





Russell George MS Chair Health and Social Care Committee Senedd Cymru Cardiff CF99 1SN

18 February 2021

Dear Russell George MS,

RE: Inquiry on hospital discharge and its impact on patient flow through hospitals

Thank you for the opportunity to give oral evidence before the committee as part of the above inquiry. Please see attached a short follow up document which further builds on our evidence with regards to potential short-term and long-term recommendations.

Short-term recommendations

- Urgently address the issue of space within clinical settings for rehab sessions such as kitchens and gyms. This will enable Allied Health Professionals (AHPs) to better prepare patients to return home and regain their independence
- If further waves of the virus take place, recommend that AHPs are protected from redeployment given their central role in enabling people to live well at home.
- Improve consistency in the roll out of the Discharge 2 Recover then Assess model. Review funding of key posts and core fund rather than fund through short term monies such as the integrated care fund and transformation monies.
- Recommend that the current streamlining process for matching students in receipt of the Welsh NHS bursary is closely monitored to ensure it delivers a diverse, sustainable future AHP workforce for Wales.
- Recommend the use of apprenticeships for support worker development including delegated funding.

Long-term recommendations

 Recommend timescale of actions for ensuring greater parity between health and social care with regards to pay and conditions

- Call for a step change in the delivery of services within the community in line with health and social care policy and rebalance funding to ensure more timely access to AHPs within the community via direct access models/ role links to GP clusters.
- Recommend increased use of prehab delivered by multi-disciplinary teams
- Recommend the development of General Multi morbidity rehab services
- Sustained investment in growing AHP professions as key enablers of ensuring care close to home. This should include pre-registration courses and also consideration of other routes into the professions such as apprenticeships. We also need to see investment in advanced practice roles in primary care.

We hope this paper is of interest to the committee and would be happy to provide further information if helpful.

Yours sincerely.

Howard

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