

Y Pwyllgor Iechyd a Gofal Cymdeithasol
Health and Social Care Committee

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Mark Drakeford AM

Minister for Health and Social Services

Gwenda Thomas AM

Deputy Minister for Social Services

20 December 2013

Dear Ministers,

Unscheduled care – preparedness for winter 2013/14

As you will be aware, the Health and Social Care Committee has taken a keen interest in the preparedness of the Welsh health service and social services to provide unscheduled care during winter 2013/14.

Following our evidence session with you on 9 October, the Committee requested additional information which was received during November. In light of this information and the evidence heard during our session in early October, we have identified a series of key issues we believe require further consideration and/or future monitoring. These are attached as an annex to this letter.

We hope the points we raise will help shape the Welsh Government's – and partner organisations' – approach to preparing for and dealing with both this winter and future winters. As noted in previous correspondence, the Committee has agreed to return to this subject during April 2014. The purpose of this follow-up session will be to consider the progress and delivery of the programme for unscheduled care and whether the actions taken this winter are likely to produce

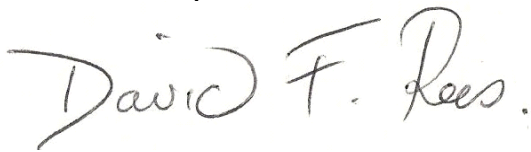
sustainable improvements in performance. Specifically, the Committee will continue to monitor the continued high pressure on emergency departments and how this is impacting on patient safety.

The Committee would like to take this opportunity to emphasise its recognition that “winter” is neither a uniform nor standard period of time, and cannot be regarded as such. From year to year, periods of cold weather vary, winter conditions occur at unpredictable times and they have varying effects on unscheduled care. Furthermore, the Committee wishes to note that pressures on unscheduled care are not always related to – or created by – cold weather alone.

All information relating to our work on preparedness for winter 2013/2014 is available here

<http://www.senedd.assemblywales.org/mgIssueHistoryHome.aspx?lId=7531>

Yours sincerely,

A handwritten signature in black ink that reads "David F. Rees." The signature is written in a cursive style with a large initial 'D' and 'R'.

David Rees AM

Chair, Health and Social Care Committee

ANNEX – Key issues arising from the session on unscheduled care: preparedness for winter 2013/14

Introduction

During February–March 2013 it was clear that the health service in Wales was experiencing severe difficulties dealing with unprecedented winter pressures. In light of this, and in anticipation of Winter 2013/14, the Health and Social Care Committee decided to invite the Minister for Health and Social Services and Deputy Minister for Social Services to a scrutiny session on unscheduled care. The purpose of the session was to seek assurances that the Welsh NHS and social services in Wales are better prepared to cope this winter and to ensure that the inevitable increase in demand during the winter will be managed safely.

The purpose of this annex is to highlight a series of key issues the Committee believes require further consideration and/or monitoring by the Welsh Government and partner organisations.

1. Preparedness for winter 2013–14

Last winter extended up to May and saw Health Boards reporting unprecedented demand on their services. Warnings were issued about the safety and quality of patient care being compromised.¹ Although the pressure eased somewhat during the summer months, the Welsh NHS has continued to see many pressures facing its unscheduled care services.

During the Committee’s session, the Minister for Health and Social Services, Mark Drakeford AM, made it clear that despite the preparedness of the Welsh NHS and its partners for the coming winter, there are going to be challenges ahead for them this winter. The Minister explained that an underlying pattern of growth for attendances at accident and emergency departments, particularly by people over 85, is placing increasing pressure on the NHS in addition to any extra winter demand.² However, whilst the Minister acknowledged the challenges ahead, he believes that the NHS begins the coming winter in a better place this year than it was last year, in terms of both planning and performance.

¹British Medical Association website, [Emergency departments 'at the point of meltdown'](#) 5 April 2013 and BBC News Wales website, [A&E Consultants: Hospitals in Wales at 'meltdown point'](#), 28 March 2013 [accessed 3 October 2013]

² National Assembly for Wales, Health and Social Care Committee [RoP \[para 7\]](#) 9 October 2013

The Committee's view: A combination of challenges including increased demand for services, workforce challenges, GP out-of-hours provision, and patient flow through hospitals means that there can still be an expectation of a difficult winter ahead for the Welsh NHS and social services in Wales. Whilst we welcome the planning and preparations in place for the coming winter we remain concerned about the ability of the Welsh NHS and social services to meet the challenges they will face. We are therefore committed to returning to this subject in April 2014 to review progress during winter 2013/14 and to consider the findings of the Public Accounts Committee's current inquiry on unscheduled care and the role of local primary care. Depending on the outcomes of this follow-up session, the Committee will consider whether a wider inquiry on unscheduled care is necessary.

2. Unscheduled care plans

In planning for winter 2013/14, the Health Boards have been required to produce formal winter plans, which should provide assurances in respect of:

- accurate identification of Referral to Treatment Time (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; and
- how the impact of infection on their capacity will be managed.

The Minister told the Committee that the Health Boards should publish their unscheduled care plans and winter plans, and said they should be available on their websites. However, these plans were not available to view at the time of the Committee meeting.

On 11 November 2013, the Minister sent a letter to the Committee providing links to published unscheduled care and winter plans, and indicated when other Health Boards and the Welsh Ambulance Services Trust (WAST) intend to publish their plans.³

³ National Assembly for Wales, Health and Social Care Committee [Letter from the Minister for Health and Social Services - unscheduled care plans and formal winter plans](#) 11 November 2013 [accessed 3 December 2013]

The Committee's view: It is disappointing that, by the beginning of November, only 3 of the 7 Health Boards in Wales had published their unscheduled care plans, with only one Health Board – Cwm Taf – having published its winter plan. In some cases the published plans amount to little more than bullet point summaries. This has made it difficult to assess whether Health Boards have sufficient plans in place to deliver improvements to unscheduled care services this winter. Whilst we welcome the information that has been published to date by Health Boards, we believe that plans of this nature should be available in advance of the period to which they relate and should be detailed and comprehensive documents. The Committee will expect to see evidence of how well these plans are being implemented when we return to the subject in April.

3. Planning and performance

The Health Boards' and the Welsh Ambulance Services' unscheduled care plans should describe their strategic and operational approach to drive improvements in quality, patient safety and how they will deliver against national targets.

The Welsh Government sets national targets for its emergency care services, which measure waiting times in emergency departments, ambulance response times, and handover times from ambulances to emergency departments.

There has been a general deterioration in performance against key service targets, although there have been some recent improvements⁴. Waiting times at hospital emergency departments have generally increased over recent years, with some patients, particularly older people, spending longer than 12 hours in these departments. The Minister provided a breakdown of performance delivered along the unscheduled care pathway – from emergency ambulance response performance to the number of Delayed Transfers of Care – between September 2011 and August 2013 in his written paper.⁵

In a statement on 30 September 2013, the First Minister announced that targets for treating patients in the NHS are being reviewed and could be replaced. During the Committee's session the Health Minister was not able to provide the Committee with any further detail about possible changes to how the Welsh

⁴ Welsh Government, Minister for Health and Social Services, Mark Drakeford AM, Written Statement [Welsh Ambulance Services NHS Trust delivery of October 2013 eight-minute target and the introduction of the NHS Outcome Framework and development of future NHS measures](#) 27 November 2013 [accessed 3 December 2013]

⁵ National Assembly for Wales, Health and Social Care Committee, [Written paper from the Minister for Health and Social Care Committee](#), 9 October [accessed 3 December 2013]

Government, and NHS and social services bodies, will monitor unscheduled care performance across the totality of the unscheduled care pathway this winter. On 27 November, the Health Minister issued a statement on the development of future NHS measures, noting that he has asked his department to prioritise their development in the field of unscheduled care. The Minister's intention is to pilot new measures from April 2014.⁶

The Committee's view: The Committee seeks further detail about any changes to how the Welsh Government, and NHS and social services bodies, will monitor unscheduled care performance across the totality of the unscheduled care pathway this winter. Furthermore, the Committee would welcome further detail from the Ministers regarding the benchmarking they intend to apply to services in order to compare performance within – and outside – Wales.

4. Additional resource for the Welsh NHS

On 8 October 2013, the Minister announced additional funding of £150 million for the Welsh NHS for 2013–14. At the Committee meeting on the 9 October, the Minister was asked whether this funding would be used to address winter pressures over the next few months. The Minister explained that while the additional allocations to Health Boards “will allow them to strengthen the services that they plan to provide over the winter compared with the services that they would have been able to provide had that extra funding not been made available to them” he did not intend to hypothecate the money to Health Boards for particular purposes.⁷

During the session the Minister was unable to confirm how the extra funding would be distributed. However, the Minister has since published a statement⁸ providing further details.

⁶ Welsh Government, Minister for Health and Social Services, Mark Drakeford AM, Written Statement [Welsh Ambulance Services NHS Trust delivery of October 2013 eight-minute target and the introduction of the NHS Outcome Framework and development of future NHS measures](#) 27 November 2013 [accessed 3 December 2013]

⁷ National Assembly for Wales, Health and Social Care Committee [RoP \[para 16\]](#) 9 October 2013

⁸ Welsh Government, Minister for Health and Social Services, Mark Drakeford AM, Written Statement [Implications of the Draft Budget 2014-15 on Health and Social Services](#) 17 October 2013 [accessed 3 December 2013]

The Committee's view: As noted in our letter to the Ministers following our scrutiny of the draft budget 2014–15, we welcome the additional funds provided to Health Boards during this financial year. We note the fact that the Welsh Government has sought to address the historic problem of allocating funds to those LHBs who have done the least to live within their means during this financial year and that it plans to maintain this approach in future financial years.

5. Capacity

5.1. *Elective capacity*

Winter pressures mean that 2,600 operations were cancelled in the Welsh NHS last winter because of a lack of beds. For 2013–14, Health Boards have declared a surge capacity of around 460 beds – beds that they do not have now, but that they will be able to open if they need to do so.

The Minister made clear his intention to increase bed capacity by organising services differently, as opposed to increasing the number of beds which, he argued, is not financially viable in the longer term. The Minister highlighted the importance of reducing the length of stay in hospital and increasing day surgery or rates of operating on the day of admission, to release beds back into the system at a faster rate rather than simply creating new bed capacity.⁹

The importance of ensuring that elective operations are not postponed this year because of winter pressures was raised by Members, particularly in terms of the impact of cancelled procedures on waiting lists and ultimately on patients' health. The Minister explained that he “expects local health boards to manage both unscheduled care and elective demands and to have the capacity to do both”, and that “...a number of health boards have put in extra beds to protect planned surgery.”¹⁰

5.2. *Surge capacity across the health and social care system*

Members also questioned the Minister on the consideration that has been given to providing surge capacity across the health and social care system, not hospitals alone, over the winter period. The Committee heard that the overall

⁹ National Assembly for Wales, Health and Social Care Committee [RoP \[para 130\]](#) 9 October 2013

¹⁰ Ibid [RoP \[para 80\]](#)

aim is to avoid the creation of the need for a surge and that “working seven days a week, 365 days a year is really important”.¹¹

In his follow up evidence, the Minister confirms that winter planning has been conducted on the basis that capacity consists of more than hospital beds, and that all Health Boards have been looking at capacity in the community and working closely with partners in local government, the third sector, and others.

5.3. Out-of-hours provision and GPs services

The Minister was questioned about the weaknesses around existing out-of-hours provision and whether the Health Boards’ plans made reference to increasing services provided by GPs and out-of-hours services over the winter. The Committee heard that improvements in primary care, out-of-hours services and unscheduled care are needed, and that the out-of-hours service is under “considerable pressure” and needs to be “refreshed”.¹²

Furthermore, the Committee was told that improving access both to out-of-hours services and daytime GP services, together with better management of patient flow between primary and secondary care, would help reduce pressure on hospitals.

Questioning the Minister further on the issue of patient flow, Leighton Andrews AM asked the Minister to clarify what action can be taken by a Health Board if it suspects certain GP practices may be less good at managing flow into A&E and may be more risk averse. In his response, the Minister explained that the main lever Health Boards have is the QOF – the Quality and Outcomes Framework.

The Minister also stated that he sees a greater role for community pharmacists in helping to reduce the workload of GPs and other parts of the NHS in managing common ailments.

5.4. Social care – care homes and nursing homes

The Minister made the point that “it is not just GP practices that have variable performance in relation to sending people in through emergency departments”, stating that care homes and nursing homes are probably a bigger part of the

¹¹ National Assembly for Wales, Health and Social Care Committee [RoP \[para 120\]](#) 9 October 2013

¹² Ibid [RoP \[para 65\]](#)

picture.¹³ He cited work by Cwm Taf LHB to reduce the use of emergency services by care homes in its area.¹⁴

The Minister confirmed that there are almost no delays anywhere in Wales now where people are occupying a hospital bed while a dispute between a local authority and a Health Board is resolved. However, he explained that some of the problems, such as the closure of care homes by some large suppliers, are beyond the control of both Welsh Government and local authorities.¹⁵ The Deputy Minister for Social Services, Gwenda Thomas AM, explained that she intends to use future legislation – as set out in the white paper on registration and inspection¹⁶ – to require providers to produce an annual report that will require them to refer to their financial viability.

5.5. *Delayed Transfers of Care*

During the evidence session, the Minister explained that there is an increasing incidence of older patients being admitted via hospital A&E departments. Many of these older patients require further care which needs to be arranged before discharge, and in many cases social care is required. Difficulties accessing other forms of care can mean that hospital becomes the ‘default place of safety’ and can extend average length of stay, with patients spending longer in hospital than is medically necessary.

In a statement on unscheduled care on 23 April 2013¹⁷ the Health Minister outlined some measures to address delayed discharges which included greater use of alternative short-term accommodation while patients are choosing a care home or whilst disputes between providers over responsibility for paying for care are resolved. The latest data¹⁸ show that, in August 2013, a total of 489 patients experienced a delayed transfer, an increase of 39 (8 per cent) over August 2012. The Minister told the Committee that the median length of stay has fallen however.¹⁹

The Minister provided an example of whole system planning by Betsi Cadwaladr University Health Board, in which social workers are available seven days a week so that assessments can be undertaken and people who are ready to leave

¹³ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 107\]](#) 9 October 2013

¹⁴ Ibid

¹⁵ Ibid [RoP \[para 63\]](#)

¹⁶ Welsh Government, [The future of regulation and inspection of care and support in Wales](#) 30 September 2013 [accessed 3 December 2013]

¹⁷ National Assembly for Wales Plenary [RoP](#) 23 April 2013 16.16 [accessed 3 October 2013]

¹⁸ Welsh Government Statistics, [SDR 161/2013 Delayed transfers of care](#), August 2013 [accessed 3 October 2013]

¹⁹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 62\]](#), 9 October 2013

hospital can be discharged from over the weekend.²⁰ The Deputy Minister also highlighted that some emergency care can be provided in the home, rather than the patient being admitted to hospital, expressing her expectation of more integrated care in the future.²¹

In terms of health and social care integration, the Welsh Government has recently published plans²² for better integration of health and social care services for older people with complex needs. These include integrated health and social care teams supporting frail older people at home, helping to reduce acute hospital admissions and shorten lengths of stay.

The Committee's view: The Committee would welcome further detail at individual Health Board level about what surge capacity is available and what action is being taken to balance elective and unscheduled care. The Committee is particularly keen to receive further information about how Health Boards are planning to deliver elective care during periods of high demand for unscheduled care. Furthermore, if the Welsh Government's ambition for the Welsh NHS is to move to a 24/7 service, improvements are needed to out-of-hours and GP services. We will take a keen interest in the Public Accounts Committee's report on this once its inquiry is complete.

The development of community-based alternatives to hospital needs to be expedited and efforts in the field of unscheduled care need to include work outside the hospital setting. The Committee would welcome further detail on what consideration is being given for surge capacity in the community as well as in the hospital setting.

We believe that problems with inappropriate A&E admissions, patient flow through hospitals, and delayed transfers of care will continue to put pressure on emergency departments this winter. Keeping patients out of hospital whenever possible, particularly older people, must be a priority.

6. Workforce

Members questioned the Minister about the evidence²³ that workforce challenges are putting unscheduled care services under considerable pressure.

²⁰ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 113\]](#) 9 October 2013

²¹ Ibid [RoP \[para 115\]](#)

²² Welsh Government, [A Framework for Delivering Integrated Health and Social Care For Older People with Complex Needs](#) consultation July 2013 [accessed 3 December 2013]

²³ Wales Audit Office, [Unscheduled Care](#), September 2013

The Minister explained that there are a small number of specialities where there are difficulties recruiting to the Welsh NHS, one of which is emergency medicine. The Minister explained that there are more consultants in emergency medicine than has previously been the case, but acknowledged that the Welsh NHS still struggles to meet the College of Emergency Medicine standards for consultant presence.²⁴ There can also be problems with the recruitment and retention of doctors to work in primary out-of-hour services.

The Minister stated that recruiting more consultants alone would not solve the problem. He suggested that better use could be made of advanced nurse practitioners working in emergency medicine and who are trained for that purpose, as well as ensuring other practitioners, for example paramedics, are exercising the full range of their clinical competencies.²⁵

In responding to questions, the Minister expressed his view that “what we actually need are some generalists at the front door of our hospital”²⁶, as suggested by Professor David Greenaway’s review of the Shape of Training.²⁷ That report called for more doctors who are capable of providing general care in broad specialities across a range of different settings. One of the key drivers behind this is the growing number of people with co-morbidities. The Minister stated that, in relation to unscheduled care, the number of emergency admissions and readmissions for chronic conditions in Wales has fallen substantially over the last two and half years, suggesting that improvements might have been made in terms of chronic conditions management.

The Committee’s view: Workforce pressures continue to put unscheduled care services under considerable pressure. We are concerned that no A&E department in Wales currently meets the College of Emergency Medicine’s standards for consultant presence in emergency departments. Progress with the consideration of Professor David Greenaway’s review of medical training will be crucial to ensuring that medical professionals are better supported to work up to the level of their clinical competence. Given the impact of sickness levels in the Welsh NHS and social services on workforce pressures, the Committee would welcome further information about action the Welsh Government is taking to address these levels.

²⁴ National Assembly for Wales, Health and Social Care Committee [RoP \[paras 89-90\]](#) 9 October 2013

²⁵ Ibid

²⁶ Ibid [RoP \[para 92\]](#)

²⁷ [Securing the future of excellent patient care: Final report of the independent review Led by Professor David Greenaway](#), 29 October 2013 [accessed 3 December 2013]

7. The Welsh Ambulance Service Trust (WAST)

The impact of the demand for unscheduled care on the Welsh Ambulance Service has been well documented, with reports of patients facing long waits for ambulances and ambulances needing to queue outside A&E departments to 'hand-over' patients. The Wales Audit Office report on unscheduled care, published in September 2013, noted that performance against handover targets has worsened over time since 2009.

In an oral statement to plenary on 9 July 2013²⁸, the Minister provided an update on the response to the strategic review of the Welsh Ambulance Services that was carried out by Professor Siobhan McClelland. During the evidence session, the Minister made reference to the reforms. These will not be put in place, however, until 1 April 2014.

The Minister reassured the Committee that, in his view, "the ambulance service goes into this winter in a better position than it went into the last one".²⁹ However, he went on to say that the Welsh Government does want to increase the resilience of the ambulance service for this winter.

The Minister explained that the ambulance service is recruiting to all its vacancies, which includes plans for 82 new staff, paramedics and emergency medical technicians to be in place over this winter.

In September 2013, it was announced that specialist emergency medicine doctors to help paramedic crews treat patients before they get to hospital have been hired by the Welsh Ambulance Service.³⁰ The scheme allows doctors to work with paramedics to look after patients in their own homes instead of taking them to hospital if it is not necessary. During the evidence session, the Minister drew attention to the recent appointment of two doctors to work with WAST over the winter.³¹

The Committee's view: The Welsh Ambulance Service is crucial to the efficient and effective handling of winter pressures. The Minister noted that he wants to increase the resilience of the ambulance service for this winter. This should be a priority over the weeks and months ahead.

²⁸ Minister for Health and Social Services, Mark Drakeford AM, [Update on the Response to the Strategic Review of Welsh Ambulance Services](#), 9 July 2013

²⁹ National Assembly for Wales, Health and Social Care Committee [RoP \[para 90\]](#) 9 October 2013

³⁰ BBC News Wales website, Welsh Ambulance Service: [Emergency scene doctors appointed](#), 15 September 2013

³¹ National Assembly for Wales, Health and Social Care Committee [RoP \[para 118\]](#) 9 October 2013

8. Flu

8.1. *Flu campaigns and pneumococcal immunisation programmes*

During the evidence session, the Minister explained his intention for an active flu campaign during this winter, including his determination to make better use of community pharmacies. Public Health Wales figures shows that uptake of seasonal influenza immunisations was 67.7 per cent in those aged 65 years and over in Wales during 2012/13. Uptake was 49.7 per cent in patients younger than 65 years in one or more clinical risk groups.

Specifically, the Minister drew attention to the new flu nasal spray being offered to children aged 2 and 3 years olds who will be vaccinated by GPs, and school year 7 (11–12 year olds) pupils who will be vaccinated in school. When questioned about the availability of the nasal spray, the Minister stated that “we simply do not have either enough of the vaccine – manufacturers cannot manufacture it fast enough to be able to offer it to the whole of the age range – or the infrastructure to be able to do it”.³²

8.2. *Vaccination of staff*

The Minister highlighted the importance of ensuring that the health and social care workforce are vaccinated against preventable disease, such as flu, so that they do not pass flu on to their own patients or that they do not fall ill with flu when they do not need to, stating that “it is part of their professional obligation”.³³ Dr Grant Robinson, the Clinical Lead for Unscheduled Care, explained that the British Medical Association supports the Welsh Government’s approach to flu vaccination, agreeing that it should be seen to be a “professional priority”.³⁴ However, the Minister made it clear that he would not tie funding to any particular level of uptake. When questioned about the target to measure against in terms of the percentage of the workforce in the NHS and the social care workforce that has direct contact with patients that the Welsh Government wants to see vaccinated, the Minister stated that the target is 50 per cent for this year and that this is realistic given the low base from which it has started.³⁵

³² National Assembly for Wales, Health and Social Care Committee [RoP \[para 32\]](#) 9 October 2013

³³ Ibid [RoP \[para 31\]](#)

³⁴ Ibid [RoP \[para 35\]](#)

³⁵ Ibid [RoP \[paras 45-47\]](#)

The Committee's view: We believe that the take up of seasonal influenza immunisations needs to be improved, particularly among frontline NHS and social care staff. We therefore hope that a more ambitious target will be applied next winter.

Next steps

The Committee would welcome a response from the Welsh Government to the key issues raised in this annex. As noted previously, the Committee has agreed to return to this subject during April 2014. The purpose of this follow-up session will be to consider the progress and delivery of the programme for unscheduled care and whether the actions taken this winter are likely to produce sustainable improvements in performance. Specifically, the Committee will continue to monitor the continued high pressure on emergency departments and how this is impacting on patient safety