REPORT 1
PLANNED CARE
Contents

Planned care vision  c-3

Definition - Planned Care  c-3
Current planned care services  c-4
What patients say about current planned care services  c-7

Vision  c-8

Principles  c-9

Objectives  c-10
Referral  c-10
Discharge  c-12
Pre-Assessment  c-13

Future for Planned Care  c-15
Planned care vision

Definition - Planned Care

Planned care covers all services provided for adults, 18 years or over, which are planned (scheduled), including all primary care, community and hospital services. This does not include emergency (unscheduled) care.
**Current planned care services**

Planned Care services are provided across a large range of specialties, the majority currently being accessed within any one of the four main hospital sites. In the main diagnostics, therapies and pathology are also provided from the four main hospital sites.

The following services are provided on a regional basis which include Oral and Maxillofacial Surgery, Restorative Dentistry, Orthodontics, Urology, Head and Neck, Spinal, Neurology, Cardiac Surgery, Complex Obstetrics, Level 3 Neo-Natal care, Oncology and Radiotherapy (South West Wales), Cleft, Burns and Plastics, Pancreatic Surgery (South Wales) and Bariatric, (all Wales).

In addition, we accept tertiary referrals from neighbouring health boards for all specialties.
Planned Care

There are a number of issues regarding current delivery of planned care services, these include:

- ABMU being a large service provider
- Significant number of sites providing each service
- The current location of care is delivered based on historical reasons rather than patient centred
- Too much emphasis is on secondary care provision rather than keeping people out of secondary care (GPs with special interest, community networks)
- Links across primary and secondary care vary
- Lack of medical cover for planned eye care in primary care/community settings.
- Inconsistent and lack of clinical pathways for planned care in some areas
- Impact of unscheduled care on elective care and vice versa
- Access to diagnostics, community services, therapies and support services are not available 24/7
- Increased, unsustainable waiting times, linked to increase in demand
- Procedures of limited effectiveness/interventions not normally undertaken requires robust management
- Lack of capacity and demand modelling for primary care to support planning
• Staff culture is being effected

• Issues with Information Management & Technology and infrastructure

• Medical staffing/rotas/reduced working hours

• Recruitment and retention

• Subspecialisation

• Financial constraints – no economies of scale

• Links with other organisations vary e.g. social services and voluntary sector

• Question whether we are maximising the roles of existing staff, e.g. advanced nurse practitioners
Planned Care

What patients say about current planned care services

Patients accessing planned care are telling us the following about their experience:-

- Waiting times for appointments/treatment are too long
- Number of cancelled appointments is too high
- Waiting for theatre slots is lengthy
- Lack of continuity of staff
- Poor pain relief
- Lack of information available following procedures
- Poor communication between staff and family/carers
- Delays on discharge
- Patient privacy and dignity
- Poor quality of washroom and toileting facilities on wards
- Poor quality of food on wards
Vision

The vision for delivering planned care will be to ensure that the patient is seen by the right person, in the right place and at the right time.
Planned Care

Principles

• Clear pathways through the planned care system

• Elective diagnostics available on sites away from major hospital site

• High volume / low complexity care away from major hospital site

• Increase utilisation of primary care/community facilities working with GP networks

• Consolidate planned care for elderly patients in a single site specialist unit

• Hot clinics for elements of emergency work away from the major hospital site

• Only planned elective care and rehabilitation at Neath Port Talbot Hospital

• Developing e-health solutions in particular, e.g. e-mail correspondence between primary and secondary care, e-referrals, e-discharge, etc.
Objectives

Considering the above principles, the Planned Care workstream developed the following objectives, based on key stages along the patient pathway:

**Referral**

- To ensure referrals are made by the most appropriate primary care professional e.g. General Practitioner, Optometrist or Dentist.

- To ensure there is a mechanism for pre-referral discussion with secondary care e.g. dedicated time for phone or email advice.

- To ensure the appropriate documentation is in place that includes all the necessary information required for that particular complaint/condition to place the patient into the right pathway.

- To develop guidelines and criteria to support referrals.

- To develop the ability to refer to other community and primary care services i.e. within and across GP Community Networks.

- To ensure there is the ability to refer to therapy services such as Specialist Assessment Team, Community Resource Team, Musculoskeletal Assessment Service.

- To further develop self referral systems to include an extended range of open access services, using Physiotherapy and Podiatry Direct models as a baseline.
Planned Care

- To ensure timely and appropriate access to diagnostics so that they are available at the first new Outpatient appointment, if necessary.

- To improve education between primary and secondary care at a Community Network level.

- To provide recommendations for Interventions Not Normally Undertaken (INNU), i.e. what additional procedures should we be looking to stop providing that currently fall outside the INNU Policy?

- To ensure there is a facility for primary care practitioners to access secondary care advice in order to minimise patient referrals.

- To increase the uptake of Welsh Clinical Communications Gateway (WCCG) and implement Phase 2 to enable a two way communication between secondary and primary care.

- To expand WCCG to all primary care professionals i.e. Optometrists and Dentists.

- To provide better access to more pre-referral specialists such as nurses and therapists working in the community, where indicated.
Planned Care

Discharge

• To ensure discharge assessment i.e. patient social circumstances and clinical status is provided at referral stage

• To incorporate discharge plans into pre-assessment, including:
  - Risk stratification
  - Healthy home check
  - Education/information provided so patient understands what will happen post-discharge
  - Input from 3rd sector where required to assess and put in place support plans post-discharge

• To ensure there are no delays in discharge by ensuring:
  - Real time documentation
  - Voice activation for discharge summaries
  - Timely liaison with pharmacy to ensure take home medications available at point of discharge
  - Patient moved from ward to discharge accommodation
  - Intermediate care/short period rehab where required
Planned Care

Pre-Assessment

• To ensure 100% of patients requiring surgery are appropriately pre-assessed.

• To ensure all information is provided by primary care on patient status i.e. BP, BMI, heart rate, bloods, exercise capability, discharge plan, patient expectations.

• To consider and agree models for pre-assessment process, e.g.
  - Telephone assessment with primary care (simple electives)
  - Generic assessment (routine electives with no specialist input required)
  - Specialist assessment (complex with specialist input required e.g. Consultant and Anaesthetist)
Planned Care

- To develop pre-assessment pathways to include:
  - Input from therapies such as Occupational Therapy
  - Pharmacy for medication review / requirements for take home medication
  - Investigations
  - Assess suitability for Enhanced Recovery After Surgery (ERAS)
  - Plan expected length of stay
  - Plan critical care requirements

- To review the location of pre-assessment services, e.g. should this be undertaken at the same hospital site that the procedure will be undertaken? Also, do pre-assessments need to be undertaken across all four hospital sites or centralised on less sites?
Future for Planned Care

In order to achieve the objectives and principles laid out above, the following project structure has been designed: