



Llywodraeth Cymru
Welsh Government

Darren Millar AM

Chair

Public Accounts Committee

Our Ref: AG/ KH

19 October 2015

Dear Mr Millar

Unscheduled Care

Thank you for your letter of 21 September in which you raised a number of further questions in relation to unscheduled care. The further detail you requested in your letter is detailed below:

- **Flu immunisation rates for frontline NHS staff**

With regard to the variation of take up between health boards we welcome information on any factors contributing to this variation and whether any areas of good practice have been identified in health boards where take up is higher.

The reasons for variation in flu vaccine uptake across NHS Wales organisations are varied and complex. Much of the variation will rest on the local leadership, staff attitudes, ease of access to vaccination, and interpretation and implementation by health boards of national recommendations and guidance. Variation in uptake should be considered in the context of a very rapid increase in staff flu vaccination uptake over the last five years in every health board and at national level in Wales of 5.4% a year. This has moved Wales from having the lowest staff uptake in the UK in 2010/11 to uptake in Wales now higher than Scotland and Northern Ireland and within 11 percentage points of uptake in England.

In Health Boards where personal resistance from staff to the vaccine have been identified, one to one sessions with Health Board leads were offered last season from flu fighter Cymru (the support campaign from NHS Employers). This support will be offered again this year.



Examples of good practice have been identified and shared:

Peer vaccinators. One Health Board has reported a threefold increase in flu champions. These are individuals who raise the profile of flu in their clinical area, offer guidance and support, and many of whom also vaccinate their colleagues. This increases awareness, gives an opportunity to signpost to evidence, and reduces barriers to access.

Addressing accessibility issues has been a priority for several Health Boards who report their occupational health team use mobile vaccination teams to improve ease of access to the vaccine. These teams visit clinical areas and other locations in order to take vaccination directly to staff in the place they are working. One trust offers to reimburse staff if they pay for a vaccine in their community pharmacy.

Raising awareness via internal communications includes robust communications plans in some Health Boards, which are often multifaceted and include promotion of the vaccination through internal communication. Communications plans are complemented by the national campaign which shares plans, press releases, email messages, signature blocks, intranet articles, and banks of social media material.

Leading by example is a theme in some Health Boards where the Chief Executive, Nurse Director etc. step forward to be vaccinated, have their photo taken, and actively encourage colleagues. This activity is shared in a variety of promotional material including newsletters, blogs and online activity. This personal commitment and belief in the value of flu immunisation from senior individuals encourages staff to get vaccinated.

Strong leadership offering a direct encouragement from senior staff such as Medical Director or Director of Public Health, to colleagues takes the form of emails, personal letters, blogs, online activity, news stories and more across Wales.

Decliner initiatives are being utilised by a small number of Health Boards this season. Actively collecting data on why people decline may impact in a number of ways:

1. Asking people why they say no to a flu vaccine may encourage them to think more critically about their decision.
2. Collecting information on why staff decline will inform future campaigns.
3. It indicates that this is an organisational priority

Flu fighter Cymru was engaged last season and the season before to support the staff facing campaign. They have been commissioned again this season to offer regular support and encouragement to HBs and trusts, including sharing new messages, key information, resources and guidance. This has included supplying posters and leaflets, and also stickers to identify those who have been vaccinated, to encourage others.

Staff flu incentive schemes have been shown to positively influence uptake and all HBs and trusts are offered the opportunity to access funding for a local incentive scheme. All except one have opted in for the 2015-16 flu season.

Flu fighter Cymru awards recognise, acknowledge and reward individuals and teams in NHS Wales who have demonstrated excellence, innovation and commitment to the staff facing flu campaign.

Video stories to highlight different messages, and appeal/influence different individuals working in NHS Wales have been developed and shared. [Louise's story](#) is a short but

emotional personal story from a nurse who was very ill with flu, this is the most viewed Public Health Wales video with nearly 3,000 complete views, some HBs and trusts report utilising this in training sessions.

- **GP Out of Hours Service**

We note the publication of the Wales Quality and Monitoring Standards for the Delivery of Out of Hours Services and that health boards have been instructed that the standards should be delivered by March 2018. However, the absence of data in the interim concerns us and we would welcome sight of the data being made available to the Welsh Government from each health board prior to that date.

We also seek clarification on whether Welsh Government is considering using salaried GPs to provide out of hours services as well as other options.

Welsh Government is continuing to work with Health Boards to develop a single data set for consistent and robust reporting of GP out of hours. I expect this to be available from next year so that this is visible.

It is the responsibility of health boards to plan and deliver their out of hours services with safe and effective staffing levels, based on local need. Some health boards employ salaried GPs as well as sessional GPs as part of their out of hours team. In line with the principles of Prudent Healthcare, health boards are delivering their out of hours services with a more appropriate mix of healthcare professionals to meet the needs of patients; these include pharmacists, nurses, paramedics and therapists.

- **Urgent and non-urgent GP Appointments**

We request information on the total number of GP appointments and the proportion of these which are same day appointments.

This information is not routinely available in any part of the UK. NHS Wales is at the forefront of developing a process that will allow GP systems across Wales, through Audit +, (an audit tool used by 96% of GP practices within Wales) to be interrogated to provide a range of information about GP consultations.

Welsh Government and the NHS are working with professional bodies such as GPC Wales to develop measures that provide a better understanding of access and urgency and how the information can be collected. This includes the opportunity for collection of information relating same day access appointments.

- **Impact of Immigration Bill**

We welcome further detail of the impact of changes to immigration legislation on nurses and clinicians from outside the EU entering Wales.

The UK Government recently announced temporary changes to restrictions on nurse recruitment from outside European Economic Area and nurses have now been added to the shortage occupation list on an interim basis. The Welsh Government welcomes this move, and indeed has been calling for it for some time, as it will allow overseas nurses already working in Wales to continue in their employment as well as allowing for recruitment to hard to fill posts in the immediate future.

- **Recruitment**

Primary care lists currently exist separately for England and Wales. We welcome an update on the Welsh Government's commitment to establishing a single and shared list.

Action is being taken to make it easier for GPs, based in England (and the other countries) to work in Wales through amending the GP Performers' List (Wales) Regulations to allow GPs, who are already on a Performers List in England (and the other countries), to be able to work in Wales. A key proposed amendment to the regulations will be to allow a GP to be included immediately on a LHB performers list on receipt their application with NHS Wales Shared Services Partnership, whilst NHS Wales Shared Services Partnership undertake further checks. We will be consulting on the proposed regulatory changes over the coming weeks. Also, in addition to the proposed amendments to the regulations, a new streamlined performers list application form, specifically for GPs on a performers list in England (or an other home countries), is currently being developed and agreed with NHS Wales Shared Services Partnership. This new streamlined performers list application form will reduce significantly bureaucracy.

We are confident these proposed amendments to the regulations, together with a new streamlined performers list application specifically for GPs on a performers list in England (or an other home countries), will address concerns expressed by GPs about performers list bureaucracy being a barrier to recruitment. If difficulties still persist after these changes have been introduced, the case for a UK-wide performers list could be considered further. However, it needs to be recognised there is currently no power to make UK-wide regulations on performers lists, so new primary legislation would be needed to create one. In addition, there would also be a number of policy and practical issues raised by creating a single UK-wide list. We understand Department of Health have significant reservations about the suggestion of a UK-wide list.

- **Proposed 111 service**

We seek confirmation of the revised timetable for the establishment of a 111 service.

The revised timetable for the 111 service is under consideration. The intention is to roll out the 111 service across Wales on a phased basis, commencing in 2016. We want to ensure we have the best possible evidence about the effectiveness of a 111 service and use the most up to date learning available, including the evaluation of the learning and development pilots in England which is now due to report in November. We are currently working with Abertawe Bro Morgannwg University Health Board (ABMUHB) to prepare for introducing and testing the 111 service in that area. Subject to robust and successful testing of the service model, workforce profile and the technical infrastructure, the 111 service will be available in that area from June next year. The results of the work in ABMUHB will be thoroughly evaluated and inform the future rollout of the service. It is important that we get this right rather than do it quickly.

- **My Health Online (MHOL) web based service**

We request further details on the roll out of online booking service, details of data collected to monitor the effectiveness of the service and information on how the pilot is working. We also seek further detail of the 47% of GP practices currently utilise MHOL in terms of a breakdown of the specific usage of the service for booking appointments and prescriptions.

The rollout of My Health Online to all GP practices in Wales was successfully completed in July 2015 and therefore is not considered to be a pilot. All GP practices are now able to offer the service to their patients.

We work closely with colleagues in the NHS Wales Informatics Service (NWIS) to closely monitor how effectively the service is being offered by practices, as well as the level of patient take-up.

Some of the specific data items collected, at practice level, include:

- Local Health Board
- Practice name
- If MHOL is available to the practice
- If the practice offers online appointments via MHOL;
- If the practice offers repeat prescriptions via MHOL;
- Practice patient population;
- No of patients (at a specific practice) registered to use MHOL;
- GP system (which of the two national suppliers)

We're also working with NWIS and the related GP system suppliers to go further with our intelligence, with plans in place to extend our reporting to include:

1. The number of online appointments booked (in a particular time period);
2. The number of repeat prescriptions requested (in a particular time period); and
3. The number of 'active' (recent) users

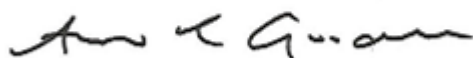
This additional detail will allow us to measure our progress against our intention to enable people to request services at a time, place and by a means that suits them.

I'm pleased to be able to say that the number of practices utilising MHOL has increased from 47% to 60% whilst the number of people signed up to use the service has also increased from around 40,000 in January 2015 to 148,000 currently. Whilst this is a significant increase, I am aware that there is still more for us to do. We aim to introduce online registration for the service from early next year to make initial access to the service easier.

In terms of how the specific usage by practices breaks down, we know that:

- 33% - 151 of 453 offer both appointments and repeat prescriptions online
- 6% - 27 of 453 offer only appointments online
- 21% - 95 of 453 offer only repeat prescriptions online

Yours sincerely



Dr Andrew Goodall