

Our Ref: JP/KS/lb 4th March 2019

Dr Dai Lloyd, AM
Chair, Health, Social Care & Sport Committee
National Assembly for Wales
Cardiff Bay
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Dear Dr Lloyd

Thank you for your letter dated 30 January 2019, requesting information regarding direct clinical pathways which we have in place between Welsh Ambulance Service Trust (WAST) and Aneurin Bevan University Health Board (ABUHB).

I note that you ask two specific questions:

What clinical pathways are in place in ABUHB and how well used are they?

Our Emergency Department (ED) has worked closely with our clinical specialties and in collaboration with WAST to develop a number of pathways. These include:

- > Failed discharges
- > PV bleed and early pregnancy
- Epistaxis
- Haematuria
- Paediatric resolved febrile convulsions

These will be implemented shortly following a short period of awareness raising with WAST colleagues to minimise risk and ensure the patient is directed to the correct place to receive the assessment and/or treatment required.

Bwrdd Iechyd Prifysgol Aneurin Bevan

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We do have a number of already established pathways in place, which WAST are familiar with. These include direct access to Minor Injuries Units, Mental Health Services, Falls Services, and Community Nursing Services. Each of these pathways direct patients away from our busy Emergency Departments. We also have a number of direct admission Assessment Units, which are accessed by our GP's, to which WAST are able to transport patients directly. Examples of these include the Medical Assessment Units, Surgical Assessment Units, Children's Assessment Units and Gynaecology Assessment Units, along with the newly established Orthopaedic Assessment area at the Royal Gwent Hospital.

 How effective are these clinical pathways in reducing the pressure on A&E and ambulance handover delays, particularly during the winter months?

The fore mentioned pathways are well utilised and redirect patients to the most appropriate care setting. This certainly eases the pressure on our major EDs and allows WAST colleagues to handover care in a timely manner, to a service that meets the needs of the patient.

I anticipate that our compendium of new direct access pathways will be in place by April 2019, to include any training requirements associated. WAST clinicians will be given one number to contact in order to simplify the process and to notify the relevant service area to expect the patient. I have no doubt that this will reduce demand at our EDs and reduce handover delays, but as yet, I am unable to quantify.

I would suggest that we allow this to run for six months, after which time I will have been able to analyse the impact and notify you of such.

Thank you for your enquiry and if you require any further information, please do not hesitate to contact me.

Yours sincerely

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Judith Paget

Prif Weithredwr/Chief Executive