

## **Health and Social Care Committee**

**HSC(4)-23-12 paper 1c**

### **Consideration of recently published correspondence between Welsh Government officials and Professor Marcus Longley – Information from the Welsh NHS Confederation**

16 July 2012

#### **National Assembly for Wales Health and Social Care Committee Submission of information from the Welsh NHS Confederation**

The Welsh NHS Confederation represents the seven Local Health Boards and three NHS Trusts that make up the NHS in Wales. We are a membership organisation, with charitable status.

In November 2011, The Minister for Health and Social Services published ‘Together for Health,’ the Welsh Government’s five-year vision for the NHS in Wales. Later that month, the Welsh NHS Confederation held its annual conference, on the theme of ‘Transformational Change – what does it take.’

Throughout the course of this fourth National Assembly, since it came into being in May 2011, the Confederation has been unequivocal in its core message; that the NHS must change if it is to provide high-quality and safe services and if the people of Wales are to have the improved health and healthcare services they deserve.

Together with our members, we have always recognised that there are difficult and potentially unpopular decisions ahead. Indeed we have already seen vehement public opposition when Health Boards have outlined potential options – even before plans have been drawn up.

We also recognised that the NHS in Wales has a responsibility to explain what it needs to do and why, at the same time as demonstrating the remarkable improvements already made by shifting some services from hospitals into local communities and even people’s own homes.

It is of vital importance that the public has access to clear and independent information. The overarching purpose of commissioning information from the Welsh Institute for Health and Social Care (WIHSC) was to have the existing evidence collected in one place in an attempt to promote discussions and to inform the debate. The research presented an overall picture of why the NHS in Wales needs to change.

In summary:

- The research was commissioned from WIHSC by the seven Health Board Chief Executives in NHS Wales.
- The National Director for Together for Health liaised with WIHSC on behalf of the Chief Executives to facilitate access to information, and to monitor delivery of the research.
- The National Director for Together for Health was appointed to co-ordinate activity across NHS Wales. The Director is based at Cardiff and Vale University Health Board.
- Following discussions between the Chief Executives at their regular Peer Group meetings (facilitated by the Welsh NHS Confederation), the Confederation circulated (on 21 December 2011) a proposed scoping paper for the research (prepared by WIHSC) to the Chief Executives for their feedback by 6 January 2012. (Attachment 1).
- Following that feedback, work commenced at a cost of £29,000. The invoice from WIHSC was paid by Cardiff and Vale University Health Board (host Board for the National Director) on behalf of the other Health Boards.
- The first twenty copies of the final printed summary document were ready for collection by the Welsh NHS Confederation on 23 April. Bulk printing for the engagement and communications activity was ordered on 25 April.
- The research report(s) 'The Best Configuration of Hospital Services for Wales: A Review of the Evidence' was presented at a briefing for Assembly Members in Ty Hywel on Wednesday 9 May 2012. This was followed by a media briefing and a number of stakeholder meetings throughout Wales, in the following days and weeks.
- The publication of the final report, the response to it from the NHS in Wales and associated communications activity was co-ordinated by the Welsh NHS Confederation.

## Conclusion

The report 'The Best Configuration of Hospital Services for Wales: A Review of the Evidence' was commissioned by the NHS in Wales (specifically the Health Board Chief Executives through the National Director of Together for Health) to provide an independent overview of what the clinical evidence says about the best configuration for hospital services in Wales. Local Health Boards felt it was important that the public have ready access to clear and independent information to help them examine forthcoming service plans.

As Health Boards prepare to publish detailed options for healthcare services throughout Wales, it is even more important that information is readily available to the public as well as patients, their families and carers, and staff. This WIHSC piece of work, and its publication, represented a real and genuine attempt by Health Boards to inform a range of audiences and invite them to become involved in the debate.

At the Welsh NHS Confederation, we are deeply disappointed that the focus appears to have shifted from that important debate. The stark fact is that the NHS in Wales

has to change – something that is widely acknowledged in all quarters. The more authentic and well-informed the debate is about change, the better it will be for the future of healthcare services, and for the people of Wales.

**From:** Tegan Williams  
**Sent:** 21 December 2011 15:21  
**To:** All NHS Chief Executives  
**Subject:** National case for Change

Prynhawn da, bawb.

Further to the Chief Executives' Peer Group meeting on Monday, I am pleased to forward to you the summary from Marcus Longley of the Welsh Institute for Health and Social Care on the proposed work around the national case for change. This sets out potential key headings – workforce, safety and access – on which the study will focus. The WIHSC team would be grateful for your comments by 6 January please (we can collate through the Welsh NHS Confederation here) as the timescale is quite tight.

In addition, to highlight the research, we are currently working on a programme of engagement with AMs/MPs which we expect to include a series of regional roundtable stakeholder events, a specific event for Assembly Members in Cardiff and 1-2-1 briefings with Opposition spokespeople and special advisers.

We look forward to receiving your feedback.

Cofion gorau – a Nadolig Llawn!

Helen

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## **THE NATIONAL CASE FOR CHANGE: PROPOSED SCOPE OF DISCUSSION PAPERS AND ENGAGEMENT PROCESS**

*'Services best suited to Wales, but comparable with the best anywhere'.*

### **1. Introduction**

Two elements are proposed for this programme of work: a suite of discussion papers; and an engagement process (organised and facilitated by the Welsh NHS Confederation and WIHSC) to explore the material discussed in the papers, and other issues of interest. The purpose is to help provoke and inform a dispassionate and evidence-based discussion of the key issues relating to the national case for change, amongst both NHS staff and also external stakeholders (other statutory sector organisations, third sector, and interested 'lay' people, including elected representatives, media etc.). In this way, attention will be focused on principles and evidence, rather than the future of particular local elements of service provision. The discussion papers will provide a impartial and independent synthesis of the most important evidence relating to the key issues on which the national case for change hinges, and the engagement events will offer people an independently-facilitated, honest and structured opportunity to understand and challenge the evidence and arguments.

While the development of primary and community care services is an essential part of the future vision for the NHS and its strategies, the focus of this paper is primarily concerned with the changes affecting the future hospital infrastructure in Wales.

### **2. The Synthesis Framework**

The framework used for the synthesis will bring together:

- a) The range of the clinical and diagnostic services and the overall related proposals and implications that are central to the case for change
- b) The key issues that are agreed as fundamental to the case for change: the workforce, quality and safety, access and sustainability
- c) The context in which service change will be designed: current Welsh Government vision, strategy, policy and the health care standards that are a core requirement in the management and delivery of health care and relevant to the key issues that are the focus of this discussion paper.
- d) The evidence with which to support the national case for change and on which to base the discussion within this paper including: current service and associated data, literature, best practice and service reviews, Inspector and Regulator Reports.

### **3. Scope of the discussion papers**

Four discussion papers are proposed, to address the following:

#### **Overview Paper**

Using the framework set out above, this first paper will provide an overview of all the issues which are driving change, and briefly rehearse the main evidence. It will be accompanied by three other papers which will each explore one key issue in more depth:

## **The Workforce**

Getting the right people with the right skills and competences in the right place at the right time:

- Consider current numbers (in post, vacancies, recruitment), longer-term trends, future projections.
- Overall review of the factors relevant to ensuring that the professional staff groups have the skills they need to work in a complex, changing NHS: team working, flexible working, streamlined workforce planning and development, maximizing the contribution of all staff to patient care, education and training, developing new and more flexible careers, developing the workforce to meet future demands.
- Review of the particular issues relating to the recruitment, training, deployment and retention of the medical workforce.
- Conclusions for discussion.

## **Safety**

Will – we must want to improve; Ideas – we must know what to try; and Execution – we must know how to change. (Berwick, 2003 and Nolan, 2007).

- The clinical case for change: critical mass, range and depth of cover, clinical integration, scale of risk, etc.
- Clinical evidence base and Wales' overall performance.
- Conformance with clinical, professional and service standards.
- Evidence of best practice.
- Evidence of benefits/disbenefits of service change and rationalization.
- Conclusions for discussion

## **Access**

Getting people to services or services to people.

- Access to secondary care including emergency, unscheduled and elective care including tertiary care and cross border services.
- Waiting times.
- Outreach - where and how services can be brought closer to local people when it is safe to do so.
- Use of new technology e-health, telemedicine and telecare - bringing services and information closer to people.
- Emergency and non-emergency transport.
- Conclusions for discussion.

Issues of Sustainability will be considered in each of the papers.

Professor Marcus Longley, Director, and Michael Ponton, Senior Fellow  
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