Right care, right place, first time

Six Goals for Urgent and Emergency Care

A policy handbook
2021–2026

6 Home first approach and reduce the risk of readmission

1 Co-ordination planning and support for populations at greater risk of needing urgent or emergency care

5 Optimal hospital care and discharge practice from the point of admission

Six Goals for Urgent and Emergency Care

2 Signposting people with urgent care needs to the right place, first time

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3 Clinically safe alternatives to admission to hospital

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Part one

Ministerial summary

The launch of our Six Goals for Urgent and Emergency Care policy handbook is an important early marker in the delivery of our Programme for Government 2021–2026.

It sets out our expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. This will be achieved through consistent and integrated delivery of six goals for urgent and emergency care (Illustration 1) to help achieve the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care.

Illustration 1: the six goals for urgent and emergency care

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The six goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway and reflect the priorities in our **Programme for Government 2021–2026** to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration.

In developing this approach, **we have listened to *what matters to people* when they want or need urgent and emergency care services**, and the priorities staff passionately feel need immediate attention. In *part one* of this six goals handbook we describe how we intend to meet those expectations through a mix of immediate and longer term priorities progressed nationally, regionally or locally. The priorities, aligned to each of the six goals, should not be considered in isolation as a collection of 'silver bullets' that will enable immediate improvement but as part of a whole-system and integrated approach.

Some of our priorities have medium or longer-term timescales for implementation. This is in recognition of the well-rehearsed challenges faced by health and social care organisations regarding recruitment and retention, and the difficulty associated with managing increasing and complex levels of patient demand. Longer-term milestones also recognise sustainable and effective change cannot be achieved overnight or without focus on continuous learning, sharing and improving.

Our expectation is our priorities are progressed as quickly as possible by Health Boards and partners in the context of the COVID-19 public health emergency, and within the milestones set.

Our previous strategies for improving urgent and emergency care have focused more on services and less on population healthcare. This handbook focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. But through the six goals approach, we also want to tackle inequalities and prioritise new or existing models of care that are proven to work for all populations, ensuring we offer the most value to people, based on what matters to them.

For example, we are committed to improving experience and outcome through greater coordination, support and planning for frail/older people who are at most risk of needing urgent and emergency care. Preventing escalation of care for these populations is a real priority and will be supported through an accelerated (primary care) cluster programme, and a focus on risk stratification and population health management.

We also know certain communities of people of Black, Asian and Minority Ethnic heritages, persons with intellectual disabilities, homeless people, asylum seekers, refugees and migrant communities, Gypsy, Roma and Traveller communities and people with mental ill health experience difficulties accessing urgent and emergency care for a wide variety of reasons. We are committed to further understanding the needs people have, tailoring communication and messaging to enhance understanding of available services and breaking down the barriers that exist to ensure equity of access.

We are also aware that communication is fundamental to accessing the right services first time, and are committed to the principle that people in Wales should be able to live their lives through the medium of the Welsh language if they choose to do so. Our commitment to the Welsh language must be embedded in our efforts to develop and improve our urgent and emergency care services.

Part two of this document provides more information on our strategic approach to enabling improvement. This includes through an additional recurrent £25m to support achievement of the six goals, and establishment of four national enabling work-streams focused on digital change, informatics and technology; behaviour change, communications and marketing; workforce training, education and development; and measurement for improvement and value based urgent and emergency care.

In addition, we will integrate a number of key plans and related national programmes spanning the six goals to enable a seamless and improved urgent and emergency care offer for the people of Wales. This will include connecting programmes relating to end of life care, NHS 111 Wales, 24/7 urgent primary care, same day emergency care, emergency ambulance services, Emergency Departments and the transfer of people from hospital to their communities.

In *part two* we also describe quality statements for each of the six goals. They describe the outcomes and standards individuals should expect when they may need or want urgent or emergency care. If delivered consistently and reliably it will lead to better outcomes and experience for patients and staff alike. Over the course of the Senedd term, we will work with service users and clinical and professional leaders to develop measures of success for each quality statement and hold Health Boards, NHS Trusts, Regional Partnership Boards to account for their delivery.

> **This handbook focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission.**

Our immediate priorities, described below, should not be considered in isolation of each other nor without the context of other concurrent action under way through a range of national enabling programmes, as described in part two:

Immediate six goals priorities

Goal 1: Co-ordination planning and support for populations at greater risk of needing urgent or emergency care

Health and social care organisations should work in collaboration with public service and third sector partners to deliver a coordinated, integrated, responsive health and care service, helping people to stay well longer and receive proactive support, preventative interventions or primary treatment before it becomes urgent or an emergency.

We will enable this through the following initial priorities:

- Work on Accelerated (Primary Care) Cluster Development will progress as part of the Strategic Programme for Primary Care and set out the planning and delivery framework at a pan-cluster level to support the required collaboration across public, independent and third sector partners.

- For April 2022, early adopter 'Pan-Cluster Planning Groups' will be in place, with 2022/23 regarded as a 'transition year' in preparation for full implementation in April 2023/24. Areas explored via cluster development will include 'virtual wards', homelessness and population health management, all of which contribute to delivery of one or more of the six goals.

- We will continue to meet and learn from people in communities who experience health inequalities, following on from previous Welsh Government consultations and deep dives. We will continue to engage with Black, Asian and Minority Ethnic communities, persons with intellectual disabilities, homeless people, Gypsy, Roma and Traveller communities, asylum seekers, refugees and migrant communities and people with mental ill health.

- People's input will lead to the development of an Urgent and Emergency Care Equalities Plan which will cover all six goals, and seek to address and improve access and outcomes for individuals who experience inequalities and barriers to service access. The plan will be in place **by April 2023** and improvement measures will be discussed through continuous engagement with communities on an annual basis.

Goal 2: **Signposting people with urgent care needs to the right place, first time**

When people need or want urgent care they can access a 24/7 urgent care service via the NHS 111 Wales online or telephone service where they will be given advice and, where necessary, signposted or referred to the right community or hospital-based service, first time. This will be achieved through the development of an integrated 24/7 urgent care service and the delivery of the following initial priorities:

- Urgent Primary Care Centres / services are implemented across Wales, providing a locally accessible and convenient service and offering diagnosis and treatment for urgent care complaints, illness or injury – **by April 2023**.

- Following the completion of the national roll out of NHS 111 Wales in 2021/2022:
    – significantly improve the 111 digital offer and increase use of web or app access, enabling provision of live advice without the need to use the telephone service – **by April 2023**.
    – improve access to urgent dental provision – **by April 2023**.
    – establish a palliative care pathway helping people with life-shortening illness to access a specialist 24/7 after dialling 111 – **by April 2023**.
    – establish a pathway supporting people with emotional health, mental illness and wellbeing issues to directly access a mental health worker 24/7 after dialling 111 (and 'pressing 2') **by May 2023**.
    – develop the 111 Clinical Support Hub at a national and regional level in addition to the wider multi-disciplinary team support for urgent primary care – **by April 2023**.

- Implement a 24/7 urgent care service, accessible via NHS 111 Wales, which can provide clinical or professional advice remotely and if necessary, signpost or refer directly to the right place, first time. This should integrate Urgent Primary Care Centres/services, GP (in and out of hours), and other community services such as community pharmacy, dental and optometry as well as schedule arrival slots in minor injuries units, emergency departments or same day emergency care hospital services – **by April 2025**.

- Each person assessed as having an urgent primary care need will reliably have access to the right professional or service for that need within 8 hours of contacting the NHS – **by May 2026**.

Goal 3: Clinically safe alternatives to admission to hospital

People access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. Linked to Goals 1 and 2, and the establishment of an integrated 24/7 urgent care service, Health Boards and partners will achieve this goal through:

- Extension of a national Same Day Emergency Care (SDEC) service across Wales, building on existing Ambulatory Emergency Care (AEC) offerings and consistently reducing the number of people requiring overnight admission for a healthcare emergency – **by April 2023**. Additional Welsh Government funding will be available to Health Boards to deliver this priority; and to the Velindre NHS Trust for an immunotherapy toxicity service and an enhanced ambulatory care service to help prevent admission of people suffering complications of cancers from 2021/2022.

- Implementation of SDEC services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment of people presenting with certain conditions, and discharge home same day where clinically appropriate, twelve hours a day and seven days a week – **by April 2025**.

- The Strategic Programme for Primary Care will also develop an effective community infrastructure model for intermediate care, based upon the principles of 'right sizing' available capacity in the community, to help services to meet the needs of local populations. This work will inform planning discussions at pan cluster level.

- There are many well-established crisis cafés, sanctuaries or houses in Wales. The services, provided mainly by the third sector, are effective at supporting people with mental or emotional health issues and offer an alternative to hospital admission or emergency department presentation. We will seek to expand this provision and ensure they address the needs of children and young people as well as adults **by April 2025**.

Goal 4: **Rapid response in physical or mental health crisis**

Individuals who are seriously ill or injured or in a mental health crisis should receive the quickest and best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome. This should be achieved through the following priorities:

- Deliver safe alternatives to ambulance conveyance to Emergency Departments, which means WAST transport patients there only when that is the right place for their clinical need. This should be done through focused and meaningful collaboration between Health Boards, WAST and their partners.

- This will be supported by the procurement of a new 999 remote clinical triage system in 2021/2022 that will support:
  – More accurate clinical assessment of patients;
  – Ability for clinicians to triage patients remotely increasing 'hear and treat' capacity; and
  – Video and text triage and follow-up advice.

- Increasing ambulance availability to ensure people who access 999 and are categorised as in danger of loss of life or with time-sensitive complaints are prioritised, receive the right kind of rapid response and are transported to the right place for definitive care to optimise their outcomes. Median (average) response times to people in the red and amber categories will improve year-on-year to April 2026.

- Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician **–** by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point.

- Consistent delivery of Emergency Department care standards, developed by clinical and professional leads, across all Emergency Departments **by the end of April 2023**.

- Linked to Goals 2 and 3, Mental Health 'single points of access' will cover all Health Board areas and provide rapid 24/7 triage and assessment **by April 2022**.

Goal 5: **Optimal hospital care and discharge practice from the point of admission**

Optimal hospital based care provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice. As a priority:

- Health, and social care, third and independent sector organisations will work together to consistently and reliably deliver our hospital discharge requirements[1] with an immediate focus on reducing the numbers of people staying in hospital longer than 7 days, reducing the risk of harm, optimising experience and providing care in the most clinically appropriate setting.

- There should be additional collective focus on significantly reducing the numbers of people staying longer in hospital than 21 days, to reduce risk of harm; and a renewed focus on reducing the number of people with mental illness or intellectual disabilities receiving long-term hospital care.

- We will establish a three-year transformation plan, **by the end of 2021/2022**, to support delivery of these priorities (and those in goal 6), and enable optimal discharge practice and delivery of Home First principles. Health Boards, NHS Trusts, Regional Partnership Board representatives will co-design the plan focusing on system wide integration.

Goal 6: **Home first approach and reduce the risk of readmission**

People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning. As a priority:

- Health and social care organisations will work together to increase the number of people transferred to the right place following admission to hospital, preferably their usual place of residence, within 48 hours of the decision about the next stage of their care being made.

- The proportion of people leaving hospital on a discharge to recover then assess pathway and with a co-produced personal recovery plan will also increase to help prevent readmission.

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1. https://gov.wales/sites/default/files/publications/2020-04/COVID-19-hospital-discharge-service-requirements.pdf

Our priorities should be considered as a suite of interconnected actions and expectations as part of a whole system approach.

In summary, our vision is for greater focus on coordinating support for older, frail people and individuals who have lived experience of discrimination and deprivation. This coordination and support should help people access the right advice or care based on need, enabled by the development of the emerging 24/7 urgent care model.

This model will integrate assessment, signposting and referral from 999 and 111 to a number of health and social care pathways, supporting people to safely remain in their local communities or rapidly access the right type of definitive care to support better outcomes.

When people do have a clinical need to access hospital care, staff will be supported to provide quality care, and individuals will stay in a hospital setting only for as long as is necessary with timely transfer home or to the most appropriate setting for their needs. And, following transfer home, individuals will be supported where they may need it through rehabilitation services and connection to local services to regain confidence and improve outcomes.

We believe a whole system and relentless effort to delivering these immediate priorities and the broader six goals offers the opportunity for Wales to improve substantially our existing urgent and emergency care offer, helping people to get to the right care, in the right place, first time.

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Part two

Introduction

About urgent and emergency care

An urgent or emergency need for advice, care or treatment is not predictable for the majority of people. However, some people are at greater risk of needing urgent or emergency care because of risk factors such as their age, frailty, a long-term condition(s), or other vulnerability; or as a consequence of health inequalities.

'Emergency' and 'urgent care' are frequently used interchangeably, with different perceptions in meaning and a sense of confidence that others have the same understanding.

This can cause confusion with both care providers and the public, and can be detrimental because users of services want a clearer sense of service priorities and clarity in the purpose of different services to ensure they access the right service, first time. Therefore, we have determined that:

- **Urgent care:** means health and wellbeing issues that may result in significant or permanent harm if not dealt with within the next 8 hours.
- **Emergency care:** means health and wellbeing issues that may result in significant or permanent harm or death if not dealt with immediately.
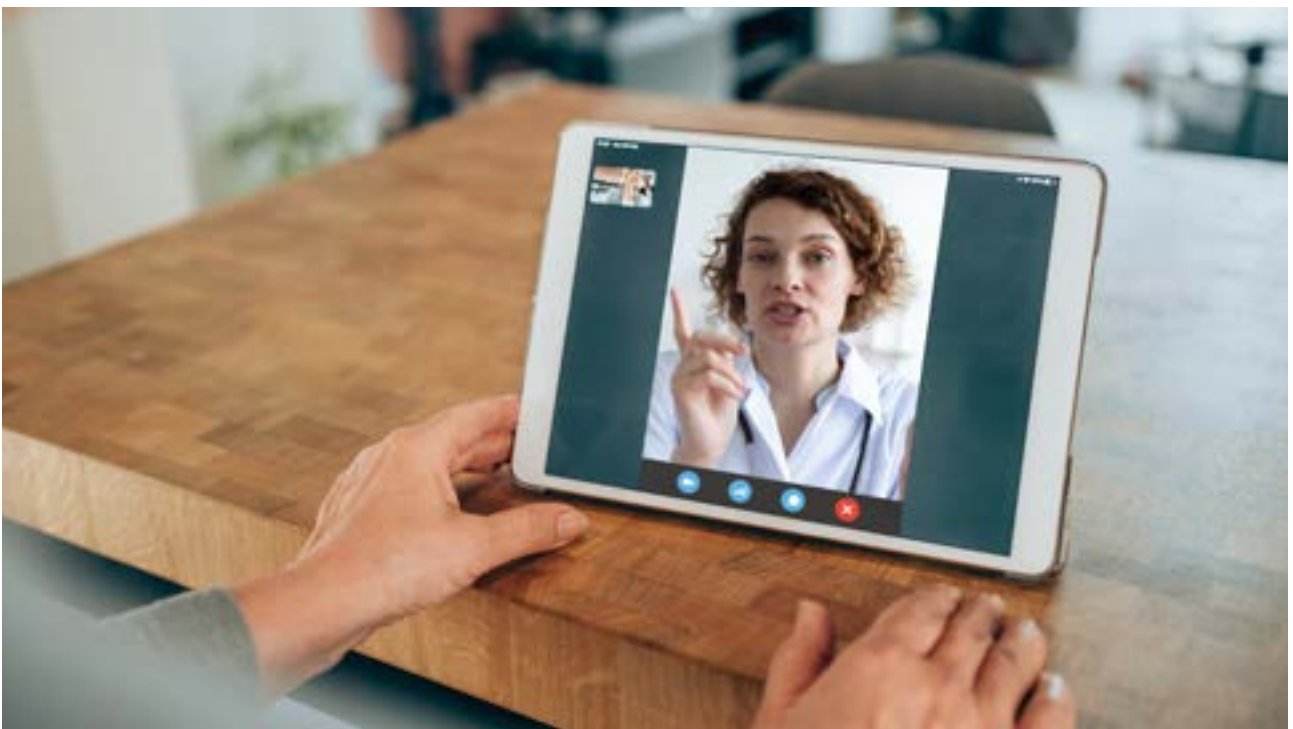
What is the purpose of this six goals handbook?

This handbook describes the Welsh Government's strategic vision for urgent and emergency care, through six policy goals.

The six goals both represent the outcomes we expect for people who need to access urgent and emergency care and also frame a series of 'quality statements' for consistent and reliable delivery by Health Boards, NHS Trusts, Regional Partnership Boards and partners. Successful delivery of the goals and the related quality statements by health and social care systems should enable optimal experience and outcomes for local populations and staff.

The handbook also describes how the Welsh Government will enable the health and care system to achieve the six goals and reliably deliver on the quality statements through targeted funding and supporting national programmes.

Strategic context

Our strategic aim is to prevent unnecessary escalation of care where possible, by providing proactive support, and to enable access to the right care, first time for people who have a need for urgent or emergency care.

This approach aligns with the commitments of A Healthier Wales (2018), the Workforce Strategy for Health and Social Care (2020), the Programme for Government (2021) and the National Clinical Framework (2021), delivering:

A whole system approach where seamless support, care or treatment is provided as close to home as possible:
- Services designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.
- A system where, people only present at or are admitted to a general hospital when it is essential, with hospital services designed to reduce the time spent in hospital.
- A shift in resources to the community that enable hospital-based care (when needed) to be accessed more quickly.
- The use of digital change and technology to support high quality services.
- A motivated and engaged workforce with the right capacity, capability and confidence.

This document also aligns with the Welsh Governments Together for Mental Health Strategy and supports parity between mental and physical health; and the NHS Decarbonisation Strategic Delivery Plan, supporting reducing carbon with fewer journeys to hospital and care closer to home. This will contribute to improving air quality and individuals' health.

Our vision for urgent and emergency care is also founded on the five ways of working, in the Wellbeing of Future Generations Act. The six goals set out:
- a longer-term vision for designing a seamless urgent and emergency care model along with short to medium term action requiring collaborative planning across health, social care and the third sector to optimise outcomes;
- public involvement, which, has been key to shaping the six goals and will remain fundamental to tackling health inequalities, the delivery of personalised care and the co-design of new models of care;

- a strong focus on preventive activity with the aim of keeping people well and maintaining independence.
- This approach includes schemes that support people to remain safely at home, for example through healthier homes and focus on supporting individuals to manage their health conditions to avoid exacerbations that result in admission to hospital.
- Collaboration and partnership working across key partners in the health and social care system; health boards and trusts, social care, regional partnership boards, and the third sector and beyond to deliver on the system changes required.

We will communicate our priorities for Health Boards, Regional Partnership Boards and NHS Trusts through the NHS Planning Framework and other related strategic documents.

Why do we need to improve delivery of urgent and emergency care?

Managing demand for urgent and emergency care has been challenging for a number of years with increasing pressure on staff in primary and community care services, the ambulance service, emergency departments, hospitals and other essential health and social care services.

This has, at times, resulted in delays for individuals' access to essential services, which can have an effect on their experience and outcomes. The following issues are part of a complex and multi-factorial challenge, compounded by the COVID-19 pandemic (see Appendix 1 for more evidence):

- An ageing population, often with multiple co-morbidities, who have greater need for access to hospital and ongoing care
- Workforce challenges resulting in gaps across the system
- Health inequalities: unwarranted variances in health service access, provision or outcomes between different groups of people. These inequalities are normally understood across four domains:
  1. the socio-economic domain such as income;
  2. the geographic domain such as where the person lives;
  3. specific characteristics domain such as ethnicity or disability; and
  4. the 'excluded groups' domain such as homeless people, migrants, the Traveller communities or asylum seekers.
- An urgent and emergency care system where interactions people have with services - and where they transition following that interaction – is complex
- This complexity is compounded by the interactions with individuals' associated requirements for planned care and the workforce challenges experienced across the health and care sector
- A lack of continuity when individuals transition between services can potentially have a negative impact on the ability of other staff and services to provide timely access and quality care to patients
- Longstanding cultural challenges and an inability to embrace change and move away from outdated practices that add little or no value
- A rise in the numbers of individuals with mental health issues and the complexity and acuity of these issues.

What matters to people who have used urgent and emergency care in Wales?

A survey of people in Wales[2] (Picker, 2020) told us that the most important thing for people when they need urgent or emergency care was to receive the right treatment to manage their illness/injury and prevent future problems.

The findings of the survey align to views of Welsh public when asked about their recent experiences of urgent and emergency care services, with the following consistent themes regarding what matters to them when they need to access urgent or emergency care:

- Being clearly kept informed about their care throughout;
- Having a timely initial assessment, even if this means waiting for treatment;
- Being given medicine to help control pain where necessary;
- Being told how long they can expect to wait for the next stage of their care; and
- Being treated, and to go home, quickly.
- Further, a survey[3] about mental health crisis care of over 1000 individuals in May 2021 found what people most wanted is a quick response, access to support 24 hours a day and to have a caring reassuring person to speak to when in crisis.

What matters to staff involved in the delivery of urgent or emergency care?

Through surveys and engagement sessions about existing challenges and opportunities to improve access to, and delivery of, urgent and emergency care services, frontline staff and professional bodies were clear about the need to focus on four key themes (see Appendix 2 for further detail):

- Getting education and information to the public on access to services right, ensuring there is always a focus on what matters to people.
- A clear, long-term approach to recruitment and retention of the right workforce to manage the right patient demand, and enabling staff to develop while maintaining their wellbeing.
- A clear approach to measuring value, quality, safety, patient and staff experience across the urgent and emergency care pathway; and the use of accurate data to enable 'one version of the truth' supporting better decisions by clinicians, operational and planning teams.
- Harnessing digital change, new technologies and informatics systems that are robust, easy to use and support the delivery of safe, effective care.

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2. Picker Institute (2020) Welsh Perceptions of Urgent and Emergency Care
3. Picker Institute Service User Experience of Mental Health Care in Wales

How can we achieve what matters to service users and staff?

The COVID-19 pandemic has enabled new ways of working and an accelerated pace of change, both of which have provided rich learning. We will work with health and care organisations to harness this once-in-a-generation opportunity to continue the work of transforming services to deliver a sustainable, safer, more effective, integrated urgent and emergency care access model.

We want to see a whole-system approach to support people who need urgent or emergency care to access the right care, in the right place, first time. We expect health and care organisations to work with partners to consistently and reliably deliver six goals for urgent and emergency care to optimise clinical outcomes, service user and staff experience and value. At a high level, the six goals are:

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6 Home first approach and reduce the risk of readmission

1 Co-ordination planning and support for populations at greater risk of needing urgent or emergency care

Six Goals for Urgent and Emergency Care

5 Optimal hospital care and discharge practice from the point of admission

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How will the Welsh Government enable the system to deliver the six goals?

The Welsh Government has established a new £25m recurrent fund to support development and sustainable implementation of new models of care that will enable consistent and reliable delivery of the goals. This will be complemented by the Integrated Care Fund (ICF) intended to support delivery of integrated health and social care models of care, and existing annual funding allocated to Health Boards, NHS Trusts and Regional Partnership Boards.

The six goals look across the whole pathway for urgent and emergency care and therefore the role of primary and community care is key. Consequently, there is close working between Welsh Government and national programmes and bodies like the Strategic Programme for Primary Care, the Programme for End of Life Care, the NHS 111 Wales Programme, the Emergency Ambulance Services Committee and others on those areas of alignment that support the delivery of the six goals.

Notably, this includes the development of urgent primary care services and the development of an effective community infrastructure model, all underpinned by accelerated cluster development.

We will establish four national enabling work-streams as part of a national six goals approach to support achievement of the goals. These are:

Digital change, informatics and technology in urgent and emergency care: we will develop a plan with a phased approach combining enabling actions that can be delivered quickly and in the medium term.. We know that not everyone can, or wants to, access online or digital services; therefore, ensuring that any solutions are digitally inclusive is a key priority;

Measurement for improvement and value based urgent and emergency care: a six goals plan will be co-designed with patient groups and clinical and professional leads to enable development of the right service user and staff experience, clinical outcome and value-based metrics to understand and enable improvement against 'quadruple aim'; and

Behaviour change, communications and marketing in urgent and emergency care: a plan will be developed to identify immediate and medium term actions, aligned to the six goals, to ensure people are better informed of where to turn when they need or want urgent or emergency advice or care. The work of this group will include considerations of language in accessing information and align with our commitments to the Welsh language. This plan will also focus on social movements and making every contact count to optimise experience and outcomes.

Workforce, education, training and development in urgent and emergency care: immediate and longer term opportunities will be identified to support staff to work in modern, multi-professional workforce models. This will seek to enable them to use their skills in line with the prudent in practice principle to deliver the six goals, supported by excellent education, training and development; with the need to support the wellbeing of our workforce central to everything we do.

Funding will also be made available to Health Boards to recruit 'triumvirate teams' to drive forward delivery of priorities and form national networks to enable sharing of insight, learning and innovation. These teams will include clinical or professional leadership and analytical support.

What are quality statements?

Each of the six goals in this handbook includes a quality statement that sets out ambitions for consistent and reliable delivery by health and social care organisations across Wales.

They describe the outcomes and standards individuals should expect when they may need urgent and emergency care services, and will inform national oversight of service provision through planning frameworks and the Welsh Government quality, planning and delivery assurance system.

The COVID-19 pandemic and associated challenges make delivery of every element of each quality statement testing and some elements should be considered as aspirational at this stage. However, health and care organisations should work towards consistent and reliable delivery with their partners over the course of this Senedd term.

We will publish more detail on the quality statements and the rationale behind them as part of an evidence framework to support practitioners. We will also keep quality statements under continuous review to ensure the latest available evidence informs our approach, and co-design measures of success alongside service user representatives, clinical, professional and system leaders.

What are the expectations of health and care organisations?

Health Boards, NHS Wales Trusts and Regional Partnership Boards should collaborate with partners to use the six goals as an organising framework, framing action within local urgent and emergency care improvement plans (structured around the six goals) and local Integrated Medium Term Plans (IMTPs).

A framework will be supplied for the development of a Six Goals Plan and associated monitoring, with the expectation that this is used for the key priorities from 2022–23 onwards.

Review and evaluation

This handbook covers the 2021/2022–2025/2026 period and progress towards meeting the intended outcomes of the six goals will be subject to annual review and evaluation.

There will be an initial review of progress, learning, and any challenges to delivery in March 2022 to inform the ongoing development, implementation and operationalisation of the six goals. In line with commitments in a Healthier Wales, consideration of progress by Health Boards against key priorities will align to any new developments regarding 'levers for change'.

Goal 1:
Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care

To help prevent future urgent or emergency care presentations, populations at greater risk of needing to access them should expect to receive proactive support through enhanced planning and coordination of their health and social care needs. This should support better outcomes, experience and value.

Quality statement

- Parents or guardians of children in 'Early Years' settings will be supported to anticipate risks of childhood accidents in the home.

- People eligible to access the Welsh Government's Nest Warm Homes scheme are offered support to improve their resilience and well-being, through improving the health of their homes.

- People living with multiple long-term conditions are offered an opportunity to participate in regular holistic reviews and to co-produce a personalised care plan. This should include an offer of involvement to carers in conversations about care plans. This should cover the carer's own needs to help prevent admission to hospital for the person for whom they have caring responsibilities for non-clinical reasons, in the event of sudden illness for the carer.

- People with frailty syndromes, including those with dementia, are proactively identified by health and social care teams to ensure they receive care by a team of professionals competent to assess and manage individual needs at, or closer to, home.

- Community teams support individuals who are lonely, socially isolated or excluded through social prescribing schemes, awareness of them and encouragement and support for their use.

People with mental health issues will be supported through early identification and intervention in primary care. They will be empowered to access self-help and community support.

People with substance misuse issues receive support to reduce their risk of harm through access to advice from the right professional. They can access rehabilitation, recovery services and psychologically informed care.

Residents of care homes and people known to be at greater risk of falling, are offered proactive support through home safety checks, home adaptations and advice on adoption of healthy behaviours appropriate to their needs.

People with a progressive life-shortening illness have the offer of agreeing an advance care plan through close collaboration between the person, their families and carers; and the professionals involved in their care to enable them to die in the place of their choice.

Why is this good for service users?

An integrated responsive health and care service will help frail and older people to stay well longer and receive preventative support reducing the risk of escalation to emergency care and admission to hospital. This should also ensure any unmet social need is addressed in the right place, first time. Further, understanding the relationship between socio-economic deprivation, poverty and social injustice with poorer outcomes and unmet need is at the core of delivering goal 1.

As examples, substance misuse and poor quality - or cold - homes present some of the leading risk factors for ill-health and have consequences for both people's outcomes and increased demand on the urgent and emergency care system.

Higher quality, more personalised support for people with substance misuse issues, and on improving safety and warmth of homes will create robust connections and positive outcomes for individuals and deliver greater value. This is particularly prescient given the probable increase in latent risks of poverty and poorer outcomes among people in the community caused by the COVID-19 pandemic, restrictions on life and unemployment.

A selection of other benefits of consistent and reliable delivery of goal 1 include the following:

- personalised care planning enables access to proactive support to remain as well as long as possible;
- advance care planning enables people with life-shortening illness to die in their place of choice; and
- enabling patient-level information to be shared between clinicians and professionals will enable more confident decision making about what is right for the individual, first time, and reduce unnecessary 'handovers' to other services.

How will we support health and social care systems to achieve this goal?

Across Wales, a number of existing services, programmes and projects have been put in place, some of these are tailored to specific conditions or populations. During 2021–22 a stock-take will be undertaken to provide a repository of good practice on which to build a meaningful and coordinated approach for Wales. We will also focus on the following areas:

- The Accelerated Cluster Development work (as part of the Strategic Programme for Primary Care) sets out the planning and delivery framework at a pan cluster level that will support the required collaboration across public, independent and third sector partners. For April 2022, early adopter Pan Cluster Planning Groups will be in place with 2022/23 regarded as a transition year in preparation for full implementation in April 2023/2024.
- Our new national programme for end of life care will provide a renewed and broader focus to palliative and end of life care across health, social care and the third sector. We will also develop a Quality Statement for End of Life Care in conjunction with health, social care, the third sector and our patient engagement leads. The quality statement will drive forward improvements in the quality of care through nationally agreed clinical pathways across all sectors.
- High Impact Service Users: a test of change service will be launched in partnership with a Health Board area and third sector partners in 2021/2022 to explore how the health and social care needs of people who frequently access urgent and emergency care services can be better met.

An evaluation will be undertaken to support the design of a national model which will build on work developed by the Welsh Emergency Department Frequent Attenders Network (WEDFAN).

- The National Data Resource will facilitate timely accessibility of information to healthcare professionals across the system, to ensure an up-to-date, accurate record of individuals' status is available to inform care planning.

- The Welsh Government commitment to improving the safety and warmth of homes will be further progressed, for example with the continuation of the NEST Warm Homes Scheme.

- A 'Hospital to a Healthier Home' scheme, delivered by Care and Repair from 14 hospitals in Wales. This scheme supports vulnerable older people through safe and timely discharge from hospital, and prevents readmission by making their homes safe, warm and more accessible. Care and Repair caseworkers also offer practical support and coordination on issues like benefit entitlements and referral to local community groups to tackle loneliness.

- Welsh Government investment of almost £1m in lifting equipment for care homes continues to ensure that people who experience "non-injury falls" in those homes can be safely lifted and avoid the need for transfer to hospital and potentially admission. The impact of this intervention will be monitored to explore related opportunities in other parts of the health and social care system.

- Through our ePrescribing programme, we will seek to better coordinate, improve and digitise the way patients, clinicians and pharmacists access and manage the provision of medicines across the health system. This will include: patients' access to medicines; prescribing of medication by clinicians; and the assurance and dispensing of prescriptions by pharmacists.

- Programme for Government commitments for implementation of 'integrated health and wellbeing centres' and 'integrated hubs' are also likely to eventually support delivery of this goal.

How will we measure success?

A range of key measures will be developed, such as the frequency of use of care plans and their success in maintaining people at home (a 'Healthy Days at Home' measure is under development) when a crisis occurs.

We should expect to see an increase in time-spent at home by frail and older people, and a reduction in Emergency Department attendances among:

- individuals who are defined as 'high impact users' of services;
- people with substance misuse issues; and
- younger children.

We should also observe a reduction in 999 calls and transfers to hospital from the populations supported by the actions defined in this goal over time.

Goal 2:
Signposting to the right place, first time for people with urgent care needs
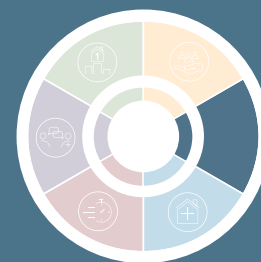
When people need to access urgent care they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time.

Service users are involved in shared-decision making and experience coordinated care with clear and accurate exchange of patient level information between relevant health and social care professionals.

Quality statement

People who require urgent care are supported to understand the value of seeking advice through the NHS 111 Wales online platform or telephony service, receiving a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience.

Those who have an urgent health and wellbeing issue that may result in significant or permanent harm if not assessed or treated within the next eight hours, are supported to achieve optimal experience and outcome through urgent primary care services. This will include:

- an initial phone consultation through 111
- signposting to a same day or out-of-hours primary care appointment; or pharmacy, dental or optometry advice
- direct connection to mental health advice
- signposting / referral to an urgent primary care centre; and/or
- signposting / scheduling to an arrival time slot at a minor injuries unit or Emergency Department

Health and care staff have access to a 'directory of services' holding comprehensive, accurate and contemporaneous information to signpost or refer people to the right place, first time based on their individual need.

Why is this good for service users?

Signposting people who want or need urgent advice, care or treatment to the right place, first time, taking into account language and communication needs, should help improve service user experience by limiting unnecessary visits to hospital, and reduce the length of time people wait for assessment and treatment when needed.

It should also enable people with serious injuries and illnesses to be assessed and treated more quickly in Emergency Departments, and free-up capacity for GP consultations for people with long term/chronic conditions. In the context of COVID-19, it will also make it safer for service users and staff by reducing crowding in Emergency Departments.

Establishing an accurate, comprehensive, up-to-date and easily accessible 'directory of services' will enable clinicians and health and care professionals to signpost people who need information, advice or assistance to the right place, first time and could also be made available to the public

How will we support health and social care systems to achieve this goal?

We will roll-out the NHS 111 Wales on-line and free to call telephony service nationally by the end of 2021/2022. This will help 100% of the Welsh population to answer questions about their symptoms, 24 hours a day and seven days a week.

The 111 service provides information on self-care advice and how people can access medication – including repeat prescriptions. It also provides support to individuals or their carers who want or need urgent advice from a range of practitioners, including GPs, pharmacists, dentists, specialist nurses and other clinicians.
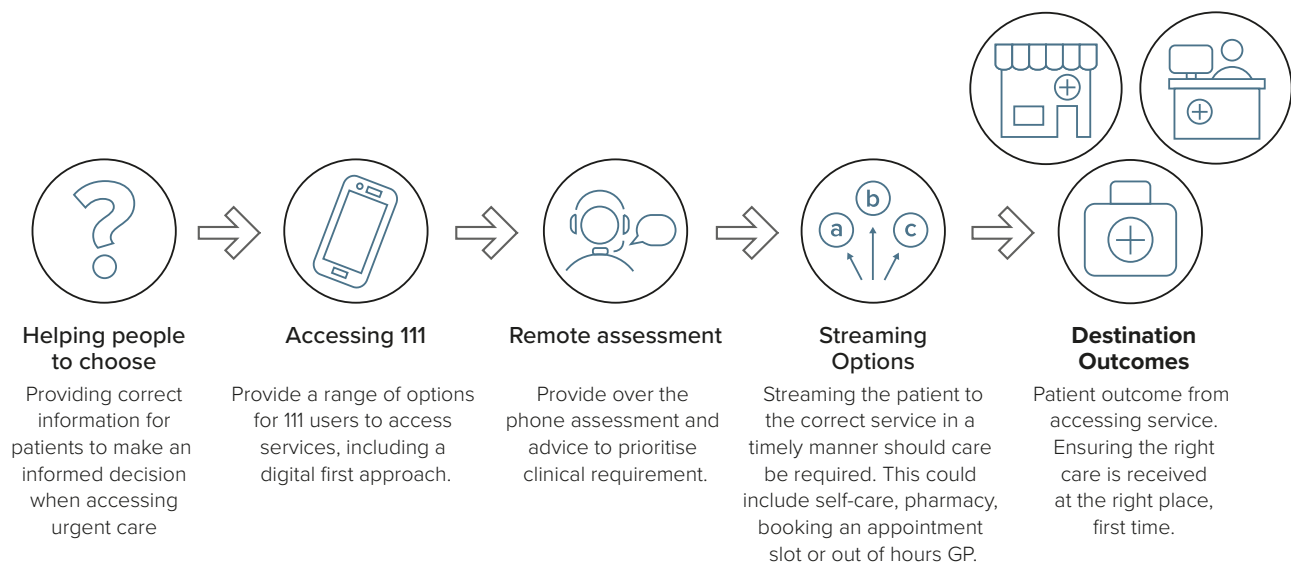
In 2021/2022, as part of the development of an integrated 24/7 urgent care service, we will also:

*   Enhance accessibility to a range of symptom checkers via the NHS 111 Wales website.
*   Accelerate plans to increase clinical capacity to provide remote assessment and advice via 111 and in ambulance control centres, enabling people to be signposted, referred or scheduled in to a slot in the right place, first time.
*   Enable individuals with mental health issues to be connected to a trained mental health worker as soon a possible who can connect them to local support or crisis services as well as provide telephone triage, assessment and interventions.
*   Continue to establish urgent primary care centres and services, providing a locally accessible and convenient service offering diagnosis and treatment of many of the most common reasons people access GP in and out-of-hours, 999 and Emergency Department services.

The 111 and emerging urgent care service model is illustrated in diagram 1:

Diagram 1 – the NHS 111 Wales model

Helping people to choose	Accessing 111	Remote assessment	Streaming Options	**Destination Outcomes**
Providing correct information for patients to make an informed decision when accessing urgent care	Provide a range of options for 111 users to access services, including a digital first approach.	Provide over the phone assessment and advice to prioritise clinical requirement.	Streaming the patient to the correct service in a timely manner should care be required. This could include self-care, pharmacy, booking an appointment slot or out of hours GP.	Patient outcome from accessing service. Ensuring the right care is received at the right place, first time.

How will we measure success?

Meaningful metrics are under development to enable a full understanding of how successfully the urgent care system is in respect of signposting people to the right place, first time and in relation to staff and patient experience. The types of metrics used initially will include:

*   National 111 standards.
*   Analysis of destination outcomes of 111 calls.
*   The volumes of presentations at Emergency Departments for low acuity/minor complaints.
*   Service user experience and satisfaction surveys.
*   National performance reporting for urgent primary care centres will be launched using an agreed minimum dataset alongside formal evaluation of the first phase to support further development and delivery of the model in phase two.

Goal 3:
Clinically safe alternatives to hospital

People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary.

Quality statement

People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. Community based nurses, allied health professionals and GPs should have timely access to GP and / or specialty advice and guidance to support safe decisions about a person's urgent or emergency care needs. This includes helping them to remain at home; receive timely follow-up care after accessing the ambulance service or accessing the right hospital setting, first time.

People who are assessed for bed-based intermediate 'step-up' care are given clear advice about the support the service will be able to provide and, if accepted for intermediate care, start the service within two hours of referral in line with NICE guidance[4].

People who have a clinical need for a hospital-based urgent or emergency face-to-face assessment, diagnostics and/or treatment are always considered for management on an (ambulatory) same day emergency care pathway.

4. https://www.nice.org.uk/guidance/NG74

Older/frail people, and people nearing the end of their lives, will be assessed quickly at the front door or adjacent to the Emergency Department with decisions on their care acted upon by a multi-agency team. This should include a system that is able to respond to peoples' specific needs to prevent unwanted or unnecessary admission to hospital, focus on maintaining nutrition and hydration, mobility, communication and control.

Individuals will have available, outside of normal working hours, crisis cafés or sanctuaries in their local communities which will provide compassionate safe support for those in mental health crisis.

Why is this good for service users?

Reducing avoidable emergency admissions improves the quality of life for people with long term and acute conditions and their families, as well as reducing pressures upon the resources of local hospitals.

This will be achieved by maximising the use and availability of remote clinical assessment to people who dial 999, and for community practitioners who are at scene with a service user through access to specialty advice and guidance lines. This seamless access to advice from specialty clinicians can support practitioners to make informed decisions about the right setting/service for the needs of an individual helping to reduce unnecessary admissions to hospital.

Increasing referrals of people with urgent or emergency care needs or in mental health crisis to suitable alternative services locally enables people both to have their needs meet closer to home and more swiftly, and release ambulance and other professional or clinical capacity to respond to those individuals who require a rapid response. This should also reduce pressure on primary care services and enable more focus on supporting people with chronic conditions.

Reducing pressure in emergency departments and on hospital capacity will help to reduce 'crowding' and the related risk of harm, including risk to poor experience caused by long ambulance patient handover delays and the risk of hospital acquired infection. This should in turn improve patient and staff experience, and clinical outcome.

Delivering 'same day emergency care services', better mental health liaison services and acute frailty services at the front door of hospitals can enable people referred to or presenting at hospital with relevant conditions to be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

How will we support health and social care systems to achieve this goal?

- We will work with organisations to ensure they implement same day emergency care (SDEC) services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment of people presenting with certain conditions, and discharge home same day where clinically appropriate, twelve hours a day and seven days a week – by April 2025. This will be supported by around £10m new recurrent revenue investment, and around £6m in capital funding for equipment and estate changes. This will include just under £1m recurrent funding for three years to support ambulatory emergency care and immunotherapy services delivered to people suffering from complications of cancer by Velindre NHS Trust.

- The Strategic Programme for Primary Care will oversee development of a number of 'step-up' intermediate care pathfinders towards design of a consistent national step up model. This is part of wider work to develop an effective community infrastructure model for or Intermediate Care based upon the principles of 'right sizing' community services. This, alongside the development of urgent primary care services, starts to build a wider range of primary and community care services, the planning of which will be undertaken at pan cluster planning level as set out in the Accelerated Cluster Development work.

- Establish and embed access to 'speciality advice and guidance' telephone lines to immediately link health care and allied health professionals with specialist advice to deliver appropriate action based on a person's needs. This may include alternatives to referral and admission to hospital where clinically safe.

- The Emergency Ambulance Services Committee will oversee a delivery plan that will include focus on rapid delivery of alternative pathways and community-based solutions to safely reduce avoidable conveyance to emergency departments.

- We will work with organisations to review and, where necessary improve, mental health liaison services, NHS crisis services for adults and children, community crisis cafés.

How will we measure success?

Measures to determine how successful the health and social care system has been in enabling people to to safely avoid admission to hospital are under development.

Affiliated work to develop a measure of the 'time spent at home' by older /frail people' is underway through the Strategic Programme for Primary Care.

The resolution of the challenges experienced by Health Boards in recording and reporting same day emergency care activity will be a priority for 2021-22 to support measurement for improvement, and will include measures of service user experience.

Goal 4:
Rapid response in a physical or mental health crisis

The fastest and best response provided for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.

Quality statement

People with mental health and emotional distress will receive a coordinated response from services across the urgent and emergency care pathway. This should seamlessly link:

- in-hours and out-of-hours primary care
- emergency ambulance services
- Emergency Departments
- Police
- mental health liaison
- NHS crisis services; and
- Crisis cafes and sanctuaries.

People dialling 999 with non-time critical presentations are referred to alternative community, mental health single points of access or direct access hospital pathways, or safely discharged over the telephone following a secondary clinical assessment.

People who have dialled 999 for an emergency ambulance and are in imminent danger of loss of life or limb, have a time sensitive injury or illness or require palliative care receive the fastest and best type of response commensurate with their clinical need. They are transported/referred to the best direct access pathway based on clinical need, as quickly as possible.

Defibrillators are readily available and accessible to the public who are aware defibrillators are easy to use and can do no harm.

Those arriving by ambulance at a hospital facility should be transferred safely from ambulance clinicians to the care of hospital clinicians in order of clinical priority and always in a timely manner (an hour at most).

People who have accessed care in an Emergency Department (and the wider hospital) will find suitable environments and proactive processes to greet them. On arrival, there will be quick identification of whom the patient is, why they have attended and, following triage, what the next step in their care should be. Wherever possible, this will occur within 15 minutes of arrival, with an assessment by a senior decision maker complete within an hour.

People suffering with acute complications of cancer or its treatment are able to bypass the Emergency Department, where appropriate, and quickly access an acute oncology service for appropriate specialist input to facilitate urgent assessment and rapid initial management.

Ambulance clinicians will develop necessary end of life assessment and support skills to deal with difficult conversations, administer appropriate medications and support family/carer concerns.

When people are ready to leave the Emergency Department, there will be effective arrangements in place to provide continuity of care with the minimum of delay, including returning home with support and timely admission to a hospital bed, when that is the right next stage in the person's care.

Why is this good for service users?

Emergency ambulance services, mental health crisis response and Emergency Departments are a core and essential part of the urgent and emergency care system. Delivering the best possible, quickest and most appropriate response for people who are in physical or mental health crisis is a priority to optimise survival rates and clinical outcomes.

However, emergency care is not always delivered by health practitioners and we can improve outcomes for people in cardiac arrest through involvement and engagement with the public.

The UK average shows less than 10% of people survive a cardiac arrest for which the major determinant of outcome is time to treatment. The sooner effective Cardio Pulmonary Resuscitation (CPR) is started, the better the chance of survival because for every minute delay, a person's chances of survival fall by 10%[5]. If a defibrillator is readily available, people are six times as likely to survive[6].

A timely initial response and referral to the right place, first time for a number of other time sensitive complaints – such as stroke, STEMI (a type of heart attack) and fractured neck of femur (hip) can also result in improved clinical outcomes in addition to a more positive experience. Evidence from the 'Amber Review' (2018) has shown getting people to the right ward, first time, has beneficial outcomes and that people should be seen by a senior clinical decision maker as soon as possible.

Timely handover of care from ambulance clinicians to hospital clinical staff improves service user experience[7], and improves ambulance availability for other people awaiting a response in the community.

A mental health and/or welfare crisis describes any situation in which an incident related to public safety or individual welfare prompts a call to emergency services and is linked to a person's mental health or wellbeing. The person may be:

- at immediate risk of harming themselves or others;

- an immediate risk of being unable to adequately care for themselves or be cared for within existing support structures, or function safely in the community; and

- where there is an identified trigger or vulnerability associated with their diagnosed mental health condition, or other social, emotional or clinical situation.

The individual in crisis will benefit from a rapid, flexible, person-centred response from health services, tailored around strengths and assets available individually or within the family unit which encourages long term self-management.

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5. British Heart Foundation Data cited by Welsh Ambulance Services Trust (2019)

6. References: *Welsh Ambulance Services Trust (2019) – Innovative App a potential game changer in cardiac survival across Wales* https://www.ambulance.wales.nhs.uk/Default.aspx?gcid=1557&pageId=2&lan=en

7. Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber (2018)

How will we support health and social care systems to achieve this goal?

- A national programme has been established to explore how NHS and fire and rescue services (FRS) services can work effectively and collaboratively to increase response capacity for individuals in the red (immediately life threatened) category.

- Increasing CPR education and investment in defibrillators to optimise outcomes from out of hospital (OOH) cardiac arrest. £2.5m of Welsh Government funding has been allocated over the next three years to enable Save a Life Cymru to raise awareness about the cardiac arrest chain of survival and fund new educational and training resources, including improving public access to defibrillators

- Establish 'call-to-door' measures for time sensitive complaints like stroke to enable improvement.

- The Emergency Ambulance Services Committee will oversee an increase in available response capacity to enable improvements in responsiveness for people with time-sensitive complaints. A delivery plan will also identify actions to safely reduce conveyance of people to Emergency Departments and establish improvement plans for each Health Board area. A long term strategy will be established for remote clinical support, with the procurement and implementation of an enhanced clinical assessment system for the 999 clinical contact centres

- A 24/7 mental health single point of contact in each Health Board will offer triage, assessment, support and signposting those with an emotional or mental health need. The service will be staffed by trained and compassionate mental health professionals. Although this service will focus on promoting self-resilience and health coaching it will also offer brief interventions and, if necessary, access to secondary mental health services.

- Electronic Patient Clinical Records (ePCR) that enable access to medical history and medicines to facilitate electronic handover and transfer of key information into a person's hospital and GP records will be implemented in 2021/2022.

- Nationally and clinically designed Emergency Department care standards and operational arrangements for ambulance patient handover and clinical triage will be implemented by Health Boards, supported through the Emergency Department Quality and Delivery Framework programme.

- We have implemented an 'Emergency Department Wellbeing and Home-safe' service, delivered by the British Red Cross at all Emergency Departments in Wales. This service aims to improve both patient flow and the patient experience at Emergency Departments. British Red Cross staff are present throughout the day in departments, providing support to members of the public and supporting, where appropriate, individuals to return home. The service aims to resettle and connect people with other community services once they have returned home from hospital.

- We are working with St John Ambulance Cymru to trial support vehicles for people who have experienced mental health crisis and need rapid transport to the right setting for further assessment or care. The service has exceeded 400 journeys since implementation in February 2021 and negated the need for emergency ambulance journeys for those conveyed. The average response time of the vehicles is currently around one hour which prevents continued patient anxiety and distress and permits other mental health professionals and police officers from having to wait very long periods on scene. This project has been expanded from covering south West Wales to all of Wales from September 1 2021. This service will be evaluated and if it improves patient experience and outcomes then this, or a similar service, will be procured and placed on a sustainable footing from 2022.

- Quality statements published for the care of the critically ill[8], stroke[9] and heart conditions[10], and should be considered alongside each of the six goals.

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8. https://gov.wales/written-statement-quality-statement-care-critically-ill   https://gov.wales/care-critically-ill-quality-statement

9. https://gov.wales/quality-statement-stroke-html

10. https://gov.wales/quality-statement-heart-conditions-html

How will we measure success?

For emergency ambulance response, the Emergency Ambulance Services Committee delivery plan and its associated milestone and outcome measures will form the basis for measuring progress and improvement in subsequent years.

Measures will include ambulance availability and achievement of national and internal targets. Outcome measures for service users will be developed along with satisfaction/experience measures. In particular, it will be expected that there will be a reduction in long waits not covered by response targets.

In regard to care in Emergency Departments, existing work on experimental measures developed through the Emergency Department Quality and Delivery Framework will be extended to consider service user experience and timeliness of continuity of care for people who need to be admitted to hospital.

For mental health, the interventions and support given to a person experiencing a crisis of their mental health should be based on the values of empowerment and promote and protect social inclusion, community integration, hope, positive identity and meaningfulness.

We would expect to see a reduction in numbers of people attending emergency departments and contacting ambulance and the police services through 999 for non-emergency mental health issues. We would also expect to see a reduction in high intensity users of 999 and GP services for emotional health issues.

Goal 5:
Optimal hospital care and discharge practice from the point of admission

Optimal hospital based care is provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice

Quality statement

People admitted to hospital should be treated consistently and reliably in line with the expectations of health, social care, third and independent sector partners in Wales as described in Welsh Government Hospital Discharge Requirements guidance.[11]

People admitted as an emergency to a hospital setting should:

• Be reviewed by an appropriate consultant as soon as possible after admission. This should be no later than 14 hours from the time they were admitted to hospital. Frailty assessments should be completed where required on admission.

• Should have a reconciled list of their medications within 24 hours of their admission.

• Be fully involved in and informed of plans for their treatment, recovery and discharge from hospital. They should have answers to four key questions on a daily basis: what is the matter with me? What is going to happen to me today? When am I going home? What is needed to get me home?

• Have a structured patient handover during transitions of care, with a focus throughout on return to home as soon as they are clinically fit to leave.

• Have a patient care plan that includes active intervention to avoid deconditioning, maximise recovery and support independence throughout their hospital stay.

• Have access to rehabilitation regardless of condition and ward to which they are admitted; available immediately upon admission, or as soon as the person is medically able to participate to accelerate recovery and reductions in side effects.

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11. https://gov.wales/sites/default/files/publications/2020-04/COVID-19-hospital-discharge-service-requirements.pdf

Frail and vulnerable people, including those with disabilities and mental health problems of all ages, should be managed assertively but holistically (to cover medical, psychological, social and functional domains) and their care transferred back into the community as soon as they are medically fit, to avoid loss of ability to self-care.

The person's consultant is responsible for deciding when they are clinically ready to move on from an acute phase of their care, and agrees an 'individual clinical criteria for discharge' to enable return home even if the consultant is not present.

People who are eligible for discharge through Non-Emergency Patient Transport Services will receive safe, timely and comfortable transport to and from their destination, without detriment to their health. They are treated with dignity and have their religious and cultural beliefs respected. Where people are at a hospital ward or department, the Health Board will ensure they are ready to leave at the time they notify the transport provider of readiness to travel.

Why is this good for our service users?

While admission to a community or acute hospital bed is the right thing for some people, evidence has shown that many people who are older and living with frailty or co-morbidities leave hospital less mobile and independent than when they were admitted. Many also lose confidence and the ability to care for themselves very quickly, when they are away from their familiar surroundings.

When hospitalisation is required, treating individuals' acute symptoms promptly and then enabling them to be supported back to their own home is vital. Delivering an optimal hospital stay in which people stay no longer than necessary and are discharged home, or to the most appropriate setting for their needs, at the earliest safe opportunity improves experience and outcomes and avoids deconditioning as a result of an extended hospital stay.

How will we support health and social care systems to achieve this?

We have issued national hospital discharge service requirements for health, social care, third and independent sector partners. We have also issued supporting guidance – SAFER guidance[12] that should optimise outcomes if delivered consistently and reliably. SAFER comprises the following five principles:

- **Senior review:** all patients are to have a senior review before midday.
- **All patients** and their families will be involved in setting an Expected Discharge Date.
- **Flow of patients** will commence at the earliest opportunity from assessment units to inpatient wards.
- **Early discharge:** More than 33% of patients will be discharged from inpatient wards before midday on their day of discharge.
- **Review:** a systematic multi-disciplinary team review, is undertaken, including patients and their families, for those with extended lengths of stay (>6 days) with a clear 'home first' mind-set.

The SAFER concept is proven to have benefit for individuals and the wider hospital system. Where implemented effectively by well-led teams and communicated clearly to staff enabling them to fully understand all elements, hospitals have seen real benefits to patient outcomes and staff satisfaction. Hospital crowding reduces, Emergency Departments decongest, mortality falls, harm is reduced and staff feel less pressured.

A new transformational programme has also been established to support the effective delivery of goals 5 and 6, and will incorporate support for the delivery of the quality statements within these two goals including the implementation of hospital discharge requirements and SAFER patient flow guidance – or a version that works well at a local level - supported by strong multi-professional working. Initial action will focus on:

- Developing a demand and capacity model.
- Establish what a "good day" looks like, via a modelling tool for each acute and community hospital in Wales to inform plans and capacity requirements.
- Developing a three-year Transformation Plan to describe how hospital care for people admitted as an emergency, discharge practices and 'Home First' principles will be optimised, including key milestones and outcomes.

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12. https://nccu.nhs.wales/urgent-and-emergency-care/safer/

The plan, which will be developed by health and social care teams, will focus on delivering improved quality and patient safety. It will focus on system-wide integration and seek to deliver the capacity required as per the modelling undertaken and will include:

- policy changes required (if any)
- commissioning changes required (if any)
- service changes required
- workforce requirements
- efficiencies/Investment required
- digital enablers; and
- stakeholder, public engagement and communication.

How will we measure success?

Our national hospital discharge service requirements and the SAFER concept provide a clear framework against which progress can be measured through indicators for each principle. We will also co-design, with clinicians and professionals, key metrics to measure system flow against which delivery and performance will be measured. These metrics will be patient safety and outcome focussed.

Goal 6:
Home first approach and reduce risk of readmission

> People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.

Quality statement

People who require additional support on discharge should be transferred from hospital onto the appropriate 'discharge to recover then assess pathway' (usually back to their normal place of residence) within 48 hours of the treatment of their acute problem being completed.

Integrated health and social care teams should respond in a timely manner to ensure support systems are safely in place to respond to a person's needs on discharge. Effective care coordination must be in place to ensure that, once recovery and assessment is complete, transfer to onward care arrangements is timely and seamless.

Programmes are in place to help people develop the knowledge, skills and confidence to manage their physical and mental health, access the support they need, make any necessary changes and be better prepared for any deterioration or crisis.

All patients on mental health or learning disability wards with admissions longer than 90 days must have a clear discharge plan in place. All patients cared for in specialist services outside of NHS Wales will have a repatriation plan in place.

Why is this good for our service users?

We have actively developed a Discharge to Recover then Assess (D2RA) model since 2018, recognising that the acute hospital setting does not provide a suitable environment for recovery and assessment for ongoing needs. D2RA is an active recovery model, with the 'Home First' ethos at its heart, and is designed to:

- focus on what matters to the individual, maximising recovery and independence
- minimise exposure to in-patient infection risk and avoid deconditioning; and
- provide a seamless transfer to longer-term support in the community if required, using a strengths-based approach and reducing over-prescription of statutory services 'to be on the safe side'.

Successful implementation will improve outcomes for service users and support effective 'whole system flow', enabling optimal hospital care for those who need it.

How will we support health and social care organisations to achieve this goal?

- Investment of monies from the Integrated Care Fund has pump primed and continues to support the implementation of D2RA pathways across Wales. Consistently delivering the four D2RA pathways[13], in alignment with *What good looks like* guidance, will facilitate timely discharge from hospital. It will also support individuals to remain safely at home in their communities, potentially avoiding future admissions.

- Health, social care, third and independent sector partners across Wales are actively engaged in implementing the D2RA pathways and a comprehensive interagency programme of work is in place to support implementation with three key areas of focus:

  1. Right Community Services (developing and right-sizing the infrastructure required to deliver the model)

  2. Right Mind-set and processes (the culture shift and training required to further embed the Home First/D2RA ethos into hospital discharge processes and beyond); and

  3. Continuous Improvement (monitoring, evaluation and shared learning).

- The National Rehabilitation Framework[14] identifies areas where people may need support to tackle lost confidence and independence and reduced activity and social connections. Rehabilitation services can help by providing personalised physical or mental care and support to enable people to reduce anxiety or regain lost skills, confidence or condition from reduced activity and fitness regimes, or lost social contact, employment and relationships.

- We are funding a two year HEIW delivered programme of work described in the Allied Health Professions (AHP) Framework: 'Looking Forward Together.' Part of the programme includes funding two Clinical Fellows, a National Clinical Rehabilitation lead and a Clinical Public Health Lead to engage the profession, review and update to The National Rehabilitation Framework, develop quality statements and drive transformation.

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13. https://gov.wales/hospital-discharge-service-requirements-COVID-19
14. https://gov.wales/rehabilitation-framework-continuity-and-recovery-2020-2021-html

How will we measure success?

A reporting mechanism to capture data against five key D2RA measures, providing baseline data pan Wales for the first time, is currently under development. In addition to this quantitative evaluation, a qualitative review will be undertaken via self-assessment against the principles and standards set out in the 'what good looks like' guidance for D2RA.

The five key measures seek to understand how health, social care, independent and third sector organisations are working together to increase the number of people transferred to the right place following admission to hospital, preferably their usual place of residence, within 48 hours of the decision about the next stage of their care being made. They also focus on how successful teams are at increasing the proportion of people leaving hospital on a discharge to recover then assess pathway, and with a co-produced personal recovery plan. This is also expected to increase to help prevent readmission.

This approach will be used to monitor and evaluate progress with implementation of the D2RA model on an ongoing basis to support continuous improvement and evolution of the model, in response to learning in practice.

References

Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber (2018)

British Heart Foundation Data cited by Welsh Ambulance Services Trust (2019)

Picker Institute (2020) Welsh Perceptions of Urgent and Emergency Care

Welsh Ambulance Services Trust (2019) Welsh Ambulance Service NHS Trust — *Innovative App a potential game changer in cardiac survival across Wales*[15]

Beyond the call (2020) A national review of access to emergency care services for hose experiencing mental distress and/.or welfare concerns

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15. https://www.ambulance.wales.nhs.uk/Default.aspx?gcid=1557&pageId=2&lan=en

Appendix 1

Challenges for urgent and emergency care

An ageing population, often with multiple co-morbidities, who have greater need for access to hospital and ongoing care

*   The population over 65 is projected to grow by 27% by 2040[16].
*   Admissions for over 85s increased by 9.8% between 2013/14 and 2019/20.
*   Over 70s account for around 51% of ambulance incidents to receive a response[17].
*   The majority of people in hospital and using community services is over 75[18].
*   35% of over 70-year-olds experience functional decline during hospital admission (compared with a pre-illness baseline); for people over 90 this increases to 65%[19] resulting in poorer outcomes and increased likelihood of further admissions.
*   The numbers of people with dementia in the UK are predicted to rise by up to 35% by 2025 and 146% by 2050[20].
*   60% of people admitted to hospital as an emergency have one or more long-term health conditions such as asthma, diabetes or mental illness[21].

Workforce, training and education challenges and opportunities

As with the whole system the challenges are:
*   fewer people of working age, and an ageing workforce
*   greater demand for both flexible working patterns and part-time working to reflect a desire for work/life balance
*   skills shortages in some specialist areas, with vacancies in some professions and gaps in medical training rotas being a common occurrence in Wales
*   remote and rural challenges with respect to training, recruitment and retention.

In line with the Workforce Strategy for Health and Social Care the opportunities are:
*   increased interest in NHS and public sector careers as a result of the pandemic, with a projected growth in healthcare education and training numbers for the next 5 years
*   opportunity to develop new 'prudent in practice' workforce models with associated opportunities for career development to train, attract and retain the Welsh health and care workforce
*   accelerated move to digital training and new ways of agile working in a digital service as a result of the pandemic

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16. Source: Stats Wales

17. Source: WAST

18. Source: Patient Episode Data for Wales (PEDW)

19. Source: NHS Improvement data cited in CHS Healthcare (2019)

20. Alzheimers' Research UK Dementia Statistics Hub

21. Health Foundation (2018) Briefing: Reducing emergency admissions: unlocking the potential of people to better manage their long-term conditions

- new education and training developments to support new service models. Encouraging multi-professional working, skills development and extended practice
- underpinned by a strong wellbeing offer and compassionate leadership.

A complex system

- The urgent and emergency care system and the interactions people have with services – and where they transition following that interaction – is complex.
- A lack of continuity when individuals transition between services can potentially have a negative impact on the ability of other staff and services to provide timely access and quality care to patients.
- The complexity of the urgent and emergency care system is compounded by the interactions with individuals' associated requirements for planned care and the workforce challenges experienced across the health and care sector.

Longstanding cultural challenges

- 60% of assessments and/or therapy could take place out of hospital; the remaining 40% could have been completed in parallel with other steps[22] (Newton, 2017).
- 40% of emergency admissions of care home residents could be avoided[23].

A whole system response is required to overcome these challenges. Primary, community, social, ambulance and hospital care services must work seamlessly together to provide the right care, first time to support the best possible experience and outcomes for people who need urgent or emergency care.

What matters to people who have used urgent and emergency care in Wales?

A survey of people in Wales[24] (Picker, 2020) told us that the most important thing for people when they need urgent or emergency care was to receive the right treatment to manage their illness/injury and prevent future problems.

The findings of the survey align to views of the Welsh public when asked about their recent experiences of urgent and emergency care services, with the following consistent themes regarding what matters to them when they need to access urgent or emergency care:

- being clearly kept informed about their care throughout;
- having a timely initial assessment, even if this means waiting for treatment;
- being given medicine to help control pain where necessary;
- being told how long they can expect to wait for the next stage of their care; and
- being treated and to go home quickly.

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22. Newton Europe (2017) Why not home? Why not today?
23. Source: Improvement Analytics Unit (NHS England and Health Foundation) 2019
24. Picker Institute (2020) Welsh Perceptions of Urgent and Emergency Care

Appendix 2

Feedback from staff involved in the delivery of urgent or emergency care

Views were sought from frontline staff and professional bodies through surveys and engagement sessions about existing challenges and opportunities to improve access to, and delivery of, urgent and emergency care services:

"Despite ongoing education the public do not always take advantage of the full range of services available to them – there is still a concept of being 'cheated' amongst many people if you do not get to see a doctor in hospital who prescribes you something when you are ill."

"There should be a shared and existing knowledge of a person so we don't need to keep repeating the same stories over and over and more support in the community for people to stay at home. A more holistic approach is needed – no point healing me after a fall if I still have no way of living at home safely"

"Allowing people to discuss their individual worries, values and preferences for their care could significantly improve people's experiences of care at end of life."

"There is a lack of patient flow through the hospital meaning it is difficult to give necessary treatment to the most needy, including elderly patients. 'Exit Block' then occurs when patients cannot be moved in a timely manner to a hospital ward because of a lack of available hospital beds. There is insufficient workforce in the right areas to match demand and a lack of future planning for the workforce."

"The majority of discharge services largely operate during the working week and are scarce during the weekends because of a lack of community capacity to support people at home."

"Health Boards should develop more reliable and rapid ways of primary care accessing expert clinical advice from secondary care physicians to enable patients to be stabilisedin the community. When patients do present in the unscheduled care system, early review by a specialist is invaluable. Admissions should be triaged as early as possible to ambulatory and non-ambulatory streams in both medical and surgical specialties"