

# NHS WALES

## SIX GOALS FOR URGENT AND EMERGENCY CARE

### GETTING READY FOR WINTER DURING THE PANDEMIC

	GOALS	OUTCOME*	PROPOSED KEY DELIVERABLES 2020/21**
1	<b>Co-ordination, planning and support for high risk groups</b>	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care	<ol style="list-style-type: none"> <li>1. Each cluster should enhance planning and protection for patients who are clinically extremely vulnerable (shielded) from COVID-19, identified through risk stratification / electronic frailty index / Patient Care Record / clusters (LOCAL / REGIONAL) <b>care home residents and patients with three or more chronic conditions should be prioritised in Q2.</b></li> <li>2. Each cluster should achieve the influenza vaccination uptake target (60%) for at risk populations (LOCAL) <b>by the end of Q3</b></li> <li>3. Each cluster should achieve 100% compliance with national enhanced service for care home residents (LOCAL) by the <b>end of Q3.</b></li> </ol>
2	<b>Signposting, information and assistance for all</b>	Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time.	<ol style="list-style-type: none"> <li>4. To support care in the right place and enable social distancing in Emergency Departments, a '<u>phone first before attending ED</u>' or '<u>phone and walk</u>' concept targeted at patients who could be safely assessed elsewhere or through a planned approach will be developed and tested <b>by the end of Q2</b> (NATIONAL / LOCAL)</li> <li>5. Out of hours urgent care pathways will be adapted for local use, and will be available to 111/Out of Hours primary care for urgent respiratory, dental and mental health crisis services pathways</li> </ol>

			<p>(LOCAL). Given the challenge of COVID-19, <b>out of hours pathways for respiratory and mental health services should be prioritised in Q2.</b></p> <p>6. Health Boards should deliver the 'Choose Pharmacy' system and common ailments service locally to enable patients to access an appropriate service for their minor ailments in a timely manner, and to receive NHS treatment from the community pharmacy, preventing the need for presentation at hospital (LOCAL)</p>
3	<b>Preventing admission of high risk groups</b>	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.	<p>7. Consultant connect should be fully embedded in all health board areas to support the reduction of ambulance conveyance from care homes to hospital through the provision of specialist clinical advice and guidance <b>by the end of Q2</b> (LOCAL)</p> <p>8. Alternative community pathways for respiratory conditions should be well established in each Health Board area (LOCAL) <b>by the end of Q3.</b></p> <p>9. Enhanced plans will be developed for same day intermediate care services – multidisciplinary community health and social care services that help people to stay well at home and be as independent as possible <b>by the end of Q2.</b> These services should be delivered consistently across Wales and provide support and rehabilitation to people with mental and physical health complaints at risk of hospital admission (LOCAL / REGIONAL)</p>
4	<b>Rapid response in crisis</b>	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.	<p>10. Direct access pathways for respiratory, palliative care, stroke, STEMI and #NOF will be established and consistently delivered to support improved outcomes, and reduce unnecessary crowding and ambulance patient handover delays <b>by the end of Q3</b> (LOCAL / NATIONAL)</p>

			<p>11. Health Boards should work with police and Local Authorities to deliver urgent care pathways to enable access to 24/7 mental health crisis in each HB area <b>by the end of Q3</b> (LOCAL). Given increase in prevalence of emotional distress over the course of the pandemic, this should include consideration of national triage (LOCAL / REGIONAL / NATIONAL).</p> <p>12. A 'wait and care' service concept is developed to prevent unnecessary conveyance to Emergency Departments, limit crowding, unnecessary ambulance patient handover delays, enable faster diagnostics and improve patient experience <b>by the end of Q2</b> (NATIONAL / LOCAL / REGIONAL)</p>
5	<b>Great hospital care</b>	Optimal hospital based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit.	<p>13. Given the requirement to conserve acute bed capacity during the pandemic, same day emergency care' (or Ambulatory Emergency Care) without need for an overnight stay will be rolled out across all acute hospitals with approx. 30% of medical take to be treated via AEC / SDEC, increasing the proportion of people typically discharged on day of their attendance to around 90% where possible. Timely rehabilitation/ reablement interventions must be consistently available to support rapid, sustainable discharge <b>by the end of Q3</b> (LOCAL)</p> <p>14. <b>From Q2, Health Boards should maximise opportunities for creating physical and / or visible separation between clinical and non-clinical areas used by patients in Emergency Departments. Solutions must be flexible and sustainable as demand and activity levels change over the next few months.</b></p> <p>15. <b>In Q2</b>, Health Boards should develop robust capacity and demand plans, that include surge capacity in independent sector and field hospitals at a regional level if value is added, to enable</p>

			occupancy levels in acute hospital sites to remain below 85% throughout 2020/21 (LOCAL / REGIONAL)
6	<b>Home first when ready</b>	A home from hospital when ready approach, with proactive support to reduce chance of readmission	<p>16. HBs and LAs, working with the third sector and independent providers, should adopt a ‘home first’ approach to enable more people, who have attended an Emergency Department or have been admitted to hospital, to be assessed and recover in their own homes to avoid unnecessary long stays in hospital beds. This will be achieved through delivery of four ‘discharge to recover and assess’ active therapeutic pathways, embedded locally. <b>Plans should be included in Q2 responses.</b> (LOCAL / REGIONAL)</p> <p>17. HBs and LAs working with the third sector will increase the focus on the provision of rehabilitation, reablement and recovery <b>in Q2 plans</b>, and ensure there is sufficient capacity to support the increasing number of people who will need support during the pandemic, with long term conditions, and frailty, who require support to prevent:</p> <ul style="list-style-type: none"> <li>- permanent disability;</li> <li>- greater reliance on care and support;</li> <li>- avoidable readmissions to hospital; and</li> <li>- delayed discharge from hospital (LOCAL / REGIONAL)</li> </ul>

\* Health Boards, NHS Trusts and partners should continue to adhere to national guidance (pre-pandemic and COVID-19 specific) and nationally agreed pathways throughout the course of the pandemic.

\*\*Health Boards and partners should ensure all activity aligns with other dependencies, including testing capacity, medicines supply, consumables and PPE.