



Ein cyf/Our ref EM/12504/21

British Medical Association  
Fifth Floor  
2 Caspian Point  
Caspian Way  
Cardiff Bay  
Cardiff  
CF10 4DQ

1 October 2021

Dear colleagues,

Thank you for your letter of 10 September, on behalf of the Welsh General Practitioners Committee, Welsh Consultants Committee, and Welsh Local Medical Committees regarding concerns about performance of the unscheduled care system and ambulance availability.

Similar to other UK nations, all parts of the health and care system in Wales continue to experience immense pressure, as they respond to and recover from the ongoing impact of the COVID-19 pandemic.

Despite significant investment and accelerated recruitment to the Welsh Ambulance Service, the availability of ambulance resources has been impacted by a complex range of national and local factors. These include ambulance patient handover delays at sites across Wales; changes in the volume and nature of demand; and staff absence due to a combination of sickness, self-isolation, shielding, and annual leave which was delayed for many staff as a result of the emergency response to the pandemic. There has also been a reduced uptake of overtime, which has prompted the Trust to consider options to incentivise overtime to make it more appealing to staff to fill gaps and increase capacity over the coming months.

These challenges are further compounded by ongoing system-wide difficulties relating to timely discharge of patients from hospital into the community and flow through the system as well as reduced capacity in key parts of the system.

In response to the current and anticipated pressures on the system, the Welsh Ambulance Services Trust recently confirmed its transition from the *recovery phase* of its Covid-19 effort back to the '*response phase – monitor position*'. This places the Trust on a similar footing to when we were at the height of the pandemic, which indicates the level of pressure the service continues to experience as a consequence of COVID and non-COVID related activity.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

[Gohebiaeth.Eluned.Morgan@llyw.cymru](mailto:Gohebiaeth.Eluned.Morgan@llyw.cymru)  
[Correspondence.Eluned.Morgan@gov.wales](mailto:Correspondence.Eluned.Morgan@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Welsh Ambulance Service has also been considering a number of options to supplement existing capacity, including exploring options with a number of national agencies. Last week, we received, and agreed a MACA or 'Military Aid to the Civil Authorities' request, which has been developed by the Trust alongside military planners to seek support through additional staffing for duties such as ambulance driving. This request has now been passed to the Ministry of Defence for approval, as part of the MACA process. Subject to approval from the MoD, it would be hoped the military support would be available for staff to commence training and operational deployment as early as next month. The Trust has already contracted St John Ambulance Cymru to provide additional support over the busy winter months.

In order to manage patient and system risk at times of peak demand, the Welsh Ambulance Service works with Health Boards to employ a suite of dynamic escalation processes to manage demand and trigger national, regional and local actions as required, to optimise the safety and outcomes for all patients and prioritise those patients in greatest need of an immediate response, based on capacity available. I have asked the Chief Ambulance Services Commissioner to continue to work with Health Boards, the Welsh Ambulance Service and partners to develop more robust whole system escalation plans, and enable greater operational grip over the winter period.

In July, I called an extraordinary meeting of the Emergency Ambulance Services Committee and requested the development of a Delivery Plan to set out a range of time-bound actions to be delivered between now and the end of March 2022, building on the work of the Ministerial Ambulance Availability Taskforce. I have recently received the first iteration of this plan and key actions include:

- Improved forecasting to better understand and plan for actual demand and match resourcing accordingly;
- Continued implementation of recommendations from an independent demand and capacity review;
- Ensuring we are able to control the demand on our services whilst ensuring patient are safe and receive the care they need in the place that they need it;
- Health Board clinicians directly managing ambulance patients and redirecting them to clinically safe alternatives; and
- Using ambulance staff to safely cohort multiple patients, allowing ambulances to return to community response.

These actions will be driven through the Emergency Ambulance Services Committee and will help the Welsh ambulance service to manage 999 demand in the community, increase capacity, improve responsiveness to people with time sensitive complaints and enable rapid improvement in ambulance patient handover.

I expect to receive monthly updates on progress against the plan and my officials will be meeting with the Emergency Ambulance Services Committee management team on a regular basis as part of ongoing assurance mechanisms to ensure this work is undertaken with pace and purpose.

There are also a range of whole-system actions already in place or under rapid development to enable the Welsh Ambulance Service and Health Boards, in collaboration with social care partners and Regional Partnership Boards, to improve service delivery as part of the six goals for urgent and emergency care programme, which I outlined in a [statement](#) in July.

These action are supported by £25m recurrent funding and include:

1. Implementation of urgent primary care centres across Wales to better manage demand in the community;
2. Roll out of 111 nationally and an increase in the number of clinicians to provide remote advice / assessment and signposting;
3. Establishment of robust same day emergency care services to help avoid admissions to hospital;
4. Investment in social care and implementation of discharge to assess pathways intended to avoid admission and speed up discharge to a person's usual place of residence; and
5. A new proactive approach to escalation to strengthen operational grip across health and social care teams.

As part of this work, the NHS Wales Delivery Unit has also been commissioned to lead a national programme, which will focus on ensuring "Optimal Flow" exists on every acute and community site in Wales, and that a hospital episode lasts only for as long as it adds benefit to patient outcomes. The Programme will work with all partners to implement the Discharge to Recover then Assess (D2RA) pathways across Wales to support appropriate and timely discharge from hospital settings to improve patient outcomes.

I hope this provides your members with reassurance on actions being taken to ease pressure on the Welsh Ambulance Service, and the wider health and care system.

Yours sincerely,



**Eluned Morgan AS/MS**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services