15 February 2013

Consequently there is due regard in relation to the impact of such telephone based service developments, and progress is being made to not only mitigate such disadvantage, but also to make real difference. It is intended that this work will then in turn raise general appreciation and understanding of any disadvantages experienced by other protected characteristics.

COMMUNICATIONS ACTIVITY AND FUTURE PLANS

The delivery of a comprehensive communications campaign to launch the Phone First Pilot and to ensure that we get the right patients to the right place according to clinical need was essential. We took every opportunity to engage with the public, our staff and stakeholders prior to the launch of the pilot project and this included: -

- Discussion with the Cwm Taf Community Health Council;
- Regular briefings issued to key stakeholders including the AMs, local councilors, primary care practitioners etc;
- Further face-to-face meetings with staff at YCR and other areas

affected by the changes;
- Regular communication with all Health Board staff via briefing notes, core brief messages, CEO emails, SharePoint site etc;
- Engagement campaign with the public - posters, leaflets;
- Media engagement including radio interviews, newspaper articles etc;
- Attendance at community group meetings and public forums.
- Use of social media sites such as Twitter to convey messages, the Phone First! number and patient stories;
- Leaflet campaign to target local schools implemented in September 2012.

Over the coming weeks and months, a fresh communications campaign will be launched to build on previous work to raise awareness of the Phone First! minor injuries treatment service at Ysbyty Cwm Rhondda and as part of a renewed focus on the wider Choose Well campaign.

An interactive Choose Well presentation and quiz has been developed to take to the February and March Taff Ely and Rhondda Valleys public forum meetings, which includes specific targeted information about Phone First! and gives examples of the types of patients who can be seen at the unit. A similar version has been developed for use in the Cynon Valley and Merthyr Tydfil.

The Phone First! number will be tweeted weekly with details about the types of cases which are suitable to be seen at Ysbyty Cwm Rhondda and a new poster is being developed. This will be distributed throughout the Rhondda Valleys and Taff Ely area.

A new poster will be developed giving details of what injuries are suitable to be seen at minor injuries. This will be displayed throughout the Phone First! area, including in GP surgeries.

In addition, Phone First! business cards are in the process of being reprinted, together with a new card for the minor injuries unit at Ysbyty Cwm Cynon. Both of these cards can be given to patients attending the A&E Department at the Royal Glamorgan Hospital and the Emergency Care Centre at Prince Charles Hospital with minor injuries.

Some more focused press work will be carried out in the Spring as case studies and fresh data becomes available to help promote the benefits of the Phone First! approach.

STAFFING PROFILE AND FINANCIAL ANALYSIS

The financial evaluation of the Phone First! approach is ongoing and further information will be available in due course. The cost of staff within the current MITC is set out below and it should be noted that the cost per attendance equates to **£23.80** per patient seen: -

Staff Group	Cost Per Month
ENPs Band 7 x 2	8,185.84
HCSW Band 3 x 1	1,907.33
Receptionist Band 3 x 1	1,907.33
TOTAL	**12,000.50**

The staffing of the Minor Injuries Unit prior to the temporary closure in 2011 was as set out below. This is a difference of £15,667-08 and the cost per attendance at the old model of service equated to **£24.28** per patient seen.

Staff Group	Cost Per Month
ENPs band 7 x 6.72	16,440.16
Band 6 RGNs x2	6,782.36
Band 5x0.43	1,036.48
Admin x 2 equates to 1 WTE	2,449-41
TOTAL	**26,708.41**

The staffing of the Minor Injuries Unit at Ysbyty Cwm Cynon is set out below it should be noted that the cost per attendance equates to **£25.80** per patient seen: -

Staff Group	Cost Per Month
ENP Band 7	4,092.92
ENP Band 6	3,473.92
HCSW Plastering Band 3	1,907.33
HCSW Receptionist Band 3	1,907.33
TOTAL	**11,381.50**

Staff within the MITC had moved temporarily to the A&E department and they have now returned to the service at Ysbyty Cwm Rhondda.

Two of the previous WTE ENPs that worked in the MIU at YCR now work out of A&E department at the Royal Glamorgan Hospital as do the two band six staff and the 0.43 band five, thus having a positive impact on the bank costs for the A&E department. The administration costs were previously held within Medical Records and the budget has been transferred to the MITC.

The impact of the new approach has been positive as patients are now being redirected to the MITC and this has alleviated pressure on the staff at the A&E department and allowed them to concentrate their efforts of more appropriate urgent cases.

Costs Associated with Telephone Triage

It should be noted that there are no costs associated with the service provided by NHS Direct Wales. There are however costs associated with the local number at the Communications Hub and the major cost will be associated with the cost of the calls redirected to NHS Direct Wales as these will be borne by the Health Board.

It has proved difficult to unpick the telephone costs associated with the Phone First! service from the overall costs within the Communications Hub as there have also been a number of other changes during the course of the last year e.g. transfer of the Cardiff GP Out of Hours Service. The estimated cost for the period 10 May 2012 to 28 February 2013 was £3,053 i.e. for 9½ months. The full year is therefore approximately £3,850.

*****

OUTCOME – NHS DIRECT WALES PATIENT SATISFACTION SURVEY

INITIAL CALL	INJURY	ADVICE GIVEN	RING BACK	ADVICE FOLLOWED	RATE SERVICE	RESPECTFUL SERVICE	COMMENTS
12 Feb 13	Burn to leg, new symptoms	GP Urgent / same day	15 Feb 13	Yes	Excellent	Yes	No thinks the service is really good
12 Feb 13	Neck injury fell off toboggan 10/02/13	A&E	15 Feb 13	Yes	Excellent	Yes	Telephone service is excellent but the long wait in A/E was terrible
12 Feb 13	Foot injury 6 days ago	A&E	15 Feb 13	Yes	Good	Yes	None but did state he tried to access service yesterday & failed
18 Feb 13	Back pain	GP Urgent / same day	19 Feb 13	No	Excellent	Yes	Long wait to get through to service - continued to take analgesia but reduced NSAID
18 Feb 13	Cut finger bleeding/pus	A/E	19 Feb 13	No	Excellent	Yes	Went to MITC as it was nearer
18 Feb 13	Injury to right hand	A/E	19 Feb 13	Yes	Excellent	Yes	NHSDW & YCR is excellent but cannot say the same for Royal Glamorgan healthcare professionals.
18 Feb 13	Facial injury	A&E	19 Feb 13	Yes	Excellent	Yes	Waited a long time to get through to someone. Thought it was really good to be able to arrive at a given time rather than wait in A/E for a long time
18 Feb 13	Foot injury	GP next day / routine	22 Feb 13	Yes	Excellent	Yes	No thinks it's really good.
19 Feb 13	Hep B Vaccine information	Other	20 Feb 13	Yes	Good	Yes	Looked into details given and visited HSE Executive website
20 Feb 13	Painful swollen hand last 3-4 weeks	GP next day / routine	21 Feb 13	Yes	Good	Yes	None
20 Feb 13	Knee injury	GP next day / routine	21 Feb 13	Yes	Excellent	Yes	Difficult to get GP appointments & felt that A/E was for real emergencies so rang MITC
20 Feb 13	Chest pain for 5 days	GP Urgent / same day	21 Feb 13	Yes	Excellent	Yes	Nurse made the appointment - when you try yourself you are given one for a week's time.
21 Feb 13	Hand Injury	GP Urgent / same day	22 Feb 13	No	Good	Yes	Knew that an x-ray would be required so went directly to A&E. Had to make a second call as did not receive a ring back within the time stated. The information leaflet obtained from Royal Glamorgan A&E did not specify that the MITC is only for injuries under 7 days old. Did not wait in A&E but called the MITC number after obtaining a leaflet, but wouldn't have done this if knew that I couldn't go there. Please make leaflet more explicit.
21 Feb 13	Ankle Pain	Other	22 Feb13	-	Good	Yes	Caller did not proceed with call but thought the service was really useful
25 Feb 13	Shoulder injury for 3 weeks	A&E	26 Feb 13	Yes	Good	Yes	Attended but 4 hour wait so left with intention to return today

Agenda Item Number 14 Appendix 1(a)

INITIAL CALL	INJURY	ADVICE GIVEN	RING BACK	ADVICE FOLLOWED	RATE SERVICE	RESPECTFUL SERVICE	COMMENTS
25 Feb 13	Cuts & bruises to neck	GP Urgent/ same day	26 Feb 13	No	Good	Yes	Attended A/E. GP refused to see the patient, who then had a 4.5 hour wait in A/E. Was told by A&E that NHSDW should not have sent her to the GP.
25 Feb 13	? torn hamstring	A&E	26 Feb 13	Yes	Excellent	Yes	None
25 Feb 13	Worsening leg pain	GP next day/ routine	26 Feb 13	Yes	Good	Yes	None
25 Feb 13	Ankle Injury	A&E	26 Feb 13	Yes	Good	Yes	Nurse phoned within the hour as told by the call handler
27 Feb 13	Facial Injury	A&E	28 Feb 13	Yes	Good	Yes	Waited a long time for someone to answer the telephone
27 Feb 13	Wrist injury	GP Urgent/ same day	28 Feb 13	Yes	Excellent	Yes	Could not get a same day appointment – Tuesday was the earliest
27 Feb 13	Head injury	Self care	28 Feb 13	Yes	Excellent	Yes	None
27 Feb 13	Injury to hand	Other	28 Feb 13	No	Good	Yes	Didn't phone GP as knew would not get an appointment for 2 weeks anyway
27 Feb 13	Injury to hand	A&E	28 Feb 13	Yes	Good	Yes	5 hr wait at A\E Father had waited 3 hrs on a trolley in the corridor the day before and the queue was much bigger so didn't wait
4 March 13	Rib Injury one week ago	A&E	6 March 13	Yes	Excellent	Yes	None
4 March 13	Swollen painful ankle for 2 weeks	A&E	6 March 13	No	Good	Yes	No transport and not feeling well so did not seek treatment
4 March 13	Facial injury – second day	A&E	6 March 13	Yes	Excellent	Yes	None
4 March 13	Blurred vision left eye for 4 days	A&E	6 March 13	Yes	Excellent	Yes	No excellent service - wasn't too bothered but nurse told me I needed to be seen in a main A/E department ASAP. Seen in the Eye Clinic and admitted to hospital.
4 March 13	Swollen ankle, painful	A&E	6 March 13	No	-	-	Caller terminated call as he did not think the service had helped him.