

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Dirprwy Brif Weithredwr, GIG Cymru

Health and Social Services Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

Nick Ramsay AM
Chair of the Public Accounts Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Our Ref: SD/LD

25 June 2019

Dear Chair

Public Accounts Committee: 29 April 2019

Following my appearance at the Public Accounts Committee on 29 April I am writing to provide you with an update on the following action points:-

i. the Primary Care Board's evaluation of arrangements made by health boards to ensure demand was met over the winter months

The 24/7 work stream of the Strategic Programme for Primary Care, which reports to the National Primary Care Board, is coordinating the emerging learning from the use of additional funding last winter for meeting people's urgent care needs in the community.

This emerging learning is being shared with relevant groups and once finalised, it will be endorsed by both the National Primary Care Board and the National Unscheduled Care Board and cascaded to stakeholders. The Welsh Government expects health boards and their partners to apply this learning when planning and delivering services.

ii. the quality indicators that are currently being monitored

A new set of Standards and Activity Measures for 111 and OoH in Wales have been developed through close collaboration between Out of Hours clinicians, service managers and the Welsh Government. These were shared widely with the NHS before being issued in March 2019. The standards have been divided into three parts:

- Part A are delivery standards and activity indicators (AIs) which are required to be reported monthly at either a national or local level.
- Parts B and C are quality and development indicators which require WAST and Health Boards to collect and report the information either monthly, quarterly, six monthly or annually.

These revised standards have been issued and will be monitored during the 2019/20 financial year. A copy of the Standards can be found at **Appendix 1**.

Yours sincerely

A handwritten signature in black ink, appearing to read 'SD', written in a cursive style.

Simon Dean

NEW STANDARDS AND QUALITY INDICATORS – 111 and OOH in Wales

The standards developed below are replacements for those currently in place for the 111 service and OOHs in Wales.

Performance and quality

The standards have been divided into two parts:

- Part A = delivery standards which are required to be reported monthly at either a national or local level.
Where 111 service is operating:
 - WAST will be responsible for the CALLS and CLINICAL TRIAGE standards, (which will include both WAST and OOH's clinical triage) and the median timestamps for Clinical triage, where the 111 service is operating.
 - LHBs will be responsible for the FACE TO FACE APPOINTMENTS and the median timestamps for FACE TO FACE APPOINTMENTS where the 111 service is operating.Where LHB OOHs service is operating:
 - LHBs will also be responsible for CALLS and CLINICAL TRIAGE standards, and the median timestamps for Clinical triage, where their own OOH service is operating.
- Part B and Part C = quality indicators which require WAST and LHBs to collect and report the information either monthly, quarterly, six monthly or annually.

Reporting

Welsh Government require WAST and LHBs to produce an 'annual report' to report against Part A, B and C. The annual report template will be developed and provided to LHBs and WAST in January 2019, ready for reporting in July 2019 on 2018-19 activity.

Review period

These standards once adopted formally, will be reviewed periodically to enable changes to be made that can support clinical and service changes to the way in which 111/ OOH services are developed and delivered. The intention is for these standards to be reviewed once full roll out of the 111 service has been achieved circa 2021.

Amendments to previous standards

Some standards have been removed:

- *100% of calls identified as having a life threatening condition are transferred to the ambulance service within 3 minutes.* This has been removed as with the introduction of the 111 service this can no longer be differentiated in WAST. There were also clinical concerns that this could not be measured accurately if call handlers kept the calls open when they transferred the calls.
- *95% of call handlers are trained to use the structure decision support tool and are trained in critical thinking – register of call handlers and their training log to be reviewed.* This has been removed as this was a measure established as part of the 111 pathfinder which will no longer be required as 111 rolls out.
- *The 111 service to be staffed by trained clinical staff – audit of training requirements.* This has been removed as this was a measure established as part of the 111 pathfinder which will no longer be required as 111 rolls out.

Development Measures

A number of **Developmental Measures** have been added. These are currently aspirational and will require development once the new IT System for 111/ OOH is adopted. Additional work is also required on data linkage with WAST and NWIS before these can be adopted.

Piloting introduction

The intention is to pilot the introduction of the new standards in the 111 system during February / March 2019 in readiness for the full adoption by April 2019. Where the roll out of 111 is likely to cause some technical issues with change over i.e. Cwm Taf scheduled to 'go live' with 111 in Q1 2019-20 flexibility will be allowed to support smooth roll out and transition to the new standards.

	NEW Standards	Source	Description of measure	What are we trying to achieve
	PART A - NEW Standards	Telephony /IT system	National – 111 Local – LHB	Descriptor
	TELEPHONY			
CALLS	Abandoned calls No more than 5% of calls hang up within 60 seconds of the end of the message.	Telephony WAST	National	To measure the percentage of calls where people hang up because their calls are not answered.
	Answered calls 95% of calls are answered within 60 seconds of the end of the message.	Telephony WAST	National	To measure the percentage of calls answered within the timeframe specified.
	% of calls where the caller indicates that they wish to conduct the call in Welsh (Welsh speakers are able to opt for a Welsh response at call handling stage of the 111 service)	Telephony WAST	National	Identify the percentage of callers that opt for a welsh speaking call handler
CLINICAL TRIAGE (CT) ASSESSMENT	CLINICAL TRIAGE (CT) Timely clinical triage of patients: <ul style="list-style-type: none"> • P1CT = 1 hour (the 20 minute response will be retained as an operational measure) • P2CT = 2 hours • P3CT = 4 hours This is the number of patient contacts that are prioritised by the Out of Hours / 111 call handler and then start their definitive clinical assessment within the relevant time bands			
	90% of calls prioritised as P1CT to start their first definitive clinical assessment within 1 hour of the end of the first contact (Previous target = 98%)	IT system	National	The percentage of P1 callers that begin their clinical assessment within the 1 hour timeframe
	90% of calls prioritised as P2CT to start their first definitive clinical assessment within 2 hours of the end of the first contact	IT system	National	The percentage of P2 callers that begin their clinical assessment within the 2 hour

	NEW Standards	Source	Description of measure	What are we trying to achieve
	<i>(Previous target = 98%)</i>			timeframe
	90% of calls prioritised as P3CT to start their first definitive clinical assessment within 4 hours of the end of the first contact <i>(Previous target = 98%)</i>	IT system	National	The percentage of P3 callers that begin their clinical assessment within the 4 hour timeframe
	99% of all calls (P1CT, P2CT and P3CT) to start their first definitive clinical assessment within 6 hours of the end of the first contact <i>(99% rather than 100% has been adopted for this measure on clinical advice to allow for clinical discretion)</i>	IT system	National	99% of callers should begin their clinical assessment no later than 6 hours following their first contact.
FACE TO FACE APPOINTMENTS	Face to face – F2F Timely assessment of patients who require face to face appointment at base or home visiting: <ul style="list-style-type: none"> • P1F2F - 1 hour • P2F2F - 2 hours • P3F2F - 6 hours* *looking to reduce this maximum time – to be reviewed annually This is measured from the end of the clinical assessment to the start of the patient’s face to face appointment, whether that is in a PCC base or home visit.			
	90% of patients prioritised as P1F2F requiring a Base Appointment to be seen within 1 hour following completion of their definitive clinical assessment	IT system	National & local	The percentage of callers categorised as a P1 who begin their clinical F2F appointment within the 1 hour timeframe.
	90% of patients prioritised as P2F2F requiring a Base Appointment to be seen within 2 hours following completion of their definitive clinical assessment	IT system	National & local	The percentage of callers categorised as a P2 who begin their clinical F2F appointment within the 2 hour timeframe.
	90% of patients prioritised as P3F2F requiring a Base Appointment to be seen within 6 hours following completion of their definitive clinical assessment	IT system	National & local	The percentage of callers categorised as a P3 who begin their clinical F2F appointment within the 6 hour timeframe.

	NEW Standards	Source	Description of measure	What are we trying to achieve
	90% of patients prioritised as P1F2F requiring a Home Visit to be seen within 1 hour following completion of their definitive clinical assessment	IT system	National & local	The percentage of callers categorised as a P1 who begin their clinical F2F appointment within the 1 hour timeframe.
	90% of patients prioritised as P2F2F requiring a Home Visit to be seen within 2 hours following completion of their definitive clinical assessment	IT system	National & local	The percentage of callers categorised as a P2 who begin their clinical F2F appointment within the 2 hour timeframe.
	90% of patients prioritised as P3F2F requiring a Home Visit to be seen within 6 hours following completion of their definitive clinical assessment	IT system	National & local	The percentage of callers categorised as a P3 who begin their clinical F2F appointment within the 6 hour timeframe.
	99% of all patients (BASE and HOME VISITS) (P1F2F, P2F2F and P3F2F) to be seen within 8 hours following completion of their definitive clinical assessment. <i>(99% rather than 100% has been adopted for this measure on clinical advice to allow for clinical discretion)</i>	IT system	National & local	No caller should begin their face to face appointment later than 8 hours following the completion of their definitive clinical assessment.

	PART B – OOH & 111 Quality Indicators	Source	Description of measure	What are we trying to achieve
Monthly	Median time for patients prioritised as P1CT to start their clinical assessment	IT System	National & local	To check the most frequent time for patients categorised as a P1CT to start their clinical assessment
	Median time for patients prioritised as P2CT to start their clinical assessment	IT System	National & local	To check the most frequent time for patients categorised as a P2CT to start their clinical assessment
	Median time for patients prioritised as P3CT to start their clinical assessment	IT System	National & local	To check the most frequent time for patients categorised as a P3CT to start their clinical assessment
	Median time for patients prioritised as P1F2F to be seen by a clinician Split by: <ul style="list-style-type: none"> • At base • Home visit 	IT system	National & local	To check the most frequent time for patients categorised as a P1 to be seen at a Primary Care Centre or via a home visit.
	Median time for patients prioritised as P2F2F to be seen by a clinician Split by: <ul style="list-style-type: none"> • At base • Home visit 	IT system	National & local	To check the most frequent time for patients categorised as a P2 to be seen at a Primary Care Centre or via a home visit.
	Median time for patients prioritised as P3F2F to be seen by a clinician Split by: <ul style="list-style-type: none"> • At base • Home visit 	IT system	National & local	To check the most frequent time for patients categorised as a P3 to be seen at a Primary Care Centre or via a home visit.

	PART B – OOH & 111 Quality Indicators	Source	Description of measure	What are we trying to achieve
MONTHLY	<p>Outcome Activity</p> <p>List of common outcome disposition by LHB</p> <ul style="list-style-type: none"> • Administration • Advised to attend ED/MIU • Advised to contact another Health Professional • Advised to contact General Practice • Death • Dental • Failed contact • Health information / quick call • Referred to 999 • Referred to a General Practitioner (handover of care) • Referred to another Health Professional • Referred to Mental Health Team • Referred to Secondary Care • Referred to Social Services • Assessment and Advice (changed from Self care) • No outcome recorded <p>(Data is available from September 2018)</p>	I T System	National & local	To learn the most common outcomes for patients presenting to out of hours services and to be able to compare trends and similarities both within LHBs, and between LHBs. This will assist in planning future services.
MONTHLY	<p>Referral rates by GP Practice/ Cluster level</p> <p>Patient referrals rates - Ambulance/ Hospital assessment/ admission (at cluster level)</p>	I T System	National & local	To understand the demands made by different GP Practices/ cluster both within LHB areas and to explore the patterns between LHB areas to influence changes in working practice.

	PART B – OOH & 111 Quality Indicators	Source	Description of measure	What are we trying to achieve
MONTHLY	Prescribing formula in place – i.e. antibiotics Activity data on prescribing practice	IT system	National & local	To understand prescribing practice across each LHB. To explore the patterns between LHB areas to influence changes in working practice

	New Standards	Source	Description of measure	What are we trying to achieve
	PART C – OOH & 111 Quality Indicators			
QUARTERLY	100% reporting of 'serious incidents' to Welsh Government in agreed timescale	DATIX	National/ Local	Ensuring adverse incidents are reported
	Clinical audit to be undertaken to learn from 'serious incidents' and demonstrate quality improvement has been adopted, and that reporting is in line with guidance.	DATIX	Local	Ensuring learning from clinical audit is adopted and that reporting is in line with guidance.
BI ANNUAL	Ensure the service complies with All Wales standards for equality = Audit of language needs - See DSCN 2017/11 – reference data source for recording of language information - see reporting of welsh callers in PART A <u>and</u> information associated with patients with sensory loss should be recorded - See DSCN 2018/01 = Audit of sensory loss requirements	NHS Delivery Frame work returns	Local	LHBs to ensure the response to DSCN 2017/11 and DSCN 2018/01 is captured
ANNUAL	Length of introductory message – no longer than 30 seconds to provide life threatening information, but can contain additional information thereafter - 60 seconds for total message.	IT system	National	To provide consistency, assurance that introductory message complies with guidance
	Undertake Clinical Audit using RCGP toolkit, or other appropriate tools, to review 1% of urgent cases on a monthly basis. Audit should include end to end review of the patient's journey through 111 to points of care.	Clinical Audit	National & local	To ensure quality care is provided.

PART C – Quality Indicators			
Risk management In place with clear accountability - evidence of an active and appropriate risk log and managerial action - quarterly	Risk Register	Local	Review of risk register to ensure risks are adequately identified and managed
Data from 111 to be shared amongst Primary Care Clusters to enable peer review	IT system	National	Encourage peer review amongst clusters to improve good practice
Concerns and complaints are responded to promptly an within agreed time limits	Complaint log	National & local	To ensure patients concerns are acknowledged, responded to and lessons are learnt
Gather and use evidence of service user experience to drive improvement	Patient survey	National and local	To ensure patient's view are gathered and used to improve the service.
Prescribing formula in place – i.e. antibiotics = clinical review of cases – in line with clinical governance requirements	IT system	National & local	Ensure clinical review is undertaken to affirm or reject that prescribing formula is in place.
Adherence to alert letters = Clinical governance requirements	Alert letters	National & local	Confirmation that alert letters are appropriately actioned

Developmental Measures – These are currently aspirational and will require to be developed once the new 111/ OOH IT System is adopted. Additional work is also required on data linkage with WAST and NWIS before these can be adopted.				
		Source	Description of measure	What are we trying to achieve
DEVELOPMENTAL	Clinical content for the 111 service will (in the future procurement) be the responsibility of the IT Supplier <i>Reporting mechanism to be developed as part of the IT Procurement exercise.</i>	111 system	National	Ensure that there is assurance from the supplier when there is a change to the clinical content of the 111 algorithms
	Records across 111, GP OOH and ED with an NHS number are data matched to determine whether patients contacting other parts of the urgent care service within hours of contacting 111 <i>It will be possible when the new IT system is in place, and patient NHS numbers are known routinely.</i>	WAST /NWIS data linking	National	Patients to be tracked to see what advice they followed
	Report the percentage (%) of patients with unplanned re-contact with the OOH/ 111 service within 72 hours i.e. audit of cases and production of report on frequent flyers – link with patient navigation projects <i>This can be reviewed when the new IT system, is in place, depending on work from Public Health Wales on frequent flyers.</i>	IT system	National & Local	Ensure frequent flyers are reviewed and supported appropriately to reduce demand in future
	<ul style="list-style-type: none"> Audit the range of pathways available to enable the callers to be directed to the right service including the range of available community services Audit the use of DOS and outcome dispositions of patients using OOH / 111 service. Reports should also identify gaps in provision <u>and</u> demonstrate work to develop new pathways is being supported. 	DOS & IT system	National & Local	To ensure the range of appropriate pathways is comprehensive, and the utilisation of appropriate pathways, <u>and</u> gaps in provision are identified <u>and</u> new pathways development
	The recognised Quality Improvement Methodology should be used continually to develop local services and share good practice.purpose.	Quality Improvement Methods	Local	A report from Medical Director should document methodology used and adapted if appropriate