



Clinical Reference Group

Key Issues for Sub Group Consideration

Feedback from group discussions at 26th March CRG has been transcribed for programme records.

The following sections attempt to re-present key aspects of that feedback in a way that can support the refinement of the models through discussion in sub-groups and cross-cutting theme workshops.

Acute & Episodic Care

1. What activity would take place in a single EC and what would be the consequence for other services of having a single EC?
2. What activity would take place in UCCs, would it be 24/7 (in some or all) and what would be their requirements in terms of:
 - a. Workforce
 - b. Assessment beds
 - c. Paediatrics
 - d. Mental health
 - e. IT.
3. How would the model impact on the Welsh population, and what can be learnt from Wales about UCCs?
4. How would the adoption of maximum LOS work (0, 3 & 7 day)?

Long Term Conditions/Frailty

1. What is the workforce model?
2. What does we mean by 'integration'? [How can we make it feel like a single service for patients?]
3. What role could community hospitals play?
4. What is the IT requirement?

Planned Care

1. What is the potential for direct patient access and what would the criteria be?
2. How would the model deal with uncertainty – i.e. when patients don't neatly fit predetermined pathways?
3. How would the navigator role be exercised (and funded)?
4. What could be provided in community hospitals?
5. Is there any clinical rationale for:
 - a. 1 vs. 2 elective centres (i.e. 'medium professional input')
 - b. Co-location on a single site of an elective centre and the emergency centre (whilst maintaining appropriate separation)?