



AGENDA ITEM

(3.4)

OTHER

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Contact First Progress Report

Date of meeting	23/11/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report

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Presented by	Sarah Bradley, Assistant Director of Primary Care
Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome

ACRONYMS

NCCU	National Collaborative Commissioning Unit
WAM	Welsh Access Model



OOH	Out of Hours
WAST	Welsh Ambulance Services Trust
DoS	Director of Service
NPUC	National Programme for Unscheduled Care
CTMUHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

1.1 The purpose of this paper is to update on the Contact First programme, and will outline:-

- Governance arrangements
- Timeline for implementation
- Programme costs

1.2 In July 2020, a ministerial statement set out the need to review how NHS Wales delivers urgent and emergency care services in light of the challenges experienced during the pandemic. As a result, Health Boards have been tasked by Welsh Government to establish Contact First for Ambulatory Emergency care in line with the National Collaborative Commissioning Unit's (NCCU) Welsh Access Model (WAM)

1.3 Drawing on the work of WAM, Contact First will see the development of new local flow centres, which will receive calls from 111 that require patients to be appointed to the correct emergency/urgent care service. The CTM flow centre will provide clinical oversight of patients accessing the service. The overarching aims of the flow centre will be to improve the patient experience by reducing waiting times and congestion in emergency/urgent care departments.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 It has been requested by NHS Wales/111 that there is a consistent model across Wales and that service models are developed in line with the following principles:

- Ensure that multiple hand-offs between clinicians and services are minimised



- The current standards (111, NHSD, OOHs) are maintained and /or improved
 - Training and education of staff will not be compromised. Applies to WAST /LHBs
 - All organisations to have robust business continuity arrangements e.g., for IT or telephony failures
 - Electronic transfer of clinical information must be safe /secure between existing systems. All services to maintain safe and robust staffing levels to cope with variable peaks in activity (24/7) and meet future COVID or other pressures.
 - Adopt a common language to ensure there is a clear understanding between 111, Health Boards, staff and service users, which includes common communication / engagement plans required
- 2.2 There will be a phased introduction of Contact First across Wales to ensure safe staffing levels and procedures are in place. Initially, roll out will be prioritised for organisations that have 111 in place and it is anticipated that it will commence with Aneurin Bevan Health Board. It has been communicated that full roll out is anticipated by April 2020 although this is yet to be agreed by all parties.
- 2.3 A “soft introduction” is desirable, and will result in patients who already contact the National 111 service being diverted to the flow centres prior to a full service launch. This would offer an opportunity to develop the service incrementally.
- 2.4 In advance of a full roll out CTM is also considering a safe testing pilot by which OOH can support ED departments with overarching principles of Contact First prior to roll out. This will include remote monitoring of the ED queue to identify ‘primary care type’ patients which can be dealt with via telephone consultation with a GP. Further exploratory work to look at the implementation of this offer is underway.

Service Model

- 2.5 CTMs Contact First Project has six work streams:-
- Service modelling
 - Governance



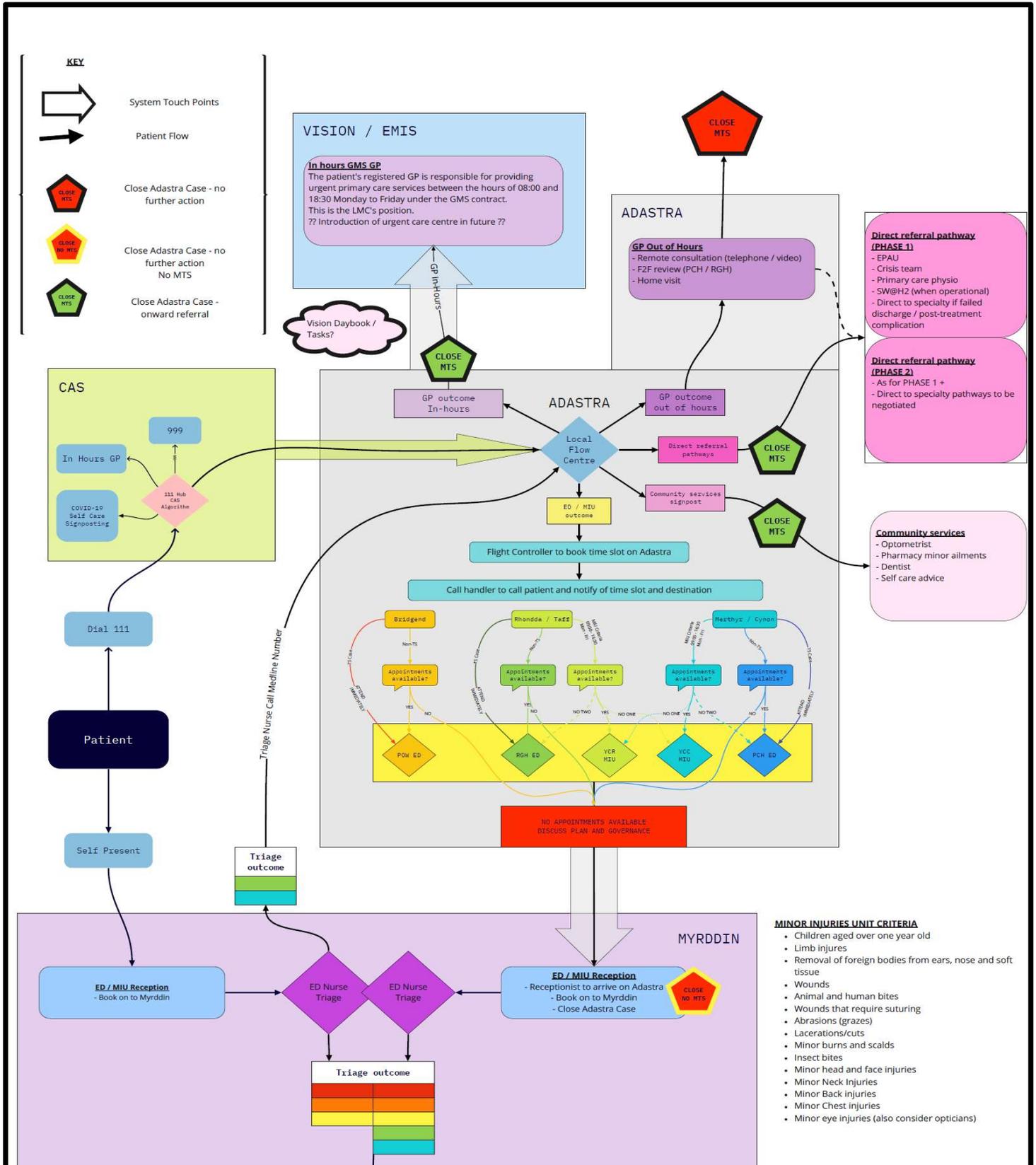
- ICT & Performance
- Workforce
- Communications
- Finance

The planning for Contact First has been driven at pace with strong clinical leadership from Primary Care and the Emergency Departments from the three ILGS. Capacity and demand modelling has been undertaken and a tabletop exercise completed by clinical representatives (medical, nursing, allied health professionals) to ascertain the types of cases which would be safe to appoint or direct to more appropriate services.

- 2.6 The emerging service model is illustrated below and takes consideration of the patient flow and also the technical/IT touchpoints.



Contact First Service Model





Contact First Service Model

Next Steps

2.7 The next stages of developing the service model are to:-

- Firm up the service planning pathway with all partners including ED colleagues, 111 and WAST
- Discuss the potential to develop direct referral pathways to secondary care services.
- To confirm the most efficient way of communicating with the patient's own GP practice, to avoid unnecessary delays and duplication of calls for the patient.

Timescales

2.8 Before CTM can roll out to Contact First it has to be within the National 111 Programme which is scheduled to go-live on 24 November 2020. It also has to transfer the Bridgend GP Out of Hours service across to CTM. The timeline for these activities is set out below:-



New grid

	Oct	Nov	Dec	Jan	Feb	Mar
111		23/11/20: 111 Go Live	Continuing monitoring and evaluation			
Contact Ahead	Clinical recruitment commenced	SOPs and processes being designed in collaboration with emergency departments		Aim for soft introduction of flow centre and contact ahead light	Public communication	National rollout of 111 phone first
Bridgend Transfer				Transfer of clinical staff from Bridgend to CT	IT configuration for transfer	Transfer of Bridgend OOH to CT

Governance Arrangements

2.9 The Contact First programme is being overseen by an Executive led Project Board to ensure there are rigorous strategic and operational arrangements in place in readiness or the introduction of the Contact First Service. The Board consists of varying clinical and non-clinical disciplines including business partners and has strong representation from the Community Health Council. The Board meets on a monthly basis.

Contact First will also be addressed at the CTM Partnership Panel, which has public representation so that patient views can help shape the service model.

The project has a specific Governance work stream considering the following:-

- Standard Operating Procedures (linked with the Service Model work stream)
- Oversight of Risk register
- Escalation Plans



- Business Continuity
- Complaints Handling (WAST/UPC/ED)
- Information Sharing Protocols (WAST/UHB)
- Privacy Impact Statement
- Equality Impact Assessment
- Establish Risk Register and Issues Log (Master Copy)
- Process for updating DoS and Clinical Pathways

Evaluation

2.10 The National Programme for Unscheduled Care (NPUC) has also offered support to Health Boards to implement 'Contact First' and have issued a maturity matrix to support planning and preparation. A full evaluation led by the National Collaborative Commissioning Unit (NCCU) in support of the NPUC will provide assurance as to whether the Contact First service models will deliver the intended outcomes for their populations

Finance

2.11 The costs of delivering Contact First 24/7 365 in the first year (6.6m) have been submitted to Welsh Government for approval. Confirmation of an interim funding allocation for 2020 of £500,000 to support work in relation to accelerating & enhancing delivery of the Contact First model was received on 29 October 2020.

2.12 It is difficult with the pace behind this project, and at such an early stage of development, to be exacting as to what the costs benefit realization of Contact First will be. The plan will be to look at the cost benefit measures through the finance work stream as the various project elements mature. Comparison will also be drawn from other service models across Wales.

In summary, the following progress has been made:

- Development of the Contact First service model.
- Contact First will be subject to a National roll out.
- Six work streams are established which feed into an Executive level Board.
- A funding allocation has been approved by Welsh Government for 2020



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Committee is asked to take note of the timescale for full delivery of the Contact First but the work, which is being planned to phase in aspects of the model early.
- 3.2 A full risk register is being compiled as part of the Governance work stream. The high-level risk themes are:-

1.	Workforce: Failure to recruit sufficient clinical and non-clinical workforce capacity	
2.	Clinical – the need to ensure robust clinical procedures with supporting policies to ensure risk is minimized	
3.	ICT: There are a number of IT and telephony procurement and migration issues which would need to be worked through	
4.	Risk of increasing numbers attending ED: More patients may call a number 'for advice' than would currently travel and turn up.	
5.	Failure to Reduce ED crowding: This can only be achieved by removing exit block. Exit block is typically nothing to do with the cohort who are able to phone first.	
6.	Further Covid19 spike: A further spike could derail implementation plans	

4 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The Contact First model will improve patient safety and reduce the risks associated with large numbers attending Emergency Departments. It will also



	improve the patient experience by directing patients to the 'right' place.
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Yes
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	This has been identified in the report.
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5 RECOMMENDATION

- 5.1 Members of the Population Health & Partnerships Committee are asked to:
- 5.2 **NOTE** the report
- 5.3 **NOTE** the timescales for full delivery of the Contact First and the work which is being planned to phase in aspects of the model early.