

National Assembly for Wales Public Accounts Committee PAC(4)-18-14 (Paper 3)

Wales Audit Office / Swyddfa Archwilio Cymru

24 Cathedral Road / Heol y Gadeirlan Cardiff / Caerdydd

CF11 9LJ Tel / Ffôn: 029 20 320500

Fax / Ffacs: 029 20 320600 Email / Ebost: wales@wao.gov.uk

www.wao.gov.uk

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

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ADVICE ON THE WELSH GOVERNMENT'S RESPONSE ON UNSCHEDULED CARE

The Clerk's email of 10 June 2014 requested my advice on the Welsh Government's response to the Public Accounts Committee report entitled *Unscheduled Care* (April 2014).

The Welsh Government has indicated that it accepts 16 of 19 recommendations made in the Committee's report, partially accepting the remaining 3 recommendations.

Overall, I consider that the Welsh Government has responded satisfactorily to the majority of the Committee's recommendations. However, I have made some comments and observations against some specific recommendations below for your consideration.

Recommendation 1 – The Welsh Government does not accept the recommendation to increase flu vaccination targets for NHS staff although it says the target will be kept under review. The response explains that increasing the target risks demoralising staff and that setting achievable targets is more likely to secure sustained improvement over time. The need to set achievable targets is of course accepted, but targets should also be appropriately challenging. Given that the Committee was particularly interested in vaccination rates during its evidence sessions, it might want to request that the Welsh Government sets out a clear timescale for increasing the target.

Recommendation 3 – It would be helpful if the response to this recommendation contained more detail. The suite of measures for unscheduled care has been under review and a source of debate for some considerable time. Whilst the response discusses plans regarding patient experience and patient reported outcome measures there is no discussion of how other aspects of 'quality of care' will be measured. The response also does not specify an end date for the work.

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

Recommendation 4 – The recommendation is partially accepted but the response does not clearly set out the reasons for this:

Recommendation 8 – The response does not mention any plan to consider the approaches adopted in the Republic of Ireland and Northern Ireland in reducing 'did not attends'.

Recommendation 11 - The recommendation to consider the benefits of introducing walk-in centres is not accepted by the Welsh Government. This is on the basis that walk-in centres would not help achieve the aims of simplifying the unscheduled care system in Wales, and promoting better access to out of hospital services. Evidence is also provided on work undertaken by Monitor that suggests walk-in centres in England do not reduce pressure on other unscheduled care services. The Committee may therefore feel that this response does show that the benefits of introducing walk-in centres have been considered, which was the main thrust of the recommendation.

Recommendation 12 – This recommendation is accepted but it would be more helpful if the response included the target end date for completing the short, medium and longer-term plans.

In terms of next steps, the Committee may want to make the Health and Social Care Committee aware of the Welsh Government's response to inform any future discussions of unscheduled care. Secondly, the response commits the Welsh Government to updating the Committee before the end of September 2014 in relation to out-of-hours primary care and by January 2015 regarding progress with implementing a 111 service. The Committee might therefore want to hold a session in early 2015 to consider the adequacy of the Welsh Government's progress on these important matters.

I hope that this advice is helpful to the Committee in its consideration of the Welsh Government response.

HUW VAUGHAN THOMAS AUDITOR GENERAL FOR WALES