



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# Delivering Emergency Care Services

An Integrated Approach for Delivering  
Unscheduled Care in Wales

February 2008



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WALES  
GIG  
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Foreword by Edwina Hart AM MBE  
Minister for Health and Social Services

The launch of this strategy is another key milestone in our commitment to deliver improved health care to the people of Wales. In *Designed for Life* we set down the over arching framework and principles for the service. This was supported by *Access 2009* - delivering a 26-week patient pathway from GP referral to treatment - which addresses the need to reduce the length of time patients wait for planned or scheduled care.

This strategy is aimed at those people who need access to health and social care that is not planned. This ranges from those requiring emergency care to patients needing help to care for themselves at home.

The dedication of the staff involved in delivering this range of "unscheduled care" services is unquestionable. As this strategy shows, all those involved in delivering these services are doing so in the face of ever-increasing demand. While there have been real improvements in the service and how it responds, we also have to recognise that how the service is structured and the way in which different parts interact, could be better.

In developing this strategy we have a clear goal, to make the service easier to use by helping people understand which service can best provide for their needs. We will achieve this through a combination of providing more information about the services available and an assessment that is appropriate to the patient's/client's needs that will follow them through to the next stage of care.

I would particularly like to thank the individuals and organisations that took the time to respond to the consultation process. The vision, as it was described, was well supported with general agreement that change was needed. Many responses indicated how various organisations and staff groups could be best used to help deliver this vision. Other responses raised questions and queries about how aspects of the strategy could be implemented.

We have looked at all these issues; many are reflected in this document with others being included in work that will be carried out over future months. It is important to see this strategy as a starting point for the future development of these services. We

do recognise we still need to address many issues through the workstreams, such as ensuring the right funding mechanisms are in place, these will be built on the sound foundation laid down within this strategy. We will be issuing further guidance in the future as the “workstreams” which are described later in the document provide further detail about how the service should change.

In summary, I believe this strategy offers a real opportunity for Wales to have a service, not just equal to, but the envy of many developed countries.

Edwina Hart AM MBE

Minister for Health and Social Services

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## 2.0 INTRODUCTION

### Delivering Emergency Care Services (DECS)

One of the main principles of the DECS Strategy is to ensure that people have a better understanding of the range of unscheduled care services that are available to them and clearly understand how to access these services quickly and appropriately.

No matter how or when a patient/client contacts any of the unscheduled health and social care services, they will be assessed and seen by the most appropriate health or social care professional at the most appropriate time.

Within this 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.

### A Framework For The Future – Sustainable Provision Of Unscheduled Care

This document sets out the Welsh Assembly Government's approach for the future of unscheduled care services in Wales under the following sections:

- The Current Service Model
- The Evidence for Change
- The DECS Model
- The Delivery Plan
- The Benefits

Engagement and communication, with the public and wider NHS and Social Service, is an essential component underpinning the DECS strategy.

### Who Provides Unscheduled Care?

Unscheduled care is provided through a range of community and in-patient services:

- Family and Carers
- Primary care services
- Ambulance services
- NHS Direct
- Hospitals
- Pharmacists
- Social Services
- Housing (supported accommodation)
- Private and Voluntary organisations
- Optometrists
- Dentists
- Police (Mental Health protection)

While it is not possible to describe in detail the role of all these services, their contribution and involvement in taking forward the modernisation of unscheduled care services in Wales is implicit throughout this document.

## 3.0 CONTEXT

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The Delivering Emergency Care Services (DECS) Strategy has been developed with users', carers' and communities' experience at its centre. It reflects the underpinning theme of joining up services, which is at the heart of the Welsh Assembly Government's thinking as reflected in "Making the Connections".

### 3.1 Strategic Context

The "Review of Health & Social Care in Wales"<sup>1</sup> (Wanless), which was completed in 2003, identified the need for:

- Radical redesign for health and social care services
- More capacity outside acute hospital settings
- Greater public and patient involvement supported by stronger performance management systems

The review concluded that 'doing more of the same was not an option'. The vision for the provision of health and social services in Wales until 2015 as set out in the strategy "Designed for Life" (2005)<sup>2</sup> contained the following aims:

- Ensure that people requiring unscheduled care receive services of consistent high quality
- Ensure that those people requiring unscheduled care receive a consistent response regardless of where, when and how they contact the service
- Reduce variations in standards between service providers
- Ensure pre-designed care pathways are in place so that the right treatment is provided in the most appropriate place, from the right person, as quickly as possible and 24 hours per day
- Share patient/client information across the system
- Reduce the number of people seeking unscheduled care with an emphasis on prevention and health promotion
- Reduce the number of people who require admission to hospital/institutional care

The Welsh Assembly Government's response to Sir Jeremy Beecham's Review of Local Service Delivery, "Making the Connections: Delivering Beyond

Boundaries”<sup>3</sup> describes how public services need to work together across organisational and professional boundaries to improve delivery.

“Healthcare Standards for Wales”<sup>4</sup> sets out the Welsh Assembly Government’s common framework of healthcare standards to support the NHS and partner organisations.

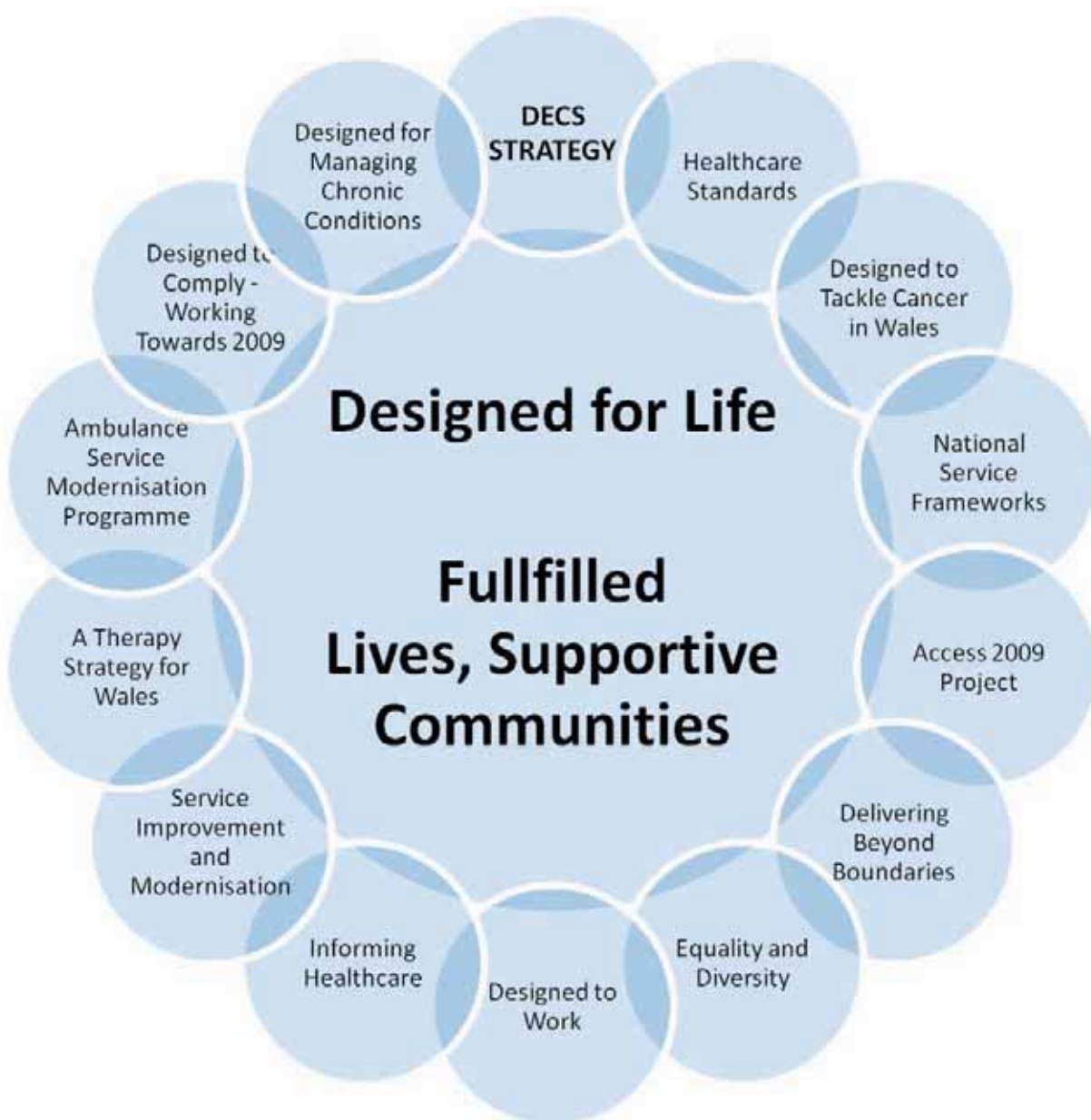
Providers in Wales are required to undertake self-assessments against these standards, which will be used by Health Inspectorate Wales as part of their process for assessing the quality, safety and effectiveness of healthcare providers and commissioners across Wales. The quality aspects of DECS will be managed within this framework<sup>5</sup>.

“Fulfilled Lives, Supportive Communities”<sup>6</sup> sets out how social care will be modernised over the next ten years. Key elements include:

- Better informed service users taking a more active role in managing their own situations
- Collaboration between local authorities and partner organisations to deliver reform and improve integrated local services
- Developing models of care to help people to stay in their own homes longer
- Stronger emphasis on earlier involvement and re-enablement to prevent or delay people moving to a higher level of need
- Application of care technology to manage risk
- Appropriate access out of normal hours

The DECS strategy will be delivered within the context of a range of Health and Social Care strategies with the aim of maximising benefits and producing joined up solutions. Figure 1 provides a diagrammatic outline of these links:

Figure 1. Examples of links with other Strategies and Programmes



## 4.0 CURRENT SERVICE MODEL

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### 4.1 Unscheduled Care Providers

A comprehensive range of unscheduled care services is currently available in Wales, the main service providers being:

#### 4.1.1 Family, Carers and Voluntary Organisations

Family, carers and voluntary organisations make a major and growing contribution to the healthcare system. There are approximately 300,000 carers in Wales and more than 4,000 voluntary organisations engaged in providing health & social care services.

#### 4.1.2 NHS Direct Wales

NHS Direct Wales is a nurse led telephone advice and information service. In addition to this role it provides a call handling and triage service for three GP Out of Hours services and four A&E departments, and a dedicated Dental Helpline for a number of LHBs.

The service operates from three centres located in Swansea, Pontypool and Bangor and handles approximately 600,000 contacts a year. On 1st April 2007 management of NHS Direct was transferred from Swansea NHS Trust to the Welsh Ambulance Services NHS Trust to provide a more integrated unscheduled care service in Wales.

#### 4.1.3 Primary Care and GP Services in and out of hours

The primary healthcare team is organised around General Practitioner (GP) practice populations. Between 2.3 and 2.4 million people contact members of the practice team every year. The role of the GP, nurses and other staff working in primary care is changing in response to the General Medical Services contract, which was introduced in 2004.

Within Wales, 97% of GP Practices receive additional payments for ensuring access to an appropriate member of the primary care team within 24 hours of a request for an appointment.

Members of the primary healthcare team are skilled in managing a wide range of conditions and possess skills central to the delivery of a modernised unscheduled

care service. Nurse practitioner led triage and minor injury/illness services based in GP practices are available in many areas.

Community Pharmacists provide a network of pharmacies and have a role in providing advice and helping people manage their medication. Community Pharmacists have a developing role in the provision of near patient testing, an important element in the management of people suffering from chronic conditions.

#### 4.1.4 Ambulance Services

Ambulance services in Wales are provided by a single ambulance trust, the Welsh Ambulance Services NHS Trust. The Trust provides accident and emergency services, pre-hospital emergency treatment and care, urgent patient transfer, response to major incidents and non-emergency patients transport services to a population of over 2.9 million people.

The service deals with around 280,000 emergency 999 calls and urgent requests annually and undertakes over 1.4 million non-emergency patient transport journeys.

#### 4.1.5 Minor Injury Units (MIUs)

MIUs differ in their facilities and staffing arrangements and thus in the range of unscheduled care they can safely carry out.

There is no universally accepted definition for a Minor Injury Unit. The British Association of Accident and Emergency Medicine (BAEM) defines them as 'those departments without the full facilities and support services of true Accident and Emergency Departments'<sup>7</sup>.

#### 4.1.6 Accident & Emergency Departments (A&E)

Major A&Es are defined as those departments providing a consultant led 24-hour service with appropriate resuscitation facilities and designated accommodation for the reception of accident and emergency patients. These departments must provide the full range of services required at all times. There are thirteen Major A&E departments in Wales. Additionally, there are four A&E departments classified as "other A&E services".

#### 4.1.7 Social Services

Within Wales, 22 Local Authorities are responsible for:

- Planning social services for people who live in their area
- Delivery of social services, including supporting people to live independent lives
- Providing personal care and support with the activities of daily living
- Protecting people from harm

There is a partnership role with other organisations, including health, police and housing to provide these services. Within our Local Authorities, social services have a major role in protecting the most vulnerable people in the community. They provide care and support to children and young people, older people, people with mental health problems, learning disabilities, physical disabilities and sensory impairments.

All Local Authorities have, either individually or as joint arrangements, some access to services out of hours, usually focussed around protection or the maintenance of existing care provision.

#### 4.1.8 Mental Health Services

Crisis resolution/home treatment services offer a rapid response for adults who are experiencing a mental health crisis in the form of assessment and, where appropriate, support and treatment for a brief period as an alternative to hospital admission. The requirements are set out in WHC (205) 048<sup>8</sup>.

## 5.0 THE EVIDENCE FOR CHANGE

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All the major providers of unscheduled care services are seeing more and more people every year.

The following section provides detail of the increasing demand on front-line unscheduled care services.

### 5.1 Views of people using unscheduled care services

Many aspects of the current unscheduled care services are highly valued. However, a number of common concerns have emerged:

- People using services get frustrated when they have to repeat their personal details if they are referred on to other care services<sup>9</sup>
- Consistently people say that there is confusion about what services are available to them locally and how to access them
- There are no generally accepted definitions which clearly describe the differences in the levels of care provided by the range of unscheduled care services

Previous work commissioned by Neath Port Talbot Local Health Board<sup>10</sup> has given some indication of the complexity of people's experience of using unscheduled care services. Patients who had recently used Out of Hours (OoH) services said they remained confused about which services were available and when.

Terms such as 'unplanned', 'unscheduled', 'minor injury', 'GP Out of Hours', 'accident and emergency', 'urgent care' mean different things to different people. Services with the same title may be offering different ranges of services which makes it difficult for people to decide which service is best placed to meet their need.

### 5.2 New A&E Attendances - Survey

In 2005 the Welsh Assembly Government, through the Change Agent Team (CAT) of the National Leadership and Innovation Agency for Healthcare (NLIAH), surveyed four A&E departments in South Wales. The work explored the reasons people went to A&E rather than an alternative unscheduled care provider. The survey used the

method of triage based on the Manchester Triage System which is commonly used in A&E departments, see Appendix C.

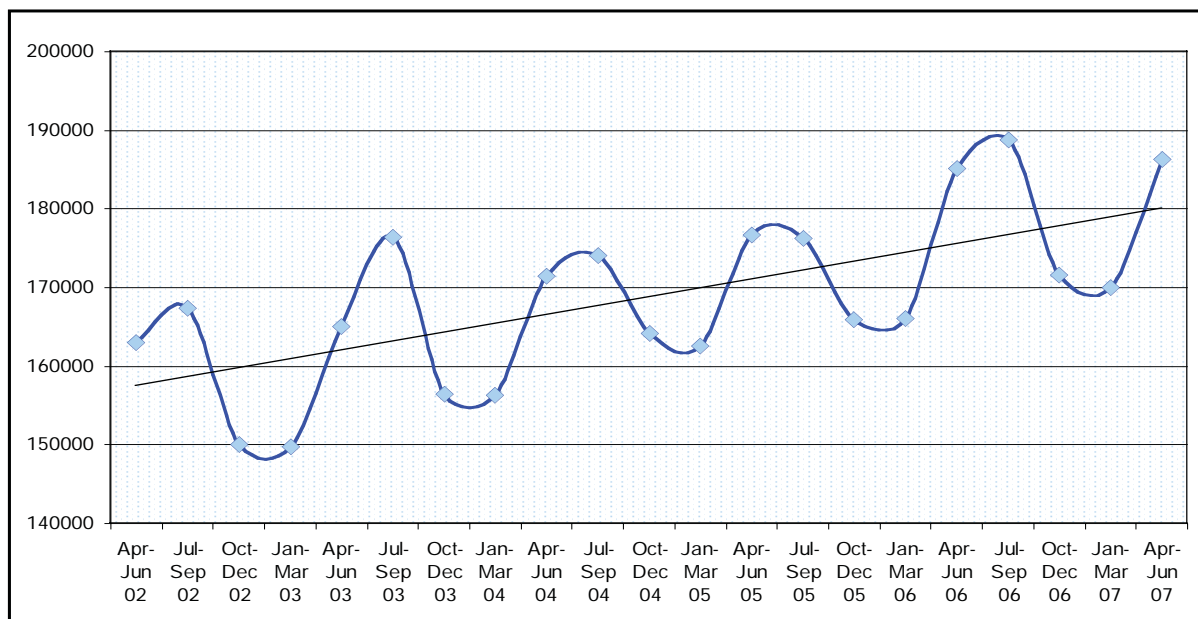
Some of the patients in priority group 4, "standard A&E cases without immediate danger or distress", and priority group 5, "Patients whose conditions are not true accidents or emergencies", could and arguably should be seen in the primary care setting. Of particular interest to this strategy are the following findings:

- There was significant variation between A&E departments in the proportion of total patients who presented in groups 4&5 as opposed to groups 1, 2 & 3. Figures ranged from 50% to 90% in groups 4&5
- Over half of patients interviewed had not considered any option other than attending an A&E Department

### 5.2a New A&E Attendances

National data indicates that year on year we are seeing a consistent increase in the number of patients attending major A&E departments across Wales (see Graph 1). In addition to the annual increase the graph also demonstrates a consistent trend of spring and summer peaks and autumn troughs. The higher rates in spring and summer coincide with school holidays and an increase in outdoor pursuits and holidaymakers.

Graph 1. A&E New Attendance at Major Departments - All Wales



A&E attendance figures have risen across Wales at an average rate of 2.9% per year for the past 5 years.

This increase may, in part, be due to people attending A&E departments with minor ailments, which would be more appropriately managed in the primary care setting. Figures quoted for these attendances vary from 10% to 70%. In 1999 Beecham reported that some A&E department staff consider that over 70% of patients attending with minor ailments should have seen their GP<sup>11</sup>. Patients attending the A&E department with minor ailments are seen by some staff as the cause of prolonged waiting times, insufficient care, staff stress and preventable costs<sup>12</sup>.

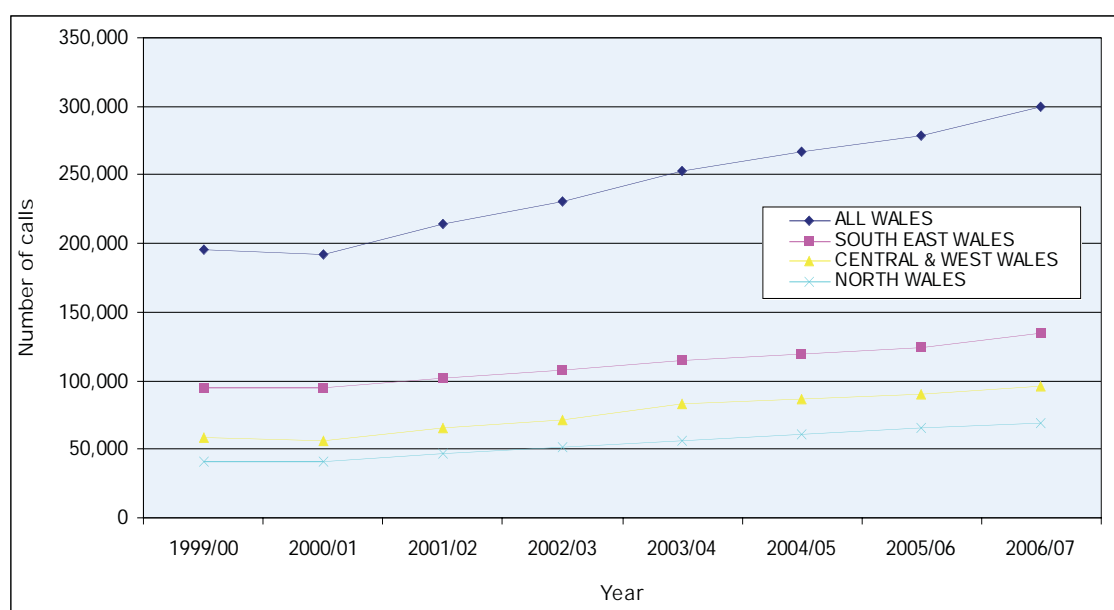
### 5.3 Emergency Admissions

The quarterly all-Wales data shows an average increase in emergency admissions of 0.8% from April 2005 to December 2006. When compared with the 2.7% rise in A&E attendance it may suggest some of the additional attendances at A&E departments are from patients not requiring an acute admission who may have been more appropriately treated in the primary care setting.

### 5.4 Ambulance Demand

Demand for emergency ambulances is shown in Graph 2. The volume of emergency incidents responded to by the ambulance service has risen annually since 2000 to 299,862 in the year to 31 March 2007<sup>13</sup>.

Graph 2. Demand for Emergency Ambulances



A significant number of patients who arrive in ambulances are discharged within a few hours of arrival. This would suggest that there may be some inappropriate use of the 999 emergency services.

#### 5.5 Calls to NHS Direct and GP Out of Hours Services

Total contacts to NHS Direct rose by 24% in the 12 months to September 2007. Over time the way in which people use this service has changed; calls to the NHS Direct telephone '0845' number have fallen while the number of people visiting their website has risen.

NHS Direct provide GP Out of Hours services for three Local Health Board areas in Wales, and as with other services a rise in demand is evident with an increase of 6.1% since 2004.

## 6.0 KEY PRINCIPLES

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The “Review of Health & Social Care in Wales” highlighted the need to rebalance the care pathway and improve the way in which the different parts of our healthcare system work together.

The DECS approach is based on a number of key principles:

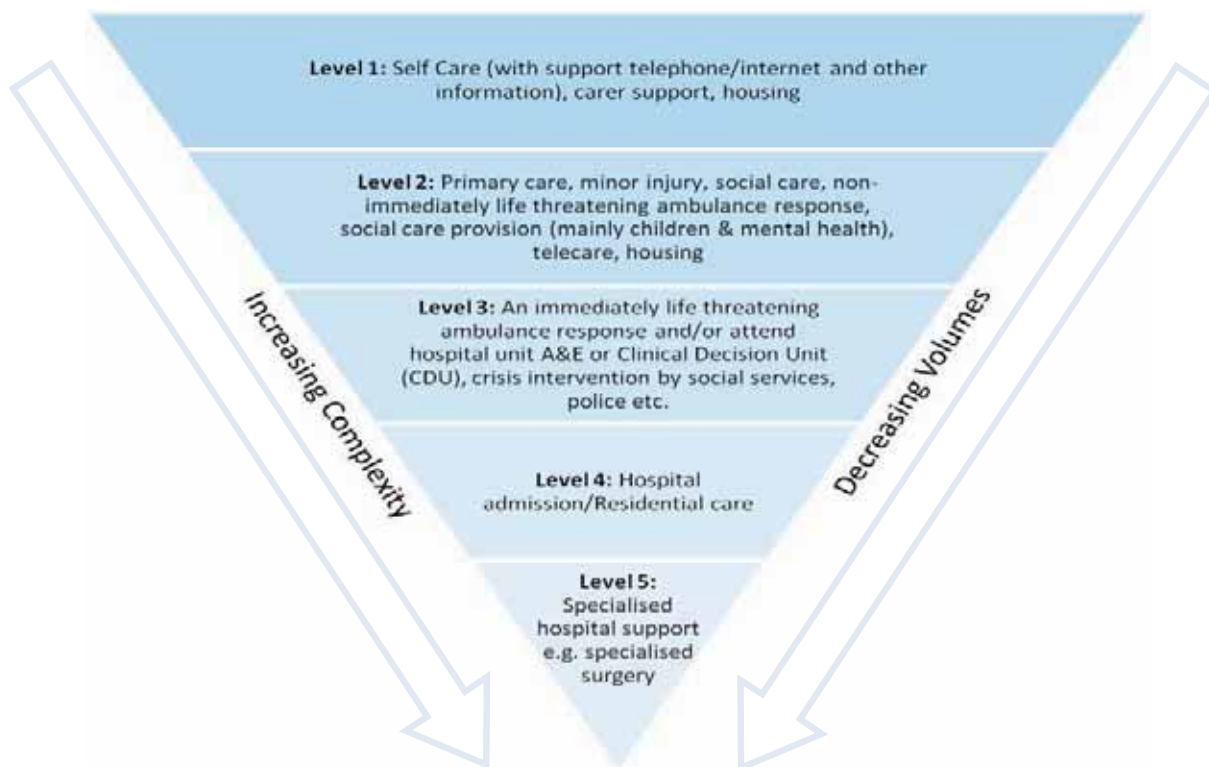
- People will take on responsibility for their own care and be provided with the appropriate information to enable them to make informed decisions
- People accessing unscheduled care services will be treated as individuals with dignity and respect, regardless of age, disability, gender, race, sexual orientation, language or religion/belief
- Demand on services will be managed to ensure that the capacity exists to treat people in the right place, at the right time and by the right people
- Information will be easily available to the public detailing local unscheduled care services and their opening times
- The planning, organisation and delivery of unscheduled care services will be undertaken collaboratively, between the various agencies involved within the NHS and Social Care Services
- Staff will work in innovative ways across traditional boundaries, fully utilising their skills in order to maximise their contribution to the delivery of unscheduled care services
- Care will be delivered to clear and measurable standards, which cover each element of the service and the whole of the patient’s journey
- Services will be provided as close to people’s homes as it is safe to do so
- The underlying role for social care will remain as described in Section 4. In addition, the implementation of the NSF for Older People in Wales will contribute to the delivery of the DECS strategy

## 7.0 A FRAMEWORK FOR UNSCHEDULED CARE

When unscheduled care services are viewed as a whole system across emergency care, primary care and social care the user experience is improved<sup>14</sup>.

Unscheduled care services are organised through the five levels of need, detailed in figure 2. These levels of need equate to those identified within strategies and initiatives such as the Management of Chronic Conditions and 'Fullfilled Lives, Supportive Communities' and therefore facilitate collaborative working.

Figure 2. Five Levels of Unscheduled Care



The evidence detailed in section 5 shows that elements of the unscheduled care system are under increasing pressure. The DECS strategy will provide a framework for action focussing upon re-balancing the system to deliver an effective and efficient service.

The DECS strategy will be taken forward at national and local level through a number of workstreams (see Appendix B). Four early adopter sites will trial and test solutions, new ways of working and lessons learned, which will be shared across Wales. Implementation of the strategy will be achieved through the Local Delivery Plan process.

## 7.1 Supporting Selfcare

As detailed in section 5, people tell us they are often unclear about which level of service to access to best meet their care needs. A significant proportion of attendances at level 3 (A&E) are for health problems which could be more appropriately treated at level 2 (Primary Care) or managed by people themselves at home<sup>15</sup>.

A key aim of DECS is to rebalance the unscheduled care system so that people access care at the appropriate level for their care needs.

This will be achieved through engagement and communication with the public. Increasing public knowledge will build confidence in peoples' own ability to care for themselves in the community and primary care setting (levels 1 or 2) when appropriate. This will be taken forward through the DECS framework by:

- Defining the core purpose of each specific unscheduled care service with reference to the British Association for Emergency Medicine (BAEM) guidelines. This will provide clarity when engaging and communicating with the public
- Conducting public engagement and communications campaigns, which provide information detailing the purpose, availability and opening times of local unscheduled care services. This will enable people to better understand how to use services appropriately. Consistency in approach will be achieved at local level through the development of a tool kit which will be implemented through the Local Delivery Plan process, see Appendix B
- Linking with the Expert Patient Programme. The programme helps people self manage their chronic conditions, with the aim of achieving improved health outcomes<sup>16</sup>. Selfcare is one of the key building blocks for a patient centred health service<sup>17</sup>
- Introducing telemedicine technology to monitor such conditions as diabetes and asthma more closely. The aim of this is to manage chronic conditions and avoid acute exacerbation requiring a visit to A&E or admission to hospital, see case scenario 5 and Appendix A

- Linking with the Telecare programme, which is managed through the 22 Local Authorities in Wales. This programme provides a range of remote support enabling people to live independently for longer. For example telecare equipment may provide people with reminders to take medication, falls alarms, flood and smoke detectors etc. Activation of a sensor, triggers an alert to a central centre and an appropriate response is actioned
- Clear locally derived pathways will be in place for primary care services to access appropriate diagnostic tests. This will support the management of as many people as possible in the community where it is clinically safe to do so
- Front line staff delivering unscheduled care services will have up-to-date, accurate information about the range of unscheduled care services available in their local community. This includes what times they are open and the different levels of care they provide. Staff will be in a position to better inform the public and, should onward referral to another more appropriate service be necessary, staff will have the knowledge to enable them to organise this quickly and efficiently

## 7.2 Urgent Care Centres

The initiatives and programmes outlined above will have a measurable impact, with the numbers of people managing their own conditions in the community increasing. Consequently some of the pressures currently experienced in the unscheduled care system, as described in section 5, will be reduced.

However, these measures alone will not return the unscheduled care system to balance. New ways of working and models of care provision will be explored through the DECS Framework. For example where Urgent Care Centres are co-located with A&E Departments a 14.6% reduction in the numbers of patients with primary care needs attending A&E has been reported<sup>18</sup>.

Urgent Care Centres, whether co-located with an A&E department or stand alone and based for example, in community hospitals, are designed to provide an appropriate service for those people who currently access A&E (level 3) with non-emergency conditions. The exact configuration of skills offered will build upon the resources available locally and may include:

- Nurses - with skills in general practice, community care and unscheduled care
- Doctors - with skills in General Practice and unscheduled care
- Allied health professionals such as physiotherapists and occupational therapists
- Pharmacists
- Social care professionals
- Paramedics working in the community
- Voluntary Sector partners.

The concept of Urgent Care Centres will be tested through the DECS Early Adopter Sites and lessons learned shared across Wales.

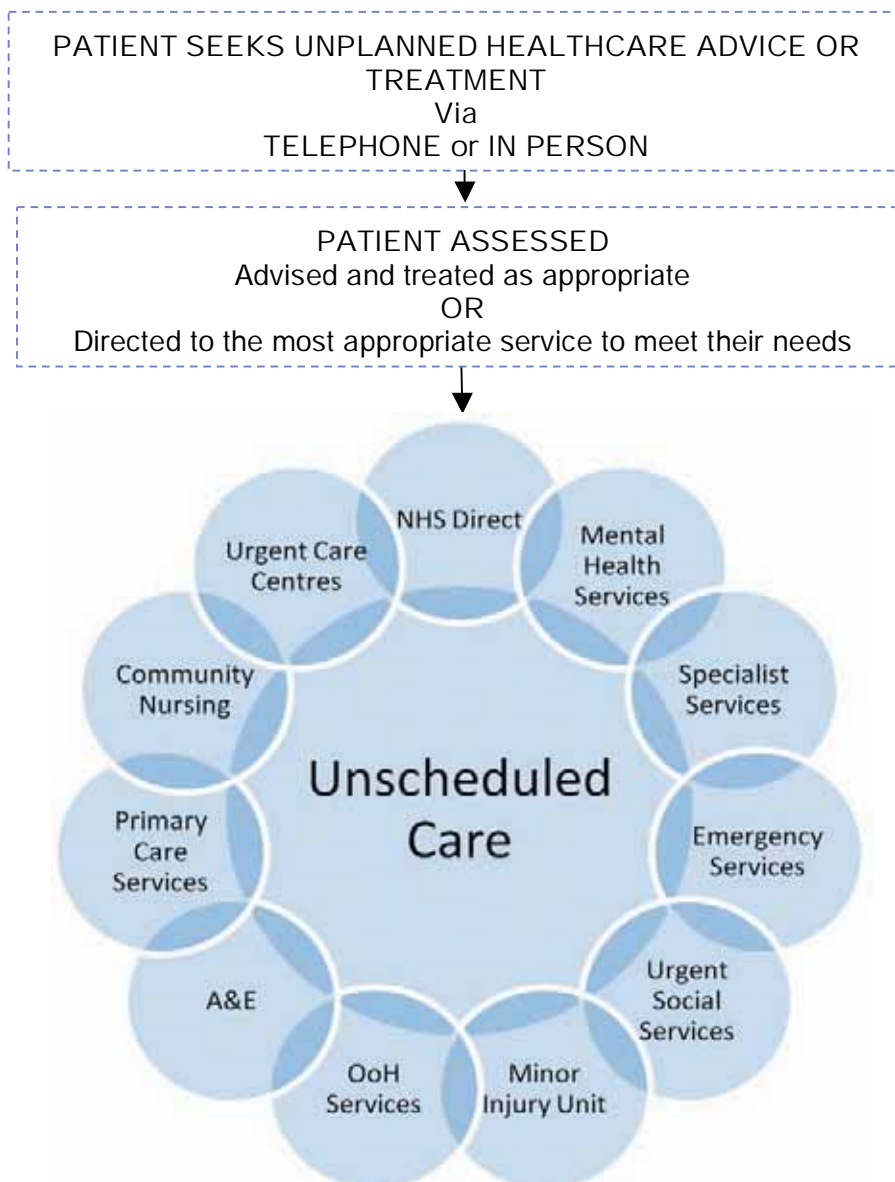
### 7.3 Access and Assessment

As described in section 7.1, engagement and communication initiatives will help people to better understand how to use unscheduled care services appropriately. The initial assessment at the first point of contact may be undertaken in any of the range of unscheduled care services, either via the telephone or face to face.

Future developments such as 'Well Being Centres' will aim to provide a range of services such as healthcare, social services and voluntary sector services more conveniently.

Figure 3 illustrates the multiple points of access; these will not change. The challenge is to ensure that wherever and however people choose to access unscheduled care services, they will receive an assessment appropriate to their needs that will follow them through to the next stage of care.

Figure 3: Assessment and Treatments



Information obtained at the initial assessment will, with the consent of the patient, be made available to other professionals should onward referral be required. This will mean that patients no longer have to repeat information and ensures professionals providing care have access to the information they need to support safe decision-making.

Information and communications systems will allow health and social care professionals to share the initial assessment across professional and organisational boundaries. Informing Healthcare will work with the Early Adopter sites to enable sharing of the initial clinical assessment electronically. This is work in progress; some Out of Hours services are already able to view the patient's GP record, see Appendix A.

#### 7.4 Workforce Planning and Staff Empowerment

An important element of delivering modern unscheduled care services is the move towards a more integrated multi-professional, cross sector delivery model, with co-location of key services. These new ways of working require recognition from within the professions themselves of the need to link roles and education programmes to establish professionally accredited competency frameworks<sup>19</sup>.

The Welsh Assembly Government will work with the Workforce Development and Contracting Unit in the National Leadership and Innovation Agency for Healthcare (NLIAH) to ensure that workforce planning helps deliver a workforce with the skills and competencies designed around patients, care pathways and unscheduled care service need<sup>20</sup>.

Empowering staff to be confident to make appropriate decisions at the earliest point in the clinical pathway is an essential requirement. It is essential that there is a move away from 'admit to decide' to a 'decide to admit' approach. To achieve this staff should be supported through education and training programmes, knowledge and skills frameworks, easy access to clinical information in the workplace, clear clinical governance arrangements and open and supportive organisational cultures.

Staff working in rural or isolated situations such as some Minor Injury Units will be supported to deliver safe services, as locally as possible. The feasibility of developing a national network linking these units to Major A&E departments in order to provide remote clinical decision support via video-conferencing technology will be explored. This will be taken forward within the DECS Framework, supported by Informing Healthcare and NLIAH.

Safeguarding the investment made in clinical staff such as nurses is essential. DECS supports the 'Skills Passport' initiative which will ensure staff with extended clinical skills and competencies such as nurse prescribing, can move between NHS organisations in Wales, without the requirement to repeat training and development courses prior to being allowed to practice.

There is a clear need to ensure that all staff providing unscheduled care services work in an environment that minimises the risk of all forms of violence.

This should be achieved by the provision of safe environments and the use of policies and procedures that will ensure all appropriate actions are taken to protect staff. Listed below are a number of initiatives currently underway that will support staff and organisations in achieving these aims:

- Policy for Management of Violence by April 2008 in all NHS Trusts
- Staff training underway in all NHS Trusts by April 2008
- Memorandum of understanding with Criminal Prosecution Service for prosecution of offenders.

## 7.5 Commissioning Unscheduled Care

The precise configuration of unscheduled care services will vary from area to area depending upon the needs of the local population. For example, we know that the provision of unscheduled care services in an urban area may look different from those designed to meet the needs of a rural community.

Commissioners should aim to create the right mix of skills and facilities to ensure patients are assessed by the professional who is most appropriately placed to deliver the care they need. This will be taken forward as part of the National Commissioning Project, established following the issue of WHC (2007) 023 in March 2007, to determine the most effective and appropriate way of commissioning unscheduled care services.

The commissioning process should review all service provision to ensure the appropriate range of services is provided. New service models may well be required to meet unmet health needs; with other services being realigned to best deliver the most appropriate care. Commissioners and providers of unscheduled care services will engage with the public in Wales ensuring that their contribution is reflected in all aspects of policy and service development for unscheduled care.

Commissioners will need to develop new models for unscheduled care services, while at the same time recognising local characteristics and building on existing service provision. It is clear that many of the solutions for future provision of unscheduled care lie within the community and social care services. There will be a focus upon management and self-management of chronic illness and health improvement.

Homeless and Vulnerable Groups Action Plans will be developed by Local Health Boards and Local Authorities during 2008-09. In addition to links at policy level, it is essential that local unscheduled care services be configured to meet the needs of this section of their population.

The provision of unscheduled care services for specialist groups such as children and those with special needs should conform to the applicable national standards for safe practice.

Commissioners must ensure adequate access to non-acute sector beds and early intervention and/or rapid response teams, with the aim of reducing admissions to acute beds for patients who do not require active clinical management. It is essential commissioners fully consider how social services are engaged in the development of service models.

## 8.0 THE DELIVERY PLAN

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The purpose of the Delivery Plan is to set out the key elements of the delivery process for the DECS Strategy and to provide a planning framework, with national and local action plans which will evolve over the life of the project. It will also provide clarity to the NHS of the requirements of the strategy.

### 8.1 The Implementation Process

The implementation process will include the following:

- The establishment of national workstreams to support and advise the Project Board and ultimately provide further guidance to the service prior to the full rollout of this strategy (Appendix A provides detailed information on each of the workstreams)
- The establishment of a Clinical Reference Group to provide objective clinical advice on implementation
- Preliminary work underway with four Early Adopter Sites testing particular aspects of the new service model. They will provide feedback to both the workstreams and Project Board on areas for further development
- The issuing of further guidance later this year as the basis of Local Development Plans (LDPs), which will allow health communities to indicate how they will respond to the national strategy. (Appendix B provides detailed information on this)
- A review of Local Development Plans in conjunction with the Project Board prior to agreement of LDPs for implementation

### 8.2 Taking DECS Forward

To ensure successful delivery of the new service model, a number of actions need to be undertaken at both national and local levels. These actions will build on existing work, using expertise and resources to explore new ways of working.

### 8.3 Action at National Level

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

The Welsh Assembly Government will lead the following workstreams:

Engagement and Communications: An engagement and communication strategy will be developed to:

- Ensure the public voice is heard and clear and appropriate information is available about their local unscheduled care services
- Ensure all front line staff delivering unscheduled care services have up to date and accurate information about the range of unscheduled care services available

Managing the Sharing of Information from the Initial Assessment

- Work with the early adopter sites and Informing Healthcare to achieve safe and appropriate sharing of the initial clinical assessment

Ambulance Modernisation

- Ensure integration of the Ambulance Service with the DECS strategy. Work is already underway through the Welsh Ambulance Services NHS Trust Modernisation Plan "Time to Make a Difference"

Social Services Interface

- Identify a number of high impact initiatives and work with early adopter sites to take these forward

Workforce Planning

- Work with the Workforce Development, Education and Contracting Unit (NLIAH) to assess the workforce requirements which will result from new ways of working

Performance Management Review

- Identify performance measures applicable to unscheduled care services
- Introduce indicators to show how the new models are bringing about changes in the service

General

- Provide direction in respect of national initiatives
- Engage with other strategies such as Fulfilled Lives, Supportive Communities to ensure a 'joined up' approach

## 8.4 Action at Local Level

Local commissioners and providers of Unscheduled Care Services will take the following actions at a local level:

- Develop unscheduled care services as a whole system and adopt an integrated, multi professional, cross sector approach to delivery of local services
- Implement the National DECS Engagement and Communication strategy. Engage with the local population to enable them to make informed choices with the aim of encouraging appropriate use of unscheduled care services
- Map current service provision of unscheduled care to provide evidence upon which to build innovation and aid the development of the Local Delivery Plan
- Explore alternative models of unscheduled care delivery ensuring an integrated approach across professional and organisational boundaries
- Implement workforce planning to ensure staff with the necessary skills and competencies are in place to deliver appropriate unscheduled care services supporting new ways of working
- The initial clinical assessment will be made available to other professionals, with the patients consent, should onward referral be necessary
- Ensure there are clear evidence based care pathways supporting unscheduled care, based upon previous work by the National Leadership and Innovation Agency for Healthcare (NLIAH)
- Provides services as close to people's homes as is safe to do so
- Provide appropriate language facilities for their local populations

## 8.5 Role of the Project Board

On behalf of the Minister for Health and Social Services, the Project Board will provide the overall project direction including the assessment of risks and monitor progress against the delivery plan.

## 9.0 KEY BENEFITS OF THE DECS MODEL

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The DECS Model will provide the following key benefits for patients/clients and their families, as well as health and social care professionals and the NHS in Wales:

- People will have a greater understanding of how, when and where to access unscheduled care services
- Patients/clients will receive an appropriate response, regardless of who they are or where, when and how they contact the services
- The quality of care will be delivered to clear and measurable standards, which cover each element of the service and the whole of the patient's journey
- Patients' needs will be met by the professional who is best able to deliver the care they need to a prescribed standard
- Planning, organisation and delivery of care will be undertaken in a collaborative manner between the various agencies involved, working with potential service users
- NHS resources will be used more efficiently and effectively
- Information obtained at each stage in the patient/client journey will, with their consent, be available to other professionals to whom they may be referred as they proceed through the care pathway

## 10.0 CASE SCENARIOS

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The following case scenarios demonstrate how new ways of working and well-developed care pathways will improve patient care.

### Case Scenario 1

It's 4am and my six-year-old daughter has been vomiting most of the night and complaining of severe pain in her stomach. What should I do?

Many parents will have been in this situation and many will have been unclear and stressed over which healthcare option to choose. Under the proposals put forward by the Delivering Emergency Care Services strategy, responses are firmly based on the needs of the patient.

A daytime call to a GP surgery, which would be a normal response in working hours, is out of the question. So at 4am the parent's first port of call would be NHS Direct, or the GP Out of Hours service.

The single call to either the GP Out of Hours service or NHS Direct would lead to an initial identification of need, with the most effective and efficient response determined by qualified and experienced professionals.

In this case the child would need to be seen by an experienced doctor and you would be asked to take the child to an Urgent Care Centre for assessment. All the information and details gathered from the initial call would be sent ahead electronically to the Urgent Care Centre to avoid repeating assessment details and speed up the care process.

#### Improvements Delivered

- People have clear information on how to appropriately access healthcare out of hours (see Appendix A)
- Whichever service they initially contact, GP Out of Hours or NHS Direct they are assessed and directed to the most appropriate level of service to meet their needs (in this instance level 2, Urgent Care Centre)
- The initial assessment will be forwarded electronically (with the parents permission) to the Urgent Care Centre

## Case Scenario 2

I think my 64-year-old husband has had a stroke.

You should ring 999. You will be asked to provide certain details and information, which may well confirm the need for urgent treatment.

If the initial assessment indicates that your husband may have suffered a stroke one of two options is likely:

- An emergency paramedic will be sent urgently to assess your husband at home
- An ambulance will be dispatched to you immediately

An emergency ambulance will transport your husband to hospital, where he will be seen by an experienced clinical team. They will use the initial assessment undertaken by the ambulance staff and conduct any additional assessments necessary to establish his condition. They will be able to access specialist stroke services for your husband without undue delay.

Unlike the situation now, he may be taken by the ambulance staff directly to the stroke unit/ward, which will mean that any treatment required can be provided far more speedily.

The assessment process may indicate that your husband has not had a stroke, or that his condition is such that he does not need to remain in hospital but does require some support to be able to return home. The improvements in the way different services work together mean the hospital will be able to directly refer your husband to social services for this support.

### Improvements Delivered

- Patient taken directly to the right place, to be treated by the right professionals, in a timely manner
- Reduces pressures on A&E department by taking the patient directly to the stroke unit
- Care pathways that cross professional and organisational boundaries will ensure the patient is able to return home as soon as he is medically fit to do so

### Case Scenario 3

I think my wife is having a heart attack. She is 56 and suffers from angina. She's very breathless.

One of the primary aims of the Delivering Emergency Care Services proposals is to build upon current good practice and improve co-ordination between services to ensure that effective and timely care is available.

In Wales, expertise has developed over many years in the urgent management of people with chest pain.

Initial contact (999 or NHS Direct) to report the chest pain would initiate a process whereby first aid advice would be provided and a trained, experienced paramedic would be despatched to assess your wife within your own home.

The paramedic is trained to conduct tests, including an ECG, in the home. Based upon the findings of the tests, the paramedic is trained to provide thrombolysis which would be administered as quickly as possible. Providing this care at home can greatly improve outcomes and reduce permanent damage to the heart.

If necessary, the paramedic can also use technology to send test results directly to specialist doctors and nurses in hospital settings to gain immediate specialist advice on any other treatment required.

When stable, the paramedic will ensure emergency ambulance transport takes your wife to hospital for further care. She may be taken directly to the Coronary Care Unit. The ability to ensure test results are already there at the hospital on admission will reduce delays in accessing the need for further treatment.

#### Improvements Delivered

- Improved outcomes for the patient
- Patient taken directly to the right place, to be treated by the right professionals, in a timely manner
- Reduces pressures on A&E department because patient is taken directly to the Coronary Care Unit
- Enhanced roles for ambulance staff improve job satisfaction and use skills and competencies efficiently and effectively

## Case Scenario 4

Its 10.30am and I have just called in to see my neighbour who is in his 80s.  
He has fallen and can't get up from the floor. What do I do?

You should call an ambulance. However, what is important is that your neighbour should only be admitted to a hospital if it is appropriate to his healthcare needs. Ambulance staff with appropriate competencies will be able to assess your neighbour. Depending on the result of this assessment, he may not need to be taken to hospital and will remain in his own home.

As the assessment shows no injury and a carer is due to visit your neighbour later in the day, the ambulance staff determine that no further active intervention is required. It is safe for him to remain in his own home.

The ambulance staff forward their assessment and record of the intervention electronically to your neighbours' GP and send a request to social services that they undertake a falls assessment to determine if telecare services would be beneficial.

Had your neighbour's care needs been more complex, alternative action would have been taken. He would either have been referred to the local multi agency admission avoidance scheme for an urgent assessment to determine if they could provide a suitable package of care to allow him to remain at home or, failing this, admission to a designated social services bed could be arranged.

### Improvements Delivered

- Admission avoided
- Known complications of admitting elderly people to hospital avoided
- Reduces pressures on A&E department
- Enhanced roles for ambulance staff improve job satisfaction and effective and efficient use skills
- Working across professional and organisational boundaries to enhance patient/client care
- Best use of resources

## Case Scenario 5

Mr & Mrs Jones, both aged 85 years, live in their own home. Mrs Jones is an insulin dependent diabetic and has arthritis. Though independent and active, she has had a number of unplanned admissions to hospital following minor infections that have resulted in her diabetes becoming unstable.

Mrs Jones now has a telehealth system installed at home, which monitors her blood sugar levels. Mrs Jones uses a blood glucose meter twice a day, before breakfast and before supper.

The readings from Mrs Jones glucometer are sent via her telephone line to the practice nurse responsible for managing her diabetes. This allows the nurse to closely monitor her condition and make any necessary adjustments/changes to treatment plans and provide support to Mrs Jones by telephone, email, text message or telehealth system message.

A month ago Mrs Jones blood sugar became unstable which alerted the nurse to the possibility of an arising complication. The practice nurse informed Mrs Jones's GP, who was able to review the blood glucose results via the secure web-based system, and her insulin regime was adjusted accordingly. The district nurse was requested to visit and ascertained that Mrs Jones was developing a urinary tract infection. A treatment management plan was put in place and a week later everything was back to normal. Mrs Jones's condition had been effectively managed at home.

### Improvements Delivered

- Monitoring facilitates appropriate management of chronic condition
- Selfcare is enhanced
- Pressures on community nursing team relieved (number of visits required are reduced)
- Unscheduled care admission avoided
- Known complications of admitting the elderly to hospital are avoided
- Possibility of delayed discharge of care avoided
- Reduces pressures on A&E department

## APPENDIX A - WORKSTREAM OBJECTIVES

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From the launch of the project the following workstreams will be put into effect.

### Engagement & Communications Workstream

Key objectives:

The objective for this workstream will be to deliver a Communications Strategy and Action Plan. The plan will have three key strands of work:

- Strand 1. To ensure that the principles and substance of the DECS strategy is effectively communicated to health and social care professionals, so that they can implement the strategy effectively
- Strand 2. To devise an appropriate public engagement plan in order to ensure that the public in Wales contribute to the configuration of their unscheduled care services
- Strand 3. To devise a public information campaign to communicate relevant service changes to the public, in order to help them make appropriate use of unscheduled care services

Tasks:

To research:

- How current public perception of emergency care services affects how they are accessed, and the impact this has on demand<sup>21</sup>
- The key messages to support the implementation of DECS

To review the wide range of techniques available for public engagement and ensure that appropriate methods are in place to engage the public in the implementation of the strategy:

- Ensuring that the language used is accessible, given the complex nature of the range of unscheduled care services that are available
- Providing advice and report to the Board on communications/public engagement issues associated with the objectives
- Identifying the interface between the communication group and other groups, in order to ensure good internal communication within the project team
- Developing strong working relationships with Communication Officers/Leads and Public and Patient Participation Officers in the service in order to co-ordinate activities, ensure effective use of resources and maximise the impact of communication activities

Outcome:

- Bring measurable improvement in understanding and knowledge within the NHS and Social Care Community about the DECS programme
- Ensure a robust approach to public engagement so that the public at large are more able to use their unscheduled care services in the most appropriate way

*Project Lead:* Department of Health and Social Services Communication Lead Officer.

*Key Partner:* Service Communication Leads.

## Supportive Care – Managing the Patient Record Workstream

### *Key objectives:*

Assess information systems and establish processes to support appropriate information sharing between providers, initially using early adopter sites.

### *Tasks:*

- Undertake baseline review on available information systems
- Establish information/record-sharing protocols
- Ensure systems require patient's consent for the transfer of any patient information
- Commission the development of appropriate interface to enable information sharing
- Ensure full compliance with all appropriate guidelines/regulations
- Develop an information and communications strategy and plans

### *Outcome:*

- Patients/clients who require referral to other service providers will have all relevant information transferred safely and speedily to the appropriate provider
- Service providers will be able to access relevant clinical information held in other provider systems to support patient care and treatment

*Project Lead:* Informing Healthcare

*Key Partners:* Early Adopter Sites

## Ambulance Modernisation Workstream

### *Key objective:*

- a) Oversee modernisation of Ambulance Service.
- b) Ensure integration of the Ambulance Service into the DECS Strategy.

### *Tasks:*

- Production of Modernisation and Delivery Plan
- Production of an Implementation Programme for Modernisation Plan
- Production of a Capital Investment Strategy
- Production of a Communications Strategy to support Modernisation Plan
- Detailed assessment of opportunities arising from NHS Direct transfer
- Performance Management Framework

### *Outcome:*

The product of this work stream will be an Ambulance Service that has evolved into a major provider and partner in the delivery of unscheduled care services.

*Project Lead:* Chief Executive of WAST

*Key Partners:* LHBs, Trusts, links to DECS Early Adopter Sites

## Workforce Planning Workstream

### *Key objective:*

The objective will be to assess the workforce consequences of the DECS strategy and to map the existing workforce training and development plans against the DECS requirements in order to identify any gaps in skills and competencies.

### *Tasks:*

- Identify the skills and competency requirements of the DECS strategy, and ensure staff development and training is central to the workforce planning process
- Link with organisations involved in workforce planning and development to assess the extent to which the requirements of the DECS strategy are already identified within their plans
- Identify the gaps in provision
- Work with the identified bodies to ensure that those gaps can be filled through existing workforce development by for example developing nurse practitioners and enhanced competencies for paramedic staff
- Ensure all staff have detailed personal training and development plans enabling them to meet the DECS modernisation agenda
- The 'Skills Passport' initiative will be taken forward to ensure staff with extended clinical skills and competencies can move between NHS organisations in Wales, without the requirement to repeat training and development courses prior to being allowed to practice.

### *Outcome:*

There will be appropriate skills available across Wales to ensure the satisfactory implementation of the DECS approach.

*Project Lead:* DECS Project Director/WAG HR Director

*Key Partners:* Workforce Development Education and Contracting Unit.

## Social Services Interface Workstream

### *Key objective:*

The focus will be on early intervention with the aim of preventing inappropriate attendance at A&E departments and admissions to acute hospital beds for social care reasons.

### *Tasks:*

A baseline study to establish the current service configuration will be undertaken in each Early Adopter Site to include:

- The range of unscheduled care provision available in the local area e.g. nursing homes, social services emergency duty services, telecare services, rapid response teams, primary care services, community nursing services, acute NHS Trusts, Minor Injury and Accident and Emergency Services
- How information is currently shared across organisational boundaries
- The number of admissions which may have been avoidable
- The number of people taken to A&E by ambulance who may have been more appropriately managed by ambulance staff and remained safely at home
- Based on the evidence provided by the baseline study a number of high impact initiatives will be identified and taken forward by the Early Adopter sites
- Lessons learned will be shared across Wales

### *Outcome:*

Integrated care pathways will provide seamless care across health and social care boundaries.

*Project Lead:* Social Service Lead (Strategy Unit)

*Key Partners:* Local Authorities, Early Adopter Sites

## Performance Management Review Workstream

### *Key objective:*

To establish performance management processes to support the project.

### *Tasks:*

- Establish a principle of including clinical performance (outcome) as a measure
- Identify measures applicable to new service models
- Review existing standards and guidelines such as those of the British Association of Emergency Medicine (BAEM) and see if they could/should be incorporated into new standards

### *Outcome:*

The product of this work stream will be the introduction of measures that show the effectiveness of services in treating injuries and emergencies, saving lives and providing a responsive service that meets patients' needs.

*Project Lead:* Head of Performance Management Policy Development

*Key Partners:* Policy Lead NHS Emergency Care, Delivery and Support Unit, Clinical Representatives.

### Local Delivery Plans

The publication of the strategy and the associated actions represent a critical stage in redesigning unscheduled care services within Wales. A number of key actions are required:

1. In 2008 we will publish the outcomes of the workstreams as additional guidance, together with lessons learnt by the early adopters. This guidance will explain in detail what action is required by all health communities, as a precursor to the full implementation of the DECS model across Wales.
2. A requirement of this guidance will be the production of 'Local Delivery Plans' demonstrating CEO level involvement and clinical and community engagement for relevant health communities across Wales. These plans will comprise of the following:
  - a. Assessment of organisational readiness:
    - Joint working arrangements.
    - Identification of stakeholder involvement.
  - b. Process:
    - Baseline assessment.
    - Local context issues.
    - SWOT analysis.
    - Outstanding issues.
  - c. Local Interdependencies:
    - Service.
    - Estate.
    - Other.
    - Local priorities for action.
  - d. Action Plan:
    - Key milestones.
    - Outcomes.
3. The Project Board will assess all LDPs and provide structured feedback in conjunction with local Regional Offices.
4. Underpinning the above 3 areas will be additional guidance for further action relating to the commissioning of emergency and unscheduled care services.

APPENDIX C - TRIAGE CRITERIA BASED ON THE MANCHESTER TRIAGE SYSTEM

Priority 1 (Red)	<p>IMMEDIATE RESUSCITATION</p> <p>Patients in need of immediate treatment for the preservation of life</p> <p>All these patients to be seen on arrival at the department</p> <p>These patients would usually be met by a team 'standing by' after prior notification by the Ambulance Service</p>
Priority 2 (Orange)	<p>VERY URGENT</p> <p>Seriously ill or injured patients whose lives are not in immediate danger</p> <p>All these patients should be seen within 10 minutes of arrival</p>
Priority 3 (Yellow)	<p>URGENT</p> <p>Patients with serious problems, but apparently stable condition</p> <p>All these patients should be seen within 1 hour of arrival</p>
Priority 4 (Green)	<p>STANDARD</p> <p>Standard A&amp;E cases without immediate danger or distress</p> <p>The aim should be for these patients to be seen within 2 hours of arrival. However the percentage which can be seen within this time depends on resources available</p>
Priority 5 (Blue)	<p>NON URGENT</p> <p>Patients whose conditions are not true accidents or emergencies</p> <p>If these patients are to be treated in A&amp;E, the aim should be that they would not have to wait longer than 4 hours. However the percentage which can be seen within this time will depend on resources available.</p>

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