THE DELIVERING OF THE EMERGENCY CARE SERVICES (DECS) STRATEGY

INTRODUCTION

1. The DECS strategy was formally launched by the Minister for Health and Social Services in February 2008.

2. The purpose of this paper is to note the progress made to date and to discuss how the Welsh Ambulance Services NHS Trust will contribute to the overall delivery of DECS.

RECOMMENDED:

That the contents of the report and the progress made, including how the Welsh Ambulance Services NHS Trust will contribute to the overall delivery of DECS, be noted.

BACKGROUND

3. Within the DECS strategic document the term ‘unscheduled care’ is used to describe any episode of care provided for the patient which is unplanned and may require prompt action in response to an acute, minor or major injury or illness.

4. Elements of the unscheduled care system are under increasing pressure. National data indicate that year on year there is a constant increase in the number of patients attending major accident and emergency (A&E) departments across Wales. Similarly, the volume of ambulance calls has risen annually since the year 2000.

5. The DECS Strategy sets out the broad vision and direction for the modernisation of unscheduled care services in Wales. It is important to see the strategy as the starting point for the future development of these services.
A key aim of the DECS strategy is to rebalance the unscheduled care system so that people access care at the appropriate level for their need.

Accompanying the publication of the DECS Strategy was a Welsh Health Circular (WHC [2008] 005), which:

- Confirmed that the modernisation of unscheduled care services in Wales is a Welsh Assembly Government priority., and
- Sets out the Welsh Assembly Government’s expectations of the NHS and partner organisations during 2008.

An all Wales DECS initiation seminar was held on 25th April in Builth Wells to provide further detail for modernising unscheduled care services. It was hosted by the Directorate of Performance & Operations (Welsh Assembly Government) and the National Leadership and Innovation in Healthcare Agency (NLIAH).

FRAMEWORK FOR UNSCHEDULED CARE

Figure 1 illustrates how unscheduled care services are organised through five levels of need (DECS Strategy, 2008 p. 16).

Figure 1: Five Levels of Unscheduled Care.
11 Delivery of the DECS Strategy will be within the context of a number of Health and Social Care strategies already being implemented. A key aim is to maximise benefits by ensuring that our services are integrated with developments within other healthcare communities throughout Wales (previously outlined WAST Involvement with Unscheduled Care Boards – See attached Appendix).

12 To ensure successful delivery of the new service model (based upon the framework), a number of actions (described in the published strategy document) need to be taken forward at national and local levels.

13 The national actions will be delivered by the Welsh Assembly Government via the DECS Project Board, through a series of workstreams.

14 ‘Ambulance Modernisation’ is one of these national workstreams. This workstream will ensure integration of the Ambulance Service with the DECS strategy. WAST’s ‘Time to Make a Difference’ modernisation plan is referenced within the DECS strategic document. This reference acknowledges that work is already underway through the modernisation plan.

15 The local actions will be delivered by local commissioners and providers of unscheduled care services. Unscheduled Care Partnership Boards have been established in the various health community areas to co-ordinate and direct progress.

16 A vital local action involves NHS organisations in partnership with Local Authority Social Services Departments (and any other partner organisations) conducting a baseline exercise. This will identify current unscheduled care services across the whole system. Work (as set by WHC [2008] 005) commenced in May 2008.

17 Local Development Plans (LDPs) based upon the evidence provided from the baseline exercise will be constructed and submitted (together with the relevant baseline exercise report) to the Welsh Assembly Government by the end of September 2008.

CURRENT WAST WORK THAT IS ALIGNED TO THE DECS FRAMEWORK

18 Through the modernisation programme, work has already taken place that will help WAST to integrate with the strategic direction set by DECS (i.e. the modernisation of unscheduled care services in Wales).

19 Examples of this work include:

- Establishment of a clinical governance infrastructure to support service delivery and facilitate service development;
• Introduction of clinical triage into ambulance control centres to more appropriately manage low acuity 999 callers;
• Engagement with Welsh health communities to ensure that WAST is involved in modernising the whole system of unscheduled care (via membership of Unscheduled Care Partnership Boards);
• Production of a development framework for paramedics, which is aligned to the regulatory requirements of the profession;
• Construction of a higher education curriculum that enables paramedics to study to the same levels of education as other allied health professionals (AHPs); and
• Clinical leadership through the appointment of a Consultant Paramedic, and the formation of a Clinical Advisory Group (CAG). Work is ongoing to introduce Regional Professional Advisory Groups (PAG’s) that will link into the overall Trust CAG.

NEXT STEPS

20 All WAST Directorates are to assess the Ambulance Modernisation Workstream of DECS. This will help to inform the decisions being made regarding the prioritising of modernisation projects.

21 The Unscheduled Care Lead will work with the Regional Directors to prepare for the DECS baseline exercise that each Welsh health community is to undertake. This will involve the Regions responding to questions relating to the Ambulance Service, which make up the self assessment DECS questionnaire. The baseline exercises are to be submitted to the Welsh Assembly Government by the end of September 2008.

22 The Unscheduled Care Lead and Regional Directors will continue being members of the various Unscheduled Care Partnership Boards. This will ensure that the Ambulance Service contributes to the construction of LDPs by the health communities in Wales. The LDPs are to be submitted to the Welsh Assembly Government by the end of September 2008.

23 Actions recommended at the all Wales DECS initiation seminar will be followed up. These actions were to identify the clinical model for future service delivery; plan engagement with fellow service providers to ensure integration and ascertain the resources required to deliver the clinical model. By having an understanding of WAST’s clinical model, the health communities will be able to use it to inform their LDP process. An internal workshop was held on 19 – 20 June 2008 to identify WAST’s clinical model (now being prepared for reporting by the Unscheduled Care Directorate and Programme Office).

24 On submission of the LDP’s at the end of September 2008, the Unscheduled Care Lead will undertake an exercise to identify any consistent themes that relate to WAST. This exercise will then help to inform the service delivery plans (or future projects) for WAST. The
thematic analysis of the LDP’s area to be completed by end of November 2008.

SUMMARY

25 The Welsh Assembly Government’s strategy for Delivering Emergency Care Services is a high priority for WAST. The Unscheduled Care Directorate is committed to maintaining a constant presence and provides solutions for the aims of the Unscheduled Care Boards across Wales. Indeed, the Unscheduled Care Boards view WAST’s involvement as central to the success of their development plans.

26 Through our continued partnership with the Unscheduled Care Boards, WAST is already examining its service delivery models and initiating changes. These intend to benefit the patient, maximize utilisation of existing resources, develop new models of service delivery that will be fit for purpose in the future model of unscheduled care, and to inform Healthcare Partners of how WAST is able to assist them in developing their LDP’s.

27 It is imperative that all Directorates within WAST are engaged with the assessment process outlined above, and that Regions are involved in the baseline exercises that are required to be submitted by September 2008.

28 The Board is recommended to note the contents of this paper and the continued and sustained contribution of WAST to the delivery of the DECS strategy.
APPENDIX
TRUST BOARD
29 JULY 2008

WAST Involvement with USC Partnership Boards

1. Purpose

1.1. The purpose of this paper is to outline the engagement of the Welsh Ambulance Services NHS Trust (WAST) with the Early Adopter Sites (EAS) identified by the Welsh Assembly Government (WAG) to take forward the Delivering Emergency Care Services (DECS) strategy. The actions identified by each EAS will be outlined and then cross-tabulated to identify commonality of objectives. This will in turn assist the WAST Unscheduled Care Directorate in developing its own action plans and strategic themes.

1.2. The USC Directorate is involved with four Early Adopter Sites identified by DECS, plus additional Trusts that have progressive USC action plans.

1.2.1. Following recent amalgamations the Trusts are:

- Conwy & Denbighshire NHS Trust; Conwy Local Health Board (LHB); Denbighshire LHB and Flintshire LHB
- Hywel Dda NHS Trust (formally Pembrokeshire & Derwen NHS Trust was the EAS) and Pembrokeshire LHB
- Cwm Taf NHS Trust (formally North Glamorgan NHS Trust was the EAS); Rhondda Cynon Taff LHB & Merthyr Tydfil LHB
- Abertawe Bro Morgannwg University NHS Trust – (East Division) (formally Bro Morgannwg NHS Trust was the EAS) and Bridgend LHB

1.3. In addition WAST USC is engaged with the:

- Powys LHB
- Three Counties Planning Forum
- Gwent NHS Trust

1.4. It should be borne in mind that following the extensive trust amalgamations on the 1st April 2008 and with the recent publication of DECS, all partners are re-examining their action plans, workstreams and strategic group compositions.

1.5. A caveat of this paper is that considering the rapid pace of change of the EAS workstreams and the resultant developing services, this information may potentially be imprecise by the time it is has been presented.
2. Conwy & Denbighshire NHS Trust

2.1. DECS is overseen by the Project Board. This is a high level forum chaired by the Chairman of the Trust and attended by executive directors. It meets on a monthly basis and oversees the USC Steering Group. The Board wishes to increase the momentum of its work to ensure progress is maintained.

2.2. The USC Steering Group - is also a high level forum that meets bi-monthly. It has extensive membership from across the health community and monitors target achievement of the Trust. It is distinct from the DECS Project Board, but works closely to ensure operational delivery and strategy is closely aligned.

2.2.1. NLIAH have facilitated a session for the project leads on the Theories of Constraints and Lean Methodology. They have also offered further support via Skills 4 Change Programme.

2.2.2. It is felt important to ensure that work is triangulated with Chronic Conditions Management developments.

2.3. A recent report on the future of Llandudno hospital has identified a need to alter the service provision of the Minor Injuries Unit (Burns report 2007). There are implications for WAST in developing new service models to deal with minor injuries after closure of the MIU by night (page 21 point 2). The working groups are:

- Measures Group (Nicki Maher is WAST representative)
- Communications Group (Jason Williams is WAST representative)
- Social Capacity Group (Grant Williams is WAST representative)
- Single Point of Access (Grant Williams is WAST representative)
- Urgent Care Centre Group (Jason Williams is WAST representative)
- Demand Management Group (Phillip Jones is WAST representative)
2.4. Key areas of work to date are:

2.4.1. **ED/MIU attender survey**

- Baseline survey performed to ascertain reason for attendance, and whether advice was sought from a health care professional beforehand

2.4.2. **Communication workstream**

- Role is to develop a strategy to ensure all key stakeholders are kept updated regarding the progress of DECS
- Locally launched in April 2007 with a further communications event completed in September 2007.
- Communication is made with key stakeholders via regular information bulletins and the staff intranet. Communication pathways for all key stakeholders have been identified, with a strategy and action plan to follow.
- Trust equalities manager will be attending future meetings to focus on communication with external groups, patients and public
- Three measures for this group are:
  - Qualitative surveys to monitor level of understanding
  - Survey of patient and public understanding of USC access
  - Delivery of joint public information

2.4.3. **Urgent Care**

- Pilot being trialled for four weeks in March 2008. A GP will be based within the ED for 4 weeks providing 8-10 hours service on Saturday and Sunday. Recent audit has indicated groups of patients attending ED at weekends that could be more appropriately managed by Primary Care

2.4.4. **Single Point of Access (SPA)**

- Review of potential models underway.
- New Trust lead is Mrs Stephanie Greenway, Head of Nursing/USC lead following departure of Mark Ellis
- Trust requires position statement from WAST/NHSDW regarding ability to submit tender for future SPA operation of call handling & triage
- A presentation from CMS Consortium (external software company) has been received

2.4.5. **Demand management/Generic Care Pathway**

- Purpose is to develop generic pathway algorithm to inform and clarify the demand model for patients requiring USC.
- Workshop held to perform gap analysis in current USC services, primary, secondary & tertiary care. It aims to develop joint workable solutions.
• Evaluation and agreed action plans of this workstream will be incorporated into a joint DECS action plan.
• Proposed next steps:
  o Agree pathway from patients home, through community and primary care (including WAST), out of hours, voluntary sector and intermediate care teams, to community hospital and independent sector provision and finally secondary care provision.
  o Agree requirements to make pathway effective
  o Formulate costed approval by Project Board

2.4.6. Social capacity

• Ongoing audit of social care reasons for admission to ED being performed.
• A review of baseline data (national, regional and local) is underway with assistance from NLIAH and Public Health.

2.4.7. Measures

• This workstream is working with all other project leads to develop a core set of measurable aims and objectives in line with the overarching DECS strategy.
• A baseline of measures that are currently taken has been performed.
• The group will develop a measures dashboard which will be available to stakeholders on an ongoing basis.

2.5. Key priorities for WAST engagement with Conwy & Denbighshire is to ensure dovetailing of our service reconfiguration with that of the Trust:

• assisting in developing their SPA and directory of services
• operationalisation of the clinical desk as a precursor to initiating the pathways
• ensuring that communication strategies are in line with WAST developments at PPI level
• assist in data collection to assess the impact of their DECS workstreams.
• WAST involvement was seen as problematic and sporadic; ambulance service representation was mentioned in almost all reports commenting on key issues and risks. This has now been resolved with representation at all levels, but it is essential that this is maintained.
3. Hywel Dda NHS Trust & Pembrokeshire LHB

3.1. USC developments are overseen by Task Force Unscheduled Care. This is a high level forum with director level membership. It meets approximately every six weeks. It is overseen by the Divisional Modernisation Group, which in turn is overseen by the Trust Modernisation Board. It is also closely integrated to the Three Counties Planning Forum that is coordinating the USC developments across Pembrokeshire, Carmarthenshire & Ceredigion (see later).

3.2. TFUC has seven project groups working to develop USC services across the region:

- Emergency & Urgent Care
- Adult Clinical Decision Unit
- Construction & Finance
- Communication / PPI
- HR & OD
- Community & rehabilitation
- Information & IT

3.3. TFUC has produced an ambitious strategy to take forward DECS entitled, Urgent Care Pembroke (This will become Urgent Care Hywel Dda). This envisages new ways of referring, controlling and directing how patients access USC within Pembrokeshire initially, the Care Coordination Service (CCC). A consultation document outlining Urgent Care Pembroke was previously circulated and WAST’s response has been sent (appendices 1 & 2).

3.3.1 Disappointingly, WAST’s responses have not been incorporated into the most recent draft, and there are still some assumptions regarding service level agreements and clinical governance arrangements that have not been bottomed out.
3.4. One key issue for WAST within this Trust is the operational impact of the clinical desk on their service developments. They have requested an impact analysis and sight of the clinical desk trial report.

3.5. **Emergency & Urgent Care**

3.5.1. This sub group is assessing a baseline activity analysis & demand mapping exercise of Primary and Community Care Service (PCCS); a Care Coordination Service (CCS) and Emergency Department (ED) capacity to identify gaps in the service.

3.5.2. Care management & care pathways are required to drive these models. It has been identified that pathway development and delivery is dependant on services that can deliver the care needs identified. Assessment and mapping of the current services available is underway – this could further inform the current work being performed by the USC directorate to populate a directory of services.

3.6. **Adult Clinical Decision Unit**

3.6.1. A Clinical Decision Unit (CDU) has now been operational since the 3rd March 2008. This has four phases and will eventually become a fully functioning multi-speciality Adult CDU by June 2009; this will occupy new premises in the Withybush Emergency and Urgent Care Centre.

> There is scope within this model to develop pathways (including existing ones) to directly admit patients via the Ambulance Service to the ACDU.

3.7. **Infrastructure**

3.7.1. The Infrastructure sub group is examining:

- Communication / PPI
- Construction & Finance
- Human Resources & Organisational Development
- Information and IT
- Community & rehabilitation

3.5.5. From a WAST perspective the work of the infrastructure sub group will impact on current recording and reporting systems (there is a desire to move to a single record); Minor Injury Access and development of the directory of services (to be linked with NHSDW).

3.6. **Communications / PPI**

3.6.5. This group is examining the significant internal and external activity required to ensure the success of the project. It builds on existing work commenced with the re-build of the ED and has established it communications strategy to include:
- Media campaigns
- Intranet & extranet information
- Newsletters
- Advertising

3.5.6. Some areas of concern highlighted include lack of input from stakeholders regarding updates for communication media; capital allocation for publicity materials and a need to establish a corporate identity & logo.

3.5.7. WAST has not been asked to produce any media briefing or communication paper. Considering the extensive involvement with the EAS and the work currently underway within the directorate, it would be essential that WAST is able to communicate its developmental plans internally and externally.

3.6. Information & IT

3.6.5. This sub group has voiced concerns regarding the ‘Ambulance Arrivals System’. It has decided not to adopt the system unless fully funded by the Welsh Assembly Government.

3.6.6. The 15 minute turnaround target is now implemented, and a required WAG target, although there continues to be issues around IT provision and operational delivery of recording these times.

3.7. Rehabilitation & Community

3.7.5. The group is working on several key projects that include
- Community services directory
- Stroke pathway
- Chronic conditions action plan

3.5.5. The above three workstreams are directly applicable to current USC developments within WAST and we maintain the ability to influence and contribute to their development.

3.8. Carmarthenshire NHS Trust

3.8.1. Although not an early adopter site for DECS, Carmarthenshire has been examined by NLIAH and a comprehensive action plan developed for USC.

3.8.2. Carmarthenshire has an Unscheduled Care Board at high level to oversee this action plan which includes reconfiguration of:
- Structure
- Data and information
- Primary Care
- Community
- Trust
- A&E
- Care pathways
• WAST has involvement
• Ambulance service
• Direct referral to specialty services
• Alternative dispositions for non-urgent patients
• Contact forms being left with patients
• Implementation of JRCALC guidelines
• Agreement of local model for NUCIP
• Mental Health Services
• Nursing Homes
• Communication and consultation
• Social care

3.8.3. The Trust is dynamic in its implementation of the NLIAH recommendations and wishes to pre-empt the second wave of DECS.

3.9. Ceredigion NHS Trust
3.9.1. Again, although not an early adopter site, WAST is engaging with this USC community through its involvement with the Three Counties Planning Forum (see below).

4. Three Counties Planning Forum
4.1. The Three Counties Planning Forum is a high level strategic group to oversee the Three Counties Planning Forum Project Team and its related Care Service Groups. It is also supported by The Workforce Development Network, and in turn, influenced by the Public Engagement Framework.

4.1.1. WAST USC directorate is represented at the Planning Forum and with the unscheduled care (USC) service group.

Additionally the USC is comprised of representatives from Carmarthenshire, Ceredigion and Pembrokeshire, and its remit is to share best practice and
vision of the way forward with the publication of DECS and other national guidelines/standards.

The other Service Groups have the remit of networking services across the three counties, and comprise:

- Stroke Services
- ENT
- Cardiology
- Ophthalmology
- Diabetes
- Community Services
- Dermatology
- Transport Services
- Mental Health
- Breast Care
- Upper Gastro Intestinal Surgery

4.1.2. The structure is slightly complicated by Pembrokeshire’s role as an early adopter site integrating with the remit of the Three Counties Planning Forum. As such, with the formation of the new Hywel Dda NHS Trust, there is a requirement for the work of this early adopter site to integrate with Hywel Dda and the Three Counties Planning Forum.

4.2. The Forum is examining how greater emphasis can be placed on developing and optimising primary and community care services, particularly in the more sparsely populated areas of Wales.

4.3. The terms of reference for the Planning Forum; Project Team and Service Groups are to be advised.

4.4. Key issues that will impact on the Unscheduled Care Directorate and WAST as a result of this work include:

4.4.1. Stroke services: this group has been established to advise on proposals to remodel clinical pathways and services to ensure quality care for stroke patients. Mr Huw Phillips is named as WAST representative for this group – feedback is yet to be received.

- There will be implications regarding education and training of existing paramedics/EMT personnel; development of an All Wales Stroke pathway and integration to the clinical desks; transportation issues if Rapid Access Neurovascular Clinics, Acute Stroke Units and Rehabilitation Units are developed, and, Clinical Governance issues of managing these groups of patients in alternative ways.

4.4.2. Diabetes services: no specific mention is made regarding WAST involvement with this workstream, but given the relatively high volume call ratio in relation to diabetes, service reconfiguration and new clinical pathways being
developed by WAST will need to dovetail into any implementation plans set by the Three Counties Planning Forum.

4.4.3. Community Services Steering Group: one key aim of this group is to support the individual in accessing and receiving care within settings close to their homes. This will have implications for service development.

- No mention is made of any engagement with WAST or NHSDW regarding these developments, and again considering the current development and impact of WAST’s unscheduled care reconfiguration, this will require greater collaboration than currently exists to ensure partnership working.

4.4.4. The Unscheduled Care service group will map the existing unscheduled care services that are currently provided within the three Counties against the DECS strategy. Terms of reference include:

- Developing proposals for USC
- Engaging with, and establishing links with neighbouring networks
- Consider best practice and national guidance in developing proposals
- Consider future health need for USC services

4.5. Identify and develop care pathways to support USC (including Tertiary Care)

4.6. Key priorities for WAST engagement with Hywel Dda NHS Trust (and Three Counties Planning Forum) is to ensure dovetailing of our service reconfiguration with that of the Trust:

- Collaborate and scope-out governance issues of TFUC proposals for USCP. There is a need to ensure that WAST’s recommendations and suggestions are incorporated into their strategy to ensure that the proposed service is not fragmented through incomplete processes and systems.
- Continue development of directory of services, and promote NHSDW’s / Clinical Desk ability to appropriately redirect suitable callers (this may be through the Care Coordination Service, but may change considering the wider implications of merger with Carmarthenshire and Ceredigion).
- Ensure systems, processes and pathways exist to effect the direct admission proposals to ACDU
- Develop protocols for transporting suitable patients to MIU’s. There may be scope here to develop paramedic competencies to provide at scene assessment and treatment similar to the developments within Powys LHB
- Contribute to the communication strategy of the EAS, ensuring that WAST’s communication scheme and PPI engagement provides a consistent message
- Ensure that the current level of engagement with the EAS is continued and that WAST’s own USC developments are effectively communicated. There is a requirement to ensure that the remit of service reconfiguration and operational delivery is clearly established so that the potential for conflicting messages and proposals are not realized
5. Cwm Taf NHS Trust; Rhondda Cynon Taff LHB & Merthyr Tydfil LHB

5.1. Since the publication of DECS, the USC partnership Board of this Trust has not met. There is a desire to reconvene a group that will account for their merger with North Glamorgan NHS Trust after 1st April 2008.

5.2. There was an Emergency Pressures Partnership group in existence within each Trust that met on a monthly basis. Contact has been made with Mrs Samir Said (Director of Planning), WAST is awaiting a response.

5.3. Grant Williams has met with Rachel Marsh (Director of Performance & Operations North Glamorgan NHS Trust) and Richard Sealey (Director of USC, RCT LHB) and WAST is awaiting an invite to this new board.

6. Abertawe Bro Morgannwg University NHS Trust – (East Division) (formally Bro Morgannwg NHS Trust & Swansea NHS Trust) and Bridgend LHB

6.1. Bro Morgannwg has an Unscheduled Care Strategic Group (UCSG) that meets monthly. It is attended by the Deputy Chief Executive and other relevant executive directors, operational managers and key stakeholders. It is also attended by WAG representation (Stuart Moncur) and NLIAH (Rob Hemmings).

6.2. The group seems to be focussing on target attainment rather than USC development. WAST has been informed that an action plan for USC development did not exist. There is a perception that ABM University NHS Trust has not fully engaged with WAST with its USC developments.

6.3. The trust amalgamates with Swansea NHS Trust from the 1st April 2008, and it is envisaged that Abertawe Bro Morgannwg University NHS Trust (East Division) will continue to be the lead in USC developments. The strategy will be rolled out in Abertawe Bro Morgannwg University NHS Trust (West Division) as appropriate.

6.4. No further dates since its last meeting on the 26th February 2008 have been proposed whilst internal structures are resolved following the amalgamations.

6.5. Work to date has focussed on:

6.5.1. **Clinical Decision Unit (CDU)**

   - CDU has had some success in assisting to meet targets. There is a requirement to further enhance the service and provide training for staff to gain confidence regarding surgical procedures.

6.5.2. **Discharge Planning**
• Nurse Facilitated Discharge planning is being developed at weekends, with initial feedback being positive.
• The Trust has identified that length of stay (LoS) targets were not being fully met, and this is seen as an area for further stakeholder engagement.

6.5.3. Co-location of Primercare in Neath Port Talbot Local Accident Centre
• Telephone triage has been discussed, and there is a desire to test this following public consultation.
• The Individual Health Record is being developed within ABM Trust.

6.6. Key priorities for WAST engagement:

6.6.1. Increase profile of WAST / NHSDW within the UCSG

6.6.2. Propose NHSDW as a future provider of call handling & telephone triage for ED enquiries and Out of Hours triage.

6.7. Swansea Trust & LHB

6.7.1. Grant Williams has met with Jan Worthing (Nurse Director, Swansea LHB). She indicated that the USC Project Group chaired by Rob Royce is currently dormant pending amalgamation with Bro Morgannwg to form the Abertawe Bro Morgannwg University NHS Trust. (See comments above)

7. Powys LHB

7.1. Following a recent adverse report from the Clinical Governance Support & Development Unit, Powys has an urgent need to reconfigure how it delivers safe minor injury and USC strategies across the region.

7.2. At a recent meeting new avenues of working collaboratively with WAST were explored, and it was decided to set up a sub-group to deal with this aspect of service redesign.

7.3. Grant Williams has represented WAST on this sub-group to explore expansion of paramedic roles, across boundary working models and MIU/OOH GP provision.

7.4. Progress to date:

7.4.1. Agreement that in the short – medium term, plans could sustain 3 Minor Injury Units (none of which will be a 24 hour service), with the remainder of care being provided by primary care. These are provisionally identified at:

• Brecon
• Llandrindod Wells
• Welshpool
7.4.2. This is one of several options being considered.

7.5. It is desirable for Powys LHB to engage with WAST to explore future involvement in the delivery of minor injury / illness management. One proposal is to develop education and training packages to enable Paramedics to assess and treat selected minor injuries thus reducing requirements for patients to be conveyed large distances.

7.6. A single point of access has also been identified for consideration, although current OOH triage and call handling is performed by Shropdoc.

7.7. Key priorities for WAST:

- Contribute to service configuration regarding minor injury / illness management.
- This will have educational, governance and resource implications that will require exploration
- Contribute to data analysis of workload from WAST perspective
- Requested that we examine 1 year data, calls per hour, by type (and category of call).
- Explore possibility of WAST/NHSDW ICT systems communicating with other systems (Shropdoc, Morfadoc)
- Explore feasibility of NHSDW being commissioned as SPA access for Powys LHB with collaborative links with Shropdoc; or as with other EAS, promote the directory of services and call handling model of NHSDW to ensure alternative modes of service provision.

8. Summary of Recommendations

8.1. Promotion of NHSDW’s ability to become the single point of access nationally as a means to stream and triage calls. This will be a cost neutral service to Trusts and will ensure appropriate redirection of calls to other EAS SPA and care coordination services. It may be easier to engage Trusts if key individuals involved with setting up SPA’s are able to share and/or ‘log in’ and directly populate NHSDW’s directory of services (this is currently being explored)

8.2. Ensure that National clinical desk operationalisation is fully supported by integrated care pathways for chronic disease management & other appropriate conditions.

8.3. Development of educational programmes to enable and empower Paramedics to assess and treat selected minor injuries and illnesses.

8.4. Exploration of alternative methods of working to maximise efficiency of minor injury/illness management by WAST (possible co-location within MIU/ED/GP surgery)
8.5. Further develop clinical desk ability with improvements in ICT (NHS pathways or call management at NHSDW sites).

8.6. Develop robust and consistent informatics analysis of activity that informs key stakeholders of performance and assists in future planning. A standardised reporting template that informs key stakeholders of performance indicators and measures that are ‘meaningful’ (complement and inform current measures used by EAS), with ability to exception report.

8.7. Communication with all EAS, WAST employees, key stakeholders and service users needs to be enhanced and maximised. There is potential to develop a robust information strategy that will integrate with the strategic aims of the various EAS and to develop the existing PPI strategy already in place.

8.8. Maintain WAST’s presence on the relevant strategic boards of the EAS. It is essential that perception of WAST involvement is not seen as sporadic and unreliable. WAST should also consider ensuring corporate realisation of roles and responsibilities with clear lines of reporting and sharing of information. Any service (re)configuration / (re)design should be communicated through this directorate and clear plans developed prior to agreeing services.
## Synopsis of Trust Early Adopter Site Workstreams & Priorities

<table>
<thead>
<tr>
<th>Trust</th>
<th>Key issues/areas of work include:</th>
<th>USC developments are overseen by Task Force Unscheduled Care Strategic Group (UCSG) being reconfigured. Key areas being addressed:</th>
<th>No information available</th>
<th>Minor Injury Sub-Group convened to examine new models to revamp MIU services in Powys. For consideration:</th>
</tr>
</thead>
</table>
| Conwy & Denbighshire NHS Trust | • Ensuring all workstreams have a valid PID, action plan & TOR  
• Have appointed a new project manager due to commence post April 2008  
• Require information on ability of NHSDW to submit tender for SPA development  
• Require information on Clinical Desk operationalisation  
• Will co-locate Urgent Care Centre within Ysbuty Glan Clwyd | Unscheduled Care Strategic Group (UCSG) being reconfigured. Key areas being addressed:  
  • Target attainment  
  • Clinical Decision Unit  
  • Discharge Planning  
  • Co-location of Primecare | No information available | Operating hours  
  Access to facilities  
  Twilight services  
  Public messages  
  Education & training  
  SPA  
  Agreed action plan |
| Hywel Dda NHS Trust          | **Project Board**  
  | **Measures group**  
  | **No information available** | **No specific workstream identified, but waiting time targets are reported and monitored.**  
  The Trust is working towards maximising capacity to meet the 4 | **No information available** | **Data requirements for analysis identified** |
| ABM University NHS Trust     | **Project Board**  
  | **Measures group**  
  | **No information available** | **No specific workstream identified, but waiting time targets are reported and monitored.**  
  The Trust is working towards maximising capacity to meet the 4 | **No information available** | **Data requirements for analysis identified** |
| Cwm Taf NHS Trust            | **Project Board**  
  | **Measures group**  
  | **No information available** | **No specific workstream identified, but waiting time targets are reported and monitored.**  
  The Trust is working towards maximising capacity to meet the 4 | **No information available** | **Data requirements for analysis identified** |
| Powys LHB                    | **Project Board**  
  | **Measures group**  
  | **No information available** | **No specific workstream identified, but waiting time targets are reported and monitored.**  
  The Trust is working towards maximising capacity to meet the 4 | **No information available** | **Data requirements for analysis identified** |

**USC developments are overseen by Task Force Unscheduled Care Strategic Group (TFUC). This is a high level forum with director level membership. It meets approximately every six weeks. It is overseen by the Divisional Modernisation Group, which in turn is overseen by the Trust Modernisation Board. It is also closely integrated to the Three Counties Planning Forum that is coordinating the USC developments across Pembrokeshire, Carmarthenshire & Ceredigion.**
| Communications group | DECS strategy.  
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<tr>
<td></td>
<td>• A baseline of measures that are currently taken has been performed</td>
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<td>and 8 hour hospital targets, ensuring that elective admissions are not compromised and trialling new ways of working</td>
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<td></td>
<td>This group is examining the significant internal and external activity required to ensure the success of the project. It builds on existing work commenced with the re-build of the ED and has established its communications strategy to include:</td>
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|                     | • Media campaigns  
|                     | • Intranet & extranet information  
|                     | • Newsletters  
|                     | • Advertising  
|                     | Some areas of concern highlighted include lack of input from stakeholders regarding updates for communication media; capital allocation for publicity materials and a need to establish a corporate identity & logo.  
|                     | WAST has not been asked to produce any media briefing or communication paper. |
|                     | No specific communications group as been formulated, although the Trust recognises that major publicity is required to test the system of telephone triage |
|                     | No information available |
|                     | No specific communication group, but identified that: |
|                     | • Providing a safe a service as possible, as local as possible is key message |
|                     | • Need to engage in a communication and engagement exercise |
Considering the extensive involvement with the EAS and the work currently underway within the directorate, it would be essential that WAST is able to communicate its developmental plans internally and externally.

| Social capacity group | Ongoing audit of ‘social admissions’ to ED being performed.  
• A review of baseline data (national, regional and local) is underway with assistance from NLIAH and Public Health. | Integrated with Rehab & Services in the community | No information available | N/A |

| Single point of access group | Review of potential models underway.  
New Trust lead is Mrs Stephanie Greenway, Head of Nursing/USC lead following departure of Mark Ellis  
Trust requires position statement from WAST/NHSDW regarding ability to submit tender for future SPA operation of call handling & triage | This function (amongst others) will be undertaken by the Care Coordination Service. It will:  
• Call handle & triage calls made to primary care OOH  
• Communicate with providers outside UCP  
• It is proposed that formal links are made with WAST to ensure appropriate disposition of | No specific group set up. As previously mentioned a system of telephone triage is to be trialled with Primecare based at Neath Port Talbot Local Accident Centre.  
NLIAH has been asked to scope this aspect of development | No information available | No specific SPA group set up, although there is a desire to ensure consistency and safety of call handling and triage continues. |
<table>
<thead>
<tr>
<th>Group</th>
<th>Pilot/Workshop Details</th>
<th>Action Plan</th>
<th>Available Information</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Urgent care centre group</td>
<td>Pilot being trialled for four weeks in March 2008. GP will be based within ED for 4 weeks providing 8-10 hours service on Saturday and Sunday. Recent audit has indicated groups of patients attending ED at weekends that could be more appropriately managed by Primary Care</td>
<td>See Emergency &amp; Urgent Care Group</td>
<td>No information available</td>
<td>N/A</td>
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<tr>
<td>Demand management / Generic Care Pathway group</td>
<td>Workshop held to perform gap analysis in current USC services, primary, secondary &amp; tertiary care. It aims to develop joint workable solutions. Evaluation and agreed action plans of this workstream will be incorporated into a joint DECS action plan</td>
<td>See Rehab &amp; Services in the Community</td>
<td>No information available</td>
<td>N/A, however, pathways will be key to delivery of many of Powys’ aspirations to provide a safe and effective service</td>
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<tr>
<td>Emergency &amp; Urgent Care Group</td>
<td>Strategic document produced: Urgent Care Pembrokeshire The strategy aims to</td>
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<tr>
<td>Adult Clinical Decision Unit</td>
<td>Phase 1 operational since 03/03/08. Fully functioning June 2009. Opportunity to develop further pathways for direct admission from WAST.</td>
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<td>Infrastructure</td>
<td>Impact on current recording and reporting systems (there is a desire to move to a single record). Minor Injury Access Development of the directory of services (to be linked with NHSDW).</td>
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<tr>
<td>Rehabilitation &amp; Services in the community</td>
<td>The group is working on several key projects that include • Community services directory</td>
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</table>
| • Stroke pathway  
| • Chronic conditions action plan  
| The above three workstreams are directly applicable to current USC developments within WAST and we maintain the ability to influence and contribute to their development |