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Unscheduled Care An Update on Progress [Executive Summary]



Unscheduled Care – An Update on Progress [Executive Summary]

I have prepared this report for presentation to the National Assembly under the Government of Wales Act 1998 and 2006.

The Wales Audit Office study team that assisted me in the preparation of this report consisted of Anne Beegan, Tracey Davies, Andrew Doughton, Kate Febry, Philip Jones, Malcolm Latham, Delyth Lewis, Stephen Lisle, Elaine Matthews, Carol Moseley, Gabrielle Smith and Mandy Townsend under the direction of David Thomas.

Huw Vaughan Thomas
Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

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**Report presented by the Auditor General for Wales to the
National Assembly for Wales on 12 September 2013**



Background	5
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Key messages	10
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Summary of findings	14
Part 1 - With rising demand some services are under severe pressure and performance against a number of key measures has deteriorated since 2009 although there have been signs of improvement in recent months	14
Part 2 - Whilst NHS Wales has made some progress on managing demand the work that is being done is not keeping pace with the increased pressures being placed on unscheduled care services and major challenges remain in relation to workforce, patient flow and ambulance services	17
Part 3 - National and local NHS leaders are clearly committed to improving unscheduled care but real transformation will require greater focus on the whole system, better care coordination, change in primary care and a sustainable configuration of hospital services	21

Recommendations	22
------------------------	-----------



Background

- 1 Unscheduled care is a term used to describe any unplanned contact with the NHS or social care by a person requiring or seeking help, treatment or advice urgently or in an emergency situation. The term, however, is not consistently understood across public services and as a result, the Welsh Government is now moving away from using the term unscheduled care and is instead using the phrase ‘emergency and urgent care’.
- 2 Figure 1 shows some of the key services that provide unscheduled care. The large number of services shown in the diagram highlights how difficult it can be for people to choose a service when they need unscheduled care. The large number of organisations involved in providing these services, including health bodies, local authorities, the voluntary sector and others, highlights how complicated it can be to plan, coordinate and deliver changes to the system.
- 3 Wales has a population of around 3.1 million¹ and in 2011-12, we estimate that there were at least 8.8 million contacts with unscheduled care services.² Many of these people went to unscheduled care services for help when they were at their most vulnerable and when they needed urgent assistance.
- 4 It is widely recognised that unscheduled care services are under considerable pressure and that wholesale change is necessary. In 2008, the Welsh Government’s strategy for unscheduled care, *Delivering Emergency Care Services*,³ stated that unscheduled care services were facing ever-increasing demand and there was public confusion about which services were available. *Delivering Emergency Care Services* also said that the strategy provided a real opportunity for Wales to have a service that was the envy of many developed countries.
- 5 The Wales Audit Office has previously published a large body of work on unscheduled care, culminating in the December 2009 report, *Unscheduled care: developing a whole systems approach*^{4, 5, 6}. The report highlighted a range of problems resulting in the system of unscheduled care operating in a disjointed way for people who need help. The report concluded that against the backdrop of the severe pressures on public funding, radically new ways of delivering unscheduled care needed to be introduced.

1 Office for National Statistics, *2011 Census: Key Statistics for Unitary Authorities in Wales*, 11 December 2012

2 This estimate includes only the services where good data were available, so the actual number of contacts with the unscheduled care system is actually higher.

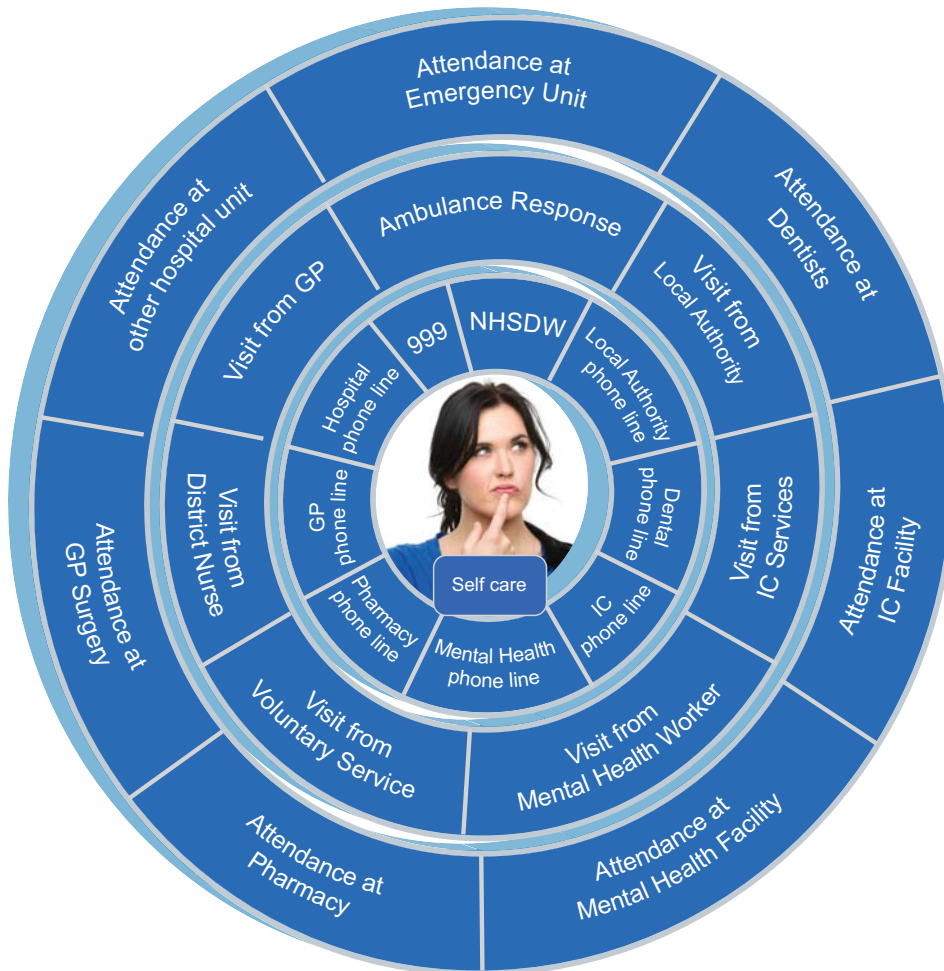
3 Welsh Government, *Delivering Emergency Care Services*, February 2008

4 Wales Audit Office, *Unscheduled care: developing a whole systems approach*, December 2009

5 Wales Audit Office, *NHS Direct Wales*, September 2009

6 Wales Audit Office, *Unscheduled Care: Patient handovers at hospital emergency departments*, April 2009

Figure 1 - Unscheduled care is a broad term and includes the work of many services and organisations



Note
In the figure above 'IC' is short for intermediate care.

Source: Wales Audit Office



- 6 In June 2011, the National Unscheduled Care Programme Board produced a document entitled *Ten High Impact Steps to Transform Unscheduled Care (USC)*⁷. That document described 10 steps (as shown in **Figure 2**) that the Programme Board, in consultation with clinicians across Wales, considered to be essential for improving the system of unscheduled care.
- 7 *Ten High Impact Steps to Transform Unscheduled Care (USC)* argues there is a need to rebalance the system of care away from acute hospital settings towards community and primary care provision. This echoes the messages given in previous analyses of the healthcare sector in Wales by Sir Derek Wanless⁸ and Dr Chris Jones⁹.
- 8 Such a change would reduce demand on acute hospitals but importantly, it would benefit patients. Currently, too many patients have their scheduled or unscheduled care in hospital when care in the community would be more appropriate.
- 8 In the three years since the publication of our work on unscheduled care, NHS Wales has been attempting to improve unscheduled care services within a particularly challenging environment. **Figure 3** summarises the key challenges and constraints that are impacting upon NHS Wales as it attempts to drive improvement in the unscheduled care system.

Figure 2 - The 10 high impact steps to transform unscheduled care

- 1 Agree a shared vision for unscheduled care services
- 2 Define how improvement is to be measured across the whole system
- 3 Improve telephony and care coordination
- 4 Improve urgent primary care access
- 5 Expand and integrate out of hours services
- 6 Get the right message out to service users/health and social care workers
- 7 Target frequent user groups
- 8 Improve the flow through the emergency department
- 9 Improve discharge planning
- 10 Target the most important pathways

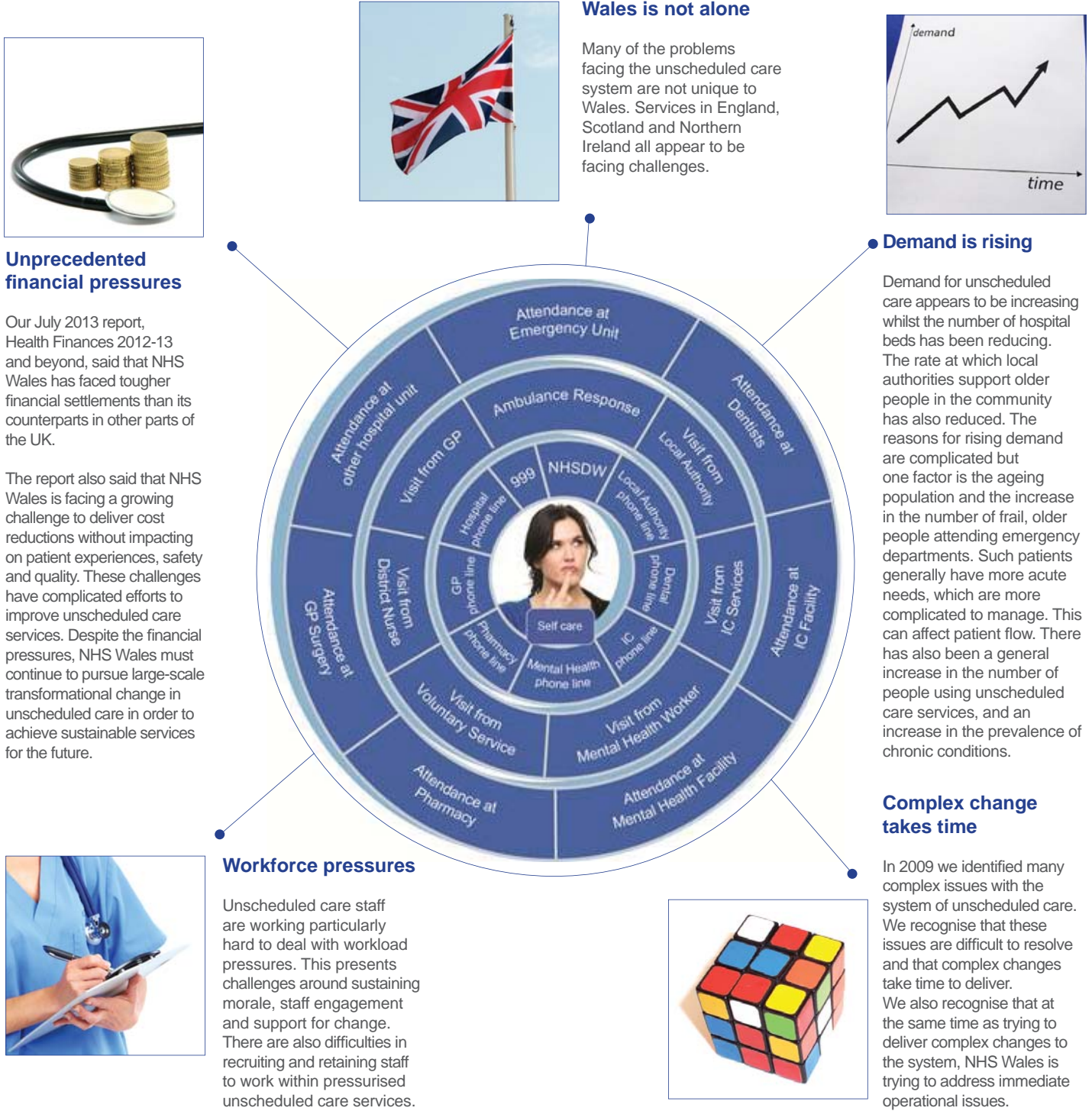
Source: *Ten High Impact Steps to Transform Unscheduled Care (USC)*, Unscheduled Care Programme Board

7 National Unscheduled Care Board, *Ten High Impact Steps to Transform Unscheduled Care (USC)*, June 2011

8 Sir Derek Wanless, *Review of Health and Social Care Services in Wales*, 2003

9 Welsh Government, *Setting the Direction: Primary and Community Services Strategic Delivery Programme*, February 2010

Figure 3 - There is a range of key challenges and constraints that are impacting on efforts within Wales to drive improvements to the unscheduled care system



Source: Wales Audit Office



- 9 **Figure 3** mentions the issue of demand associated with the prevalence of chronic conditions. The areas of chronic conditions management and unscheduled care are crucially interrelated. People with chronic conditions tend to be frequent users of the unscheduled care system because when their conditions exacerbate, they often need to access services in an urgent and unplanned way. During 2011 and 2012 we carried out audit work at all health boards in Wales that took a broad look at efforts to improve chronic conditions management as well as unscheduled care. We have drawn heavily on those findings in producing this national report. The Auditor General plans to publish a separate national report later in 2013 that will summarise the key messages in relation to the management of chronic conditions in Wales.

Key messages

- 10** Our review examined whether there has been progress in transforming unscheduled care services to address the issues previously identified in Wales Audit Office publications.
- 11** We have concluded that deteriorating performance since 2009 has prompted considerable focus on unscheduled care that is now securing early signs of improved performance. However, the transformational changes that are required for sustained improvement have not been fully implemented. Many factors, including rising demand, financial constraints, workforce challenges and problems with patient flow through the hospital, are continuing to place considerable pressure on unscheduled care services.
- 12** We came to this conclusion because:
 - a** with rising demand some services are under severe pressure and performance against a number of key measures has deteriorated since 2009 although there have been signs of improvement in recent months;
 - b** whilst NHS Wales has made some progress on managing demand the work that is being done is not keeping pace with the increased pressures being placed on unscheduled care services and major challenges remain in relation to workforce, patient flow and ambulance services; and
 - c** national and local NHS leaders are clearly committed to improving unscheduled care but real transformation will require greater focus on the whole system, better care coordination, change in primary care and a sustainable configuration of hospital services.
- 13** The tables on the next three pages set out the key messages from the three parts of our report. A more detailed summary of findings can be found on [pages 14-21](#) and full details can be found in the full report, available at [this link](#).



Key messages in Part 1

With rising demand some services are under severe pressure and performance against a number of key measures has deteriorated since 2009 although there have been signs of improvement in recent months

Patients continue to face delays at various points in the system and waiting times are generally worse than in 2009 although there were improvements in spring 2013:

- Most people find it easy to access a convenient appointment with their General Practitioner (GP) but a third of people do not¹⁰. Where people try to access urgent appointments, 84 per cent of patients are able to do so the same day or the next day.
- In 2012-13, the number of Category A patients who received an ambulance response within eight minutes increased by 3,334 compared to the previous year. However, with rising demand on the ambulance service, performance against the eight-minute target in terms of a percentage has deteriorated over the past year. There has been lower-than-expected performance against other time-related measures. Performance in relation to delayed ambulance handovers is below target and has deteriorated although the position eased slightly in spring 2013.
- Waiting times at hospital emergency departments are generally worse than in 2009 although there were signs of improvement in spring 2013. Too many people, in particular the elderly, are spending more than 12 hours in emergency departments although the data do not distinguish between those patients waiting for admission and those being actively treated.

NHS Wales has processes in place to monitor risk levels but it does not yet collect sufficient information to know whether patient outcomes and experiences are improving:

- Unscheduled care performance measures remain focused on emergency department waiting times. There have been some actions to introduce measures of quality and outcome but some data sets are poorly completed and in common with the rest of the United Kingdom, there is a need to improve outcome measurement in unscheduled care.
- Quality assurance and risk management processes are in place that aim to ensure unscheduled care services are safe and of high quality. Work is ongoing to further strengthen these arrangements.
- There is not yet a systematic approach to monitoring patient experience so measurements are not frequent enough and tend to focus on individual services rather than the system as a whole. The new national framework for measuring patient experience provides a good opportunity for improvement.

There remain gaps in the understanding of demand for unscheduled care but it is clear that some services are struggling to maintain quality and safety due to increased workload:

- Recent analyses carried out within NHS Wales attempt to explain the reasons for increased unscheduled care demand and they represent a step forward. However, gaps remain in the understanding of demand, particularly in the routine analysis of demand carried out at a local level. There is limited information on the actual needs and clinical conditions of people using unscheduled care services and there is little joined-up information about how people move through the system from one service to another.
- The information on demand that does exist indicates that unscheduled care services are under greater pressure than in 2009. More people are using primary care out-of-hours services, emergency ambulance services, NHS Direct Wales and hospital emergency departments.
- Emergency departments are frequently working at high pressure. This is affecting staff morale and there is evidence to suggest that ways of working that may compromise patient care are becoming normal rather than the exception. Examples of such practices include corridor nursing, overnight stays and long delays in handovers.
- One contributory factor to the increased pressure is an increase in the number of older and frail patients attending emergency departments.

10 The National Survey for Wales asked how easy or difficult it was for people to make a convenient appointment with a GP. It found that 67 per cent of people who had seen their GP in the past year, and made an appointment for themselves, said it was easy.

Key messages in Part 2

Whilst NHS Wales has made some progress on managing demand the work is not keeping pace with the increased pressures being placed on unscheduled care services and major challenges remain in relation to workforce, patient flow and ambulance services

Actions taken to manage demand for unscheduled care have not had sufficient impact:

- There is evidence of some people accessing the 'wrong' service for their needs but the data are poor and often it is the system that encourages people to access services inappropriately.
- NHS Direct Wales has potential to play a major role in the management of demand and helping people access the right care. The service is succeeding in drawing a greater number of calls from the public but its impact is minimised by operational challenges and its lack of strategic direction.
- There are some good aspects to the Choose Well campaign although it has so far had minimal impact in helping people access the right service.
- There has been some improvement in shifting care away from acute hospital settings and towards community and primary care provision. However, the pace of change needs to be accelerated.
- Work has begun to simplify access to the unscheduled care system through the creation of 'communications hubs' and the planned introduction of a 111 telephone line in 2015.

Challenging workforce issues are potentially compromising the safety and sustainability of unscheduled care services:

- staff providing unscheduled care are a key strength but emergency departments and primary care out-of-hours services are struggling to recruit and retain medical staff; and
- progress has been slow in extending the skills of nurses and paramedics so they can practice more autonomously.

Despite a great deal of focus from health boards, problems with patient 'flow' through the hospital are continuing to place pressure on emergency departments:

- There has been a long-term decrease in hospital bed numbers and health boards commonly open new beds to act as 'surge' capacity to deal with peaks in demand. A new national programme for unscheduled care includes actions to improve the timeliness of decisions about opening of beds to address peaks in demand.
- Emergency department patients continue to face delayed reviews from the inpatient teams and delayed admissions to wards.
- Discharge delays are contributing to problems with patient flow. These can be caused by factors in the hospital, such as problems with getting timely discharge decisions from doctors. They can also be the result of problems in the way that health and social care services work together.

The Welsh Ambulance Services NHS Trust continues to face difficulties that impact on the whole system of unscheduled care but some of the key difficulties cannot be addressed by the trust in isolation:

- Demand on the ambulance service is increasing. Despite some positive steps to manage this demand, there is further scope to avoid transporting patients to hospital unnecessarily.
- Delayed handovers at emergency departments can significantly impact upon the ambulance service's ability to respond to fresh emergency calls.
- The service continues to face difficulties in changing its rotas to match peaks in demand as well as issues with staff morale and sickness absence.



Key messages in Part 3

National and local NHS leaders are clearly committed to improving unscheduled care but real transformation will require greater focus on the whole system, better care coordination, change in primary care and a sustainable configuration of hospital services

A 111 call service is to be introduced in Wales and could have significant benefits but a decision on how the service will work has been delayed so that lessons can be learnt from England:

- Benefits of the 111 service could include improved care coordination for people with unscheduled care needs, better signposting of services and better collection of information on demand.
- The Welsh Government has pragmatically delayed the implementation of 111 to ensure lessons are learnt from pilots in England. There remains disquiet in some quarters about the introduction of 111 and the emerging evidence from England has shown mixed results.

Optimising the unscheduled care capacity that already exists in GP services could have major benefits for patients and for those delivering services:

- GPs and practice staff are working hard to deliver an approximate 5.5 million unscheduled care appointments each year. Such is the importance of general practice, even a small improvement in these services can have large-scale benefits for the system of unscheduled care. We found potential for improved patient experience and reduced pressures on staff by strengthening local arrangements for same-day access to primary care.
- There remains much work to do to optimise access within core hours and some examples of extended opening hours may not be providing value for money.
- Some practices would benefit from studying their patterns of demand and asking patients about their experiences of trying to access care.
- Primary care practitioners need better information and a better network of support in order to minimise the patients they send to hospital as emergency admissions.

Significant effort has been devoted to tackling the challenges of unscheduled care but more progress needs to be made in developing a whole-systems approach, and difficult decisions will need to be made about the reconfiguration of hospital services:

- there has been a considerable focus on unscheduled care, at a national and local level;
- NHS bodies are engaging in debate with the public on difficult decisions about the service reconfigurations necessary to ensure clinically safe and sustainable services;
- the previous national board for unscheduled care had limited impact but new arrangements, including a new national programme for unscheduled care, provide opportunities for driving whole-systems change; and
- the Welsh Government's emerging approach to performance managing NHS Wales has potential benefits and needs to strike the right balance between holding health boards to account and allowing them flexibility to deliver.

Summary of findings

Part 1 - With rising demand some services are under severe pressure and performance against a number of key measures has deteriorated since 2009 although there have been signs of improvement in recent months

Patients continue to face delays at various points in the unscheduled care system and waiting times are generally worse than in 2009 although there were improvements in spring 2013

- 14** The most basic requirement for an unscheduled care system is that it should provide care quickly to people with urgent or emergency needs. Our most recent work found that delays remain frequent at various times during a patient's episode of care and patients are now more likely to experience long delays that are clearly detrimental to the quality and experience of care.
- 15** Where primary care is easily accessible and effective in dealing with people's needs, this can have wide-ranging benefits for patients and for the system. A national survey¹¹ shows that 69 per cent of people who had made an appointment with their GP in the past 12 months said it was easy to get an appointment at a convenient time. Whilst the majority of

people said they were able to get a convenient appointment, a significant minority said they were not. Our analysis further suggests there are parts of Wales where people can face problems and delays in accessing urgent primary care.

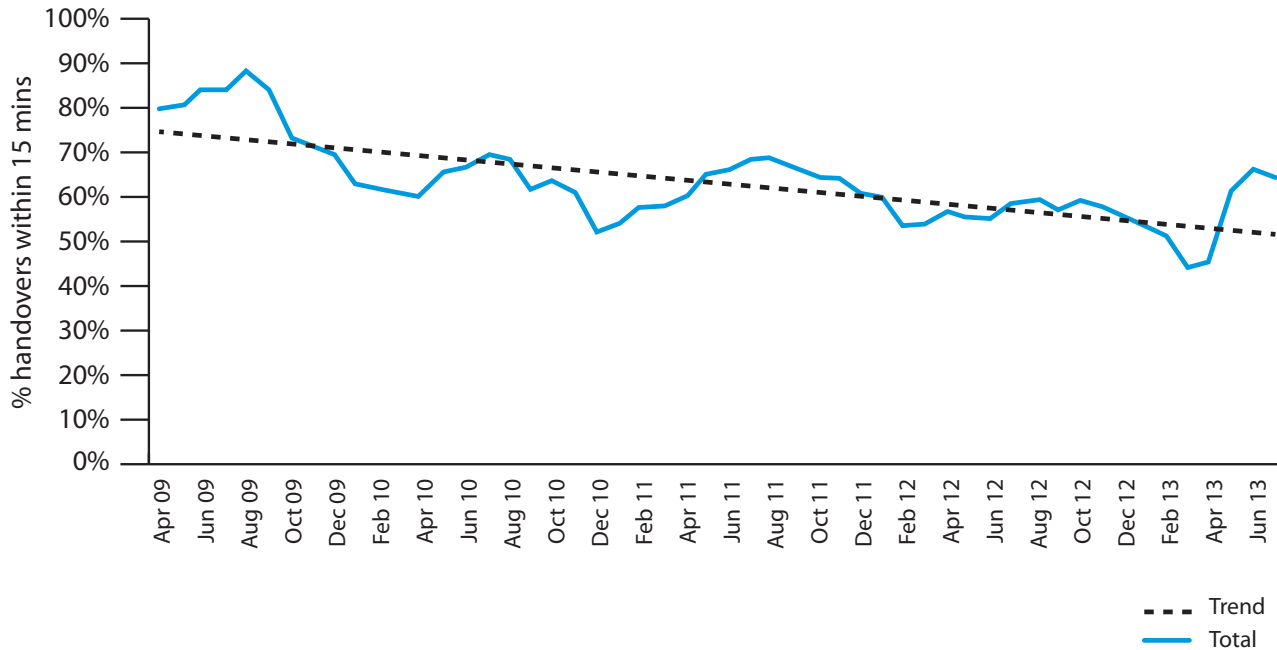
- 16** With rising demand on the ambulance service, there have been ongoing difficulties in meeting key performance targets. Data showing response rates to Category A calls and cardiac arrests, and for providing timely back-up responses to rapid response vehicles, show that too many patients face delays in receiving a response from the ambulance service.
- 17** Our report in April 2009¹² highlighted problems involving delayed handovers of patients between ambulance staff and hospital staff at emergency departments. These delays have a negative impact on patient experience and dignity as patients often await care in hospital corridors or in the back of an ambulance. They also have potential patient safety implications because patients can be delayed in getting the definitive assessment and care they require. Delayed handovers also impact on the ambulance service's ability to respond to fresh calls as crews are detained at emergency departments. **Figure 4** shows that the proportion of handovers completed within 15 minutes has decreased since 2009, although the position improved in spring 2013. A greater proportion of patients also now face long delays in handovers.

¹¹ Welsh Government, *National Survey for Wales*, SDR 163/2012, 27 September 2012. The survey asked how easy or difficult it was for people to make a convenient appointment with a GP. It found that 67 per cent of people who had seen their GP in the past year, and made an appointment for themselves, said it was easy.

¹² Wales Audit Office, *Unscheduled Care – Patient handovers at hospital emergency departments*, April 2009



Figure 4 - Since April 2009 there has been deterioration in the proportion of patient handovers completed within 15 minutes although there were improvements in spring 2013



Source: Wales Audit Office analysis of data from the Welsh Government

18 Four-hour waiting time performance¹³ at Welsh emergency departments remains below the national target although there have been month-on-month improvements in performance between February and June 2013. Eight-hour waiting time performance¹⁴ has deteriorated since 2009 although again there has been marked improvement in recent months. Too many patients are spending in excess of 12 hours in emergency departments. The majority of people experiencing these long delays are older people which is concerning given the vulnerability of this patient group and potential complications that can arise as a result of long waits in an inappropriate care setting.

NHS Wales has processes in place to monitor risk levels but it does not yet collect sufficient information to know whether patient outcomes and experiences are improving

19 In 2009 we concluded that the way in which NHS Wales measured its performance in unscheduled care did not focus sufficiently on the quality of care or the outcomes people have from their treatment. Our follow-up work indicates that problems remain with the way in which performance is measured and monitored and that there is scope to improve the information systems that support the monitoring of unscheduled care services.

¹³ The four-hour target states that 95 per cent of all new patients in emergency departments should spend no longer than four hours from arrival until admission, transfer or discharge.

¹⁴ The eight-hour target states that 99 per cent of all new patients in emergency departments should spend no longer than eight hours from arrival until admission, transfer or discharge.

One problem is that there is not enough measurement and focus on some vital parts of the system, such as services based in primary and community care and elements of patient flow in the acute hospital.

20 There have been actions taken to introduce measures of quality and outcome but some data sets are poorly completed and in common with the rest of the United Kingdom, there is a need to improve outcome measurement in unscheduled care. It is a positive step that NHS Wales is now monitoring mortality for certain unscheduled care conditions¹⁵ and that data on hospital mortality is being made publically available. However, delays in clinical coding mean the data underpinning the mortality indicators have limitations. Whilst the monitoring of stroke services appears to be an example of good progress, there are limitations in the monitoring of outcomes from trauma and in the care provided by the ambulance service.

21 Whilst there are limitations in the data on unscheduled care outcomes, there are quality assurance and risk management processes that aim to ensure unscheduled care services are safe and of high quality. Arrangements include day-to-day monitoring of safety levels and workload pressures through the use of live data and telephone conferences between the Welsh Government and the wider NHS Wales at periods of escalation. There is also central reporting and monitoring of quality information including serious incidents. Work is ongoing within NHS Wales to further strengthen the assurance on the quality and safety of unscheduled care services.

22 There is not yet a systematic approach to monitoring patient experience and the measurements which are undertaken are not frequent enough and tend to focus on people's experiences of individual aspects of the services rather than their experience of unscheduled care as a whole. In May 2013, the Welsh Government published a national framework for patient experience and a set of common questions for all health boards to use when monitoring patient experience. As unscheduled care is currently such a high-risk area, we would expect health boards and the ambulance trust to implement the framework rapidly and ensure patient experience in unscheduled care services is measured as a priority.

There remain gaps in the understanding of demand for unscheduled care but it is clear that some services are struggling to maintain quality and safety due to increased workload

23 In 2009 we stated that 'a fundamental weakness in the current system of unscheduled care is that there is no coherent understanding of demand'. The recent pressures being experienced within unscheduled care services have prompted specific analyses by the Welsh Government and NHS bodies aimed at explaining the reasons for increased demand on services. These analyses are important and they represent a step forward. However, gaps remain in the understanding of demand, particularly in the routine analysis of demand carried out at a local level. There is limited information on the actual needs and clinical conditions of people using the system and there is little joined-up information about how people move through the system from one service to another.

¹⁵ Stroke, heart attack and hip fracture-major trauma.



24 Our interviews with staff, together with the data that do exist, suggest that some unscheduled care services are now under greater pressure than in 2009. More people are using primary care out-of-hours services, emergency ambulance services and NHS Direct Wales. Whilst there is a long-term trend showing an increase in the number of people attending major emergency departments, this number decreased slightly in 2012-13. It is difficult to be certain about the causes of the decrease in emergency department attendances but the reduction in attendances is a positive development. Despite the decrease in 2012-13, our fieldwork suggests these departments remain under high pressure and this pressure is affecting staff morale. A specific issue for health boards is the increase in the number of older patients attending emergency departments. Many of these patients are frail and have complex health needs which typically results in a hospital admission.

25 There is concern amongst some staff and stakeholders that because of the increased pressures in emergency departments, some ways of working that can compromise the quality and safety of care, are becoming the norm rather than the exception. Examples of these practices include the nursing of patients in corridors, overnight stays in the emergency department and long delays to patient handovers from the ambulance service to emergency department staff.

Part 2 - Whilst NHS Wales has made some progress on managing demand the work that is being done is not keeping pace with the increased pressures being placed on unscheduled care services and major challenges remain in relation to workforce, patient flow and ambulance services

Actions taken to manage demand for unscheduled care have not had sufficient impact

26 In 2009 we said that people can be uncertain of how and where to seek help. This can result in people using certain services when there may be better services available to address their needs. Despite there being only limited data on demand, we have been able to show that some demand continues to be in the wrong place within the system. In other words, some people are not getting to the most appropriate service for their needs. The causes of misplaced demand are complex but, as currently configured, the system often pushes people towards the wrong service. This is often a fault of the system and not a fault of the patient.

27 NHS Direct Wales has a potentially important role to play in helping people access the right care they need. NHS Direct Wales is now succeeding in drawing a greater number of calls from the public. However, the service is experiencing a number of strategic and operational problems including high levels of staff sickness, poor performance in answering calls from the public and ongoing uncertainty about its future role in NHS Wales.

- 28** In February 2011, the Welsh Government launched a national campaign called *Choose Well*. The campaign aims to persuade the public to think carefully before going to the emergency department or dialling 999. There are some good aspects to the campaign and there is potential for the campaign to have benefits in future. However, the campaign has so far had minimal impact in helping people access the right service and does not fully comply with good practice principles for social marketing.
- 29** One of the main challenges we identified in 2009 was that there were not enough appropriate and effective community-based services to meet demand and act as genuine alternatives to acute care. Our new work recognises that implementing these complicated changes to service models takes time but despite some improvement, the pace of change needs to be accelerated and there has not yet been the necessary step change in drawing activity away from more traditional unscheduled care services.
- 30** We recommended in 2009 that health boards should improve and simplify the points of access to unscheduled care. Whilst work has begun to design single points of access, such as communications hubs and the 111 call service, this work remains in a relatively early stage and the target date for completing 111 implementation is 2015. The public continues to face a complex and confusing range of options about where to go for help when they have an unscheduled care need or query.

Challenging workforce issues are potentially compromising the safety and sustainability of unscheduled care services

- 31** The staff that provide unscheduled care are a key strength in the system but the NHS in Wales has found it difficult to address a range of workforce issues. Emergency departments and primary care out-of-hours services are struggling to recruit and retain medical staff, partly because of the high workload pressures. These issues affect services across the United Kingdom but there are specific problems in Wales such as a perceived higher workload in Welsh emergency departments than in the rest of the United Kingdom and concerns about low levels of training and supervision of emergency department doctors¹⁶.
- 32** In addition, there has not been enough progress in developing staff with extended, specialist skills for unscheduled care. Such staff can work autonomously and take definitive decisions to address people's care needs quickly and efficiently. There is a need to make further progress in relation to extended nursing roles and in up-skilling ambulance staff so that they are more able to assess and refer patients rather than just transport them to hospital.

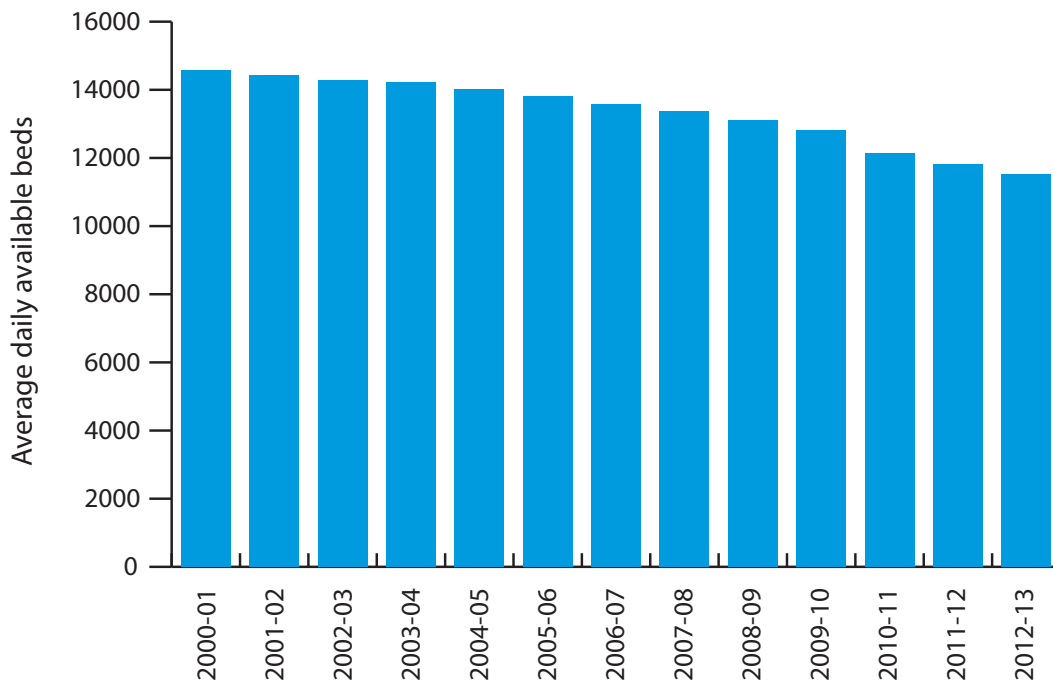
Despite a great deal of focus from health boards, problems with patient 'flow' through the hospital are continuing to place pressure on emergency departments

- 33** A major cause of pressure in the emergency department is slow flow of patients through the acute hospital. **Figure 5** shows that health boards have been attempting to improve flow during a period of long-term reduction in bed numbers across the NHS. Emergency department patients continue to suffer

¹⁶ Welsh Institute for Health and Social Care, *The Best Configuration of Hospital Services in Wales, Summary*, April 2012



Figure 5 - There has been a long-term trend of reducing bed numbers



Source: Welsh Government, Stats Wales, Hlth0303 NHS beds and their use: summary data. These data consider all NHS beds, across all specialties and all settings in Wales.

delays in receiving reviews from the inpatient specialist teams and delays in being admitted to ward beds.

- 34** Efficient and effective discharge continues to be a problem with limited success in ensuring discharge is planned well in advance and that ward rounds happen earlier in the day or at weekends. Many patients who are ready to be discharged are staying in hospital beds because of issues around funding and assessments for the social care they need, or because spaces are not available in the care

home of their choice. Health and social care agencies need to work together to resolve these difficulties. We found some positive examples of such joint working but these were patchy. The significant financial pressures across the public sector mean there are risks that health and local government bodies will draw away from one another, rather than integrate their approaches further. The forthcoming Social Services and Well-being (Wales) Bill represents a key opportunity to ensure much better, integrated care for citizens.

The Welsh Ambulance Services NHS Trust continues to face difficulties that impact on the whole system of unscheduled care but some of the key difficulties cannot be addressed by the Trust in isolation

- 35** Ambulance services form a fundamental part of the unscheduled care system. Timely ambulance responses save lives but the ambulance service also plays a key role in managing demand because it is often the first port of call for people seeking help. Ambulance performance remains problematic and despite some positive steps that attempt to ensure patients receive the most appropriate ambulance response for their needs, there remains considerable scope for the ambulance service to avoid transporting patients to hospital unnecessarily. This could be achieved by the ambulance service up-skilling its staff and further developing pathways and protocols that allow patients to be treated at the scene or taken to services other than emergency departments.
- 36** Difficulties experienced within the ambulance service can have negative impacts on the wider unscheduled care system. Equally problems elsewhere in the system can have major impacts on the ambulance service and its ability to provide timely responses to emergencies. Many of the solutions to the problems with ambulance services cannot therefore be addressed by the ambulance Trust in isolation.

- 37** In November 2012 the Minister for Health and Social Services announced plans for a strategic review of the ambulance service. The review's report was published in April 2013¹⁷ and proposed a number of options for strengthening the provision of ambulance services in Wales. The Minister provided his first response to the review in May 2013 and in July 2013 it was announced that ambulance services will be directly commissioned by health boards. Our current report does not provide a detailed review of the Welsh Ambulance Services NHS Trust but our work has highlighted a range of issues pertinent to improvement in unscheduled care. We found that broader and sustained improvement in the ambulance service is threatened by remaining financial issues, difficulties matching supply and demand, high sickness levels, issues with morale and the need to strengthen partnership working between the ambulance service and the health boards. The new arrangements announced by the minister will seek to address these challenges.

¹⁷ Professor Siobhan McClelland, *A Strategic Review of Welsh Ambulance Services*, April 2013



Part 3 - National and local NHS leaders are clearly committed to improving unscheduled care but real transformation will require greater focus on the whole system, better care coordination, change in primary care and a sustainable configuration of hospital services

- 38** We have identified some important opportunities that the Welsh public sector must now grasp. The Welsh Government has committed to launch a 111 phone number for urgent, non-emergency care in Wales. This call service has the potential to produce a step change improvement in the understanding and management of demand. However, if implemented poorly, the service could add to public confusion and cause further problems with demand management. The Welsh Government has pragmatically delayed the implementation of 111 to ensure lessons are learnt from pilots in England. There remains disquiet in some quarters about the introduction of 111 and the emerging evidence from England has shown mixed results.
- 39** General practitioners are already playing a vitally important role in delivering unscheduled care and therefore, optimising the capacity for unscheduled care that already exists in GP services could have major benefits for patients and for those delivering services. We recognise that GPs are independent contractors and as such, there can be complications when the health boards and the Welsh Government want to change the way GPs work. However, our report suggests there is scope to implement common-sense solutions as well as more innovative approaches to deliver better access to urgent primary care.
- 40** Plans to reconfigure acute hospital services are controversial and at the time of drafting our report, health and social care communities were making difficult choices about the future pattern of services in their area. However, there are strong arguments in favour of change and if the right choices are made, this represents a rare opportunity to ensure the safety and sustainability of services.
- 41** The national arrangements for driving change in unscheduled care, including the national board, have until now had only a limited impact. Despite heavy scrutiny of health boards from the Welsh Government, there has not been the necessary scale of transformation in unscheduled care services. At the time of drafting our report, the local and national focus on unscheduled care has increased significantly and much work is now ongoing to understand and ease the problems in the system. A new approach from the Welsh Government aims to give health boards greater flexibility and autonomy to decide the improvement actions they wish to take, in return for greater local accountability for delivering improvements. The Welsh Government has also now developed a new work programme for unscheduled care with an emerging set of objectives for improvement. The renewed focus on unscheduled care is positive and whilst the new programme arrangements are yet to be tested, they have potential to drive improvement in the way that previous arrangements did not. This is because the new programme would appear to have additional resources available to it, will provide a higher-profile platform for driving change and will be supported by a more comprehensive structure of groups and boards.

Recommendations

Addressing the current safety issues within hospital emergency departments

- 1 There is a risk that increased workload pressures on emergency departments are resulting in ways of working that may compromise the quality and safety of care for patients. Pressures on the unscheduled care system are resulting in practices such as treating patients in corridors, patients spending entire nights on emergency department trolleys, and long delays in handover between ambulance staff and emergency department staff becoming increasingly frequent:
 - a To supplement existing quality assurance and risk management practices, health board medical directors and directors of nursing should carry out joint, urgent reviews to make sure they fully understand the safety implications for patients in their emergency departments. The reviews should identify the extent of safety issues, and produce specific action plans that seek to reinforce what is acceptable and what is not acceptable practice.

Driving delivery of the unscheduled care vision

- 2 Despite much effort from NHS bodies and heavy scrutiny from the Welsh Government, there has not been the necessary scale of transformation in unscheduled care services and health boards have differed in the extent to which they have used *Ten High Impact Steps to Transform Unscheduled Care (USC)*. At the time of drafting, health boards were preparing new unscheduled care plans for submission to the Welsh Government:

- a health boards' progress in delivering their unscheduled care plans should be reported robustly and regularly to their board meetings, to the Welsh Government and within the new national programme; and
- b those charged with developing the new unscheduled care programme should ensure the programme specifically addresses the issues presented in this report and in the *Ten High Impact Steps to Transform Unscheduled Care (USC)*.

Improving understanding of demand, performance, patient experience and outcomes

- 3 Gaps remain in the understanding of demand and continued problems with performance monitoring mean that NHS Wales does not have enough of the right information to know whether patient outcomes and experiences are improving:
 - a As a matter of urgency, health boards and the ambulance service should implement the new national framework for patient experience and ensure that they are routinely asking patients about their experiences of unscheduled care, across the whole system and not just in the emergency department.
 - b Unscheduled care indicators used by each health board and reported to their board members should include a much wider suite of measures that cover, as a minimum, patient experience and outcomes, primary care access,



performance of out-of-hours primary care, ambulance service and local NHS Direct Wales performance, 4-hour and 12-hour waiting time performance in emergency departments, instances of corridor nursing and overnight stays in the emergency department, performance of community-based unscheduled care services and measures related to patient flow, including responsiveness of inpatient specialist teams in responding to referrals and requests to review patients from the emergency department.

- c** The Welsh Government should work with health boards to ensure the national Emergency Department Data Set (EDDS) is completed consistently and comparably across all units and that the data are used effectively to understand demand.
- d** In line with new standards issued by the Welsh Government, health boards should make it a priority to significantly improve their clinical coding performance.
- e** Public Health Wales should build on its recent analysis of unscheduled care demand by providing health boards and the ambulance trust with support to strengthen local demand analysis. This support should aim to strengthen local organisations' abilities to predict and pre-empt peaks in demand, across all unscheduled care services and not just the emergency department.

Communicating with the public and improving understanding of the need for change

- 4** The system of unscheduled care remains confusing for the public and there is continued evidence of patients accessing the 'wrong' service for their needs. With new reconfiguration plans being consulted upon, and the 111 call service due to be launched, it is essential that NHS Wales improves the way it communicates with the public to reduce confusion and to secure greater recognition of the significant problems in the current system:
 - a** If the Welsh Government decides to continue with the *Choose Well* campaign, it should:
 - Ensure the campaign complies with the National Social Marketing Centre's good practice principles. In particular, the campaign should set clear, measurable targets and should be robustly evaluated.
 - Consider whether *Choose Well* would benefit from using the *MindSpace*¹⁸ methodology to optimise the approach of changing public behaviours.
 - b** The Welsh Government should take the following actions in relation to the 111 service:
 - as part of the decision-making process about the future of the 111 call service, come to a clear decision about the strategic direction of NHS Direct Wales;
 - develop a model for 111 that avoids all of the issues experienced in the English 111 service pilots;

¹⁸ *MindSpace* is a checklist developed by the United Kingdom Government's Cabinet Office that aims to provide low-cost ways of changing people's behaviours, www.instituteforgovernment.org.uk/publications/mindspace

- produce a detailed timeline setting out clear milestones that must be achieved before the final implementation of 111 in 2015;
 - ensure that the 111 service has supporting electronic systems to gather information on call casemix and volume to help contribute to a better understanding of unscheduled care demand and patients' urgent care needs; and
 - use the public communication campaign that will be needed to launch the new 111 service as an opportunity to communicate clearly and widely to the public about how best to access unscheduled care services.
- c** The Welsh Government should use the opportunity of the hospital network reconfiguration to develop national definitions of unscheduled care services and facilities, to improve public understanding of what these services provide.

drawn into core nursing roles and they should ensure that ENP roles are fully considered in their workforce plans for unscheduled care.

- c** The Welsh Ambulance Services NHS Trust should, as a matter of urgency, deliver transformation in the skill base of its staff so they have significantly stronger skills in assessing and referring patients.
- d** The Welsh Government should work with representative bodies and its counterparts across the United Kingdom to identify and address the root causes of recruitment and retention problems in the emergency department and primary care out-of-hours services.
- e** Based on local circumstances, health boards should consider revising their staffing models for unscheduled care services to include paramedics and nurses with extended decision-making skills. Health boards should also consider whether physicians and GPs can be used effectively in emergency departments to ease the recruitment and retention problems relating to middle-grade and consultant emergency medicine staff.
- f** Given the increase in emergency department attendances from older patients, health boards should reassess the skill base of their staff for meeting the needs of older people.
- g** Health boards should assess the levels and causes of stress within emergency department staff, with a view to protecting and supporting the workforce.

Addressing critical issues with unscheduled care skills and workforce

- 5** More progress needs to be made in ensuring the system contains sufficient staff with extended clinical decision-making skills so that patients can receive decisions much earlier in their episode of care:
- a** The Welsh Government should facilitate a Wales-wide exercise to share good practice, from Wales and further afield, in the use of Emergency Nurse Practitioners (ENPs).
 - b** Health boards should monitor their use of ENPs to ensure they are not routinely



Optimising the capacity for unscheduled care that exists within general practice

- 6** A range of actions can be undertaken to optimise unscheduled care capacity in GP services. In particular, health boards should:
 - a** Work with GPs to agree local standards for access to urgent primary care; and once agreed the extent to which these standards are achieved should be routinely monitored.
 - b** Strongly encourage general practices to implement access arrangements that reflect good practice. In doing so, health boards should highlight the benefits that these good practices can bring to patients as well as to those working in general practice.
 - c** Strengthen the support, guidance and information they give to GPs in order to avoid inappropriate emergency admissions.
 - d** Request that GPs provide them with data on their capacity and demand for seeing patients within the practice. Health boards should work with primary care providers to ensure these data are analysed and used to improve services.

Unblocking problems with flow in the acute hospital and improving integrated working between health and social care

- 7** Problems with patient flow continue to be a major problem for emergency departments and throughout the acute hospital. To address these issues, much better joint working is required between the emergency department and the rest of the hospital, as well as between health bodies and social services:
 - a** Health boards should facilitate improved teamwork and mutual support between key staff groups involved in unscheduled care. This work should focus, in particular, on generating more shared ownership of the pressures and patient flow issues that exist in emergency departments by improving the links between staff in emergency departments, Clinical Decision Units (CDUs) and inpatient ward teams.
 - b** The Welsh Government's Department of Health and Social Services should lead a specific programme of work to support better integration of health and social care with the aim of ensuring the timely discharge of patients that are ready to be discharged from hospital. This programme should use the forthcoming Social Services and Well-being (Wales) Bill as a key driver for change but it should not wait for the bill to be enacted.