

**Mark Drakeford AC / AM**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**



Llywodraeth Cymru  
Welsh Government

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Darren Millar AM  
Chair  
Public Accounts Committee

27 October 2014

Dear Darren

In the Welsh Ministers' response of 10 June 2014 to the Public Accounts Committee's report on *Unscheduled Care*, we undertook to update you on the progress in implementing the recommendations of the out of hours review undertaken in 2012. I apologise for the delay in providing the update.

The review was undertaken by Dr CDV Jones, Chair of Cwm Taf Health Board, for the then Minister for Health and Social Services. Following the review, a report was produced for the Minister and, although not published, was shared with health boards to support their planning of out of hours services, and has subsequently been used to inform policy development.

The work on developing out of hours services for the future was subsumed within the work to develop a NHS 111 service for Wales. Through the introduction of NHS 111, we are aiming to improve 24/7 access to timely urgent healthcare with the integration and expansion of the existing out of hours and NHS Direct Wales services. Underpinning this is the ongoing development of local services and alternative pathways by health boards.

Dr Jones chaired the 111/out of hours sub group of the *Unscheduled Care Board* until September 2013 and handed the work of that group to the *Improving Unscheduled Care Board* to be taken forward by NHS Wales. My officials have recently written to NHS Chief Executives to ensure they are addressing current and future requirements of out of hours services directly within their winter plans and 3 year integrated medium term plans. My expectation is that NHS organisations are fully engaged in the development of a sustainable model for the future.

Attached is an update of the work that has been undertaken or is ongoing in relation to out of hours which has been informed by the themes raised in Dr Jones's review. The Public Accounts Committee will receive an update on NHS 111 in January 2015.

Best wishes

Mark Drakeford.

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## **Annex 1**

Dr CDV Jones identified a number of themes where improvements could be made, these included:

- developing potential models and assessing the advantages of centralising call handling functions to ensure the provision of consistent high quality services
- challenges in attracting GPs to work in out of hours
- the need for implementation of new standards for out of hours and the development of an out of hours dataset
- improving the design, procurement and delivery of communication and information technologies on an all-Wales basis
- the need to work with the public and use service user feedback to improve services

### **Service Model**

The service model is an integral part of the development of NHS 111 service for Wales. NHS 111 presents an opportunity to support transformation in access to services including primary care and community services. Health boards have been asked to increase the scale and pace of developing plans for local integrated primary care teams and alternative staffing models for 24/7 care to support this ambition.

Improving access to GP services is a key Welsh Government commitment. Whilst we are continuing to see improvements to access to GP services in core hours, health boards are working to build on the good services that GPs already provide, developing new ways to further improve access. Continued improvement in access to core GP services will help to reduce demand for out of hours services

### **Workforce recruitment, retention and training**

Health boards have been asked to develop multi-professional teams based around the prudent healthcare principles. This means considering the opportunities for healthcare professionals other than those traditionally involved in delivering care out of hours.

More than £350m is spent each year supporting 15,000 students and trainees across Wales undertaking health-related programmes including undergraduate, postgraduate and continuing professional education. The Minister for Health and Social Services has commissioned a review to determine whether current arrangements underpinning this investment support the workforce changes required to deliver sustainable services in the future. This will include consideration of whether an incentive based approach to recruitment and retention would be helpful in dealing with some of the challenges the NHS faces.

The Welsh Government is currently exploring changes to the Wales' Performers List regulations to make it easier for locum GPs to work in Wales. The Welsh Government is also exploring how the return to practice arrangements might be changed to encourage a greater number of returners in the future.

NHS Wales Shared Services Partnership, through Welsh Risk Pool, has also extended its indemnity cover arrangements to sessional GPs and discussions between NHS Medical Defence Unions and Welsh Risk Pool about longer term indemnity cover for sessional GPs are ongoing.

A survey of GP attitudes to working in out of hours services conducted in 2013, found a number of areas which could be improved to encourage GPs and other professionals to work in out of hours services. These included more formal induction, support for handling complaints, structured Continued Professional Development and opportunities to provide mentoring, training and peer support to colleagues.

### **Quality and Monitoring Standards for Out of Hours Services in Wales**

The Welsh Government issued revised *Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services* in May 2014 and health boards were required to put delivery plans in place. These new standards are expected to form part of the overall strategic context for improving unscheduled care delivered as close to home as possible. Health boards need to monitor progress against their plans for the progressive implementation of these national standards from 2014-15. These plans will be updated as part of the plans for managing winter pressures and the refreshed three year integrated medium term plans, due in January 2015. The standards will be reviewed and aligned to the standards for NHS 111.

### **Information and integrated IT systems**

Information, communication and technology (ICT) systems, and the use of and access to information electronically, are being considered within the refresh of the eHealth and Care Strategy which has evolved from Informing Healthcare. The refresh will be done in an inclusive manner working with health boards. The software, ICT systems and infrastructure required to support NHS 111, which will include out of hours services, are being considered as part of the wider programme of work.

A minimum dataset formed part of the *Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services*. Work is currently in development with 3 health boards to establish an all-Wales monitoring and reporting system for the standards. The scope of this work, which is expected to be completed within 3 months, includes:

- establish regular, consistent and effective monitoring of out of hours services;
- provide baseline information for future developments;
- support the ongoing plans for developing a single point of access through NHS 111

In conjunction with the quality standards, this data will inform planning and development of the NHS 111 service.

### **Engagement with the public on appropriate use of services**

National initiatives such as *Choose Well* can provide the broad messages to the public to inform them of services which should be accessed in response to particular needs. In order for citizens and their carers to make more informed decisions about their care and well-being, it is the responsibility of health boards to pro-actively engage with the public at both a national and local level to ensure they are aware of when and how to access the services available to them. Health boards have been reminded that this needs to be reviewed regularly as new services are developed and factored in routinely as part of the work to understand and meet the needs of the local population.

The information and intelligence gained will be used by health boards to inform service development and act as a catalyst to the creation of local directories of services.

## Feedback on Patient Experience

Improving the patient's experience of care is a key priority for NHS Wales. In May 2013, the [Framework for Assuring Service User Experience](#) was issued by the Minister for Health and Social Services. The Framework identifies core principles to underpin patient experience work and recommends a four quadrant model to build on existing expertise and resources. It is intended to guide and complement patient feedback strategies in Health Boards and Trusts.

In July 2013, the Chief Nursing Officer, issued [core service user experience questions](#) to achieve the 'real time' quadrant of the Framework. These were developed by the National Service User Experience (NSUE) Group to be used across all care settings, including out of hours services, to ensure a consistent approach to determining service user experience across Wales.

In two Health Boards, we are also currently piloting another systematic 'trip advisor' type method of generating, analysing and responding to patient feedback, using the patient voice to transform services, improve safety and empower staff.

Health boards will use patient feedback on out of hours services in their analysis of patient experience to inform and improve services.