REPORT 1
UNSCHEDULED CARE
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Unscheduled Care

Vision

Unscheduled care definition

Unscheduled Care

The range of responses that health and care services provide to people who require – or who perceive the need for – unscheduled advice, care, treatment or diagnosis. The range of Unscheduled Care provision includes support to patients at their home, booking of urgent or emergency GP appointments, 999 ambulance services and emergency department/hospital treatment

(Adapted from Welsh Unscheduled Care Board definition)

Patients who have care needs that require urgent unscheduled intervention have rapid access to the services they need at the right time and delivered by the right person.
Principles / Parameters

• “Whole System Model” We are developing an Unscheduled care model which will include services from prevention and self-care through to specialised care in hospitals. This will require improved communication and co-operation between the community and the hospital, and between health and social care.

• “Choose Well” We aim to develop a system that is clearly understood by the public so they are supported to choose the appropriate service they require. (“Choose Well”) Patients and carers should feel in control of their own health.

• Reducing health inequalities. That all our communities receive the best care, improved choice ensuring that no one is disadvantaged in access and patient experience due to their postcode.

• Localise where possible, centralise where necessary. Routine healthcare should take place as close to home as possible. Some care can only be provided in hospitals; specialised care should be concentrated in fewer centres to ensure it is carried out by the most skilled professionals with the most cutting edge equipment.

• “24-7” Our Patients and carers should expect 24/7 consistent and rigorous assessment of the urgency of their need and an appropriate and prompt response where needed. The system needs to ensure there is timely access to appropriate clinical expertise for assessments to be done.
Unscheduled Care

Objectives

• Rapid patient access to unscheduled care in primary and secondary care where needed and appropriate, meeting recognised transit targets and standards.

• Improved patient access to diagnostic investigation and information.

• Extend hours of access to specialist services at a senior level.

• Improved information access where appropriate to all care providers.

• Robust and sustainable hospitals with improved opportunity for better access to specialist services.

• Coordinated, properly planned and adequately resourced community services to support patients (close working between health, social care and third sector).

• Improved training environments for all professional staff.

• Strengthened recruitment and retention of trained Doctors in ABM into senior posts e.g. Consultants and General Practitioners.

• Equal patient access to timely, high quality services.

• Better clinical outcomes for patients with reduced variability across seven day a week.
Unscheduled Care

- Better transport options for patients accessing Unscheduled Care.

- Use of technology to ensure seamless communication and care transition between primary and secondary care.
Unscheduled Care

Current Unscheduled care model

- Self Referral
- Primary care Inc GP Out of Hours Service
- WAST
- Other Referral: Prison, Police, Social Services

Four Hospital Sites providing a range of the following services - no one site providing all services

- Emergency Medical
- Emergency Surgical
- Minor Injuries Unit
- Emergency Paediatric
- Specialist Services
- Critical Care
Primary Care

Primary Care services are provided in all areas of the Health Board by a blend of salaried and independent General Practitioners. The Health Board runs its own GP Out of Hours service with bases in each Locality (Morriston, Princess of Wales and Neath Port Talbot Hospitals).

Appointment systems within ABMU Health Board vary widely with many using a mix of prebooked and on the day appointments. In addition, most/all offer telephone consultations and home visits to patients. Practices respond to a variety of unscheduled care presentations/problems: patients presenting to surgery, responding to concerns from relatives/carers/other 3rd parties, emergencies arising from clinical letters, unscheduled reviews arising from results analysed in hospital (e.g. radiology, path lab), temporary residents (patients who are not registered with the practice) etc.

Responsibility for cover for emergency/unscheduled care when surgeries are shut is commissioned separately by the HB.

This is provided in ABMU by Swansea GP Out Of Hours Service which has bases in Morriston Hospital, Neath/Port Talbot Hospital and Princess of Wales Hospital. The sites admit patients as follows:
Swansea – GP medical, gynaecology and obstetrics to Singleton, virtually everything else to Morriston except mental health which is referred to Cefn Coed Hospital on call team or the crisis intervention team for both elderly and adult patients.

Neath / Port Talbot – medical admissions go to Morriston, Singleton or Princess of Wales (except cardiology and stroke admissions) as do mental health referrals, everything else goes to Morriston/Singleton/Princess of Wales depending on where the patient lives.

Bridgend – in main, all patients referred to Princess of Wales Hospital – some living in periphery such as Vale or Llandough are referred to Cardiff and Vale hospitals.
In terms of acute hospital services the following pattern is delivered:

<table>
<thead>
<tr>
<th>Service</th>
<th>Morriston</th>
<th>Singleton</th>
<th>Princess of Wales</th>
<th>Neath Port Talbot</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Department</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Minor Injuries Service</strong></td>
<td>Yes</td>
<td>Yes – Acute GP Unit 8am – 6pm, 5 days a week, NO XR</td>
<td>Yes</td>
<td>Yes – ENP Unit 24/7</td>
</tr>
<tr>
<td><strong>Unselected Emergency Medical</strong></td>
<td>Yes - including stroke and STEMI</td>
<td>No – GP attendances only, some 999 ambulance</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Unselected Emergency Surgical</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Emergency Paediatric care</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Consultant led obstetric service</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Specialist services</strong></td>
<td>Yes - cardiac surgery, Burns and Plastics, complex trauma</td>
<td>Yes - regional oncology service</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
The development phase of Changing for the Better has identified key deficits in the current model these can be summarised under 4 headings.

- Quality and Safety of services
- Workforce
- Inequalities in Health
- Finance

This conclusion report will not go into the detail of each of the deficits identified within the current model as these were identified in some detail in the “part 1 Case for Change document” this document is included as annex 1.

What is essential is that any future model of Unscheduled care is not only developed in line with the principles identified in section 4 (objectives) but that a future model also addresses the deficits identified within the Case for Change document.
Unscheduled Care

ABMU Unscheduled Care Model

Workforce development underpinning all projects including links with Higher Education & Deanery
Unscheduled Care

Self Care / Prevention

The Changing for the Better Programme has had seven work streams there will be considerable cross over between these work streams. When considering the self care / prevention elements of the Unscheduled care model there will be specific cross over to the Long Term Conditions work stream, staying healthy work stream and Children and Young People work stream.

Key elements for development:

• **Information**, Build on the Choose Well campaign, locally and link to national campaign, develop a culture that ensures that every appropriate unscheduled care encounter is used as an opportunity to both inform and match future illness/ care-seeking behaviour with the service that best meets need.

• **Focus on Patients who are repeat / frequent Unscheduled Care Users** Specifically increase condition self monitoring and improved self management.

• **Condition Education** ensure Patients with long term conditions understand their conditions, and are supported to goal set to maximise their health.

• **Promotion of Healthy Living** Specifically related to alcohol and substance misuse, sexual health, healthy ageing (falls & accidents, use of medication).
Unscheduled Care

- **NHS Direct / 111 number** - Public provided with appropriate information to enable them to access correct service.

- **Technology Supported Care** increase the use of technology to support self care and independence.

_Having worked in the NHS for 22 years and seen the changes that have occurred, I understand the concepts being proposed and I feel we need to be more proactive in Public health and prevention._

_NHS Staff member – Public engagement event 2012_
Unscheduled Care

Primary Care

• **Improve link** between Out of Hours GP Provision and In Hours Provision.

• Linking the Community Networks to specialist medical advice via help lines.

• **Increased integration of GP Out of Hours** care and hospital emergency care building on the one service in each locality model already in place.

• Examination of the benefits of the new Acute GP Unit in Singleton to explore whether this model of care should be planned across the whole health board

• Increase Levels of same day GP appointments.

• Where appropriate develop **Primary Care Resource Centres**

The concept of regional centres of excellence is a good one, however there needs to be first class community facilities. No one wants to be in hospital so treatment locally or at home is the way forward.

*Member of the public Engagement event 2012*
Unscheduled Care

- Community Networks developing virtual GP Surgery and Ward rounds providing proactive care and consistent levels of care and communication.

- Further develop Risk Registers in Primary Care to enable anticipatory care of Frail Older People.

- Review & Simplification of Out of hours Dental model - linked to GP out of hours

- Review & Simplification emergency in hours Dental model.
Pre Hospital Services

• Development of the Community Resource Teams developing the admission avoidance role of the service. Developing all 3 CRT teams levelling up to agreed criteria, development of Tele Care and Tele Health, development of IT workforce management solutions. Working together with the Western Bay Programme to enhance range of community services.

• Paramedic Pathways work in partnership with Welsh Ambulance Service Trust to expand existing Paramedic Pathways with the aim of admission avoidance to serve communities across the Health Board and develop new appropriate Paramedic pathways such as Alcohol and end of life Pathways.

• Downgraded 999 calls work in partnership with Welsh Ambulance Trust to enhance and further develop an integrated system to ensure patients are only transported when necessary and that they are transported to the appropriate service.

• Advanced Paramedic Practitioners work with Welsh Ambulance Service to expand network of APP to serve all communities in the Health Board.
• Collaborate on the development and implementation of the All Wales Emergency Retrieval and Transfer Service. This service will use doctors and critical care paramedics in a recognised model to improve patient care for the most severely ill and injured, while savings costs from other parts of the systems. The service would provide improved patient safety by placing a senior decision maker earlier in the critically ill / injured patient’s pathway. Reduce transfers within the system by transporting critically ill / injured patients to the appropriate location first time. Reduce pressure on local departments by not requiring transfers. The service also has the potential to be a significant incentive to attract high quality workforce to Wales as this service would make up part of their job plan.

I support the centralisation of some specialist centres, that enables increased staff competencies etc. However, we should look at the full potential of all health professionals in the workforce - such as the contribution of paramedic services to accelerate the evolution of services.

*Comment from Member of the Public at engagement event 2012*
Minor Injuries units

- In line with the outcome of the South Wales Programme develop an agreed service model for two or three sites across ABMU Health Board Area.

- Nurse led Minor Injuries Unit.

- Networked (including telemedicine where appropriate) with main Emergency Department and major acute centre

- Networked / linked to Community and GP services to enable clinically appropriate redirection to general practice or intermediate care.

- Rapid Assessment Service / Elderly Assessment Service,

- Services co-located with out of hours GP such as Routine Diagnostics e.g. point of care testing, plain film x-ray, and ultrasound, “hot lab” for pathology.

- Ensure there is effective information about the function and scope of services available at Urgent Care Centres/ Minor Injury Units and consistently communicate this to the public.
Unscheduled Care

**Acute Hospital Setting**

- For the populations of Swansea & Neath Port Talbot concentrate the following services on one Acute Hospital which would be on the Morriston site.
  - Emergency Department.
  - General and speciality medicine linked to Emergency Department.
  - 24/7 stroke thrombolysis service.
  - 24/7 Percutaneous coronary intervention for myocardial infarction.
  - Major and specialist surgery.

- Access to comprehensive high-level diagnostics 24/7 including main pathology laboratory, CT and MRI provision.

- Develop 24/7 – 18/7 workforce to enable improved access and reduced inequalities
Specialist Care

- One major specialist trauma centre should be provided as a collaborative service provided across two sites, namely Morriston Hospital in Swansea and University Hospital Wales, in Cardiff.

- Agree with relevant stakeholders how major specialist trauma centre should be facilitated.

- Development as part of a trauma network a Pre-hospital triage tool.

- Establish Consultant Trauma Leaders on a 24/7 basis.

- Dependent on the outcome of the South Wales Programme the other acute hospital sites would function as a trauma unit.
Unscheduled Care

The proposed projects to enable the Unscheduled care model to be developed.

Workforce development underpinning all projects including links with Higher Education & Deanery

Single Point of Access, Internal Transport, LA Integration, IT integration