

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:
Ystafell Bwyllgora 3 – y Senedd

Dyddiad:
Dydd Mawrth, 19 Tachwedd 2013

Amser:
09:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



I gael rhagor o wybodaeth, cysylltwch â:

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

Agenda

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

2 Gofal heb ei drefnu: Sesiwn dystiolaeth 1 (09:00 – 10:30)

(Tudalennau 1 - 3)
PAC(4)-30-13 (p1)

Dr Charlotte Jones – Cadeirydd BMA, GPC Cymru
Dr David Bailey – Dirprwy Gadeirydd BMA, GPC Cymru

3 Papurau i'w nodi (10:30) (Tudalennau 4 - 6)

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol: (10:30)

Eitemau 6 a 7

5 Gofal heb ei drefnu: Trafod y dystiolaeth (10:30 – 10:35)

6 Gwaith Caffael a Rheoli Gwasanaethau Ymgynghori' (10:35–10:45)

(Tudalennau 7 - 16)
PAC(4)-30-13 (p2)
PAC(4)-30-13 (p3)

**7 Fframwaith Cenedlaethol ar gyfer Gofal Iechyd Parhaus y GIG:
Cytuno ar yr adroddiad terfynol (10:45 – 11:00) (Tudalennau 17 - 49)
PAC(4)-30-13 (p3)**



WALES AUDIT OFFICE REPORT – UNSCHEDULED CARE: AN UPDATE ON PROGRESS

**National Office
Swyddfa Genedlaethol**

Inquiry by National Assembly for Wales' Public Accounts Committee

Response from BMA Cymru Wales

9 November 2013

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry by the National Assembly for Wales' Public Accounts Committee on the Wales Audit Office report entitled 'Unscheduled Care: An Update on Progress'.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales welcomes the opportunity to contribute to this short inquiry which we have been advised is focusing on primary care issues relating to unscheduled care – specifically looking at access to GP services, the out-of-hours services and the effect on emergency departments of frequent user groups. For this reason, this response has been principally based upon comments from GPs.

Firstly, we think it is important for the committee to be aware that GPs in Wales carry out in the order of 19 million consultations with patients a year. On the basis of studies undertaken within the NHS in England, through which it has been generally accepted that around a third of GP consultations are unscheduled, this means that GPs in Wales undertake nearly 6.5 million unscheduled consultations a year. Whilst the reasons patients are seeking consultations may not be equivalent, it is nonetheless clear that this figure is significantly in excess of the number of unscheduled attendances at major, minor and other emergency departments which, as referred to in the WAO report, was less than one million during the 2011–12 financial year

Even if as many as a fifth of attendances at emergency departments could subsequently be judged to be unnecessary (which is by no means certain), we would note that such a level of attendances would only equate numerically to around a thirtieth of the current unscheduled consultations carried out by GPs in Wales and less than 1% of GP consultations in total.

We do not believe there is clear and direct evidence that a lack of routine or evening GP appointments is contributing to the pressure that exists within hospital emergency departments, and indeed would note that the WAO report relies on patient satisfaction data relating to perceptions of the ability to obtain a convenient GP appointment. However, we would consider that it cannot simply be assumed that just because some patients may be expressing such dissatisfaction, they are then presenting themselves at hospital emergency departments as a result.

Ysgrifennydd Cymreig/Welsh Secretary:

Dr Richard JP Lewis, CSU MB ChB MRCP Dip IMC RCS (Ed) PGDip FLM

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Indeed, we are aware of locally undertaken audits which have shown that only a very small percentage of emergency department attendances may in fact be inappropriate. We are also aware that within the Carmarthen locality, for instance, GPs have agreed to a process whereby patients judged to be attending inappropriately would be turned back – but would note that virtually no patients have been. A similar redirection policy has also been put in place by Aneurin Bevan Health Board, but the number of patients redirected as a result has also been small in number.

In our view, a major contributor to the pressure which exists within hospital emergency departments is the delay in subsequent hospital admission of those patients who require it. A clear driver of such a delay is the fact that bed capacity within the NHS in Wales has reduced by 21% between 2000–01 and 2012–13. Having significantly fewer hospital beds is undoubtedly contributing to patients becoming backed up within emergency departments where they may be waiting for admission to other hospital wards.

Some of our GP members have reported that there is a problem concerning the appropriate and timely triage of patients with minor trauma or illness following their arrival at emergency departments. They would note that where experienced GPs have assisted in such triage (as has been employed for instance at Prince Philip Hospital in Llanelli) pressure on the emergency department has been hugely relieved.

We are also aware of cases where GPs may wish to refer patients for nursing care rather than admission to hospital but because it may not be possible for suitable care to be arranged in a sufficiently timely manner that can enable these patients to remain in their own homes, GPs often have no alternative but to arrange for such patients to be admitted to hospital. This in turn is adding to pressure on the availability of hospital beds which in turn leads to delays for patients who need to be admitted to those beds following presentation at emergency departments.

Delayed discharge of patients from hospitals in Wales is also contributing to the pressure which exists on the availability of hospital beds. A contributor to this is an assessment process that we consider is both overly bureaucratic and overly risk averse and which, as a result, is preventing the timely discharge from hospitals of a significant number of elderly patients even when they are judged to be medically stable. Such patients are being retained in hospital for considerably longer than may be clinically necessary, and this in turn is also contributing to the bottleneck that is adding to the pressure on hospital emergency departments because it means more hospital beds are being tied up. Additionally, the longer elderly patients are unnecessarily kept in hospital, the more their capability for self care once they leave hospital is diminished. This in turn means they are then more likely to have to transfer to a care home setting rather than to return to their own homes.

The WAO report recommends actions should be undertaken to optimise unscheduled care capacity in GP services. This, however, assumes that spare capacity exists, which we are all too aware is not in fact the case. The number of consultations undertaken within general practice has been rising year on year for a number of years, driven by three main factors as follows:

- increased consultation rates (more demand)
- increase in population (more patients)
- an aging population profile (more incidence of illness)

Hence, it can be seen that capacity within general practice in Wales is already being increasingly stretched.

In relation to improving access to urgent primary care, we would note that practices already recognise that urgent cases need to be seen quickly and therefore have mechanisms in place to facilitate this. We feel it also needs to be recognised that smaller and multi-site practices (as may be more predominant in more rural parts of Wales) may not be able to provide the same level of flexibility as larger practices. We do however, believe that there is scope for looking at mechanisms for improving telephone triage and a better match of staff to demand for unscheduled appointments, and we would acknowledge that more may need to be done to ensure all GP practices in Wales have systems in place which maximise access for patients, within the resources that are available.

BMA Cymru Wales also believes that consideration needs to be given to what we believe is a grossly inadequate level of funding for out-of-hours primary care provision. In North Wales, for instance, we understand that just £12 per head of population per annum is spent on this service. Indeed, we believe that

thought needs to be given as to whether appropriate investment decisions across the board have in fact been made in order to match provision with the demand that exists within the system. For instance, whilst numbers of consultants working within emergency departments have increased, this has not had the required effect of reducing pressure on these departments because, in our view, of the 21% reduction we have already referred to in the number of hospital beds.

We note that the WAO report refers to difficulties in the recruitment of medical staff working in unscheduled care and would consider that attention must be paid to the contribution towards this situation of delays by local health boards in advertising such posts to help in addressing financial pressures.

We note the references within the report to Welsh Government targets for ensuring greater availability of GP appointments after 6.30 pm but would also note that there are clear resource implications for this to be achieved. Unless additional resources are allocated, these targets could only be achieved through a reduction of GP availability within the core hours of 8 am–6.30 pm – i.e. the distribution of appointments might change, but the total number would be unaltered.

Similarly, we note the reference to Welsh Government seeking to focus on improving access to GP appointments at weekends from 2014–15. However, we would point out that if routine services are to be effectively delivered at weekends within primary care then they will need to be supported by access to the full range of services for diagnostics and investigations that is provided at secondary care level. There are therefore clear and substantial resource implications for this to be achieved as well as knock-on effects for the provision of other services within the NHS in Wales.

BMA Cymru Wales is concerned that a continued focus on extending the working week for GPs without consideration of the resource implications necessary for this, in terms of both finance and the additional numbers of GPs required, is having a hugely adverse impact on morale amongst GPs with, in our view, little likelihood of actually improving the management of genuine unscheduled care. A recent survey undertaken by BMA Cymru Wales of GPs in Wales suggested that such demoralisation is leading to a number of GPs exploring options for earlier retirement from the profession. This would clearly have a knock-on effect on recruitment and retention challenges that are becoming increasingly apparent within primary care in certain parts of Wales, particularly in more rural areas.

Contact for further information:

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Eitem 3

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad: Ystafell Bwyllgora 3 – y Senedd

Dyddiad: Dydd Mawrth, 12 Tachwedd 2013

Amser: 09:00 – 11:00

Gellir gwyllo'r cyfarfod ar Senedd TV yn:

http://www.senedd.tv/archiveplayer.jsf?v=en_400000_12_11_2013&t=0&l=en

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Cofnodion Cryno:

Aelodau'r Cynulliad:

Darren Millar (Cadeirydd)
Mohammad Asghar (Oscar) AC
Mike Hedges
Julie Morgan
Jenny Rathbone
Aled Roberts
Jocelyn Davies
Sandy Mewies

Tystion:

Helen Birtwhistle, Cyfarwyddwr, Confederasiwn GIG
Cymru

Kevin Flynn, Llywodraeth Cymru
Dr Grant Robinson, Bwrdd Iechyd Aneurin Bevan

David Sissling, Director General for Health and Social
Services, Llywodraeth Cymru
Allison Williams, Bwrdd Iechyd Lleol Cwm Taf

Staff y Pwyllgor:

Fay Buckle (Clerc)
Meriel Singleton (Ail Clerc)
Claire Griffiths (Dirprwy Clerc)

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Croesawodd y Cadeirydd yr Aelodau a'r cyhoedd i'r cyfarfod.

2 Cyllid lechyd ar gyfer 2012–13 a thu hwnt: Tystiolaeth gan Gonffederasiwn GIG Cymru

2.1 Holodd y Pwyllgor Helen Birtwhistle, Cyfarwyddwr Gonffederasiwn GIG Cymru, ac Allison Williams, Prif Weithredwr Bwrdd lechyd Cwm Taf, ynghylch y Cyllid lechyd ar gyfer 2012–13 a thu hwnt.

Camau gweithredu:

Cytunodd Allison Williams i anfon nodyn ar sefyllfa ariannol Bwrdd lechyd Cwm Taf yn seithfed mis y flwyddyn ariannol hon.

Cytunodd Allison Williams i anfon nodyn ar gyfanswm y cyffuriau a gafodd eu gwastraffu gan Fwrdd lechyd Cwm Taf ym mlwyddyn ariannol 2012–13.

3 Gofal heb ei drefnu: Ymateb gan Lywodraeth Cymru

3.1 Holodd y Pwyllgor David Sissling, y Cyfarwyddwr Cyffredinol ar gyfer lechyd a Gwasanaethau Cymdeithasol/Prif Weithredwr GIG Cymru, Kevin Flynn, Dirprwy Brif Weithredwr GIG Cymru, a Dr Grant Robinson, yr Arweinydd Clinigol ar gyfer Gofal heb ei drefnu, Llywodraeth Cymru, ynghylch Gofal heb ei drefnu.

Camau gweithredu:

Cytunodd Mr Sissling i anfon nodyn yn cwmpasu'r pum maes blaenoriaeth y mae Llywodraeth Cymru yn canolbwyntio arnynt wrth ddatblygu'r rhaglen genedlaethol ar gyfer gofal heb ei drefnu, enghreifftiau o fentrau i helpu cleifion bregus ac oedrannus a sut y caiff y rhain eu hyrwyddo'n lleol ac yn genedlaethol.

Cytunodd Mr Sissling i anfon nodyn ar gost Dewis Doeth a gwerthusiad o'r cynllun ar gyfer y dyfodol, a'r nifer gwirioneddol o bobl sy'n defnyddio Galw lechyd Cymru.

4 Papurau i'w nodi

4.1 Nodwyd y papurau.

5 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol:

(GOHIRIO BUSNES)

Gan fod y sesiynau blaenorol wedi gor-redeg, cafodd gweddill y busnes ei ohirio ar gyfer cyfarfod yn y dyfodol.

6 Cyllid lechyd ar gyfer 2012–13 a thu hwnt: Trafod y dystiolaeth

7 Gofal heb ei drefnu: Trafod y dystiolaeth

8 Fframwaith Cenedlaethol ar gyfer Gofal lechyd Parhaus y GIG: Trafod yr adroddiad drafft

Eitem 6

Yn rhinwedd paragraff(au) ix o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Yn rhinwedd paragraff(au) ix o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Yn rhinwedd paragraff(au) ix o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon