Pecyn dogfennau cyhoeddus

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:
Ystafell Bwyllgora 3 - y Senedd

Dyddiad:
Dydd Mawrth, 28 Ionawr 2014

Amser:
09:00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

Fay Buckle
Clerc y Pwyllgor
029 2089 8041
Publicaccounts.comm@Wales.gov.uk

Agenda

1 Cyflwyniadau, ymddiheuriadau a dirprwyon (09:00)

2 Papurau i'w nodi (09:00-09:05) (Tudalennau 1 - 5)

Cyllid Iechyd ar gyfer 2012-13 a thu hwnt: Trafod yr Adroddiad (14 Ionawr 2014) (Tudalennau 6 - 10)

Gofal heb ei drefnu: Llythyr gan David Sissling (14 Ionawr 2014) (Tudalennau 11 - 16)

Gofal heb ei drefnu: Gwybodaeth gan Gyngor Iechyd Cymunedol Hywel Dda (Tudalennau 17 - 31)

Gofal heb ei drefnu: Llythyr gan Bwrdd Iechyd Prifysgol Hywel Dda (22 Ionawr 2014) (Tudalennau 32 - 34)

3 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol: (09:05)

Eitemau 4 a 5

4 Cyllido Addysg Uwch: Gwybodaeth gan Swyddfa Archwilio Cymru

(09:10-09:30)

5 Cyllid Iechyd ar gyfer 2012-13 a thu hwnt: Trafod yr Adroddiad (09:30-11:00) (Tudalennau 35 - 70)

PAC(4)-03-14 (papur 1)

Public Accounts Committee

Meeting Venue:	Committee Room 4
Meeting date:	Thursday, 16 January 2014
Meeting time:	09:00 - 12:44

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_500000_16_01_2014&t=0&l=en

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Concise Minutes:

Assembly Members:	Darren Millar (Chair) Mike Hedges Julie Morgan Jenny Rathbone Aled Roberts Jocelyn Davies Sandy Mewies
Witnesses:	Dr Andrew Goodall, Aneurin Bevan Health Board Dr Chris Jones, Cwm Taf Health Board
Committee Staff:	Fay Buckle (Clerk) Meriel Singleton (Second Clerk) Claire Griffiths (Deputy Clerk) Joanest Jackson (Legal Advisor)

TRANSCRIPT
View the meeting transcript.

1 Introductions, apologies and substitutions

1.1 The Chair welcomed the Members to Committee.

1.2 Apologies were received from Mohammed Asghar. There was no substitute.

2 Unscheduled Care: Evidence Session

2.1 The Committee questioned Dr Andrew Goodall, Chief Executive of Aneurin Bevan Health Board, on Unscheduled Care

2.1 Dr Goodall agreed to provide a note to Committee on a number of issues raised during the session.

3 Unscheduled Care: Evidence Session

3.1 The Committee questioned Dr Chris Jones of Cwm Taf Health Board on Unscheduled Care.

3.2 Dr Jones agreed to send a written response outlining the current position in implementing the recommendations of the National Out-of-Hours Steering Group.

4 Caldicot and Wentlooge Levels Internal Drainage Board: Consideration of Welsh Government Response

4.1 The Committee considered and noted the Welsh Government's response to the Committee's report on the Caldicot and Wentlooge Internal Drainage Board.

4.2 Committee agreed to write to the Minister for Natural Resources and Food to ascertain whether the cross border audit regime can be achieved without legislation.

5 Papers to note

5.1 The papers were noted.

5.1 Governance Arrangements at Betsi Cadwaladr University Health Board: Letter from David Sissling (9 December 2013)

5.2 Unscheduled Care: Letter from Cwm Taf Health Board (20 November 2013)

5.3 Unscheduled Care: Letter from Aneurin Bevan Health Board (12 December 2013)

5.4 Unscheduled Care: Letter from Betsi Cadwaladr University Health Board (11 December 2013)

5.5 National Framework for Continuing NHS Healthcare: Letter from the Minister for Health and Social Services (13 December 2013)

6 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

6.1 The motion was agreed.

7 Unscheduled Care: Consideration of evidence

7.1 Committee considered the evidence received and agreed to write to the Director General & Chief Executive of NHS Wales seeking clarification on a number of issues raised in evidence.

8 Penmon Fish Farm: Briefing from the Wales Audit Office

8.1 Committee received a briefing from the Wales Audit Office and noted that two further reports were being prepared on similar issues involving grant funding. Committee also noted that the Welsh Government is due to send the Committee an annual report on grants management and agreed to schedule an evidence sesion when all this information was available.

9 Health Finances 2012-13 and Beyond: Consideration of draft report

9.1 Further information had been received from the Wales Audit Office on this inquiry which Committee considered and the report will reflect this. A draft report will be scheduled for discussion later this month.

10 Memorandum for the Accounting Officer of the Office of Public Services Ombudsman for Wales

10.1 Committee agreed the letter and Memorandum.

Public Accounts Committee

Meeting Venue:	Committee Room 4
Meeting date:	Tuesday, 21 January 2014
Meeting time:	09:00 - 10:58

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_700003_21_01_2014&t=0&l=en

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Concise Minutes:

Assembly Members:	Darren Millar (Chair) Mohammad Asghar (Oscar) Jocelyn Davies Mike Hedges Julie Morgan Jenny Rathbone Aled Roberts Sandy Mewies
Witnesses:	Huw Vaughan Thomas, Auditor General for Wales, Wales Audit Office Owen Evans, Welsh Government Phil Jones, Welsh Government Dr Bret Pugh, Welsh Government
Committee Staff:	Fay Buckle (Clerk) Meriel Singleton (Second Clerk) Claire Griffiths (Deputy Clerk) Joanest Jackson (Legal Advisor)

TRANSCRIPT

View the meeting transcript.

1 Introductions, apologies and substitutions

1.1 The Chair welcomed the Members to Committee.

1.2 The Chair advised that due to elections to committee's in plenary later today, this was probably Jocelyn Davies' last meeting.

2 Covering Teachers' Absence: Evidence from the Welsh Government

2.1 The Committee took evidence from Owen Evans, Director General, Education and Skills, Welsh Government, Dr Bret Pugh, Group Director, School Standards & Workforce Group and Phil Jones, Deputy Director, Practitioner Standards & Professional Development on Covering Teachers' Absence.

2.2 Owen Evans agreed to agreed to provide a note to Committee on a number of issues raised during the session.

3 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

3.1 The motion was agreed.

4 Covering Teachers' Absence: Consideration of evidence received

4.1 The Committee discussed the evidence received and agreed to consider the further evidence requested from the Welsh Government and then take a decision as to whether further work is required before the report can be prepared.

5 Intra-Wales – Cardiff to Anglesey – Air Service: Briefing from the Wales Audit Office

5.1 The Committee received an oral briefing from the Wales Audit Office on the Intra-Wales – Cardiff to Anglesey – Air Service and agreed to hold a short inquiry into this issue later in the term.

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Wales Audit Office / Swyddfa Archwilio Cymru

24 Cathedral Road / Heol y Gadeirlan
Cardiff / Caerdydd
CF11 9LJ
Tel / Ffôn: 029 20 320500
Fax / Ffacs: 029 20 320600
Email / Ebost: wales@wao.gov.uk
www.wao.gov.uk

Mr Darren Millar AM
Chair of the Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Date: 14 January 2014
Our ref: HVT/2051/fgb
Page: 1 of 1

Dear Chair

I am writing to share the attached exchange with the Permanent Secretary concerning the presentation of the additional funding for health in the draft budget for 2014-15. The exchange is relevant to the Committee's consideration of its draft report on Health Finances.

The exchange concerns the issue of whether the budget provides for a real terms increase in spending on health. The main issue concerned the impact of the additional £150 million for 2013-14 on any comparison between years. The Permanent Secretary has responded positively to this query and has taken action to amend the tables in the final budget, which now include a footnote explaining that, once the additional funding is taken into account, there is indeed a real terms reduction in health funding in 2014-15.

Yours sincerely

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

Encs

Direct Line: 029 2032 **0510**
E-mail: huw.vaughan.thomas@wao.gov.uk

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Wales Audit Office / Swyddfa Archwilio Cymru

24 Cathedral Road / Heol y Gadeirlan
Cardiff / Caerdydd
CF11 9LJ
Tel / Ffôn: 029 20 320500
Fax / Ffacs: 029 20 320600
Email / Ebost: wales@wao.gov.uk
www.wao.gov.uk

Mr Derek Jones CB
Permanent Secretary
Welsh Government
Cathays Park
Cardiff CF10 3NQ

Date: 19 November 2013
Our ref: HVT/2002/fgb
Page: 1 of 2

Dear Derek

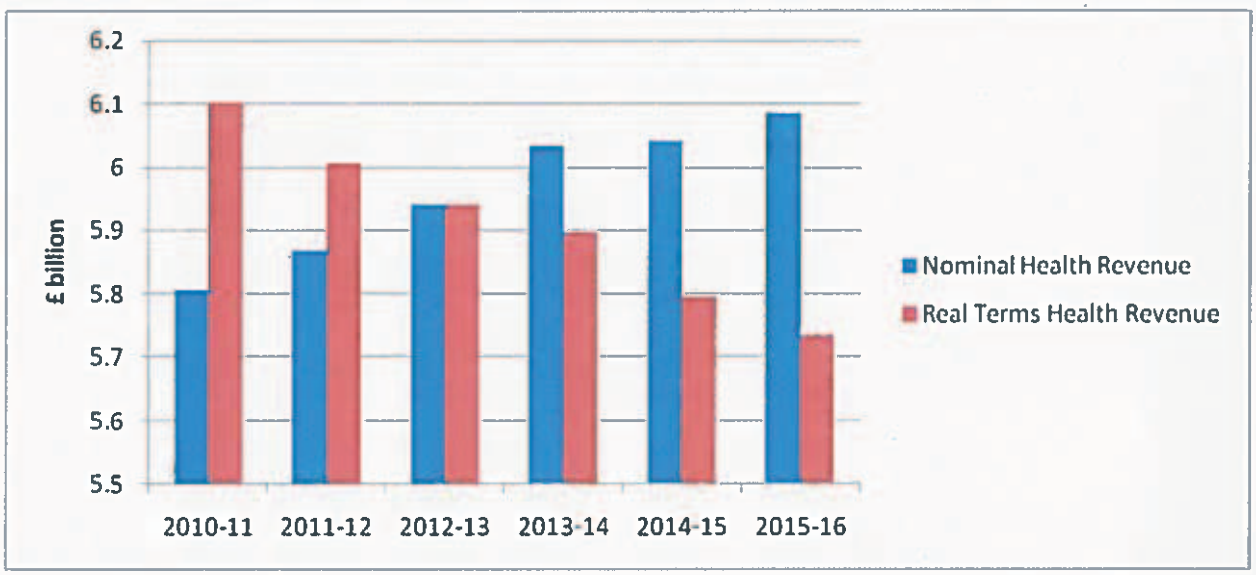
I am writing to draw to your attention an issue with the presentation of the draft 2014-15 Budget proposals and specifically the presentation of 'additional funding' for health. My own analysis of the figures does not support that presentation. As these figures will underpin my next annual report on Health Finances, I should be grateful if you, as Principal Accounting Officer responsible for the overall Welsh Government budget, could confirm that the position that I have outlined below is factually accurate.

Table 19.1 of the Draft Budget Narrative describes the year-on-year position in respect of revenue funding for the Health and Social Care Department. It purports to show a 1.1 per cent real terms increase in the revenue allocated to NHS Delivery in 2014-15. I note that a Briefing Paper prepared by Members Research Services, to support Assembly Members' scrutiny of the budget, also reports the same real terms increase for 2014-15.

The difficulty of the reported year-on-year position is the use of the Supplementary Budget 2013-14 as a baseline. The baseline budget for health services in 2013-14 changed significantly as a result of the additional £150 million in-year allocation to health. Clearly, the additional funding for 2013-14 impacts on the year-on-year change between 2013-14 and 2014-15. Consequently, having taken account of this additional funding in 2013-14, it means that, in real terms, the NHS Delivery revenue budget will be 1.6 per cent lower in 2014-15 than 2013-14.

I thought it would be helpful to show how I would be likely to present the position across the 'health revenue budget' in my next annual report on Health Finances, which would be consistent with the approach taken in my previous reports in July 2012 and July 2013. My analysis, summarised in the Figure below, shows that 2014-15 will see a 1.7 per cent real cut to the health revenue budget. This would be the largest real year-on-year reduction to health revenue since the introduction of public spending cuts in 2010-11.

Direct Line: 029 2032 0510 E-mail: huw.vaughan.thomas@wao.gov.uk



As you will see, that presentation contrasts starkly with the presentation within the draft budget proposals which are currently being scrutinised by Assembly Members. Given the importance of the year-on-year position to my work examining financial planning in NHS bodies and the overall health system, I should be grateful if you could confirm whether my understanding of the financial pressures on the budgets for health, as summarised here, accurately reflects the position for 2014-15 and 2015-16. If there are any queries on the basis of our analysis, my staff would be happy to explain further.

I am copying this letter to David Sissling, and Michael Hearty.

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

cc Mr David Sissling, Director General for Health & Social Services, and Chief Executive, NHS Wales
Mr Michael Hearty, Director General, Strategic Planning, Finance and Performance

Derek Jones CB
Ysgrifennydd Parhaol
Permanent Secretary

Llywodraeth Cymru
Welsh Government

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

Dear Huw,

19th December 2013

Thank you for your letter concerning the presentation of the Draft Budget published by the Government in October. The Finance Minister has been clear about her commitment to transparency in presenting the Budget proposals and to providing an appropriate level of information to support the Assembly's scrutiny. Given the importance of effective scrutiny, I take your concerns very seriously.

Over recent years, the Finance Minister has undertaken work with the Finance Committee to improve the quality of Budget information and to help the Assembly's Budget scrutiny. That work has acknowledged the complexity of the information that we are presenting and the variety of different purposes for which stakeholders use the information. The current budget presentation seeks to balance the Government's desire to show clearly the changes that it has made to its previous spending plans with the Assembly's desire to see clearly the year on year changes. The compromise position in the Draft Budget narrative is that the main body of the document highlights the changes for any given year compared to the last published figures for the same year and an annex provides the information on the basis of year on year changes.

The issues that you raise relate to the information provided in the annex and specifically the baseline year for comparisons. In that table, we have adopted our normal practice of using the latest published figures. This approach responds to a previous recommendation made by the Finance Committee and reflects the Assembly's desire to have figures which are easily reconcilable to the last set of figures that they scrutinised, in this case the June Supplementary Budget. It is not usual for the plans for the current year to be altered by announcements at the Draft Budget. However, in this instance it

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 02920 823289
PS.PermanentSecretary@wales.gsi.gov.uk
Gwefan • Website: www.wales.gov.uk

was felt that the additional allocation to the NHS for 2013-14 did have a bearing on future years and so was announced alongside the Draft Budget. The allocation for 2013-14 will not be reflected in plans for that year until the Second Supplementary Budget, and for this reason was not included in the baseline on which table 19.1 was based.

Whilst the numbers used in table 19.1 are factually accurate and reflect the standard approach that we have adopted to presenting numbers, I acknowledge that, in doing so, they cannot fully reflect the announcement that accompanied the Budget. I would like to stress that at no time during the scrutiny period have Ministers claimed that there is a real terms growth in the NHS budget – rather they have highlighted the challenge that the budget settlement represents. Nevertheless, in publishing the Final Budget, we have included a footnote to the comparable table to highlight that once the in-year allocation is included there is a real terms reduction in NHS funding in 2014-15.

Turning to the chart that you include in your letter, without seeing the source figures we can not validate the numbers – I am sure that there will be an opportunity for our officials to agree on the figures and presentation before you publish your next report. However, I do not dispute your conclusion that there is a real terms reduction in the NHS budget between now and 2015-16.

I trust that this responds to your concerns and thank you once again for raising the issue.

Yours,

Jeremy

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA

Our Ref: DS/TLT

14 January 2014

Dear Darren,

PUBLIC ACCOUNTS COMMITTEE - WAO REPORT - UNSCHEDULED CARE: AN UPDATE ON PROGRESS – 3 DECEMBER 2013

At the Public Accounts Committee on 3 December I agreed to provide you with the following:

i. The checklist used when auditing primary care;
ii. The percentage of GP practices offering appointments after 5pm and their frequency;
iii. Clarification of the definition of 'did not attend';
iv. A timeline on the implementation of the 111 service and agreement to provide regular updates on the service; and
v. Deanery figures for GP training.

i. <u>Checklist used when auditing primary care</u>

a. <u>NHS Wales Shared Services Partnership (NWSSP)</u>

NWSSP is an organisation that supports the statutory bodies of NHS Wales through the provision of a comprehensive range of high quality functions and services. NWSSP has a dedicated Primary Care Service Directorate which provides a range of specialist services to Local Health Boards.

<u>Post Payment Verification (PPV) Audits</u>

NWSSP has three regional based post payment verification teams which carry out audits on behalf of the Health Boards. The verification process checks the submission

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ
Ffôn • Tel 02920 801182/1144
david.sissling@wales.gsi.gov.uk
Gwefan • website: www.wales.gov.uk

of claims for reimbursement made by GPs and ophthalmic contractors are correct and have complied with relevant protocol requirements. A programme of post payment verification visits are agreed with the Local Health Board each year.

The Post Payment Verification audits cover GP enhanced services (£36m for 2012/13) and General Ophthalmic Services (£34m for 2012/13) across each Health Board. The PPV team also audit ophthalmic enhanced services (£4.5m for 2012/13). NWSSP provides a detailed Post Payment Verification Report to Audit Committees which enables Boards to take any necessary responsive action. The PPV report also highlights any financial recoveries which have been made. The results of the programme of PPV audits are summarised by Health Boards in their Annual Governance Statement.

Medical Performers' Lists

NWSSP ensures the inclusion and removal of Doctors, Dentists and Opticians onto / from the all Wales Primary Care Performers Lists.

Patient Records

NWSSP ensures the secure, timely and accurate transfer of medical records between GP practices, across Wales and the other home nations.

b. Counter Fraud Services (CFS)

NHS Counter Fraud Services Wales provide specialist criminal investigation, surveillance capability and financial investigation services to all health bodies in Wales. The CFS Wales team consists of experienced investigators who deal with large scale, complex frauds and all corruption issues in NHS Wales. The team work closely with other investigative bodies including the police and provide support and guidance to the network of Local Counter Fraud Specialists (LCFS) who are based at health bodies in Wales.

c. Local Health Boards

LHBs undertake audit work in relation to the achievement of annual Quality and Outcomes Framework (QOF) indicators and also provide annual primary care reports to their management boards.

Annual QOF Assessment

Health Boards carry out visits to GP practices to validate QOF achievement (£71m for 2012/13). Health Boards are supported in this work through statistical analysis undertaken by Welsh Government in relation to any "outlier" results. Health Boards also draw on work undertaken by NWIS in relation to QOF coding validation controls.

Primary Care Annual Reports

Health Boards publish annual Primary Care Reports. The annual Primary Care Reports:-

- Inform the Board of the processes in place to review and improve primary care services;
- Provide relevant assurance to the Board in relation to the safety, quality, effectiveness, timeliness, efficiency and equity of primary care services;
- Provide a degree of assurance to the Board in relation to patient experience; and
- Satisfy the requirement for LHBs to produce a service improvement and performance report for GMS.

ii. <u>The percentage of GP practices offering appointments between 5.00pm and 6.30pm and on two or more days per week in 2012 in half hour time slots</u>

I indicated to Committee that 94% of GP practices in Wales offer appointments between 5.00pm and 6.30pm. This published statistic for 2012 [Statistical Release: SDR 31/2013. Source: GP access returns from Health Boards] includes practices which offer appointments not only for the full half hour period but also for part of the half hour period. Consequently, the data relating to practices offering appointments during each whole half hour must be added to the practices offering appointments for part of the half hour period.

Summary of appointments offered 5pm to 6.30pm by half hour period, 2012

Number of practices offering appointments between 17:00 and 17:30, 2 or more days per week, 2012							
	Offering appointments for part of the period		Offering appointments for the whole period		Offering appointments at some time during the period		Total Practices
	Number	%	Number	%	Number	%	Number
LHB Name							
Betsi Cadwaladr	11	9%	99	83%	109	92%	119
Powys	1	6%	14	82%	15	88%	17
Hywel Dda	4	7%	46	84%	49	89%	55
Abertawe Bro Morgannwg	14	18%	55	71%	67	87%	77
Cwm Taf	10	21%	39	81%	48	100%	48
Aneurin Bevan	1	1%	87	97%	88	98%	90
Cardiff and Vale	4	6%	64	96%	67	100%	67
Wales	**45**	**10%**	**404**	**85%**	**443**	**94%**	**473**

Number of practices offering appointments between 17:30 and 18:00, 2 or more days per week, 2012							
	Offering appointments for part of the period		Offering appointments for the whole period		Offering appointments at some time during the period		Total Practices
	Number	%	Number	%	Number	%	Number
LHB Name							
Betsi Cadwaladr	24	20%	37	31%	60	50%	119
Powys	4	24%	7	41%	11	65%	17
Hywel Dda	14	25%	18	33%	32	58%	55
Abertawe Bro Morgannwg	20	26%	14	18%	34	44%	77
Cwm Taf	8	17%	27	56%	35	73%	48
Aneurin Bevan	42	47%	34	38%	76	84%	90
Cardiff and Vale	3	4%	45	67%	48	72%	67
Wales	**115**	**24%**	**182**	**38%**	**296**	**63%**	**473**

Number of practices offering appointments between 18:00 and 18:30, 2 or more days per week, 2012							
	Offering appointments for part of the period		Offering appointments for the whole period		Offering appointments at some time during the period		Total Practices
	Number	%	Number	%	Number	%	Number
LHB Name							
Betsi Cadwaladr	8	7%	6	5%	14	12%	119
Powys	0	0%	0	0%	0	0%	17
Hywel Dda	1	2%	3	5%	4	7%	55
Abertawe Bro Morgannwg	2	3%	1	1%	3	4%	77
Cwm Taf	2	4%	10	21%	12	25%	48
Aneurin Bevan	6	7%	3	3%	9	10%	90
Cardiff and Vale	5	7%	5	7%	10	15%	67
Wales	**24**	**5%**	**28**	**6%**	**52**	**11%**	**473**

Source: GP Access returns from Health Boards

Note : 1. the total number of practices shown in the column "offering appointments at some time during the period" is not always the number indicated by adding the first two columns. This is because a small number of practices appear in both the whole and partial period columns eg a practice may offer appointments for 3 days between 5 and 5.30 and the other 2 days between 5 and 5.20pm. (See Statistical release SDR 31/2013 for further detail and background).

2. The number of practices offering appointments in the later time period (6.00pm – 6.30pm) was published in the Statistical release SDR 31/2013.

Points to note in the interpretation of the data

- The published statistical data reflects only routine appointment slots and will therefore not include patients who present at surgery as an emergency.

- Where patients have complex clinical needs, it is likely that the allocated routine 10 minute slot will be exceeded and this will impact the timing of routine appointments.
- Where rates of patients who "do not attend " are assessed by some practices as problematic, practices may over book routine appointment slots in order to mitigate the impact of patients who subsequently do not attend.
- The practical effect of the above is that where the last appointment is set within the half hour period, there is a strong possibility the surgery will overrun into the next half hour time slot.
- Practices will also need to deal with patient correspondence, including test results, patient records together with the normal range of office administrative tasks.
- The data does not take into account other clinical activity within GP practices such as nurse consultations.

This information will be shared with Local Health Boards to ensure there is added attention to matching availability to the needs of the practice population.

iii. <u>Clarify the definition of "did not attend"</u>

A patient who has booked an appointment but subsequently did not attend the surgery would be counted as a "did not attend". Although practice policies vary, most practices will see a patient if only a few minutes late. Under these circumstances this would not be counted as a "did not attend".

However, if significant lateness occurs, say over 20 minutes, and the patients has not contacted the practice to warn of late attendance, it is possible that practices would not be able to see the patient if they did subsequently attend. Under such circumstances, this would be counted as a "did not attend".

iv. <u>Timeline on the implementation of the 111 service and to provide regular updates on the service</u>

This work is being taken forward as part of the wider unscheduled care work programme and is being led by Judith Paget, Chief Operating Officer, Aneurin Bevan Health Board. The proposed timeline below shows the key phases and estimated duration for each stage and is subject to agreement by the Improving Unscheduled Care Programme Steering Board.

The intention is to implement the 111 service through a phased approach, with phase 1 going live in the latter half of 2015, subject to business case approval. Phase 2 would seek to introduce additional functionality as services develop. I have instructed the Improving Unscheduled Care Programme Steering Board to provide you with updates during the course of this work.

v. Deanery figures for GP Training

The GP training posts available for August 2013 were as follows:-

Health Board	Scheme	Number of Vacancies
Abertawe Bro Morgannwg	Bridgend	16
	Neath Port Talbot	6
	Swansea	18
Aneurin Bevan	Gwent	17
Betsi Cadwaladr	Bangor	8
	Dyffryn Clwyd	4
	Wrexham	8
Cardiff & Vale	Cardiff	16
Cwm Taf	Glamorgan Valleys	15
Hywel Dda	Aberystwyth	6
	Carmarthen	10
	Pembrokeshire	6

Following the recruitment process, 4 posts in Aberystwyth remained unfilled and these posts were subsequently released to the Health Board. The Health Board is then able to recruit GPs to cover the posts. The Wales Deanery reported the vacancy fill rate for 2013 as 97%. This compares to 81% in 2012 and 80% in 2011. Between 2008 and 2012, 544 Certificates of Completion of Training (CCT) were awarded by the Wales Deanery with an additional 86 in 2013. These are GP trainees who have completed training and obtained entry onto the specialist register.

You wrote to me on 17 December 2013 after hearing evidence from Dr Mark Poulden. You have requested further information on the types of data being collected at emergency departments and how this data is being used. In response I can confirm a record is created for every patient who attends an Emergency Department. This records a range of demographic information, the time the patient spends in A&E, their diagnosis (if any) and all other clinical interventions. The use of the information collected in Emergency Departments is a matter for each Health Board. Welsh Government would expect this information to be used by clinicians and other staff within the Health Board for a variety of reasons including the clinical management of patients, the assessment of quality and safety of services and planning purposes.

As part of the All Wales Improving Unscheduled Care Programme, there is a project looking at information across the unscheduled care pathway. This will include information which relates to the Emergency Department.

Yours sincerely

David Sissling

Cc. Kevin Flynn, Director of Delivery, Welsh Government
Ruth Hussey, Chief Medical Officer, Welsh Government

UNSCHEDULED CARE

WHY ARE PATIENTS CHOOSING THE ACCIDENT AND EMERGENCY DEPARTMENTS IN HYWEL DDA HEALTH BOARD?

Hywel Dda Community Health Council

UNSCHEDULED CARE

WHY ARE PATIENTS CHOOSING THE ACCIDENT AND EMERGENCY DEPARTMENTS IN HYWEL DDA HEALTH BOARD?

EXECUTIVE SUMMARY

We have been told on many occasions that patients are attending the Accident and Emergency Departments of our hospitals inappropriately causing pressures for the whole of the National Health system. We set out to ask patients themselves why they were in the department and were they aware of other options.

The answers we received fell into five approximate areas

- The majority were there following an acute illness in the last twelve hours. The lay perspective suggests they had chosen well.
- A significantly high number had been referred by other NHS departments.
- There was a perception that the GP was difficult to access and a misunderstanding of the Out of Hours service.
- People were attending with a longer term illness that they had been suffering from for days or weeks.
- Visitors to the area.

UNSCHEDULED CARE

WHY ARE PATIENTS CHOOSING THE ACCIDENT AND EMERGENCY DEPARTMENTS IN HYWEL DDA HEALTH BOARD?

INTRODUCTION

The Board of CHC's requested that all Wales national projects would be carried out on the following services; Stroke Services, Unscheduled Care and GP appointments. This recommendation was approved at the Board meeting in January 2013.

After discussion, the Visiting, Scrutiny and Monitoring Committee of Hywel Dda Community Health Council (CHC) agreed to begin by focussing on unscheduled care, specifically Accident and Emergency and Out of Hours. This met with approval from the Executive Committee. The parameters of this work were discussed in detail and the questionnaires refined and clarified to their final format.

There is always a desire to collect as much information as possible when speaking to patients but the purpose of these visits was to find out if people are going to the Accident and Emergency Department (A&E) because they don't realise that there are other options. Why did they come to A&E instead of phoning NHS Direct or contacting their GP? This reflected the current Choose Well campaign (appendix 1) with its concerns that patients may be using A&E inappropriately. [1]

This is a snapshot of the A&E departments on four different times of day. Some of the answers we received were unexpected and some, of course, have raised more questions.

[1] http://www.choosewellwales.org.uk/news/24621

METHODOLOGY

Information was requested from the Health Board on the peaks and troughs in numbers attending the four A&E departments each day and throughout the week. In order to make good use of our limited resources the timetable for visiting was developed in order to be in the department when the most patients were likely to be present.

The target set was to speak to one hundred patients in each of the four Accident and Emergency Departments in Hywel Dda Health Board; Prince Phillip Hospital District General Hospital, Glangwili District General Hospital, Bronglais District General Hospital and Withybush District General Hospital.

A minimum of two members took part in each visit, one of whom was a member of the Visiting and Monitoring Committee and had been involved in developing this work. This was in order to achieve as consistent approach as possible across all the hospitals.

A poster (appendix 2) was produced that explained to patients why the CHC was in the department. This also acted as an introduction to the questionnaires. We explained to the patients that we were there to find out their views on why they chose the A&E department that day rather than any other service. This led into the first question.

Members were asked to explain that we were not there to discuss medical problems. The questions were asked in an open manner so that at no time did the patient feel that they were being *blamed* for making the wrong choice.

It was also explained that the final report would be shared with the Health Board in order to assist in improving patient services.

No identifying information was taken although many patients inevitably described some of their symptoms.

It was noticed that there is a serious lack of privacy in Bronglais Accident and Emergency Department. It would have been perfectly possible for most people in the waiting room to take down the name, date of birth and symptoms of all the people who booked in at the reception desk. This was not a problem in the other hospitals.

Prior to making this visit, letters were written to the County Directors requesting their support. Once the dates were set we also contacted the Hospital Managers and the Accident and Emergency department managers so that they would be fully informed ahead of our arrival. The Health Board was asked to ensure that Choose Well information was clearly displayed in the department so that if necessary patients could be referred to it.

This research had the additional benefit of introducing the CHC to members of the public who may not be aware of our existence or purpose. CHC leaflets were offered to everyone spoken to.

RESULTS

Two hundred and nine questionnaires were completed. The number per hospital is shown below.

		Glangwili	Prince Philip	Withybush	Bronglais
28:8:13	1 – 3pm	8	9		8
1:9:13	11 – 1pm			16	
2:9:13	9 – 11am	10	10	8	10
4:9:13	1 – 3pm			16	
7:9:13	5 – 7pm	20	11	24	9
8:9:13	11 – 1pm	22	18		10
Total		60	48	64	37

Three responses were disregarded. They were incomplete or the person had been merely passing through the department.

The answers we received fell into several categories and these are shown below as a graph and with a table showing percentages.

1 Those spoken to were on holiday. They were unaware that they can access a local GP when away from home.

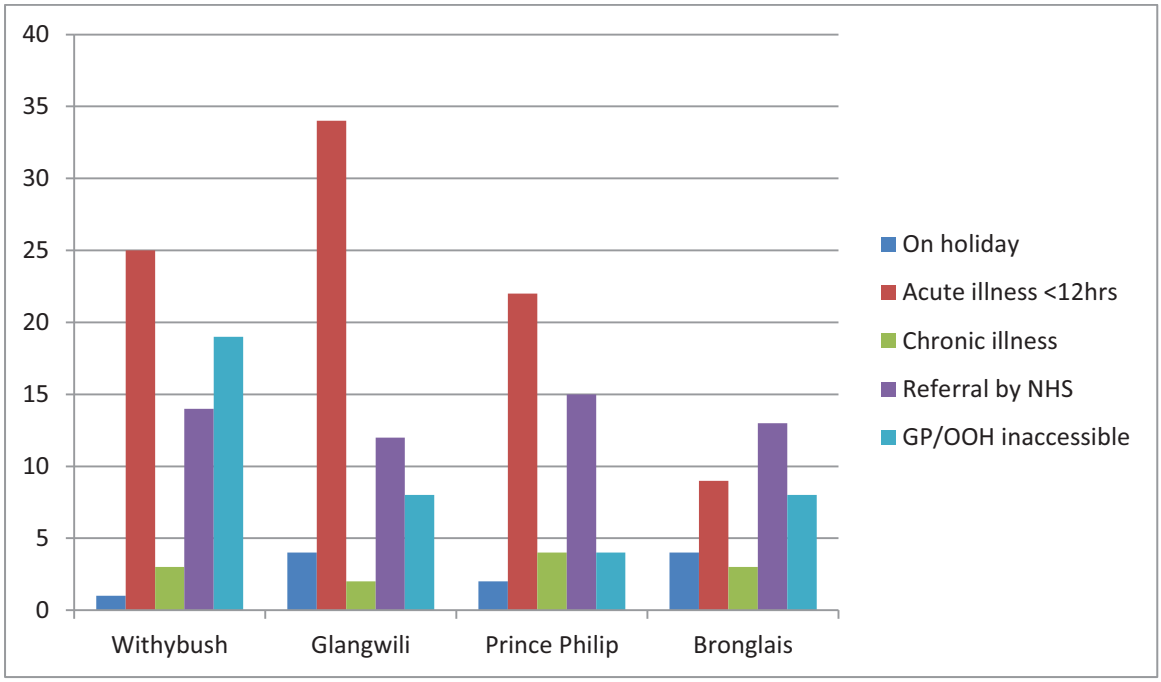
2 "Well chosen" attendance in the A&E department. The measure used was that this was an acute injury or illness that had occurred within the last twelve hours. This is not based on a clinical assessment but that within the "Choose Well" categories this appears to have been the right choice to make.

3 Chronic conditions, ie the injury or illness had occurred at least several days and in some cases several weeks ago. The presumption here is that the GP might have been the more appropriate place for these patients but there is no equivocal information on this.

4 Referrals by the NHS. This category will be broken down and looked at again in more detail.

5 Those spoken to had the perception that the GP or the Out of Hours service was difficult to access. This category will also be broken down and looked at again in more detail.

	1	2	3	4	5	Total
Withybush	1	25	3	14	19	62
	1.5%	40%	5%	22.5%	31%	
Glangwili	4	34	2	12	8	60
	6.5%	56.8%	3.3%	20%	13.3%	
Prince Philip	2	22	4	15	4	47
	4.25%	47%	8.5%	32%	8.5%	
Bronglais	4	9	3	13	8	37
	11%	24%	8%	35%	22%	



Referrals by the NHS.

A significant percentage of the attendees in A&E had been referred to the A&E department from other areas of the NHS.

- Seven patients were in A&E following advice from NHS Direct. One of the patients had been referred at the beginning of the weekend, had received treatment and returned as directed by the department.

"NHS Direct advised [her] not to wait that long [to visit GP] after checking how far away she lived. [Patient lives just across the road from the hospital.]

- Eight patients had been referred to A&E by the Out of Hours service.

"Considered seeing GP but as it was a Sunday, phoned Out of Hours service. Felt injury was serious enough to warrant an Xray"

"Rang Out of Hours and told to come to A&E as I may need an Xray"

- Seven patients had been referred or recalled by the A&E department.

"Came to A&E last night. Radiographer on duty was in theatre. Could have been a long wait. After discussion decided to go home (but come back in if necessary) and returned this morning. Live out of town as well. Did consider other possible options but didn't consider them relevant as woozy from a fall."

"Injury to foot two weeks ago, seen at A&E. Advised to come back if condition gets worse."

"Referral from A&E visit last Friday. Told to come back today for removal of toe nail. Did consider seeing own GP but unable to make an appointment outside working hours."

- Sixteen had been referred by GP's.

"Yes, saw a GP without problems [injury a week ago has become infected] GP advised attend A&E"

"…for two weeks. Three visits to GP and one other to A&E but getting worse. Has not been Xrayed. [Current visit] set up by GP."

"Further tests. Referral by GP."

- Sixteen patients had been referred by a pharmacy, an optician, MIU, Community Hospital or other hospital department.

"Needed more injections while on holiday. Pharamacist told me to go to A&E and return with prescription"

"[Referred by] Llanidloes Health Centre"

"Feeling very unwell since window fell on head. Wait for GP is two weeks. Pharmacist advised to go to A&E"

"Open sore on leg, treated for two weeks. Today really bad, sent here by Pembroke Dock MIU. Told to go to Haverfordwest." Patient aggrieved that nurses didn't even look at wound.

GP perceived as being too difficult to access

Why had nineteen patients chosen the A&E department instead of going to their GP?

"I knew the doctors surgery would send us here so came here to save time."

"Hurt foot last night. Maybe Xray needed. Not bad enough to come in last night. Not important enough to lose [a days] work and GP would send her to A&E anyway."

"Phoned GP who advised they don't provide a stitching service therefore A&E."

"Daughter hurt wrist yesterday. Too long to wait for GP. Always found A&E here very quick and efficient, much prefer it to trying to see GP."

"[Considered seeing GP] but feel that today symptoms has got worse and could not wait until Monday."

"Only place to come for an Xray. If GP phoned I would wait one and half hours for call back and then would be told to come to Casualty."

"[Did not consider seeing GP] Had problems with GP in getting repeat prescriptions and is now without medication."

"Tried before but waste of time as couldn't get an appointment for several days."

"No, they don't do much. Don't even do dressings."

"[GP] closed today. First thought A&E because they are good."

"[GP] says there is nothing he can do. Has prescribed pain killers."

"Phoned GP and couldn't see him for a fortnight…went to pharmacist and was given cream and paracetemol which didn't work."

"Reaction from dental treatment. No answer from doctor. Receptionist said it would go out of system and only needed to wait. Protested but no good. Pain and discomfort

discomfort worsened and rang doctor again. Receptionist said it would go and should wait but insisted – told them NHS Direct had said should see GP. Seen by GP at 4pm yesterday. Still no better."

"Couldn't get appointment with doctor. Considered an emergency illness…Couldn't get an appointment [with GP] today."

"Tried to get a GP appointment – not available today. Usually would be fitted in."

"To get antibiotics…Could not get a dental appointment until Thursday. Could not get an appointment with GP. [NHS Direct] gave verbal advice to get to A&E at Glangwili or Morriston."

"Awaiting Xray result following recent accident to knee. Unable to get an appointment with own GP."

"Difficulty in getting appointment with own GP. Used NHS Direct previously – not happy with service provided – wait too long."

"Unable to contact own GP today. Took view that GP may have to refer and came direct to A&E."

From all these comments it appears that people are finding it difficult to get appointments or think that it will be difficult to and therefore don't try.

Many people feel that GP's offer a limited service so they would end up in A&E anyway.

Many said that A&E provides a good, convenient, fast service.

What about the Out of Hours service?

"[Considered seeing own GP] not open today."

"Weekend, no doctor."

"Got to be A&E but would have gone to GP if open."

"Did not know of this service."

"[GP] not there on Sunday."

"Given Out of Hours services of Shropdoc and others – no response from any of them. Phone just kept ringing."

"Did not want to divert Out of Hours doctor away from greater need patients."

"Had a bad experience with another member of the family. Took half an hour to get an answer."

It was clear that although many people had heard of the Out of Hours service, quite a lot of them were not clear that it offered a route to see a GP out of normal hours so they did not consider using it. There is also a perception that the OOH service is difficult or slow to access, and the numbers of Doctors on duty was limited.

NHS Direct?

Eight patients did not consider NHS Direct because they had *“heard bad reports of them”*.

A number of patients said that they had phoned them in the past and they had been helpful.

Ten patients stated that they had not heard of NHS Direct.

CAN WE DRAW ANY CONCLUSIONS?

Although a small sample it does suggest that approximately one in five people attending A&E might have chosen to go to their GP or the OOH service if appointments were easier to make and the system better understood.

Furthermore, another one in ten of the patient flow presented with either chronic problems or because they were away from their home GP. This also suggests a misunderstanding of GP services.

The NHS itself is referring a quarter of people attending A&E which is a very significant percentage.

Why do GP's refer their patients to the A&E department? Would there be a benefit in referring them direct to an Xray department?

The Choose Well campaign says that the Emergency Department (A&E) should be used in cases of "Serious Injury". Members of the public on this survey appear to define this as an injury that they think will require an X-ray.

Without a clinical audit it is impossible to say if these patient flows are appropriate to A&E or not.

Appendix One

Choose Well poster

Appendix Two

HYWEL DDA COMMUNITY HEALTH COUNCIL

The Independent watchdog for health services in Ceredigion, Carmarthenshire & Pembrokeshire

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL
HYWEL DDA

To all Patients and their Relatives and Carers

We would like to find out your views on why you chose to attend the A&E department today and not any other service.

If you have any comments, but would prefer to talk to someone in confidence at another time, please contact the CHC office direct on:

Telephone: 01970 613086

e-mail: ceredigion@chcwales.org.uk

Ceredigion Locality Office

We also have offices in Carmarthen and Milford Haven

Hywel Dda Community Health Council

Hywel Dda Community Health Council

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: TP/naw/2201/01
Gofynnwch am/Please ask for: Trevor Purt
Rhif Ffôn /Telephone: 01437 771244
Ffacs/Facsimile: 01437 771222
E-bost/E-mail: Trevor.purt@wales.nhs.uk

Pencadlys Bwrdd Iechyd Prifysgol Hywel Dda
Llys Myrddin, Lôn Winch, Hwlffordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220

Hywel Dda University Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220:

22nd January 2014

Darren Millar AM
Chair,
Public Accounts Committee,

Sent via e-mail to Claire.Griffiths@Wales.gov.uk

Dear Darren

Re: Unscheduled Care

Further to the Public Accounts Committee request I enclose information collected in support of the alternative service model at Prince Philip Hospital A&E. There is strong evidence that supports the view that patients use A&E departments inappropriately as a first line service for conditions that can be better managed in Primary Care, Community Pharmacies and through NHS Direct. Clearly this is not just an issue for Hywel Dda University Health Board but for the NHS across the UK. This is substantiated by the recent media coverage focusing on using NHS services wisely and appropriately.

The 'Choose Well Campaign' has been rolled out across the Health Board and we will be monitoring the impact of this as it embeds. The Health Board continues to monitor access to Primary Care services including extended opening times in some practices.

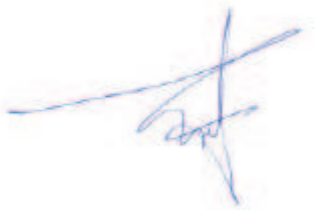
The work underway to improve Unscheduled Care Services at Prince Philip Hospital has not yet specifically identified attendees whose problems could have been better dealt with by their GP instead of attending the department. The focus of our work has been to ensure that once a patient presents, they are streamed more effectively to improve the time taken to deliver appropriate patient care. This work is to be the subject of a series of clinically led visits to local GP practices to engage in the new model which is still in development stage. The Minor Illness work stream which is part of this work and is now starting to look at how we might redirect patients to self and primary care and also to use this to inform and develop the wider University Health Board unscheduled care model.

With regards to your request for information I enclose data relating to Prince Philip Hospital Unscheduled Care attendances. I trust you will find this helpful. The project to deliver the new clinical model following the Minister's decision on this matter in September

2013 is the subject of scrutiny by the University Health Board's Implementation Board; established to oversee the implementation of the University Health Board's decisions following Your Health Your Future consultation. We will of course be happy to furnish you with any additional information requirements or discussion on our progress.

I trust the enclosed information informs your discussion, please don't hesitate to contact me if you require any additional information.

Yours Sincerely



Professor Trevor Purt
Chief Executive

Appendix 1

Alternative service model at Prince Philip Hospital A&E

PPH attendance data for 2013

Of the 33871 patients that attended PPH during 2013:

- 4291 arrived by ambulance of these 533 were 999 ambulance and 3758 were non emergency ambulance.
- Of the 4291 patients that came in by ambulances 116 are recorded as GP arranged.
- Of the 4291 patients that came in by ambulance 2259 were admitted and 1589 were discharged.
- Of the 116 GP arranged 95 were admitted, 14 were discharged, 3 did not wait and 4 were referred back to the GP/ transferred to DGH
- Of the total of 33871 patients seen in 2013 25707 were minor and 8164 were major.
- Of the 8164 majors, 3713 were admitted and 3484 were discharged, 156 were transferred to DGH and 230 did not wait.
- Of the 33871 patients see 1385 were referred to fracture clinic, 45 to ENT and 60 to eye clinic.

All the above can be broken down by GP surgery and postcode

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Mae cyfyngiadau ar y ddogfen hon