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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

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Assembly Members

1 April, 2014

Dear colleague,

This letter provides an account of the actions taken by the NHS in Wales over the recent winter months.

Winter is always a busy season for the NHS, marked by an increase in demand for emergency care, from acutely unwell patients at a time when weather patterns can have an impact on the NHS.

Following last winter's pressures, which were exacerbated by the extremely cold temperatures and heavy snowfall in parts of Wales, I made it clear to health boards that I expected to see robust and well-worked through unscheduled care plans, which were properly tested and resourced and included detailed assessments of how services would be delivered more resiliently in winter 2013-14.

For the first time, health boards, the Welsh Ambulance Service and local authorities were required to develop and publish joint plans. I expect this work to continue in the future. Action was also taken to ensure the right quality of clinical leadership when Dr Grant Robinson was appointed as the unscheduled care clinical lead for Wales in August.

This improved integrated planning and clinical leadership has resulted in an increased resilience within the health service compared to last year resulting in an increased ability to meet and manage rising and sometimes unpredictable levels of demand during the winter months.

We have seen many more positive actions being taken across Wales, including the development of improved relationships with social care to ensure a better flow of patients through hospitals and back into the community. The very positive lessons to be drawn from this year's work will now be rolled out across Wales, supported by the 1,000 Lives Patient Flow Programme.

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The dissemination of best practice will also be undertaken through the seasonal planning group which met in March – this is where representatives from health boards, the ambulance service and other key organisations meet to learn lessons from each other as part of the service planning process. This event also marked the beginning of planning for winter 2014-15.

Although this winter was not as cold as last year, the gales, significant rainfall and subsequent flooding which affected Wales had an impact on the NHS in January and February. In addition, we saw the usual winter illnesses and viruses, which resulted in hospital admissions, particularly for older people.

The impact of winter pressures on NHS services has been co-ordinated via weekly chief executive-level calls; daily executive-level emergency pressure conference calls and via the online Wales Integrated Unscheduled Care dashboard. This provides live data and information about unscheduled care, including bed capacity levels, primary care, social care, the ambulance service, handover delays and escalation levels.

Local government colleagues, particularly directors of social services, have played a significant role in ensuring effective winter planning, including responding to capacity across the whole system. It is essential we continue to work across health and social care if we are to address the challenges and demands on services.

This winter there has been improvement in the majority of the unscheduled care performance indicators we measure, including:

- A&E - the four-hour waiting times figure is at 86.6% in February 2014, which is 0.7 percentage points higher than February 2013;
- Postponed operations – the number of postponed operations during December 2013 to January 2014 is 48% lower than the corresponding period last year;
- Delayed transfers of care - the overall trend over the last five years is that delayed transfers of care have been falling. They reached a 10-year low in January 2014 when the number of delayed transfers of care fell below 400 for the first time.

Around 19 million GP consultations took place in Wales last year. Making it easier for working people to get an appointment at a time convenient to them is a key commitment for this government – the latest GP access figures show ongoing improvements. Wales' GPs and community pharmacists play a valuable role in providing care locally and managing demand on hospital services, particularly in the winter.

GPs have a number of schemes in place to prevent patients suffering from chronic and long-term health conditions needing unscheduled care. GPs also take a proactive approach to caring for people who are vulnerable and frail and for care home residents. They also have plans to help manage those patients who are predicted to be at the highest risk of an emergency hospital admission.

Progress has been made to increase the number of people receiving the flu vaccination with a new scheme introduced to protect children and improvements in uptake among NHS staff. There is more work to do and planning has already started for next winter. However, it is significant to note that more than 500,000 vaccinations were administered this winter.

Over the course of this winter we have seen some improvement in patient handovers with a higher percentage of patients being handed over from ambulance to A&E staff within 15 minutes; the majority of patients are handed over within 30 minutes of arrival at hospital. However, it is clear that more needs to be done to improve this aspect of care.

Where handover times have not been good enough ambulance response times have been affected by these delays. Between November 2013 and February 2014, there were 139,184 emergency 999 calls, of which 54,981 were immediately life-threatening.

Dealing with this volume of demand is challenging and the ambulance service's performance in January and February should be seen in the context of extreme weather, which affected the eight-minute response across Wales.

I recently sent a letter acknowledging the ambulance service's work extending my gratitude for the Trust's and its dedicated workforce's efforts to maintain high-quality care during the flooding and extreme weather. In particular, the ability of frontline clinicians to respond to immediate life-threatening calls in difficult and dangerous conditions while ensuring the safety of the public. In many cases, staff put themselves at risk in order to provide essential care for vulnerable patients.

The eight-minute target has at best, weak clinical evidence base. In order to provide greater context to the quality of care being provided by our ambulance service and other healthcare services, I have announced my intention to develop and introduce a series of new patient-focused outcome measures. These measures will be published alongside our current time-based NHS targets over the next 12 months.

This work will make sure that what we measure is more meaningful to people in Wales. The information will capture clinical benefit and patient experience, rather than simply time to treatment.

It is our intention to place the same focus on planned care for the year ahead as we have successfully applied to unscheduled care and winter pressures.

I am very proud of the NHS in Wales, everyone who works for it and the way they, together with our colleagues in social care, have responded this winter. I end this letter by putting on record again the immense amount of excellent work the thousands of staff do day in and day out to ensure that patients are treated with dignity and compassion and by putting on record my thanks to all NHS and social care staff for their hard work, dedication and commitment during another challenging winter.

Best wishes
Mark.

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