



Llywodraeth Cymru  
Welsh Government



# **A review of the delivery of urgent and emergency care services over winter 2018/19**

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

# Summary

## **Winter 2018/19 was less challenging but the system remained under pressure and has taken longer to recover**

Urgent and emergency care services have been under pressure for some time, and challenges to delivery are exacerbated during winter periods (December – March). Colder weather and the prevalence of influenza and other infectious diseases can put front line staff under additional pressure and – at times – impact upon timeliness of access and patient experience, as well as staff well-being.

Winter 2018/19 was milder and less severe than the previous winter although activity levels for key services remained high at key points of the season.

There were increases in both acute respiratory illness and gastrointestinal illness reported in hospitals. Influenza cases were moderately lower than the record high levels of the previous winter although peaked to ‘medium intensity’ levels in the first few weeks of 2019. There were also anecdotal increases in prevalence of people with more acute or complex conditions presenting to services.

More people attended emergency departments in winter 2018/19 than in winter 2017/18. Despite this additional pressure, the vast majority of people who needed an immediate ambulance response or assessment and treatment in an emergency department (ED) were supported in a timely manner, and primary care services generally reported less pressure when compared with the previous winter.

However, there were greater capacity challenges in some parts of the urgent and emergency care system that had consequences for patient access times to advice, care or treatment.

## **There were delays for access in some parts of the system**

The vast majority of people who accessed urgent and emergency care over winter 2018/19 received timely access and positive outcomes. However, too many people waited too long for ambulance patient handover to the care of ED staff, and to return home from an acute hospital bed once fit and ready.

There was improvement over the course of the winter in relation to both areas but challenges remained in isolated areas of Wales that have not yet been resolved and require a whole system approach to overcome.

Increases in ambulance patient handover delays are inexorably linked to limited available capacity further ‘up and down stream’ of the urgent and emergency care system. Immediate as well as more sustainable long term action needs to be taken to increase availability of domiciliary care and community capacity to support people to avoid admission to hospital, and leave for home when fit and ready.

## **A number of nationally planned interventions enabled greater resilience**

A small number of nationally commissioned and locally delivered schemes made an impact on experience, staff well-being and by reducing pressure on local services.

Welsh Government, the National Collaborative Commissioning Unit (NCCU) and the NHS Wales Shared Services Partnership collaboratively commissioned three new service models that were tested locally by third sector organisations alongside NHS Wales and partners.

These models sought to prevent admissions, improve patient experience and help move more patients from acute hospital settings to their homes. The schemes supported thousands of patients, focussed on linking people with community services to avoid readmission and highlighted the additional capacity, capability and value offered by third sector organisations.

## **Workforce pressure and gaps added to challenge**

Health professionals from across the urgent and emergency care system reported additional pressure over the winter period. This can lead to burn out and fatigue and, ultimately, staff sickness, reducing existing staff resources.

Feedback from NHS Wales staff indicated pre-existing rota gaps on both medical and nursing rotas were difficult to fill, increasing the reliance on locum staff with extra risk of an inability to source quality locums to fill the gaps.

This was a particular challenge outside 'traditional' working hours when ambulance demand, calls to OOH primary care services and attendances at ED peaked resulting in additional pressure for staff and longer delays for patients in the overnight and early morning period.

There were also reports that rules designed to reduce tax breaks on pension savings for high earners have had unintended consequences. Feedback suggested working extra shifts has become an unattractive proposition for doctors because three-quarters or more of the pay can be taken in tax.

### **Uptake of the flu vaccination remained below target for the majority of key groups**

More people in eligible groups in Wales received the flu vaccine last winter than ever before but for the majority of key groups, the uptake of the flu vaccination remained below the national target.

Uptake in NHS staff fell for the first time since this programme was introduced following a sustained positive trend. Only five of the ten Health Boards/Trusts achieved the target of 60%.

### **Winter funding was provided earlier than before and was largely targeted at increasing resilience in acute hospitals, not preventative approaches by LHBs**

Welsh Government funding was allocated in October 2018 to support local systems to deliver their integrated winter delivery plans. Earlier funding was welcomed by frontline staff but it was felt by some it should be allocated earlier in future to support local planning.

76% of the funding allocated to LHBs was spent on schemes to support delivery in ED or acute hospital sites. £4 million of the total £39 million winter funding package was nationally allocated to schemes to support the urgent and emergency care pathway.

Given challenges in returning people home from hospital and provision of home care packages, local systems will wish to target investment in implementing LHB/ LA/ third sector schemes to mitigate this challenge.

There is clear evidence patients with respiratory based complaints access urgent and emergency care services more often during the winter period yet only eight of the 157 schemes to receive winter funding were targeted at this group of patients.

Local systems will wish to consider preventative schemes and management of patients with respiratory complaints in the community and in hospital when developing local plans for winter 2019/20.

## More emergency admissions were prevented, particularly for older people

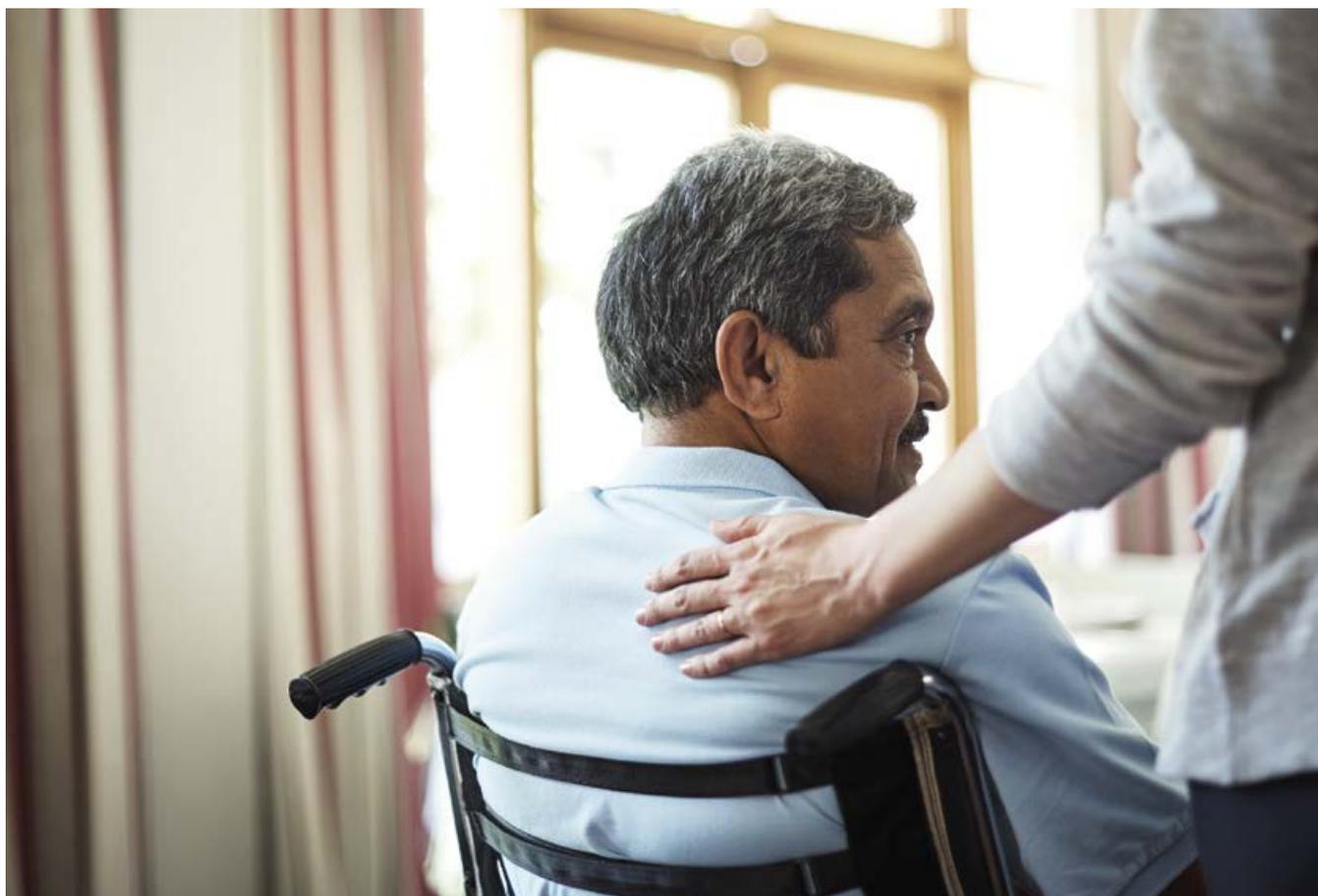
A range of actions were undertaken during 2018, in the lead up to winter to help people stay at home and avoid unnecessary admission.

A number of primary care based schemes were targeted at preventing admission. These included:

- extending access to GP services into evenings and weekends;
- increasing availability of primary care OOH services;
- enhancing support to care home patients;
- rolling out falls prevention awareness training; and providing lifting equipment to almost every care home in Wales.

The *Choose Well* marketing campaign targeted people at greater risk of urgent and emergency care services by distributing thousands of 'My Winter Health Plans'. This was intended to enable visiting health professionals to make more confident decisions about people with specific needs based on their own 'plan'. It also encouraged people to use pharmacies when they had minor ailments.

Over the course of the winter, evidence shows there were fewer people admitted to acute hospitals when compared to last winter, with a 7% reduction in the number of older/frail people (>85s). Local systems should continue to focus on supporting key priority groups to remain in their home/local community.



## Five priorities for winter 2018/19

Welsh Government officials, national clinical leaders and leaders of LHBs, the Welsh Ambulance Services NHS Trust and Local Authorities co-produced **five winter delivery priorities for winter 2018/19** at a national winter workshop in May 2018. The table below, describes those priorities and the observed impact they had on delivery over winter 2018/19.

### 1. Optimising clinical and cross organisational partnerships to develop local winter delivery plans.

#### Observed Impact over Winter 18/19

All plans received some element of 'sign off' from a Clinical Director and Local Authority and Welsh Ambulance Services NHS Trust (WAST) partners, although it was not clear that clinicians from across the system had been involved in the development of plans within all local health and care communities. Regional Partnership Board sign off was also required but not achieved by all.

Areas that fully engaged all stakeholders were able to demonstrate comprehensive plans that manifested in generally greater resilience during the difficult winter period.

### 2. Explicit focus on better management of patients in the community over winter

#### Observed Impact over Winter 18/19

WG investment was made into increasing the number of clinicians in the WAST 'clinical support desk' (CSD).

In January 2019, WAST was able to resolve 9.4% of calls over the telephone, the highest 'Hear and Treat' rate reported since the introduction of the CSD.

This contributed to a reduction in the number of patients transported to hospital by emergency ambulance, from an average of around 17,500 per month in winter 2016/17, to an average below 16,000 per month in winter 2018/19.

A number of service improvements were also implemented before or specifically for winter, including:

- Increasing numbers of clinicians in ambulance clinical contact centres to 'hear and treat';
- Extending GP in-hours access over weekends, evenings and bank holidays in pilot areas;
- Roll out of Choose Pharmacy /Minor Ailments Scheme;
- An increased focus on matching out of hours primary care capacity to predicted demand;
- Implementation of ambulatory emergency care (same day emergency care) models of care;
- A falls response pilot delivered by St John Cymru Wales and targeted at enabling people who have fallen but are not injured to avoid onward conveyance to hospital; and
- Roll out of NHS Wales 111 to two additional LHB areas.

In line with the Welsh Government policy direction, there was significant local and national focus on managing people with urgent care needs in the community.

Although activity through ED remained fairly stable in comparison to previous years, emergency admissions – particularly for older people – were generally lower than the five year winter average. This could have been as a result of a milder winter, causing fewer exacerbations of long term complaints but it is also possible an enhanced focus on managing people in the community enabled fewer admissions and more people to stay at home.

### 3. Enhanced operational grip and clinically focussed hospital management to mitigate peaks in activity and manage risk effectively.

#### Observed Impact over Winter 18/19

'Breaking the cycle' initiatives were established by the majority of LHBs in the lead up to – and immediately following Christmas. These were intended to offer an opportunity to rapidly try something different with the aim of enhancing patient care by improving patient flow. Anecdotal feedback from LHBs that delivered such schemes suggest they worked well where there was local commitment to them, alongside demonstration of robust clinical and managerial leadership.

Escalation status level data for winter 2018/19 suggests hospital sites de-escalated more quickly and spent less time at the highest level of escalation when compared with the previous winter. However, there is work to be done because feedback suggests there is variation in response to triggers across parts of the pathway. When hospitals did experience increased pressures, they were generally able to recover and de-escalate more quickly.

## 4. Focus on enabling people to return home from hospital when they are ready

### Observed Impact over Winter 18/19

Significant focus has been placed on improving opportunities to transferring people from hospital, including through a national “Every day counts. Home first” project.

A small number of schemes were established nationally to support this priority:

#### “ED wellbeing and home safe service delivered in collaboration with the British Red Cross”

The aims of the service included providing support for patients and their families in emergency departments, transporting relevant patients home, helping them to resettle, following up with a welfare call and connecting them to community services.

Between 17 December 2018-31 March 2019, 35,757 people were supported, 591 resettled at home and over 190 signposted to another service. The pilot received positive feedback from patients and staff.

Following the pilots’ success, and in light of emergent quantitative and qualitative evidence provided as part of a mid-point review of the pilots, in April 2019 the Minister for Health and Social Services agreed funding to extend the service at the seven pilot sites for six months (1st April-30th September 2019) and scale up an existing service at Morriston Hospital to bring it in line with the service model piloted over the winter. This extension will enable further data to be captured and a robust evaluation ahead of winter 2019/20.

#### “Hospital to A Healthier Home service” delivered in collaboration with Care & Repair Cymru”

The ‘Hospital to A Healthier Home’ service, was delivered in collaboration with Care & Repair Cymru over winter 2018/19. The aim of the service was to support reductions in delayed transfers of care as well as reduced admission and readmission rates.

Over the period of the winter pilot, services were delivered at 10 hospitals; Mon-Friday and outcomes included:

- 626 hospital referrals
- 357 Healthy Homes Check completed
- 508 patients received work to facilitate safe discharge
- 628 home improvements made.

Following the pilots’ success, and in light of emergent quantitative and qualitative evidence provided as part of a mid-point review, in April 2019 the Minister for Health and Social Services agreed funding to extend the service for six months (1st April-30th September 2019)

#### #ENDPJPARALYSIS

A UK-wide campaign to encourage hospitalised patients to get up, dressed and moving in order to prevent deconditioning was launched in March 2018.

#### SAFER Patient Flow Guidance

National SAFER patient flow guidance was issued by Welsh Government in February 2018 and is being locally implemented. The guide provides practical tips to support collaborative working to enable people to return home well, safe and in a timely manner.

#### Ambulatory Emergency Care (AEC)

An increased national and local focus on AEC contributed to a reduction in length of stay.

## 5. Specific focus on discharge to assess (Home First) approaches to prevent admission or unnecessarily long stays in hospital.

### Observed Impact over Winter 18/19

There has been variation across Wales in respect of development of discharge to assess approaches. There have been pockets of success but these models remain largely in their infancy and are a key area of focus for local systems for the remainder of 2019/20.

# Introduction

Health and social care services experience pressures all year round, but winter can be a particularly challenging period. Colder and more hazardous weather conditions; increases or changes in activity in some parts of the system; and spreading of infectious diseases such as influenza can all result in additional pressure for front line staff, and negatively impact on timeliness of access and experience.

This Welsh Government review seeks to understand how local health and care systems planned for, and coped with, these additional pressures over winter 2018/19.

The review:

- describes what happened in respect of activity and delivery;
- summarises how local systems performed against priorities for winter set out by the Welsh Government; and
- highlights areas for local health and care systems to consider when planning for winter 2019/20.

For the purpose of this review, winter has been defined as the time period between 1st December 2018 – 31st March 2019.



# Winter specific challenges

## Weather: A milder winter

According to the Met Office, winter 2018/19 was milder than average, with fewer days of temperatures below 2°C and 'air frost' (when compared with the 30 year average). December 2018 was the 9th warmest December since records began in 1910, with most of the first half of January 2019 also warmer than average.

Evidence published by Public Health England in its *Cold Weather Plan (2017)* suggests cold and winter weather have direct and indirect effects on health. Direct effects include increased incidence of heart attack, stroke, respiratory disease, influenza, falls and injuries, hypothermia. Indirect effects include mental health effects from depression, reduced educational and employment attainment, and risk of carbon monoxide poisoning.

Extreme cold can kill directly through hypothermia. However, this is rare and diseases of the circulation, such as heart attack and stroke, account for around 40% of excess winter deaths, with approximately another third of excess winter deaths due to respiratory illness.

The onset of cold weather leads to an almost immediate increase in weather-related deaths which can remain raised for up to four weeks. Deaths caused by cardiovascular conditions peak first followed by stroke, and then respiratory.

Negative health effects start at relatively moderate outdoor mean temperatures of 4-8°C. Although the risk of death increases as temperatures fall, the higher frequency of days at moderate temperatures in an average winter means the greatest health burden in absolute numbers of deaths, occurs at more moderate temperatures.

Data on excess winter deaths for 2018/19 was not available at the time of publication.

Public Service Boards (PSBs) should learn from the PHE report and consider working alongside Public Health Wales to refresh approaches to extreme weather planning. There are also opportunities for Regional Partnership Boards (RPBs) to support eligible local populations to improve defence against cold by promoting referrals into the Welsh Government 'NEST warm homes scheme': <https://nest.gov.wales/en/>

## Increase in infectious diseases

There was an increase in both acute respiratory illness (ARI) and gastrointestinal illness outbreaks in hospitals this season with ARI outbreaks close to doubling.

Although influenza A(H1N1) seasons usually see a predominance of outbreaks in hospitals rather than care homes, the increase in hospital outbreaks reported this season may be due, in part, to increased testing and enhanced outbreak detection.

Care homes saw a dramatic reduction in ARI outbreaks this season – this would be expected as Influenza A(H1N1) usually affects higher proportions of younger adults and children.

## Influenza cases reduced compared to winter 2017/18

- Last winter there was a 16% decrease in confirmed flu cases compared to winter 2017/18.
- Influenza A(H1N1) was confirmed as the dominant flu type in the 2018/19 season and was well matched to the vaccine offered.
- The flu vaccine reduced the likelihood of visiting a GP because of flu by approximately 44%; also the adjuvanted vaccine – given to the majority of adults aged 65 and over for the first time – was estimated to have provided approximately 60% protection against the flu strains circulating.
- Vaccine uptake for sufferers of 'chronic respiratory disease' was only 47.5% in 2018/19.

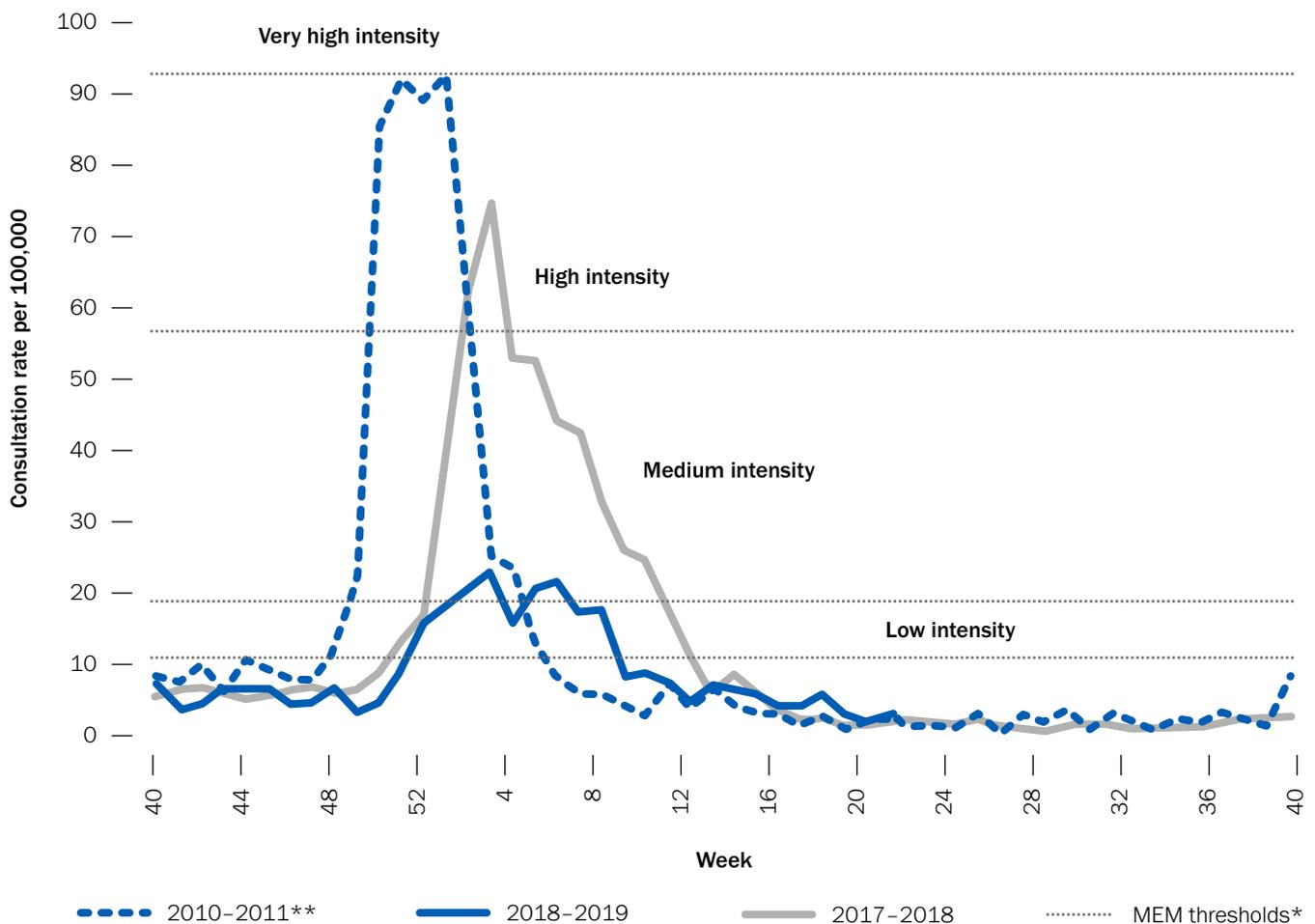
Influenza activity over winter 2018/19 peaked in the first few weeks of 2019 and was just above the medium intensity threshold. This was moderately lower than the previous winter, which saw peaks within the high intensity threshold.

Influenza A(H1N1) was confirmed as the dominant flu type in the 2018/19 season and data from virus sequencing in Wales suggest that circulating

viruses were genetically matched to the vaccine offered. Although patients at all ages are affected, influenza A(H1N1) seasons tend to affect higher proportions of adults aged 18-65 and children, whereas influenza A(H3N2) often affects older people most severely.

Figure 1 below shows a comparison of influenza activity over recent winters.

**Figure 1:**  
**Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 29/05/2019)**  
 (source: Public Health Wales weekly influenza & acute respiratory infection surveillance report).



To the end of March 2019, there were 2,588 confirmed cases of flu during the season across Wales compared to 3,055 in March 2018. The high number of confirmed flu cases this season (2018/19) was partially due to increased testing following the roll-out of rapid flu tests for patients in emergency departments across Wales.



# Delivery and performance

## The vast majority of people received timely care but too many people waited too long to be seen in ED

Last winter 2018/19, 261,372 people – 78% of all patients who attended an ED – were triaged, assessed, treated and either admitted or discharged within four hours. However, at times of peak demand, some patients experienced unacceptably long waits caused by blockages further “down-stream” in the hospital system and post-discharge. There was also significant variation across local departments.

11,941 (5%) more patients spent fewer than 4 hours in ED over the winter period compared to the previous winter. 17,663 people waited over 12 hours for admission or discharge, 1698 (7%) fewer than the winter 2017/18 position.

Feedback provided from a survey of staff experience over the winter, undertaken by the Picker Institute (Europe), suggested:

- The majority of staff felt pressurised with staffing resource gaps being the main reason cited. Staff indicated that patient demand overtook staff supply, and that there were delays covering planned absence such as maternity leave.
- The support provided to EDs by the British Red Cross was consistently highlighted as adding value. This was in line with feedback from health organisations including royal colleges.
- Increased engagement with frontline staff in the planning process, early release of funding, more community resources to aid timely discharge, recruitment to fill staffing gaps, and increased public awareness of alternative services were felt necessary to support delivery next winter.

## There were delays in other parts of the system

### Ambulance patient handover delays

On average, 86 people (13% of those conveyed to hospital by emergency ambulance) waited longer than an hour for ambulance patient handover each day in winter 2018/19. This was 5% fewer than winter 2017/18 but remained a challenge for patient experience and the ability of the ambulance service to respond to subsequent urgent calls in the community.

### Delayed transfers of care (DTC) and social care capacity

The number of people delayed in the monthly census periods from December 2018 to March 2019 totalled 1770. This was 6.8% up on the equivalent period in 2017/18 and the highest volume over the last three winters.

Domiciliary care capacity remained a significant challenge to enabling people to leave hospital and caused 63% of social care-related delays over the winter.

Securing adequate levels of home care services continues to be very challenging for many Local Authorities, despite their efforts to improve stability in the private sector market through a range of supportive interventions.

Local Authority budgets are under particular pressure, with domiciliary care a key area that could be strengthened in order to keep people out of hospitals, and speed up their return home when it is appropriate to do so.

In terms of healthcare related delays over winter, for patients waiting to leave hospital, the main issues were the shortage of nursing care and the lack of sufficient mental health care provision – particularly, elderly mental health services.

The latter accounted for some 15% of all delays in the four month period. This impact on people and beds, which are much in demand in the winter months, suggests that proposals to reduce discharge waiting times for patients with mental health conditions should be more apparent in future winter resilience plans.

## Ambulance responsiveness above target for people in most need

A combination of factors including occasional periods of adverse weather, staff sickness, ambulance patient handover delays and other ambulance availability-limiting issues had an impact on responsiveness but resources were prioritised to respond quickly to the people most in need.

The national response time target requires the Welsh Ambulance Services NHS Trust (WAST) to respond to 65% of patients categorised with immediately life threatening conditions or injuries (Red category calls) within eight minutes.

WAST met the response time target for Red calls each month during winter (December 2018 – March 2019), with performance above 70% for each month during this period. Performance was better month on month in winter 2018/19 when compared with winter 2017/18, with monthly improvements of between 1.6 – 3.4 percentage points for December – March.

There was general improvement in responsiveness to patients in the Amber category and a reduction in the number of people waiting extremely long periods for an ambulance response. However, ambulance availability-limiting issues contributed to long delays for calls in this category at times.



# Activity, supply and flow

## Emergency departments experienced an increase in patient demand

Activity at ED was marginally higher when compared to the previous winter, but the proportion of people aged over 85 attending ED and being admitted to hospital was the lowest since 2013/14. The reasons for this are unclear.

An average of 2,160 people were seen in an ED and admitted or discharged within four hours each day during winter (Dec 2018 – Mar 2019)



## Emergency admissions to hospital remained generally stable

During winter 2018/19, an average of 564 emergency patients were admitted via ED each day, 9 (1.6%) more patients than the previous winter.

For January 2019, the number of patients admitted to ED following referral from a GP was the highest on record and 6% higher than in January 2018. The primary driver behind the increase was short stay admissions with over 60% of the increase between December 2018 and January 2019 for zero day patient stays.

## Fewer emergency calls were made to the ambulance service

On average, 1,292 emergency calls were made to the ambulance each day during winter (December 2018 – March 2019), 81 (6%) fewer than winter 2017/18. In the early part of winter, demand increased but after the New Year it reduced and remained steady for the rest of the winter period.

Red demand increased in December 2018 and was nearly 7% higher when compared to December 2017, but over the winter period, on average, there were 2 (3%) fewer calls per day than winter 2017/18. On average, there were 7 (11%) more calls per day than winters 2015/16 and 2016/17.

## **The rate of patient conveyance to hospital by emergency ambulance remained stable**

On average, 659 patients were transported to ED by ambulance each day during winter 2018/19, marginally more than winter 2017/18, but 24 (4%) less than winter 2016/17.

## **“Hear and treat” rates increased**

Welsh Government investment in the WAST clinical support desk, resulting in recruitment of 16 additional clinicians, correlated with a trend of increasing hear and treat outcomes:

- Over 13,000 patient calls resolved over the telephone between December 2018 and March 2019. An increase of 2422 (23%) when compared to the same period two years ago.
- In January 2019, the Welsh ambulance service was able to resolve 9.4% of calls over the telephone, the highest hear and treat rate on record.
- All of these hear and treat outcomes necessarily avoid attendance at scene by an Emergency Ambulance, freeing up this high cost resource to attend other calls.

## **Urgent primary care services were more resilient**

Evidence from OOH primary care rota fill rate submissions over winter 2018/19 suggest the delivery of services was better placed and more robust, in common with the previous winter. Wider multi-disciplinary team working has appropriately and safely supported a proportion of this clinical (and non-clinical) workload.

During winter 2018/19, the 111 service was live in three Health Board areas: Abertawe Bro Morgannwg, Powys, and Hywel Dda.

On average, 1089 people called 111 each day in December 2018 which was an increase against the previous three months. The increase was probably as a result of reduced availability of in hours primary care services during the festive period due to bank

holidays, and call volume reduced in January 2019 before rising in February and March.

A range of additional schemes to support OOH delivery were tested over winter 2018/19. This included extending GP access into weekends and bank holidays (For further information on the Urgent Primary Care pilots – Final Evaluation Part 1 can be viewed at: <http://howis.wales.nhs.uk/sitesplus/407/opendoc/498555>)

The 111 service was rolled out across Aneurin Bevan UHB on 13th August 2019. Plans are in place for further roll out to achieve all-Wales coverage by 2021/22.

## **In-hours primary care generally managed demand resiliently**

There was considerable variation in activity reported by a sample of GP practices from across Wales. The majority reported that the three days following the Boxing Day bank holiday was excessively busy, and that the main drivers of demand were ‘mental illness’, chest infections and UTIs. Those areas which provided feedback suggested there was significant pressure at times, but that this was generally well-managed.



## Fewer operations were postponed

In anticipation of increased pressures and as part of their planning, during the winter period, Health Boards will often consider reducing their elective inpatient activity, to create capacity to meet the increase in urgent and emergency demand that is often experienced at this time of year.

These planned reductions in elective activity, in the majority of cases, will often be in relation to routine elective inpatients, and not those requiring urgent or emergency treatment. For example, those needing cancer treatment or day surgery where a bed is often not required, continue to be seen. However, increased urgent and emergency pressures impacted upon Health Boards' ability to maintain the intended level of elective activity over the winter period, resulting in postponement of some operations.

The Welsh Government provided nearly £50m additional funding to NHS Wales ahead of winter 2018/19 to support improvements. Between December 2018 – March 2019 there was an 11% reduction in postponed procedures compared to winter 2017-18. However, there was a rise in the number of postponements made by patients.



## Bed occupancy levels rose over the winter

Over the past 10 years, up until winter 2018/19, bed occupancy levels across Wales increased by 5%, and are now closer to 90% with the average annual occupancy level above 95% since 2015.

Evidence suggests occupancy levels during winter 2018/19 were typically higher. For example January 2019 saw the highest reported occupancy level on record (96.9%).

# National winter planning and delivery model

## There was a robust winter planning process

Local health and social care communities (RPB footprints) were required to provide assurance on the extent to which the actions outlined in **integrated winter delivery plans** aligned against the five priorities for winter 2018/19. These plans were received in September 2018 and scrutinised by Welsh Government officials, the NHS Wales Delivery Unit and the National Collaborative Commissioning Unit.

**Winter delivery summit meetings** were held with each health and care community, and separately with WAST during the summer period to review delivery over winter 2017/18 and appraise early delivery plans for the forthcoming winter. Further summit meetings were held in the autumn to seek assurance on actions to be taken in mitigation of any identified risks. National support from the NHS Wales Delivery Unit and the National Programme for Unscheduled Care was also identified where it was felt it would add value.

Health Boards were also required to formulate operational plans for the crucial 18 day period between 21 December 2018 – 6 January 2019, in recognition of the particular challenges this period could present due to the nine bank holidays and weekend days.

## Improved resilience

Despite pressures, there was evidence that rigorous local planning paid off with hospitals across Wales having reported considerably less time spent at the highest level of escalation last winter when compared to the previous year. When hospitals did experience increased pressures, they were generally able to recover and de-escalate more quickly.

In January 2019, 36.63% of time spent in escalation was recorded at Level 4, compared to 47.87% at level 4 in January 2018. Less time spent at the highest level of escalation is an indication that hospital systems were more resilient in January when compared with the previous year.

## The Uptake of flu vaccination was below target for key groups

More people in eligible groups in Wales received the flu vaccine last winter than ever before but for the majority of key groups, the uptake of the flu vaccination is still below target.

More people in eligible groups in Wales received the flu vaccine last winter than ever before, with an estimated total number of individuals immunised against flu of **868,688**. This represents 28% of the estimated total population of Wales and an increase of 48,500 on the previous season.



This increase appears to be predominantly the result of extending the vaccine to all primary school age children and to staff working in care homes.

Last winter, the children's programme was extended to include two additional school years, meaning the flu vaccine was offered to all children of primary school age for the first time.

The flu vaccination was also offered free of charge to staff working in care homes and nursing homes through the community pharmacy scheme for the first time last winter. Uptake across Wales was 14%. Whilst it is higher than what was achieved in the first year of the NHS staff vaccination programme, this figure is expected to rise in the future as the programme becomes more established and awareness improves.

However, for the majority of key groups, the uptake of the flu vaccination remains below the national target. For example, uptake in NHS staff fell for the first time

since this programme was introduced following a sustained positive trend. Only five of the ten Health Boards/Trusts achieved the target of 60%.

Welsh Government has tasked Public Health Wales to work with Health Boards and trusts to concentrate efforts on improving vaccine uptake in two and three year olds, those at risk between six months and 65 years and frontline staff.

## Impact of additional winter investment

### Planned care

The Welsh Government provided nearly £50m additional funding to NHS Wales in 2018/19 to build on the progress made over the previous two years and to improve waiting times further by the end of March 2019. Significant focus was again given to reducing the number of patients waiting over 36 weeks, those waiting over 8 weeks for diagnostics and those waiting over 14 weeks for therapy services.

This funding enabled Health Boards to increase their internal and external resource capacity to support delivery earlier in the year. Six of the seven Health Boards achieved the same or a better position at the end of March 2019, compared to the end of March 2018. Three Health Boards reported no patients waiting over 36 weeks, and two Health Boards delivered a better position than their initial trajectories. The only Health Board to see an increase in waiting times was Betsi Cadwaladr University Health Board.

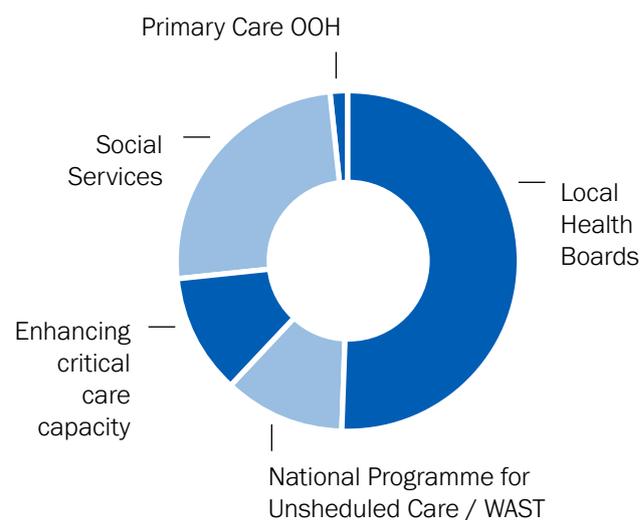
### Urgent and emergency care

In October 2018, the Minister for Health and Social Services allocated winter funding – earlier than ever before – supporting local organisations with an extra £39m based on findings from the previous winter review for 2017/18 and feedback received from clinicians. Figure 2 illustrates the allocation of this funding.

In February 2019, an additional investment of up to £4m was also provided to support initiatives that would add value, improve patient experience, clinical outcomes and support staff well-being through the winter.

A National Collaborative Commissioning Unit (NCCU) review has been undertaken to determine how this investment has been allocated locally to provide lessons learned for forthcoming winters. This is available on request from the NCCU.

**Figure 2: Winter delivery funding allocation (£39m)**



## Winter delivery pilots: nationally commissioned, locally delivered

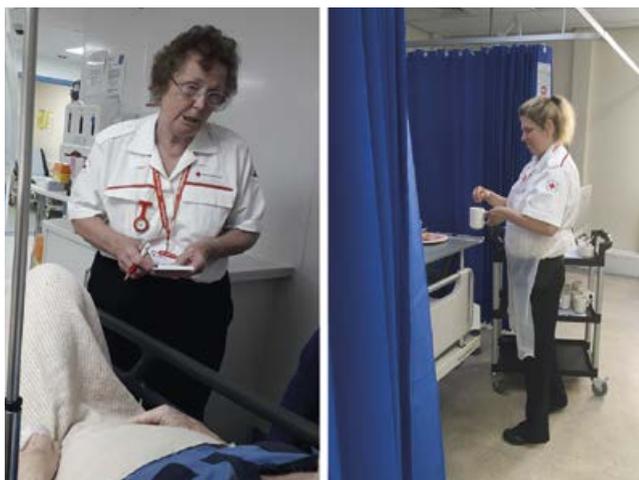
In support of delivery of the five winter priorities, the Minister for Health and Social Services allocated funding for a small number of nationally commissioned, locally delivered winter projects. The intention was to support local teams to deliver the priorities by testing new models of care, in line with A Healthier Wales, to improve patient experience, staff well-being, clinical outcomes and value.

### **Emergency Departments Well-being and Home Safe – delivered in collaboration with the British Red Cross**

The Emergency Departments Well-being and Home Safe pilot operated across seven emergency departments across Wales over the winter period. The winter pilot began in mid December 2018 and concluded on 31 March 2019.

The purpose of the pilot was to support patients and their families in EDs, and transport relevant patients home, helping them to resettle by buying food, following up with a welfare call and connecting them to community services.

35,757 patients were supported during the winter, and of these, 591 patients were resettled at home, proving extremely popular with patients and staff. For further information, please view the Evaluation of the 2018/19 British Red Cross Emergency Department Enhancement & Assisted Discharge Scheme in Wales – final report at <http://howis.wales.nhs.uk/sitesplus/407/opendoc/498556>



### **Welsh Ambulance Services NHS Trust – Falls assistance response pilot**

The independent, clinically-led review of calls to the Welsh Ambulance service categorised as Amber ('the Amber Review') found that incidents relating to people who have fallen rank within the top three reasons for calls in the Amber category and generally account for 14% of call volume within the Amber category.

Last winter, £150,000 was allocated to the Welsh Ambulance Services NHS Trust for a collaborative falls response project involving St John Cymru Wales. The Falls Assistant Response Service became fully operational on 1st December 2018 and its primary objective was to enhance patient experience for people who have fallen, but who are uninjured or have minor injuries, ensuring they receive a timely response and to prevent the need for an avoidable hospital admission.

In total, six Falls Assistant units operated 12 hours per day, seven days per week across Cardiff and Vale, Cwm Taf Morgannwg, Hywel Dda, Aneurin Bevan and Swansea Bay health board areas as part of a pilot over the winter period, in order to attend a variety of calls within the Amber and Green categories.

Between 1st October 2018 – 31st March 2019, Falls Assistants responded to 1776 calls relating to falls or other welfare-related calls, thereby freeing up ambulance resources to attend higher priority calls. Of these, 65% of the patients did not need to attend hospital, following referral to other areas of health and social care or closure at scene following treatment.

The average response time after allocation was 24 minutes and the Falls Assistants spent an average of one hour and 27 minutes at scene undertaking assessments, referrals, assisting the patient from the floor and making sure they have everything they need in place to safely remain at home.

### **Provision of inflatable lifting equipment for care homes in Wales**

Last winter, 591 'inflatable' lifting equipment products were made available to care homes to support people who had fallen, along with training packages for care home staff.

The scheme was intended to improve the experience for care home residents who have fallen and are not injured, by reducing unnecessary delays in response and enabling older and frail people to be resettled more quickly. It was also expected to reduce unnecessary dispatch of ambulance resources to care homes, as well as reducing conveyances of patients to A&E, thereby reducing the risk of harm to older, frail people who are at greater risk of admission and longer stays in hospital, which can cause harm.

Following this installation, an analysis sample of 300 homes was taken between January – March 2019 and saw:

- a reduction in 1,000 ambulance hours, when compared to January – March 2018
- 72% of care homes who had reported falls, used the ISTUMBLE
- Of the calls recorded, only 28% of occasions resulted in an ambulance being called.

Of these incidents only one resident was recorded as being anxious, the others were comfortable (39%), happy (15%) or relaxed (35%).

### **‘Hospital to A Healthier Home’ scheme – delivered in collaboration with Care & Repair Cymru**

The Hospital to A Healthier Home winter pilot operated across ten areas of Wales, commencing in January 2019 and running until 31 March 2019. The pilot aimed to support reductions in delayed transfers of care as well as reduced admission and readmission rates, by having designated caseworkers embedded into the hospital, to attend ward rounds and identify patients who would benefit from home adaptations and implementing solutions rapidly.

During the pilot **626 hospital referrals** were received, **628 home improvements** were made and **357 healthy home checks** were completed. The pilot also received positive patient feedback and staff testimonials.



### **Pharmacists working as part of multidisciplinary teams in emergency departments**

Last winter, we trialed a new integrated model of care, adopting the Royal College of Emergency Medicine (RCEM) guidance, to deploy dedicated emergency department pharmacists to work as part of a multidisciplinary team, to help support the safe and efficient delivery of care to patients in emergency departments.

The pilot began in December 2018 and ran until 31 March 2019 across seven EDs. In an average week over 540 patients were seen and reviewed, over 430 medicine reconciliations needed, over 660 patients required at least 1 pharmacy intervention – and of these, over 570 interventions involved critical medicines.

The pilot emphasised the benefits of having pharmacists available at the front door in the patient pathway. Benefits included:

- more patients getting the right medicines as soon as possible following an emergency admission;
- resolving medicines queries and medicines related admissions, facilitating faster discharge; and
- reducing re-attendance from ineffective medicines use.

The pilot received positive feedback from patients and ED staff. Following a review of the pilot, the NPUC Board has recommended all LHBs roll out the service.

### **GP extended access**

Dedicated funding supported the design and implementation of two pilot studies to consider mechanisms that could alleviate OOH impacts and delivered during winter 2018/19. Pilot 1 focused on individual practices whereas Pilot 2 was for clusters working collectively at scale. The pilots explored new and innovative ways to augment clinical capacity to support local urgent care needs during specific time periods when OOH services experience higher than anticipated volume of demand.

The key findings suggest the methods applied during this study could significantly improve the quality of care. The lack of infrastructure or prior experience in this area meant the Pilot Champions were pioneering new ways of working. The energy, drive and enthusiasm of the pilot participants proved 'proof of concept' and many strengths as well as barriers which are detailed in the evaluation report.

The report concluded that there are further opportunities to be explored to cover a larger span of services to improve urgent primary care to be considered for 2019/20. As such it is proposed that Health Boards build on the foundations of Pilot 2 as part of the winter planning for 2019/20.

### **Mental Health Urgent Care Centres – ICAN**

ICAN mental health urgent care centres have been established at the three acute hospitals in North Wales, to help meet mental health unscheduled care demand. Each centre is located near to, but separate from the ED and staffed by volunteers from a consortium of third sector organisations. The centres became operational, through a phase rolled out from December 2018.

These centres aim to offer adults in mental or emotional distress with alternative support services to talk about their problems to offload and many are signposted to other organisations, often within the third sector for support and guidance. Between January – April 2019 the ICAN centres supported 474 clients, with up to 190 volunteers across the three centres, and received positive patient feedback.

Based on emergent data and positive feedback, the pilot was extended for a further four months, supported by Welsh Government funding.

# Key themes for winter 2019/20

## Planning for winter 2019/20

Planning for winter 2019/20 is underway locally and nationally. A national multiagency winter delivery workshop was held on 25 June 2019. This enabled discussions among local health and social care community system leaders about priorities for winter 2019/20.

## Key themes for winter 2019/20 have been identified

Key areas for consideration for winter 2019/20 have been identified through a review of priorities adopted for last winter and whole system discussions at the national winter delivery workshop held in June. These key areas will be:

- I. **Out of hours primary care resilience** – for example, deployment of additional capacity such as paramedics and mental health practitioners to support people with urgent needs to stay at home safely and avoid unnecessary attendance or admission.
- II. **Optimal cross organisational working** – building on the enhanced use of third sector organisations to add capacity across the system, and identify opportunities to improve interface between primary, secondary and social care.
- III. **Preventing unnecessary conveyance and admission to hospital** – identifying opportunities to better manage demand and signpost patients who contact the ambulance service to the right service for their needs.
- IV. **Discharge to assess/ recover** – Aligned to the National Programme for Unscheduled Care project delivered by the NHS Wales Delivery Unit, each Health Board should seek to implement a Discharge to Assess/Recover service for Winter 2019/20.
- V. **Community step down capacity** – for example, creating a demand and capacity analysis of Step Up/Down Beds to be completed by each Health Board area and joint LA / LHB commissioning of the required capacity to support this patient cohort.
- VI. **A focus on the respiratory pathway** – preventative strategies; management of people in the community; and management of people in acute hospitals.
- VII. **Focus on frailty** – identifying action to support older frail people to remain in the community and turnaround at the front door to avoid unnecessary admission.



Health and social care communities have been asked to consider the above priorities to inform their integrated winter delivery plans for the forthcoming winter.

The Welsh Government will continue to work closely with organisations over the coming months in readiness for winter.

Using the learning from last winter, and previous winters, is key to delivering the sustainable improvements we want to see and to enable people's outcomes and experience to be optimised during what will, again, be a challenging period.