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Gofynnwch am/Please ask for:

Corporate Information Officer

Dyddiad/Date:

4 March 2019

Swyddfeydd Corfforaethol, Adeilad Ystwyth Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building Hafan Derwen, St Davids Park, Job's Well Road, Carmarthen, Carmarthenshire, SA31 3BB

Dr Dai Lloyd AM Chair, Health, Social Care and Sport Committee

Mail to - seneddhealth@assembly.wales

Dear Dr Lloyd

Re: Health, Social Care and Sport Committee Winter preparedness inquiry

I am writing in response to your letter dated 30th January 2019 enquiring about the clinical pathways available within the Health Board to allow patients to bypass the A&E department and ensure transfer to the relevant department.

The focus for pathway improvement within the health board has been on developing new pathways to services within the community and social care to avoid hospital admission.

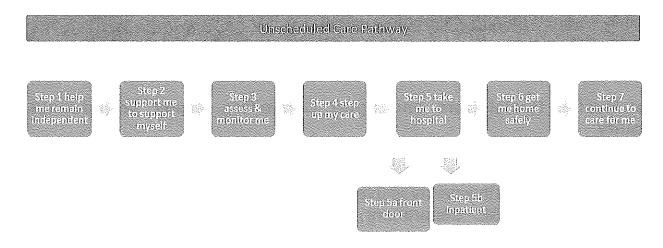
Over the last few years the Health Board in collaboration with WAST, community, primary care, social care and out of hours colleagues have put in place pathways to avoid admission to hospital providing care closer to home. Each county has established a single point of access for health and social care advice, information and support to implement this work. Furthermore, a set of community pathways was developed and implemented as part of the 111 service introduction into Carmarthenshire, and subsequently Pembrokeshire and Ceredigion.

In respect of pathways direct to specialties, all GP arranged admissions, regardless of the specialty, are directed straight through to our Clinical Decision Units. Once in the units then they may be treated in our ambulatory emergency care units or be admitted to the decision unit for further investigations. Work is ongoing across the Health Board to develop surgical assessment units on all four acute sites to further facilitate these direct

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Prif Weithredwr/Chief Executive Mr Steve Moore admissions. However, this pathway is dependent on their being space available in these units, when the sites are escalated then invariably these patients will default to the A&E Departments.

A copy of these pathways has been enclosed. Reports on the usage of these pathways is provided to each county by WAST to demonstrate numbers of cases resolved at scene, and thus negated conveyance to A&E. As part of the background it may be worth describing the approach that we have taken to making improvements in unscheduled care; through a series of integrated workshops, using evidence from around the UK and beyond, an unscheduled care pathway was developed;



Standards focused on patient centred care define what 'good looks like' for citizens of the University Health Board for 4 prioritised steps;

- Step 4 Step Up My Care services which support citizens in a time of crisis and prevents avoidable hospital admission.
- Step 5a Front Door Assessment best possible assessment of patients at the 'front door'
- Step 5b Inpatient Care best inpatient care, which avoids delay and harm and promotes independence
- Step 6 Get me Home Safely support needed to ensure our patients have a safe and timely discharge home from hospital

A series of metrics has been developed for each step in order to baseline our positon and evaluate the impact of changes within the steps. The use of pathways forms part of this work and sits within Step 4 prior to any hospital attendance and step 5 the hospital attendance. For example some of measures we are looking at are;

- The number of alternative pathways adopted by WAST;
- The number of calls from WAST to our single point of access services;
- The number of IV treatments referred by GPs to our community teams to avoid hospital admission;
- The number of frequent users of WAST and health board resources and the number of calls for each individual;

 The number of care homes that have received training by WAST in ISTUMBLE a pathway for non-injured fallers to remain in the care home.

The use of these pathways forms an integral part of managing the unscheduled care system and ensuring that the health board has improved winter resilience. An evaluation of the winter to date, December to February, shows that Carmarthenshire has seen a reduction in the number of handover delays of 43% and a reduction in the number of hours lost of 31%. More work is required within the other counties to be able to replicate this improvement.

I trust this information provides assurance that the health board is seeking every opportunity to improve the patient pathways both within and outside of the hospital environment.

Yours sincerely

Steve Moore

Chief Executive

