

Primary Care Measures: indicator review

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① You are now reviewing the PCM indicator(s) for: **Emergency admissions**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

Strategic context

① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Ambulatory care sensitive conditions (ACSCs) are those for which effective management and treatment should prevent admission to hospital (Ham *et al* 2010); they include chronic conditions (where effective care can prevent flare-ups); acute conditions (where early intervention can prevent more serious progression) and preventable conditions (where immunisation and other interventions can prevent illness).
- High levels of admissions for ACSCs often indicate poor co-ordination between the different elements of the health care system, in particular between primary and secondary care. An emergency admission for an ACSC may signal poor overall quality of care, even if the ACSC episode itself is managed well; wide variation of emergency hospital admissions for ACSCs implies that they, and the associated costs for commissioners, can be reduced.
- Indicators for this topic are reported via Primary Care Measures (although the rationale for selection of these indicators is not described within PHW's *Proposed Primary Care Measures: Phase 2 final report* (May 2017) or related documentation).

▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Unsuitable indicator (PCIP reports only crude counts of emergency admissions/ readmissions per month, by condition, by health board; such counts cannot be meaningfully compared)

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.



Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Support appropriate utilisation of out-of-hours services/ 111 Wales (where available)**

- Regularly update Special Patient Notes (SPNs) shared with 111 Wales to provide a mechanism to identify and pick up on specific conditions (which may prevent an unnecessary emergency admission).

▼ Strengthen preventive actions to reduce winter pressures

- *Improving winter health and well-being and reducing winter pressures in Wales* (PHW 2019; [link](#)) recommends strengthening preventive actions:
- Optimise public health interventions such as supporting healthy behaviours (e.g. smoking cessation, healthy diet, increased physical activity, maintaining a healthy weight and low risk alcohol consumption) and other evidence based interventions (e.g. lipid modification) to prevent the development and exacerbation of cardiovascular and respiratory diseases (the main causes of excess winter deaths).
- Prevent the spread of respiratory viral infections, for example through maximising influenza vaccination uptake, employers encouraging sick employees to stay at home, hand washing advice.
- Prevent falls and subsequent fractures among older people through interventions such as exercise programmes, vitamin D supplementation, home safety assessments, keeping pavements clear of ice and snow.
- Help vulnerable individuals to keep warm e.g. through services for those experiencing homelessness, promoting the use of warm clothing and winter footwear.
- Support households living in fuel poverty (particularly those with low income or who are vulnerable to the effects of cold) by providing financial and practical support.
- Increase the warmth and energy efficiency of homes (alongside home ventilation) among vulnerable households e.g. through advice, financial help, home improvements, building energy efficient new homes.

▼ Implement health and care interventions to reduce winter pressures

- *Improving winter health and well-being and reducing winter pressures in Wales* (PHW 2019; [link](#)) recommends the following health and care service interventions:
- Support those with chronic diseases to self-manage their condition, for example by facilitating effective navigation through health and care services, through healthy behaviours interventions and targeting of winter health campaigns.
- Ensure ongoing support and continuity of care for vulnerable groups following discharge from hospital.
- Broaden ‘winter planning’ to year-round ‘continuous preventative planning’ that is responsive to seasonal needs and extreme weather events and aims to reduce health inequity.
- Ensure interventions and initiatives are commissioned/delivered on an ongoing basis, in order to achieve sustainable reductions in demand and utilisation of health and care services during winter.
- Address barriers to managing winter pressures, for example by improving communication between health and care services on discharge processes, addressing staff health and well-being issues, and increasing staff capacity.

- Progress plans to implement the Emergency Care Dataset to better understand the reasons for attendance and admissions.



Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Support appropriate utilisation of out-of-hours services/ 111 Wales (where available)

- Ensure that services respond in a timely manner, as per the *Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services* [[link](#)].

▼ Strengthen preventive actions to reduce winter pressures

- *Improving winter health and well-being and reducing winter pressures in Wales* (PHW 2019; [link](#)) recommends strengthening preventive actions:
- Optimise public health interventions such as supporting healthy behaviours (e.g. smoking cessation, healthy diet, increased physical activity, maintaining a healthy weight and low risk alcohol consumption) and other evidence based interventions (e.g. lipid modification) to prevent the development and exacerbation of cardiovascular and respiratory diseases (the main causes of excess winter deaths).
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- Prevent falls and subsequent fractures among older people through interventions such as exercise programmes, vitamin D supplementation, home safety assessments, keeping pavements clear of ice and snow.
- Help vulnerable individuals to keep warm e.g. through services for those experiencing homelessness, promoting the use of warm clothing and winter footwear.
- Support households living in fuel poverty (particularly those with low income or who are vulnerable to the effects of cold) by providing financial and practical support.
- Increase the warmth and energy efficiency of homes (alongside home ventilation) among vulnerable households e.g. through advice, financial help, home improvements, building energy efficient new homes.

▼ Implement community approaches to reduce winter pressures

- *Improving winter health and well-being and reducing winter pressures in Wales* (PHW 2019; [link](#)) recommends the following community approaches:
- Support initiatives to strengthen resilience within local communities e.g. through increasing social networks to tackle social isolation.
- Ensure vulnerable groups can access the support they need, for example through raising awareness of and timely signposting to services, and through greater integration of local services.
- Provide/ commission community-based initiatives and projects, such as ambulatory care, on an ongoing basis, in order to reduce demand on hospitals and other health and care services.

STEP

D

What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

E

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

What is your provisional decision?

① Having reviewed PCM indicator data and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and review another PCM indicator.