



Ein cyf/Our ref SF/MD/1593/14

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

24 July 2014

Dear Darren,

PUBLIC ACCOUNTS COMMITTEE REPORT - UNSCHEDULED CARE

I write in reply to your letter of 26 June 2014.

You have requested the following information:-

Recommendation 1: The Committee are still concerned that the Welsh Government's target for immunisation of NHS staff is insufficiently ambitious. While we appreciate that there will always be some resistance from a small minority of staff to accepting a flu vaccine, we believe that this should not be a barrier to increasing the immunisation target. Members were unconvinced by your assertion that increasing the immunisation target could potentially have a demoralising effect on staff and we would welcome some supporting evidence for this, should it be available.

Response: The 50% target is currently universal across the UK. I do not intend that Wales should go beyond the 50% target at this time. None of the UK countries has yet hit the target of 50%, but in Wales we have the highest rate of improvement in the UK over recent years and, if current improvement is maintained we would hope to reach 50% uptake in 2015-16, with some Health Boards potentially reaching the target in 2014-15. For further detail please see the graph attached at **Appendix 1**.

I believe it is prudent to review the target again at the end of the 2014-15 season. If further progress has not been made then I would certainly consider more stringent actions to deliver the improvements I seek and expect.

Recommendation 2: The Committee notes your response that 'Clear guidance on the use of the HAS [Handover Arrival Screens] system was issued to all organisations in 2010' and that this is now under review. Given that this is described as clear guidance, Members

would welcome an explanation as to why it is necessary to undertake a review to ensure that it is understood by all relevant staff.

Response: The Handover Arrival Screen (HAS) system user guide was initially developed in 2009 in partnership with NHS Wales stakeholders, and updated in March 2010. The Welsh Government has a policy of periodically reviewing all existing guidance to ensure it is fit for purpose, and to determine whether it can be improved upon. The review of existing guidance will be undertaken in line with this policy and will take into account the development of new software to ensure the HAS system is used efficiently and appropriately to correctly reflect the patient journey.

Recommendation 3: The Committee welcomes your undertaking to develop a wider suite of performance measures for unscheduled care and we would find it helpful if you could provide details on both the timescales for the development of these indicators and how all aspects of 'quality of care' will be measured. Members would also welcome further information on any work the Welsh Government has undertaken with the other nations of the UK to enable data to be compared and benchmarked.

Response: There are currently pilot studies being run in Wales looking at six aspects of Unscheduled Care, these are aimed at better measuring and understanding:

- the clinical prioritisation of patients in A&E
- the time to treatment within an A&E Department
- quality measures within A&E
- the total pathway for patients with a fracture neck of femur
- the total pathway for patients who have suffered from a stroke
- the total time to treatment of patients suffering from a heart attack

These pilots are being developed with clinical input and support to measure what is most relevant to better quality care and improved outcomes. The pilots will run over the next three months. Findings will be available in the autumn with a view to implementing the appropriate measures in the next financial year.

Welsh Government are discussing the pilot work with the College of Emergency Medicine with a view to providing clinical support and greater consistency across measures and standards.

Given the different service models and data standards it is often difficult to routinely compare data with other nations in the UK at a national level. However, data is routinely benchmarked by the NHS with peers through a national benchmarking product.

Recommendation 4: It is unclear to the Committee why this recommendation has only been partially accepted. We are aware that uncertainty over the future of services in some parts of Wales is continuing and wish to receive further information as to what specific action the Welsh Government is taking to encourage Health Boards to resolve any outstanding issues.

Response: No uncertainty remains over the future of A&E services in South Wales and Mid & West Wales because the future of these services has recently been clarified with the completion of the South Wales Programme and the Hywel Dda regional service change plans respectively. The future of A&E services in North Wales is currently being considered by the Betsi Cadwaladr University Health Board as part of its acute services review, although the Health Board is committed to maintaining 24/7 emergency departments at its three main hospital sites in the future.

Recommendation 8: The Welsh Government response to this recommendation does not make any reference to the Committee's specific recommendation that consideration should be given to systems adopted in the Republic of Ireland and Northern Ireland in reducing 'did not attends'. Members would welcome confirmation that this will be considered as part of the Welsh Government's review into 'did not attends'.

Response: I can confirm, working with the Health Boards, we will also consider the systems adopted in the Republic of Ireland and Northern Ireland in reducing 'did not attends'.

Recommendation 11: The Committee would welcome further information on how the Welsh Government intends to monitor the effectiveness of different co-location arrangements to ensure better access is available in all areas of Wales.

Response: Responsibility for implementing and monitoring co-location arrangements and their impact on access lies with Health Boards. We will however continue to work closely with them through our existing mechanisms to facilitate the sharing of promising models of care.

Recommendation 12: The Committee would welcome information on your target dates for completing the short, medium and longer-term plans for ensuring there are sufficiently trained staff in relevant professional groups to deliver integrated primary and community care, particularly GPS. We would request copies of the plans be made available to the Committee in September 2014, in line with the time scale you indicated in response to recommendation ten for updating the Committee on out of hours work.

Response: Addressing the challenges faced in primary and community care requires a whole system approach, not a focus on any one professional group. Between now and September we will consider key information about the workforce together with the national and local requirements of the population. We will explore a range of primary and community care models to establish which will assist in the healthcare arrangements in Wales. This information will be considered as part of a National Workforce Conference to be held in September to inform decisions about the changes required in the healthcare workforce across Wales to deliver sustainable services and the reforms required to realise this change.

I trust the above is clear and helpful.

Best wishes,

Mark

Mark Drakeford AC/AM

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

Influenza immunisation uptake in healthcare workers in UK, 2009/10 - 2013/14.

	Wales	England	Scotland	N Ireland
2009/10	11.6	40.3	55.1	47.7
2010/11	18.5	34.7	26.2	19.0
2011/12	30.9	44.6	33.0	30.9
2012/13	35.5	45.6	33.7	20.4
2013/14	40.6	54.8	34.7	24.0
<i>Av. Incr.</i>	<i>7.4</i>	<i>6.7</i>	<i>2.8</i>	<i>1.7 base 2010/11</i>

Source: HPA / HPE Surveillance of influenza and other respiratory viruses in the UK
<http://www.hpa.org.uk/Publications/InfectiousDiseases/Influenza/>

