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Cabinet Secretary for Health, Well-being and Sport

Rebecca Evans AM

Minister for Social Services and Public Health

28 October 2016

Inquiry into winter preparedness

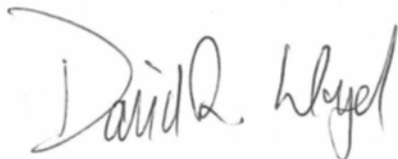
Dear Cabinet Secretary and Minister

As you are aware, the Committee has been considering how well equipped the Welsh NHS is to deal with pressures on unscheduled care services over the coming winter.

We have now concluded our written and oral evidence gathering with stakeholders, and look forward to discussing this evidence with you both when you attend our meeting on 17 November.

Ahead of that meeting, we agreed it would be helpful to set out the main themes that have emerged from the evidence as these are the matters we would like to focus on. For convenience, these are listed in the attached annexe.

Yours sincerely,



Dr Dai Lloyd AM

Chair, Health, Social Care and Sport Committee



Annexe

Inquiry into winter preparedness 2016–17: summary of key themes from evidence

1. Service integration

There has been considerable discussion around the need for better joint working across Wales, including:

- greater integration between health and social care, in both planning and delivery of services;
- the need to include the independent sector (both care home and domiciliary services) in the planning and delivery of services;
- improved working between professions on key initiatives such as the flu vaccination programme.

2. Demand on services

Whilst there is evidence of a seasonal spike during the winter, there are significant and growing pressures all year round. These pressures are driven by:

- an aging population, who often present with a number of complex conditions, and who have lost traditional support networks. There is evidence of more admissions from vulnerable older people who are experiencing falls;
- patients, particularly older patients, who are discharged from hospital in need of complex care packages;
- a growing emergency workload relating to children (25% of the emergency workload during the winter), particularly with respiratory problems such as bronchiolitis. More of these cases could be supported at home if parents had appropriate support and information;
- accessing the wrong services. We heard that 20–30% of people presenting at A&E need a different type of service rather than emergency services.



3. Service capacity

Concerns were expressed around:

- the availability of sufficient beds to cope with demand, with high levels of occupancy currently;
- capacity in the domiciliary care and care home sector. There is an increased reliance on the care home sector, but real concerns about the sector's sustainability, with a number of recent home closures;
- primary care services; a belief that there is no real shared understanding of how stretched these services are – the additional investment isn't getting to the front line;
- reductions in district and primary care nursing.

4. Workforce

This was highlighted as a major concern by all those we heard from, especially in relation to:

- problems in recruiting sufficient medical staff, both for hospital and GP services;
- difficulties in recruiting for the domiciliary and care home sector, with the independent care sector continuing to be very reliant on both EU and non-EU staff. Competition from other care and non-care organisations is impacting on the available workforce;
- problems facing LHBs in being able to recruit easily the extra staff to run additional hospital capacity during times of pressure such as winter;
- falling numbers of district nurses across Wales, as well as an increasingly changing role as clinical support and advisors to other nursing and care staff;
- the potential for professional isolation of care home nurses, with limited access to shared training with NHS and social care staff;
- the need for training, skills development and supervision across all sectors.



5. Discharge from hospital

Delayed transfers of care (DToCs) still remain an issue, with;

- clear evidence of rising DToC numbers during the winter;
- discharged patients having increasingly complex needs;
- pressure to 'keep the system moving' to enable admission and to ensure there is adequate hospital capacity;
- a need for more effective discharge planning arrangements at a local level, engaging better with the independent sector.

6. Service models

There is a particular need to look at:

- A&E services, including possible co-location with some primary care services and a potential role for 'front door' physicians;
- new service models in primary care;
- alternative models of care in the community to avoid hospital admission, as well as a need for better evaluation of services (e.g. those funded through the Intermediate Care Fund) and better sharing of good practice across Wales;
- less silo working – greater integration across sectors and services.

7. Regulation

There is a need to look critically at the inspection and regulatory regime, with a conversation between providers, commissioners and regulators. This needs to take into account the service needs of people who are much frailer, and whose needs are more complex.

