

**Date:** Wednesday 7 February 2001  
**Venue :** Committee Room 3, National Assembly for Wales  
**Title :** **Improving Health In Wales - A Plan for the NHS with its Partners**

### **Purpose**

1. The Committee is requested to consider the Plan in relation to its future work programme in taking forward the various actions that it proposes and in reviewing progress in its implementation.

### **Summary**

2. The Plan offers a vision for the NHS in Wales over the next decade. It presents challenges that will demand new approaches and a clarity of direction from the National Assembly. It sets out to:

- Improve the quality and effectiveness of health care;
- Refocus health services to meet the needs of patients and communities;
- Strengthen and develop family health services ( eg. general practitioners, dentists, pharmacists, optometrists) and extend the range of free services;
- Provide fairer and better access to hospital services;
- Deliver more effective and better joined up services by improved joint working between the NHS, local government and their partners in the community;
- Ensure greater participation by patients and the public in the NHS in Wales and a continuing role for Community Health Councils;
- Help people take more responsibility for their own health by providing better information and support;
- Simplify the administration of the NHS in Wales by strengthening Local Health Groups and the National Assembly, abolishing Health Authorities and setting out clear accountabilities for all levels.

The **key messages** that come from the detailed discussion in the Plan include:

### **Chapter 1 - A Vision for Care: Meeting the Needs of Patients, Professionals and the Public**

- Primary Care will play a vital role in the future health of Wales but radically different solutions will be needed to develop and sustain services. The National Assembly will publish a consultative document on the future of primary care and the developmental role of Local Health Groups in June

2001 and subsidiary strategies will also be prepared for the contractor professions;

- As made clear in the Partnership Agreement, prescription charges will be frozen at their present level and free dental checks for the under 25s and for those aged 60 and over will be introduced. The Agreement will be extended with the maximum dental charge being frozen at its present level to encourage good oral health into adult life. The provision of free fissure sealant targeted at children in areas of high dental decay will be considered. A new free eye care service will be introduced during 2001. It will be designed to detect eye disease and will be based on self-referral for people in risk groups and/or GP referral.
- Changes in secondary and tertiary care will be introduced to meet changing health needs. It will be characterised by a hospital system that is organised to provide a better balanced configuration of specialist centres and district general hospitals serving Wales based on integrated care providing equitable access to effective services. *Access and Excellence* identified a secure future for the network of major acute hospitals in Wales. The Plan confirms that conclusion.
- The public health function will be reviewed and developed and a fresh strategy building on *Better Health, Better Wales* will be produced.
- The major resource allocation review, chaired by Professor Peter Townsend, is proceeding with a view to recommended changes to the current arrangements being introduced progressively from 2002/3.
- A Health Inequalities Fund has been set up with £14 million to be spent over the next three years to help support action and service development in our most disadvantaged communities. In the first year these funds will be targeted on action to prevent coronary heart disease.

## **Chapter 2 - Healthcare Challenges**

- Health Gain Targets will be reviewed and a new set developed. Strategies for achieving health gain targets will be underpinned by setting, monitoring and reviewing national standards of care. These will be set through National Service Frameworks. The service objectives set in the Plan include:
  - By the end of 2001, all services providing cancer care will have to demonstrate that they are able to meet published minimum standards;
  - All services for coronary heart disease care will be required by 2004/05 to meet the targets set out in the National Service Framework Implementation Plan;
  - National Service Frameworks for mental health, older people and diabetes will be published during 2001.
- A new clinical governance strategy will be published in 2001. Clinical adverse incident reporting will be strengthened along with agreed national standards for reporting, and a database to capture all the information which can be shared nationally.
- Within the context of the Strategic Framework for Children and Young People, policies relating to the health of children will be reviewed, including child and adolescent mental health services.

- Health protection, disease prevention and health promotion will have an enhanced profile in the work of the NHS at all levels. A Lifelong Investment in Health approach will be developed and delivered through the Assembly's Health Promotion Strategy.
- Research and Development in Wales will need to address areas that are priorities for Wales and the Welsh population.

### **Chapter 3 - The People's NHS: Public and Patient Involvement**

- The people of Wales will have greater involvement and participation in their NHS.
- Community Health Councils will be retained.
- Membership of Local Health Groups will be extended to include representatives from local authority members.
- The public will play a much more significant role in the NHS Wales public appointments process.
- Patients will be more involved about decisions regarding their care and will be given evidence based information to help them make informed decisions.
- The NHS will listen to the views and experiences of patients and the public.
- A new Complaints Procedure is being developed. All health organisations will act on suggestions and complaints received.
- Advocacy and support to patients will be provided.

### **Chapter 4 - Partnerships for Health: Joint Working**

- Organisational and sectional boundaries will be broken down for the benefit of patients and staff.
- Local Health Groups will, progressively take the lead in developing partnerships and implementing the new 1999 Health Act flexibilities to develop strong community based services.
- Drawing on the work of the Emergency Pressures Task Force and the experience of the current winter, we will endeavour to increase general and critical bed capacity in line with the overall targets set out in the commitments of the Partnership Agreement.
- The private and voluntary independent sectors will be included in the planning for services and in the joint development and training programmes of staff.
- Effective information services will be developed and information flows will be co-ordinated especially between health and social care and primary and secondary care.
- The National Assembly will develop a strategy for older people to include the care funding reforms, promote seamless services, independence and choice, and address wider issues affecting older people including Intermediate Care Services.

### **Chapter 5 -The Workforce: The people who make it happen**

- Dedicated, hard-working, professional, team-spirited NHS staff will make this Plan work.
- The workforce is being extended. There is a commitment to an extra 265 nursing and Professions Allied to Medicine students, 65 extra medical students and an additional 13 GP Registrars with year-on-year growth for at least the next 3 years. There will be more dental nurses to support the undergraduate training of dentists in 'four-handed dentistry'. By 2004 there will be 1,360 more students in training in health-related fields than today. On current places more than 4,300 nurses, midwives and health visitors will come out of training by 2004 together with over 1,750 therapists and other professions. Also in 2004 there will be at least 1,385 medical students and 275 dental students in training in Wales. There is a commitment to 19 extra Pre-registration House Officer (PRHO) posts, rising to 47 in 2004 and 60 extra Specialist Registrars by 2003.
- Good employment practices will underpin all healthcare delivery in Wales and the NHS will become an exemplary employer.
- Issues of equality, culture and language will be considered in planning for the future workforce and in recruiting, retaining and retraining staff.
- A new comprehensive workforce planning process will be introduced for NHS Wales.
- More flexible working and an increase in opportunities for those with domestic responsibilities will be targeted.
- High quality education and training will be provided.
- More opportunities will be provided for those groups who have been vulnerable to disadvantage and the workforce balance will be redressed in respect of these groups.
- The NHS pay system will be reformed to provide better, fairer rewards for NHS staff, and the contractual arrangements for consultants will be modernised.

## **Chapter 6 - Investment in Infrastructure**

- The centrally funded capital programme (for publicly funded schemes or revenue support to strategically important Public Private Partnerships schemes) will increase to £47 million in 2002-2003 and the National Assembly will aim to sustain and improve on this in future years.
- Replacing outdated life-saving equipment will be a first priority.
- Buildings, equipment and information systems will be made fit for purpose to support the changing requirements of professional practice.
- The current estate must be used fully and to best value.
- Surplus estate will be identified and disposed of.
- New performance targets will ensure adequate levels of investment in the estate.
- Increased investment from a wide range of sources will ensure modernisation of the estate and infrastructure.
- There will be an overhaul of the NHS Wales capital development planning process.
- Hygiene and infection control will be given high priority in hospitals.
- Hospital catering services will be reviewed.

- A National plan for IM&T Development will be consulted upon and introduced.

## **Chapter 7 - Managing Improvement**

- There will be a new range of public service accountabilities that will form an integral part of the performance management process.
- Waiting times for diagnosis and treatment will be improved.
- Patients will be treated according to clinical need.
- Audit and review will continue to be strengthened.
- An Information Modernisation Programme will be introduced to ensure information is relevant, of good quality, complete, reliable and gathered on a regular basis.

## **Chapter 8 - Managing the Future Together**

- At the local level the role of Local Health Groups will be radically strengthened and developed to take on new responsibilities for commissioning and delivering health care in their localities. Development milestones will be constructed through consultation.
- Membership of LHGs will be extended to include representation from local authority membership.
- At the national level, to ensure that NHS Wales tackles inequalities and provides the best possible service, the National Assembly will provide a new sense of leadership, direction and oversight. The Plan involves a new assertion of the National Assembly's direct democratic control of its health responsibilities.
- Public health provision at both national and local levels will be reviewed and developed.
- All this removes the necessity for Health Authorities in Wales, abolishing a tier in the current hierarchy between the National Assembly and the patient.
- The National Assembly's statutory responsibilities will be supported by a newly created and inclusive Health and Well-being Partnership Council chaired by the Minister for Health and Social Services. This will make tangible the Assembly's responsibilities for improving health services and engaging the full range of stakeholders.
- The National Assembly will consult on proposals for the future management of remaining Health Authority duties, including a regional capacity in line with evidence on service provision and use by patients.
- The main functions of NHS Trusts will remain unchanged as will their statutory position, but their responsibilities will be discharged *via* new lines of accountability.
- New, clear and strong lines of accountability will flow from the centre direct to NHS Trusts and LHGs.
- The Assembly will reinvigorate mechanisms to make the voice of the professions heard. In new partnerships, it will draw on the views and experience of all those who are involved in the delivery of health care.

- The new structure will enhance the democratic voice in Wales, by making the elected National Assembly directly responsible for our health services. Locally, the role of local government will be enhanced. New Partnership Boards will oversee the development and delivery of those community services in which both health and social services play a joint role.

### **Timescale**

3. The Plan will be launched on Friday 2<sup>nd</sup> February 2001 and will be discussed at the Assembly's plenary session on 13<sup>th</sup> February 2001.

### **Compliance**

4. The National Health Service Act 1977 (Section 1) covers the duty to promote a comprehensive health service and provide or secure provision of services. Section 2 confers wide-ranging ancillary powers. These powers were transferred to the Assembly under the Transfer of Functions Order 1999 and are delegated to the Assembly Secretary for Health and Social Services. The Government of Wales Act 1998 provides the Assembly with the power to do anything to facilitate, or conducive or incidental to, the exercise of any of its functions (Section 40) and to incur expenditure (Section 85, Paragraph 2) and to attach conditions to the giving of financial assistance by the Assembly (Section 85, Paragraph 3). There are no issues of regularity or propriety. The Assembly Compliance Office has seen this and is content, as are the Office of the Counsel General.

### **Financial Implications**

5. This is a wide-ranging Plan embracing a ten year period. More work needs to be done between the Assembly, the NHS and its partners to establish the detailed financial implications and timetable for delivery. Much can be achieved within the uplifts for health the Partnership Government has provided for future years – for example, progress on the acute sector, primary care and coronary heart disease strategies/plans. However there are significant cost pressures and ongoing commitments to be met. Maintaining financial discipline and control in the context of a more favourable financial environment and considerably raised expectations is critical in some aspects of taking the strategy further forward. Other work will have to await the outcomes of future Budget Planning Rounds. We now need to work together with the NHS to establish what is immediately achievable. All expenditure will be accommodated within the budgets approved by the Assembly.

**Jane Hutt**  
**Minister for Health & Social Services**

# IMPROVING HEALTH IN WALES

A Plan for the NHS with its partners

January 2001

This document is available in Welsh

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ISBN: 0 7504 2620 9

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## **FIRST MINISTER'S PREFACE**

This Plan is written against the background of unprecedented levels of increase in health funding. In addition to the very substantial increases in health budgets for the current year, the Assembly's budget provides a 7.7% increase in health funding for 2001-02 with further increases of 7.6% and 7.9% in its indicative budgets for the subsequent two years, taking the health budget from £2,620 million in 1999-2000 to £3,601 million in 2003-4, an increase of 37.4% over the four year period.

By any standards these are very substantial increases in overall resources. Even after taking account of the forecast pay and non-pay cost pressures which the NHS is expected to face, these increases mean that the NHS can look forward to a period of steady and sustained growth in which to deliver the challenging agenda set out in this Plan.

As well as financial stability, the delivery of a renewed Health Service for Wales depends on political stability. This Plan is a product of the Partnership Government at the National Assembly and draws regularly and directly on the Partnership Agreement that was published when the new Administration came into being. With the partnership we have the political platform from which the radical ideas contained in this Plan can be driven forward. It is another example of our joint determination to put Wales first in all our thinking and our policy making.

The Prime Minister's commitment to increase NHS spending to European levels of spending as a percentage of GDP also means that further real term increases in health spending can be expected beyond the period covered by the 2000 Spending Review and the Assembly's budget. Consequently, while it will not be possible, either in financial or practical terms, to implement in the next three years the full programme of change set out in this Plan, the NHS in Wales can and should expect to make substantial progress towards turning the vision set out in this document into reality by 2010.

### **A partnership strategy**

The Plan is rooted in a set of partnerships. These involve public bodies planning, implementing and working on policies in a joined-up way. More than this, the Plan is also rooted in the Partnership Agreement that forms the programme of the Partnership Government. The health of the nation is crucially important and the government is committed to a range of measures to improve it. The Plan is both an elaboration and a development of the policies in health announced in the Partnership Agreement. It is a plan for the renewal of the NHS in Wales. It is presented by an Administration with a positive and distinctive vision for the Wales of the future.

### **The Assembly's vision is for a Wales that is**

United, confident and creative

Prosperous, well-educated, skilled, healthy, environmentally and culturally rich

Served by modern, effective, efficient and accessible public services

Active in its local communities, where the voice of local people is heard

Fairer – a place where everyone is valued and given an opportunity to play a full part

It sets the policy agenda for the next five to ten years and outlines our commitment to: rebuild, renew and improve the National Health Service in Wales; develop effective and innovative ways of improving citizens' health; and make primary care the engine which drives constant improvement in the service.

### **Significant progress**

Our strategy for restoring the NHS does not start from scratch. Wales has often led the field in innovative and effective approaches to health and health services and in initiatives to engage the public.

- In *Putting Patients First* we outlined plans to reinvest in the NHS and to seek the participation of citizens in health policy development and planning and in decisions about the implementation of services.
- *Better Wales* outlines the Assembly's strategic vision for Wales over the next decade. It emphasises our drive toward greater equality, job opportunity, improvements in housing and the environment, and stresses the vital nature of simple government and joint working in achieving our aims.
- *Better Health: Better Wales* was also a landmark. It recognised that factors that affect people's health are not always within the direct control of individuals. The strategy for health improvement in this document is founded on evidence that joined-up working between the NHS, local government, the voluntary sector and other bodies interested in the well being of communities works best. *Better Health: Better Wales* has provided a solid foundation for the National Assembly's campaign to improve health and well being.
- The *Objective 1 Programme* has provided a major opportunity to address strategically the broad range of social, economic and environmental issues that impact on health and well being and, as part of this, direct action to reduce inequalities in health.

An enormous amount then has already been achieved. The Plan outlined here builds on these foundations to ensure that further significant progress is made. The National Assembly has already made a start in developing policies that improve the economic welfare of its citizens and improve the social fabric of our lives. It is developing and acting on policies that protect and improve the health and well being of all its citizens. It is committed to making changes for the good that include everybody and aim to leave no group behind. It is determined that those changes should be sustained, that everyone has a fair chance and that services are made available equitably.

Our vision for Wales is, then, to create a confident, joined up, co-operative, sustainable, healthy and listening nation. To make the image a reality means that we have to face a number of challenges and turn them into opportunities. The renewal of the NHS in Wales takes place against the backdrop of these challenges but also in the context of considerable achievements. Since its inception, the National Assembly has begun to make a real difference to health and social services in Wales, and we have made significant progress in programmes to improve health and tackle inequality.

### **Meeting the changes**

This Plan carries this process a stage further, breaking new ground in the necessary work of transforming our nation. It lies at the political centre of the Administration which I am proud to lead. I commend it to you all and look forward to the contribution that will be needed inside the NHS and beyond in order to turn the vision outlined here into reality.

**Rhodri Morgan**  
**First Minister**

## **FOREWORD BY THE MINISTER FOR HEALTH AND SOCIAL SERVICES**

I am pleased to present this plan for the future development of the NHS in Wales. In the pages that follow we outline our vision for the renewal of the Welsh Health Service. The central reason for developing the Plan is to reassert for NHS Wales our unifying *purpose*, which was so damaged by the competitive approaches of the last government. In this document I set out the key tasks to be addressed in renewing the NHS in Wales.

To achieve the sense of purpose to which I refer, it will be necessary to provide clear political and professional leadership to the NHS in Wales. The Plan will require clarity of central direction which the National Assembly can provide. However, it is not my intention that the necessary and strong sense of purpose and direction should be brought about by a return to an old-fashioned 'command and control' approach. Rather, it will be created through a *new pluralism* in NHS policy making. The implementation of the Plan will be made the responsibility of a new all-Wales Health and Well Being Council, which I will chair. The Council will be made up of representatives of patients, staff, managers, local government and the voluntary sector and will build on the success of the similarly-constructed Emergency Pressures Task Force.

The Assembly has begun to put right years of underfunding and to invest in long-term improvement. For example, the baseline allocation of resources to Health Authorities for 2000/01 was £196 million, or 9.4% higher than for 1999/2000. This has subsequently been increased by a further £65 million to facilitate joint working, to address emergency pressures, to reduce waiting times and to deal with service priorities. This makes an increase of 12.7% in all for the current year.

Though tough decisions will always have to be made about resources and there will always be difficult choices to make about priorities, the Assembly has already initiated a significant number of developments aimed at health improvement and the reduction of inequalities in health. For example we have made a start by setting up a Health Inequalities Fund of £14 million over three years to help support action and service development in our most disadvantaged communities. In the first year these funds will be targeted on action to prevent coronary heart disease.

As a result of discussions with the Health and Social Services Committee on the distribution of money to the NHS Wales I have commissioned a major resource allocation review. The work of the review, chaired by Professor Peter Townsend, is proceeding with a view to the recommended changes to the current arrangements being introduced progressively from 2002/3.

The review will advise on the most appropriate means of allocating available resources to fund the provision of a full range of health services to the population of Wales in order to promote equitable access to appropriate and high quality services. In particular the review is addressing the health needs associated with areas of socio-economic disadvantage and considering approaches to deal with inequalities in health. It will also take due account of the extra cost of providing services in rural and remote areas.

The Plan presents challenges that will demand new approaches. These will be based on new and dynamic partnerships between NHS Wales, local government, the independent sector and the communities they serve. This will require strong leadership and clear accountabilities at all levels. For this reason, I intend to strengthen the roles of Local Health Groups and the National Assembly. This will remove the necessity for Health Authorities, abolishing a tier in the current hierarchy between the Assembly and the patient. This is not an end in itself.

Rather, it is a means of both improving patient care and increasing democracy in the NHS. I intend to consult on the best way to take this forward.

While structures will alter, the role and importance of staff will remain the same. The new ways of organising services in Wales will require the talents of all groups of staff currently employed by Health Authorities, in developing new LHG roles, in public health and in the new strategic role that will be taken on by the Assembly. There are vitally important jobs to be done. The experience, skills and dedication of the Health Authority workforce will remain an essential pool which we will need to draw on for the future.

None of the developments outlined in this Plan are possible without the dedication, skill, commitment and expertise consistently demonstrated by NHS staff in Wales. It is because of them that through often-difficult circumstances, high-quality services have been maintained and improved. These staff constitute the greatest asset of our Health Service and I wish to record my gratitude and esteem for their efforts in the past, the present and the future.

Our Plan is based on an enhanced and strengthened primary care service, which will play a pivotal role in improving and promoting health in the community and in managing and co-ordinating access to wider health services.

### ***The new Wales***

This is the right time to re-launch the NHS in Wales. We are developing policies further to improve the health and well being of the Welsh population within a framework of renewal of the economic and social fabric of the nation.

The Assembly has developed - and is implementing - a number of strategies to counteract social exclusion and to create a ***socially inclusive*** Wales. It recognises the importance of building and supporting strong ***communities*** where the values of ***citizenship*** and collective action can grow. A new way of making and implementing policy has taken root and is being nurtured. Instead of the old practice of restricting the development of important policies to a relatively small group of experts in government, the new Wales is characterised by an ***opening up*** of the policy making process. This Plan builds on wide consultation over the elements that make it up and is part of the process of replacing elite policy making by ***participative*** policy development. Our policy here is to build on this commitment and to continue to ***enhance the citizen's voice*** at the heart of policy.

The Plan is based on an understanding that the NHS, though vitally important, is but one part of the drive to improve the nation's health. Other aspects of public and economic policy have important parts to play in improving health, reducing health inequalities and creating a healthy Wales, fit for all its citizens. If our aspirations to improve health and reduce inequalities are to be met, the NHS, local government, the independent sector and communities will need to ***work together*** even more closely than they do at present.

In *Better Wales* we underlined the importance of partnership between the National Assembly and key public stakeholders to develop and sustain healthy public policy. This Plan for the NHS is similarly rooted in our understanding that improving the health of the nation poses challenges that no one organisation in isolation can meet. Strong partnerships between the NHS, local government, communities and the voluntary sector are at the heart of our new and inclusive approach to health.

### ***A Plan made in Wales***

This is a plan made in Wales and designed to meet Welsh needs. It is a plan for the renewal of the Welsh NHS underpinned by the recognition that the NHS was always intended to be a

service for all, provided free at the point of use and intended to meet the collective aspirations of the Welsh people for better health for all.

*Better Health: Better Wales* was a starting point for outlining our broad vision to renovate and renew the NHS. In it we described our aims as: setting a strategy for national, regional and local action; preventing disease and substantially improving the health and well being of people; bringing the level of those with the poorest health up to the level of those with the best; improving the health and well being of children; and encouraging individual responsibility for health.

Numerous other documents build on the models of population health improvement, tackling the social determinants of ill health and making health and the health service everyone's business and everyone's property in Wales. *Promoting Health and Well-being*, published in 2000, acted as a launch pad for the current Plan. It concerned itself with ways in which NHS Wales, in partnership with others could improve the health of the Welsh population. It made it clear that to achieve health improvement inevitably involved tackling the social, economic and environmental determinants of ill health. It recognised that this could only be addressed if it was undertaken in concert with other public service organisations.

*Developing Local Health Alliances* offered direction and guidance in the establishment of local alliances led by unitary authorities and involving the NHS, voluntary organisations and other interested parties. These alliances are virtually all in place. They are beginning to work collectively to address the challenges set in *Better Health: Better Wales* and in *Promoting Health and Well-being*. We have also embedded the idea of health impact assessment as an aid to developing healthy public policy. All developments that are likely to have an impact on health will be carefully scrutinised by public bodies to ensure that public health is improved.

The Plan outlined in the following pages builds on these significant beginnings and offers a vision for the NHS in Wales over the next decade and takes forward my July Statement *A Healthier Future for Wales*. That vision sets us all tremendous challenges, the scope of which I do not underestimate. Though we have achieved much already, there is much still to be done.

### ***Tackling inequalities and improving health***

Imagination and courage are needed to tackle and overcome the health and social inequalities that are related to each other. As the Partnership Agreement makes clear, the Partnership Government is committed to the principle of universal healthcare provision, accessible to all irrespective of circumstance. We are committed to providing additional funding that is targeted at groups with the greatest health and social need where our legal powers permit. One of the major roles for our renewed NHS will be to embark on a battle against health inequalities and significantly to diminish them.

To achieve a healthy and fair Wales, we will, however, need to recognise and tackle economic, social and health challenges. Tackling ill health means addressing these challenges including economic and social inequality. Poverty and deprivation remain characteristics of many of our communities and, in some parts of Wales, pockets of deprivation are to be found even in otherwise affluent areas. The experience of poverty for some of our citizens often lies at the root of ill health, unhealthy lifestyles and contributes to a sense of hopelessness. I am determined to tackle these problems and to make progress in closing the gap between Wales and the best in Europe in relation to life expectancy, death rates from the major illnesses and long-term illnesses. As the Plan emphasises, the social and economic determinants of ill health have often been seen as outside of the concerns of the NHS. However, the NHS in Wales will play a major role with its partners in addressing them.

### ***Working jointly***

The challenges which this Plan addresses, are the major business of NHS Wales over the next five to ten years. In order to re-focus on these vital roles, the health service will work more closely with its partners in local government and other sectors. Without this collaboration, the NHS will fail to fight health inequality and ill health and those factors external to the NHS that impact on them. Failure is not an option. Joint working is an essential plank of renewing the NHS

### ***The people's health***

I am delighted to introduce proposals which place the citizen at the centre of the NHS and, building on an enviable record in Wales, establish firm lines of accountability to the people and communities of our nation. The NHS will, as part of its renewal, truly become the people's NHS. This involves not only maintaining the patient-centred focus of our services but also making the NHS answerable to all citizens. It also means involving communities in the collective development of policies for health and well being and makes the process of health policy making inclusive. Accountability to communities is thus integrated – with clinical and corporate governance – into our delivery of services. Not only will the NHS focus on patient need, it will also introduce new rights for citizens and communities. These will include the involvement of the public in NHS appointment panels, the creation of a more accessible complaints system and the retention of Community Health Councils in Wales. These new rights are part of a partnership between NHS Wales and the Welsh people. As in any partnership, rights also imply responsibilities. We are committed to ensuring health care of the highest standard and being accountable to the people. We are also committed to ensuring that citizens are actively involved in protecting their own health and the health of their community.

### ***Improving performance***

Better performance is the key to top class public services and the current performance system in NHS Wales will be strengthened and focused more sharply in order to improve its effectiveness. Effective performance management is essential so that we meet the aspirations of patients and citizens. NHS Wales will develop stronger performance management systems to further improve services to the citizens of Wales.

### ***A huge undertaking***

Our proposals, taken together, add up to a huge undertaking. They are based on a vision for Wales as an inclusive, healthy, more prosperous, more productive nation with a political system that reflects our people's aspirations because it involves them in identifying problems and crafting solutions. In relation to health, they presume a new vision of care based on making the NHS work as a whole, and minimising the fragmentation that has led to disjunctures between primary care and our hospitals. That vision also presumes the correctness and inevitability of joined up working and joined up training as well as joined up thinking to provide a seamless web of services. We will rise to the challenges of these visions:

- by involving the NHS in new areas of work ;
- by investing in health professions;
- by modernising the health service infrastructure.

### ***A renewed NHS***



We are embarking on a project to renew the NHS. We are doing so by putting people first.  
We are doing so by putting Wales first. We are doing so by putting health first.

Health, homes, education and social security: these are our birthright

Aneurin Bevan

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a horizontal line above the first few letters.

**Jane Hutt**  
**Minister for Health and Social Services**

## **CHAPTER 1**

### **A VISION FOR CARE: MEETING THE NEEDS OF PATIENTS, PROFESSIONALS AND THE PUBLIC**

#### **The changing context for primary care**

Most people's experience of the NHS is through primary care. More than 90% of people using the health service in any year do so through their local surgeries, or through new ways of accessing primary care such as NHS Direct or primary care centres for services at night or at the weekend. So it is crucial that people can easily access high quality primary care services throughout Wales.

The National Assembly sees primary care as playing a vital part in the development of a socially, environmentally and economically sustainable Wales and a means by which we might ensure equity of service provision and social justice for all in Wales. Primary care will also in future have a clearer focus on public health and on community health development.

NHS Wales faces considerable challenges as it grapples with the growing demands on, and for, health care, changing public expectations and new technological possibilities. These make fundamental change in services, values and organisational arrangements timely, desirable and inevitable.

The basic architecture of the UK health care system was laid down in 1948 and much of the physical infrastructure of care was developed in the 1960s and 1970s. Those elements of the NHS that are most visible - the GP and the GP practice, the general hospital and the teaching hospital are all facing major pressures to change.

#### **Primary care**

Wales has a very broadly based approach to primary care. It is at the heart of local communities. This reflects a recognition of the importance of meeting people's needs in - or as close as possible to - their homes and in the most practical and effective ways available. This is achieved by using the skills of everyone working in primary care and partner organisations. The key features of our primary care services have remained largely intact since 1948. These include the independent contractor status of GPs, the GP practice list and the GP practice as the basic unit of organisation. Primary care has recently been encouraged to take on greater responsibility for the management of the health care system.

#### **Pressures on primary care**

Developments in primary care are vital for Wales because, despite the targeting of significant resources in the past decade, there are variations in quality and access, and evidence of service imbalance. In some parts of Wales, particularly in urban areas, there are large numbers of single-handed practices and inadequate premises. Primary care has an increasingly complex workload. Patients' expectations are higher and GPs are stretched trying to provide services in the surgery, at people's homes and elsewhere. Pressures on social care add to the pressure on primary care services. There are potential GP recruitment difficulties in many parts of Wales and the age structure of Welsh GPs will significantly exacerbate this problem.

There is a growing awareness of health inequalities between communities and between different social groups. Balancing the concern for the health of the whole

population and a concern for the health of individual patients represents a major clinical and managerial challenge to primary care and the whole NHS.

Some changes in access to treatment and advice outside primary care have taken place, for instance through hospital accident and emergency departments, direct access to clinics and to other healthcare professionals. In recent years the development of out-of-hours co-operatives has changed the nature of round-the-clock provision. NHS Direct is also providing a new telephone-based service to complement traditional primary care.

### ***The principles of renewal in primary care***

NHS Wales is exploring the future development of primary care services with a wide range of stakeholders. Emerging themes from these explorations suggest building on primary care's current roles as gatekeepers to more specialised care and ensuring continuity of care for individual patients as they move through the healthcare system.

In renewing the NHS, we will protect and nurture primary care. Acute medicine is increasingly practised in primary and community settings and an integrated approach to the patient's experience requires that all parts of the health care system are managed in a co-ordinated and integrated way. Primary care is uniquely placed to make a greater contribution to the management and co-ordination of the health care system.

For this reason it is essential that a strong organisational voice for primary care is developed at the all-Wales and local levels to underpin its pivotal service role in the policy, planning, review and delivery of health care in Wales.

Health care professionals, lay people, local government and the voluntary sector are already brought together within Local Health Groups with the aim of shaping and improving the quality, delivery, accessibility and co-ordination of health and social care. In partnership with Local Health Alliances, Local Health Groups (LHGs) will increasingly play an important part in tackling health inequalities and the wider issues that impact on people's health - such as housing, education and economic development, with partner organisations and communities themselves.

### **The future for primary care**

The ability of primary care to deal with a broad and diverse workload will be maintained. Patients rarely present with neatly packaged problems that enable them to directly enter specialised streams of healthcare provision.

The objectives for primary care over the next decade are as follows:

- To offer universal and faster access to high quality services;
- To better enable patients to use the primary care system appropriately but to take greater control and responsibility for their own health;
- To offer an extended range of services in locally accessible primary care settings;
- To improve the quality of premises, taking the opportunity to develop new models of service delivery;
- To develop a new primary care workforce with the capacity to deliver new services to patients;
- To enable primary care, in partnership with others, to play a full part in the protection and promotion of the health and well being of the people of Wales.

To deliver this agenda we will:

- Support GPs to enable them to better fulfil their key role at the centre of the primary care team and develop the role of other professionals to play an expanded role in service delivery;
- Build on the best of the existing system, retaining the GP practice as the basic unit of organisation and the individual patient GP list as the basis of patient registration thus ensuring the maintenance of the close relationship between patient and professional and continuity of care;
- Develop the extended primary care team, integrating GPs, practice nurses and community nurses in new teams engaging social care, voluntary organisations, and the other contractor professions;
- Adopt, wherever possible, a single-roof policy bringing the extended team into shared premises offering the potential benefits of the one stop shop for health and social care.

We will promote the development of a number of important new focal points for primary care.

- Integrated packages of care for those people with chronic illnesses, e.g. asthma, diabetes, Chronic Obstructive Pulmonary Disease and Coronary Heart Disease, will be developed by 2003.

There is considerable evidence that shows it is possible to improve the experience of individual patients and to reduce unnecessary admissions to hospital by targeted approaches to the management of chronic diseases in primary and community settings. Primary care will take a lead role in the development of the intermediate care sector.

The modern health service requires primary care to adopt rigorous approaches to the management of service quality, to adopt the highest standards of workforce management, and to develop effective approaches to clinical and management performance. The Partnership Agreement draws attention to the need to develop the role of Local Health Groups in Wales. To achieve the ambitions that this Plan sets for primary care, a great deal will be expected of the 22 Local Health Groups across Wales. Since their introduction in April 1999, they have made progress in developing the organisational infrastructure and local alliances and relationships that will underpin future working. They will have a developing role and will, in partnership with NHS Trusts and local authorities, take increasing responsibility for commissioning and providing local health services.

To enhance their, already important, role in community health development:

- The National Assembly will publish a consultative document on the future of primary care and the developmental role of LHG's in June 2001;
- Subsidiary strategies will be prepared for the contractor professions;
- LHG's will oversee the development of and evaluate pilot projects experimenting with new models of primary care - including salaried GP services and the use of nurse prescribing. These pilots will be located in those communities with most need as identified in the *Communities First* programme.

## Pharmacy

Pharmacists, like other healthcare professionals, will review the current boundaries of their responsibilities and expertise and then change their working practices to ensure that services

provided put patients at the very centre of healthcare delivery. There are real opportunities to develop more responsive, flexible and integrated pharmacy services in community and primary care.

The profession is already addressing a range of issues aimed at its contribution to modernising practice and equipping itself to meet the changing needs of patients. Effective medicine-management systems are essential for ensuring that the NHS makes the best use of medicines and the pharmacist has a pivotal role to play in this area. Implementation of the recommendations of the *Review of Prescribing, Supply and Administration of Medicines*, by 2004, should provide patients with more convenient and efficient access to medicines. As a consequence, it will dramatically increase the number of professionals who can write prescriptions and take responsibility for their administration and effectiveness. In particular, the aims for future pharmacy services are better access for service users, better use of medicines, re-designing services around patients and ensuring high quality services. The management of prescribed drugs, the management of long-term conditions, the management of common ailments, the promotion and support of healthy lifestyles and the provision of advice and support to other professionals are all areas needing to be developed.

In view of the Health and Social Services Committee's wish to promote evidence based clinical and cost effective prescribing for patients, a Task and Finish Group has been set up to consider options to improve the prescribing of drugs, the provision of pharmaceutical services and the supply of pharmaceuticals in Wales. The Groups report will be completed in March 2001.

We will:

- As made clear in the Partnership Agreement, freeze prescription charges at their present level and provide free prescriptions to all those under the age of 25 years;
- Consider, and where appropriate, implement the recommendations of the Task and Finish Group on Prescribing.

### **Primary care dentistry**

Wales has relatively poor oral health. The high levels of dental disease that exist must continue to be addressed. It is recognised that the General Dental Services (GDS) provide around 90% of NHS dental treatment provided in Wales. Through its Dental Initiative the National Assembly has demonstrated its commitment to the GDS and that commitment will continue.

- The National Assembly will ensure that vigorous action is taken to address areas of unmet need and will work with the profession to find further ways of rewarding those who are able to demonstrate their commitment to the NHS and to develop measures that more closely integrate General Dental Practitioners into the NHS Family.

The foundation for good oral health is laid in childhood and the emphasis on meeting the needs of children will be maintained, especially those from the most socio-economically deprived areas.

The National Assembly will:

- Implement the commitment in the Partnership Agreement to the introduction of free dental checks for the under 25s and for those aged 60 and over;
- Extend the Agreement by freezing the maximum dental charge at its present level to encourage good oral health into adult life;
- Explore with the profession the possibility of introducing a free fissure sealant programme, targeted at children in areas of high dental decay;
- Enhance the services of NHS Direct so that callers can be advised on where they can find an NHS dentist in their locality and on the dental services available on the NHS.

The National Assembly will continue Wales' pioneering support of the development and more imaginative use of the Community Dental Service (CDS).

- The National Assembly will work with the profession to revise and strengthen the current guidance on the role of the CDS by 2003.

The conversion of existing CDS/GDS trial arrangements into providers of Personal Dental Services (PDS) will also be encouraged. The opportunity for innovation offered by PDS is available to all dentists who wish to provide services which do not readily fit into their existing contractual arrangements.

The National Assembly will also seek to encourage and support the role of the dental primary care team in health promotion.

### ***The Allied Health Professions***

The Allied Health Professions include a wide range of therapists and diagnostic staff. These professions have a very important role in the development of support to the primary care team and in community health development. They also have the potential to undertake a wider range of clinical tasks. This is important in terms of developing roles and making the best use of skills available in dealing with increasing demand. Each of the professions has its own unique body of skills and knowledge providing general and specialist care. They provide programmes of care for patients and clients in acute, primary and secondary health, community, and domiciliary and social care settings. Their overall aim is to help individuals to manage their condition, to overcome their disability, to achieve maximum functional independent living and to help them come to terms with their disorders and disabilities. In addition to a general role in promoting health and the prevention of problems, the professions have an educational role in promoting self care. This extends to advising carers and other health and social care disciplines, in order to provide a coherent approach, maximising benefit for the individual.

- A review will take place of progress in implementing the recommendations of the *Professions Allied to Medicine Career Development Report* issued in 1998 and a working group will be set up to develop an action plan in 2002 to address any outstanding action.

**The Health Professions Council (HPC) will succeed the Council for Professions Supplementary to Medicine in regulating 12 healthcare professions (arts therapists, chiropodists, clinical scientists, dieticians, medical laboratory technicians, occupational therapists, orthoptists, paramedics, prosthetists and orthotists, physiotherapists, radiographers and speech and language therapists). Proposals for the HPC will strengthen professional regulation and enhance public protection through a more streamlined and strategic body that will have significant lay member involvement. The National Assembly is actively seeking to ensure that the constitution of the new Council**

**fully reflects the needs of the service users, the service providers and registrant members in Wales.**

## **Optometry**

**The National Assembly recognises that Optometrists have a wider role to play and is working with them and the medical profession to develop new services.**

- **Reflecting the concern of the Health and Social Services Committee about eye health, a new free eye care service will be introduced during 2001. It will be designed to detect eye disease and will be based on self-referral for people in risk groups and/or GP referral.**

Apart from raising optical standards generally and introducing services not normally available outside hospitals, it has been designed to detect adverse eye conditions and will supplement the NHS sight test which provides prescriptions for spectacles. It will provide faster access, be more convenient for patients and should contribute to a reduction in ophthalmic waiting lists.

The National Assembly will also introduce measures to improve screening for diabetic retinopathy and for a new low vision service to cover the whole of Wales.

## **Secondary hospital services**

As with primary care the nature and role of district general hospitals is changing and will change further over the next 10 years. An increasing proportion of surgery is undertaken on a day case or outpatient basis - to such an extent that in some specialties the majority of procedures are handled in this way. This has contributed to the significant decrease in inpatient beds over the last 10 years.

The growing trend toward greater sub-specialisation of hospital medicine has significantly developed the NHS's capability to deal with an ever-increasing array of complex health problems. Sub-specialisation means that individual doctors provide services to larger patient populations, to ensure a viable service and clinical quality. One of the effects of this has been to make it increasingly difficult to cater for all specialities within the traditional District General Hospital (DGH). Many Welsh DGHs are serving catchment populations that are too small to enable them to provide a full range of services on a stand-alone basis.

There is a growing body of evidence that care is more effective if provided in the home or in the community. This is particularly so for services for children and older people. There is also a growing recognition of the difficulties of balancing the often-competing demands of emergency and planned (elective) workload in our hospitals. There has been a turn around in the general pattern of work in UK hospitals with emergency work now outstripping elective work.

More than any other part of the healthcare system, the DGH is under pressure from opposing forces for centralisation and decentralisation of services. Centralising pressures (moving services into fewer, larger centres) are being fuelled by technological developments, access to scarce clinical skills and the demands of modern training and education. At the same time there are a range of decentralising pressures (services moving from general hospitals into primary and community care). Additionally, clinical and technological innovation makes assessment, diagnosis and treatment possible outside the DGH setting:

- Safer anaesthesia has increased the potential for outpatient and day surgery;

- Aseptically prepared medicines and portable administration systems that assist the administration and monitoring of drug therapy to patients in their own homes and avoids the need for frequent visits to hospitals;
- New diagnostic technologies (e.g. telemedicine) make distance diagnosis more possible.

Feedback from patients and communities continues to suggest the high value they place on local access to services but this often conflicts with professional views about the best way to provide effective care.

### **Outcomes from an improved system**

The pace of change in secondary care is likely to increase and the existing model is unlikely to be sustainable without major change. Over the past year the Acute Services Development Group (ASDG) for Wales has examined these trends in Wales and has set out its conclusions in the report *Access and Excellence*. Within the next five years, the hospital service in Wales should offer:

- A service that is patient focused and designed with their needs in mind;
- A service focused on caring as well as curing;
- Waiting times for elective treatment that are as good as, if not better than, the best in the UK;
- An improved provision for emergency admissions with well developed accident and emergency services;
- Survival rates for major illnesses on a par with the best in Europe;
- Services that are provided as locally as is consistent with safe and effective care;
- Uniform standards of care across Wales comparable to the rest of the UK;
- A network of well-designed and maintained buildings to support patient care;
- Access to the latest equipment for diagnosis and treatment;
- Effective clinical governance to ensure that services are delivered to established standards;
- First-class communication and information systems that support service delivery and inform healthcare planning;
- Acute services that are delivered as part of an integrated system of health and social care.

### **A vision for secondary care**

The legacy of the internal market is a service that has developed in an unplanned and uncoordinated way. *Access and Excellence identified a secure future for the network of major acute hospitals in Wales. This Plan confirms that conclusion.* A key to their future is to develop once more a collaborative culture, encouraging effective working between secondary care institutions and also between secondary care, primary care and tertiary care.

Organisational issues can become a barrier to effective service planning and delivery. Natural patient flows within Wales are not neatly confined within nominal hospital catchment areas, Health Authority or even national boundaries. The impact of sub-specialisation has resulted in a growing recognition of the need to plan and organise the delivery of hospital-based services at a scale larger than at present. The traditional DGH has served a population of around 200,000 to 250,000 people. Effective planning of secondary care now requires us to look at a population base of 500,000 people or more.

This Plan builds on the ASDG's concept of the "natural health economy", which recognises the natural relationships between hospital services, reflecting existing practices and known



patient flows. In the future comprehensive services must be planned at the health economy level that will, for some specialist services, need all Wales and UK perspectives. In some parts of Wales, for instance, Powys, the health economy for routine care crosses the England - Wales border. The National Assembly will build on the health economy concept, and will use it to develop new planning processes to prepare detailed service and investment plans at this scale. Plans should focus on the NHS as a whole system taking on developments in primary, intermediate and community care alongside developments in the hospital system.

In the future, acute hospital services will be delivered through a differentiated model of hospital services. The concept of the balanced hospital gave rise to the development of the DGH based on the perceived benefits of co-locating medical and surgical services alongside accident and emergency services, providing comprehensive care for patients and better back up in the event of emergencies or complications and better opportunities for multi-disciplinary working.

While there is still much support for this concept, advances in medicine are moving us toward a different future. Patients' needs can be best met through the delivery of integrated care, moving care beyond the walls of the hospital, to include family doctors, community nurses, social care, the independent sector and the vital role played by informal carers and volunteers. In future, NHS Wales must offer a balanced service to meet the complex needs of patients across the health economy rather than the individual institution.

Within this new model we will see a number of developments. Hospitals will develop new roles. Some hospitals will become the natural locus for specialist services ensuring continued access to high technology care for the people of Wales. There is a clear trade off in maintaining access to such services in Wales and the number of locations in which that is possible.

Other hospitals will have an increasing focus on ambulatory care, rehabilitation and continuing care. These local hospitals will provide access to the services people use most frequently i.e. outpatients, minor casualty, diagnostics and day case surgery. These hospitals will increasingly be run in partnership with local primary care organisations with some services transferring to primary care resource centres (hospitals without beds).

Developing this new model will, over time, bring about substantial change in the hospital network in Wales. We will see an overall reduction in the number of traditional hospitals over the next generation but with commensurate development of radical new forms of local provision. Where specialist services are provided remotely we will look to develop new transport facilities and overnight accommodation.

It is crucial that all these facilities operate as part of an integrated network. In running a new network of facilities we will adopt:

- Managed clinical networks as the normal way of running clinical services across boundaries;
- Telemedicine technologies to facilitate services where the patient, the clinician and the clinical record are physically separated from one another;
- Care pathways and protocols to span all sectors.

Within our hospitals we should expect to see significant changes in the design and organisation of services:

- There will be a greater separation between emergency and elective care to ensure that services can be more effectively planned and managed;

- We will look to integrate hospital based emergency care with other forms of provision including pre-hospital care, primary care, NHS Direct and through out of hours services;
- We will develop a new partnership for intermediate and continuing care.

These changes will require substantial investments in infrastructure: buildings, equipment, information technology and people, over the next 20 to 25 years and need to be planned as integrated packages across health economies. Appropriate investments in primary and community care alongside secondary services will be made.

### **Tertiary, teaching and specialist services**

Although the vast majority of healthcare is delivered within primary care and general hospital services, some of the biggest challenges facing the NHS in Wales relate to tertiary care and the interface with the teaching and research agendas. The University Hospital of Wales plays a key but changing role in this sector.

It is of fundamental importance to recognise the interdependence of teaching (education and training), research and specialist service provision. The whole of NHS Wales has a vested interest in the vitality and development of this sector. Wales does not train enough doctors to be self sufficient in the regeneration of its medical workforce. First-class staff are attracted by a high quality teaching and research base. Wales needs to attract the best in an increasingly competitive global marketplace and must develop and maintain a national and international reputation.

Wales has inherent difficulties in developing tertiary services. Highly specialised services require a population base larger than Wales' 3 million people. Small specialist centres with single specialists are vulnerable to outside influences. In Wales, our difficulties are exacerbated by the distribution of the population. The biggest concentration of population is in south Wales (1.9 million people), which is very small in this sector. In north Wales we do not have a large enough population to maintain a specialist services base.

The future strategy must maintain and develop existing partnership arrangements with specialist providers in England. Wales is simply too small to develop a self-sufficient base in this sector. In south Wales, local specialist services are provided in Cardiff and Swansea but Bristol and Birmingham are also important providers. In north Wales there is local specialist provision of cancer services at Glan Clwyd Hospital and cleft lip and palate services at Glan Clwyd and Wrexham. The majority of services, however, are provided from Liverpool, Manchester and Birmingham.

Wales collaborates with the specialist health services commission in England for the planning and commissioning of specialist services. Wales has its own specialised commissioning body. Collaboration is required to generate critical mass and to ensure effective clinical governance e.g. multi-centre peer review, in order to share expertise in the assessment of new services and technologies and to effectively develop a highly skilled and specialist workforce.

There is a consensus on the need to develop a more distributed tertiary and teaching model within Wales. The University Hospital of Wales will remain the core location but increasingly in partnership with other centres around Wales for the provision of specialist services and teaching and research.

The training of undergraduates requires us to work with other academic institutions that provide basic science disciplines. It also requires close working with the NHS in order to provide appropriate clinical placements for staff to gain hands-on clinical experience. Multi-

disciplinary training, primary and community experience and the new emphasis on effective communication requires hospitals and primary care to play a full role as part of this network.

### **A future vision**

The future vision is of an integrated teaching, research and specialist network capable of delivering world-class services to the people of Wales, and producing top-class professionals to meet the needs of the whole health care system.

In setting out a future vision it is important to re-emphasise a number of key principles:

- Tertiary care, teaching and research should be planned and delivered on an all Wales basis and in collaboration with England;
- Developing strong relationships with academic centres, funding councils, research charities and the NHS are crucial to the maintenance and development of this sector;
- International collaboration and reputation will be increasingly important and services must be benchmarked against international comparators;
- There will be times when the protection of vulnerable services or the development of new services requires special financial provision outside normal funding arrangements.

In future key elements of our national strategy will include:

- The review of specialist health service commissioning in Wales;
- The development of all Wales clinical and educational networks and the development of an international benchmarking programme;
- The reflection within resource allocation frameworks of the particular impact that running tertiary and specialist services brings;
- The strengthening of the role of the Wales Office for Research and Development in developing the medical and social research profile for Wales and in setting clear direction for the research community in Wales.

### **Life-long investment for health**

Though development of primary, secondary and tertiary services are vitally important, the prevention of illness and the promotion of health are among our primary objectives. Healthcare systems such as, for instance, the Canadian one, which have re-focused health policy on these objectives have seen significant and positive impacts on health and economic development. We therefore intend to intensify our investment in prevention through a strategy of life-long investment in health. The NHS will develop further into a *health* service and away from a primary focus on illness.

The NHS has an important national and local responsibility for ensuring that health is on everyone's agenda. As an advocate for health it must lead by example in the way it manages and carries out its business and through its contribution to the social economic and environmental development of Wales. Health professionals and support staff play an increasingly important role in promoting health. This is achieved either through providing examples of what can be done to attain a healthy environment - using their authority to act as champions of healthy public policies - or as a source of advice on healthy behaviours to groups and individuals. Evidence-based health care is also leading to an increased emphasis on health promotion as a means of reducing the burden of avoidable disease. But it is also important to acknowledge that the health sector alone cannot deliver major changes in health behaviours, and depends on co-ordinated action across a range of sectors making partnership and co-ordination essential for the future.

The enjoyment of the best possible health is one of the fundamental rights of every human being. Health is a precondition for well being and the quality of life. It is a benchmark for measuring progress towards the reduction of poverty, the promotion of social cohesion and the elimination of discrimination. The origins of most health problems lie deep in society and they must be tackled through a very broadly based strategy. Poor health cannot be explained simply by germs and genes and is rooted in how societies are organised and work. Health can be sustained or broken by how people live and work and how they feel about their lives.

The health of the population has an impact on economic growth. Investment in health makes the population healthier. It has wider benefits, contributing in the long term to overall economic and social development.

The National Assembly's goal is to achieve full health potential for all the people of Wales and in this endeavour it has two main aims:

- To promote and protect people's health throughout their lives; and
- To reduce the incidence of the main diseases and injuries experienced in Wales, and to alleviate the suffering they cause.

Three basic values form the ethical foundation of the National Assembly's approach to health improvement are:

- Health as a fundamental human right;
- Equity in health and access to services and the development of social solidarity in our communities;
- Participation and accountability of individuals, groups, institutions and communities for continued health development.

Four main areas for action have been chosen to ensure that scientific, economic, social and political sustainability drive the implementation of health improvement in Wales:

- Multi-sectoral strategies to tackle the determinants of health, taking into account physical, economic, social, cultural and gender perspectives, and ensuring the use of health impact assessment;
- Health-outcome-driven programmes and investments for health development and clinical care;
- Integrated family and community-oriented primary health care, supported by a flexible and responsive hospital system; and
- A participatory health development process that involves relevant partners for health at home, school and work and at local community and national levels, and that promotes joint decision-making, implementation and accountability.

These goals, values and actions are not new. We instinctively know them to be right. But we must now systematically apply them to decisions about improving the health of the people of Wales. For them to be taken seriously and lead to action existing structures, habits and thinking must change. New skills will be needed. Change is difficult and the forces of inertia are strong. But the potential benefits are enormous and the NHS must be a champion of this cause and must work with its partners to engender a new determination to improve the health and well being of the people of Wales.

Against this background, this Plan develops the concept of *Lifelong Investment for Health* as a pragmatic approach for a credible and sustainable plan for the promotion of health. It is based on the acceptance that people's needs for help and support change as their life

experiences change. Life contains a series of critical transitions. Mental and material changes in early childhood, the move from primary to secondary education, starting work, leaving home and starting a family, changing jobs, facing unemployment, and eventually retirement. Each of these changes can affect health by pushing people on to a more or less advantaged path. In seeking to offer appropriate and effective support to people throughout their lives health development must be geared to meet these changing needs and all policy makers need to take account of the health impact of their decisions.

To meet this challenging objective and to ensure that the NHS plays its full part in contributing to - and supporting - national and local programmes, it must become more actively involved in programmes of *Community Health Development*. This approach is designed to help people:

- Have better access to information about health, social and other community issues;
- Identify and articulate their own health and social needs;
- Participate in and benefit from interagency partnerships; and
- Develop self-esteem, confidence and personal skills.

The involvement of the NHS in community health development will facilitate clearer, more accurate and shared views of the health needs and priorities of individuals and communities. It will provide accepted, trusted and effective ways of involving people in decision-making processes and will offer greater opportunities for self help and for people to accept more responsibility for their own health.

### ***The NHS: direct action***

NHS Wales, operating in this new context will:

- Ensure equitable access to effective and appropriate healthcare according to need;
- Develop its role in reducing the burden of disease; health advocacy and in delivering effective programmes for protecting and promoting health;
- Be an exemplar in workplace health as the largest employer in Wales.

To achieve these aims, the NHS will invest to secure **fair access to effective services** based on need and will take into account issues of geography, socio-economic factors, age, sex and ethnicity. We will:

- Set targets, by 2002, for the reduction of current inequalities, reflected through the Health Improvement Programme process;
- Target action at disadvantaged communities (plans to be in place by June 2002);
- Implement training and education programmes, by December 2002, to ensure all staff have greater awareness of the need for cultural and gender sensitivity of services.

The NHS has a wealth of **information** about the health status of the population. This will be used to promote the 'lifelong investment for health' agenda through:

- Equity audits of health/healthcare between and within healthcare communities, and the production of Equity Profiles;
- Systematic reviews of the evidence about policies and actions that work ;
- Investment in effective information systems that support the targeting of resources
- national information campaigns to 'spread the message';
- Co-ordination of activity through the new public health infrastructure, including local needs analyses.

NHS Wales has a strong team of professionals whose role is centred on **health promotion**. It will use this valuable resource to contribute to the development of comprehensive approaches to health protection and promotion in line with the objectives set out in the National Health Promotion Strategy *Promoting Health and Well-being*

Of key importance for the future is the nurturing and development of the **public health function** and the enhancement of the public health role of all health professionals. This must include a stronger national capacity to advise on and deal with population health, investment for health and health gain issues. It is essential that the local 'family of public health' infrastructure has the capacity to ensure that effective community health development can be supported and underpinned and, that the critical mass of public health expertise is maintained and developed.

- The Chief Medical Officer will undertake a review of the public health function in Wales and prepare a development plan to ensure it meets the health and well being challenges of the twenty-first century;
- A fresh strategy, building on *Better Health: Better Wales* will be produced by 2002.

The NHS is one of the biggest employers in Europe, with responsibility for the **workplace health and well being** of its employees. As such it is at the heart of community regeneration recruitment and training strategies and, by working with local schools and training bodies, it can provide pathways into health-related jobs for local people. The NHS can contribute to health and well being as one of the country's largest employers through:

- Supporting the local economy through use of local labour and suppliers for contracted goods and services wherever possible;
- Supporting the health and well being of its own and other employers' workforces, through effective occupational health and clinical services;
- Achieving by December 2002 the NAFW Corporate Standard for Workplace Health.

Central and regional government, NHS Wales and unitary authorities need to work together to improve community health and to reduce inequalities in health, including the access to appropriate healthcare services. **Working in partnership** the NHS can:

- Provide leadership and advocacy - The NHS will play a key role in making the case for lifelong investment for health, and for ensuring that it is on other organisational agendas. The NHS will review all the mechanisms for advocacy, from annual reports of Directors of Public Health, through to ensuring that all its professionals have significant 'health advocacy' components in job descriptions and personal development plans.
- Innovate through new flexibilities - The new 'flexibilities' in the Health Act (1999) are intended to break down further the barriers between agencies working to enhance the health and well being of communities and individuals. The NHS will work closely with colleagues to focus on services provided for vulnerable groups, such as the frail elderly, those with a long-term mental health problem, children, or those with a physical or learning disability.
- Promote and undertake Health Impact Assessment - The use of health impact assessment will help to ensure that the effects of policies, programmes and other developments on people's health and on inequalities in health are taken into

account in planning and decision making processes. It will also help new opportunities to improve health to be identified.

### **Distributing resources more fairly**

The National Assembly will distribute some £2.9 billion to the NHS (including the Family Health Services (FHS)) next year. Apart from FHS expenditure, which is demand led, most of the money is currently allocated according to formulae which, it is generally recognised, do not give sufficient weight to the additional costs of ill health associated with deprivation and disadvantage.

As discussed earlier in this Plan, a major resource allocation review, chaired by Professor Peter Townsend, is proceeding with a view to recommended changes to the current arrangements being introduced progressively from 2002/3. The review will advise on the most appropriate means of allocating available resources to fund the provision of a full range of health services to the population of Wales in order to promote equitable access to appropriate and high quality services. In particular the review is addressing the health needs associated with areas of socio-economic disadvantage and considering approaches to deal with inequalities in health. It will also take due account of the extra cost of providing services in rural and remote areas.

As an interim measure, a *Health Inequalities Fund* will be distributing £3m, £5m, £6m over the next three years which in the first year will be targeted at coronary heart disease.

### **In conclusion**

In this chapter the broad vision for the future is set out. In conclusion we would emphasise that the service of the future must:

- Deliver a well resourced, integrated primary care system that is able to deal with the complex problems people often present to the service;
- Ensure close links between health, social and other forms of community services providing a unified and seamless service to meet patients' needs;
- Be characterised by a hospital system that is configured to facilitate sub-specialisation within an organisational framework that enables the provision of a greater range of services in local settings;
- Retain and develop a world class teaching, research and specialist services capability through a new networked model both within Wales and with partners across the UK and internationally;
- Further develop a strategy of life-long investment in health and well being.

## CHAPTER 2

### HEALTH CARE CHALLENGES

#### Introduction

As we have already seen, the overriding challenge facing the new NHS is to achieve its optimum contribution to health improvement. This will require effort to ensure equitable access to care and treatment of a consistently high standard. The objective must always be to prevent illness whenever possible and minimise the adverse effects of illness when prevention has not been possible. This objective underlines the importance of working with other agencies and with citizens to minimise those factors that cause health inequalities within our local communities. All sectors of the NHS, clinical, managerial and support staff, have a part to play.

This chapter considers the consequent challenges faced by the primary, secondary and tertiary sectors in tackling these issues.

#### Health gain targets

The current set of fifteen health gain targets for Wales, many of which were set for the year 2002, was published in June 1997. Health organisations have been working collectively to address these and other local targets through their Health Improvement Programmes. It is now appropriate to review the national health gain targets and to assess requirements to measure health gain in Wales over the coming five-year period.

- An Expert Group, chaired by the Chief Medical Officer, will be established to review progress against these targets and to make recommendations on the use and range of targets for the period 2002 - 2007

#### *Health care standards*

Strategies for achieving health gain targets are underpinned by setting, monitoring and reviewing national standards of care. In Wales, standards are set through National Service Frameworks, supported by clinical guidance from the National Institute for Clinical Excellence. They are then adopted in service plans. The Commission for Health Improvement will monitor their implementation. This will significantly improve primary, secondary and tertiary services for patients, as the following programme indicates:

- By the end of 2001, all services providing cancer care will have to demonstrate that they are able to meet published minimum standards;
- All services for coronary heart disease care will be required by 2004/05 to meet the targets set out in the National Service Framework Implementation Plan;
- National Service Frameworks for mental health, older people and diabetes will be published during 2001.

#### Clinical governance



The National Assembly intends to introduce a clinical adverse incident reporting system. Arrangements will be put in place to produce agreed national standards for reporting with clear definitions about the different types of incident. This will be underpinned by a database that captures information that can be shared by organisations.

Clinical governance, the lynchpin of the quality strategy, applies to all NHS organisations in Wales. The results of an all-Wales audit of clinical governance will be published in March 2001. The audit will provide baseline information on all NHS Wales organisations and highlight ways in which clinical governance can be strengthened in Wales.

- A new clinical governance strategy due to be published in 2001 will include the development of performance indicators and the introduction of a new National Assembly-based Clinical Governance Support Unit.

### **Organisation of clinical services**

The future requires that services will be delivered across wide geographical areas in a co-ordinated, multidisciplinary and integrated manner. Services at all levels need to be developed in a more strategic way.

We will use clinical networks to make optimal use of resources and increase the number of patients seen. These networks will make the best use of specialised staff and will audit clinical outcomes against agreed standards. They will be made up of NHS partners and health professionals from within each health economy. Their objective will be to ensure that appropriate expertise is available to all patients so as to improve the outcomes of treatment. Consistency of clinical standards, based on National Service Frameworks (NSF) or their equivalents and the guidance of the National Institute for Clinical Excellence, will be essential to their success. We will begin by building on our experience of work carried out in cancer services and introduce similar arrangements for delivery of other NSFs. Similar mechanisms will be used in the development of critical care and other clinical services. This will make the most of the clinical teaching potential within Welsh hospitals and give an opportunity for a co-ordinated approach to Wales' clinical research programme.

- The National Assembly will establish an all-Wales multi-disciplinary group to promote the development of clinical networks, supported by appropriate clinical advisory teams. It will aim, in the first instance, to establish managed clinical networks for cancer by September 2001 and for coronary heart disease by 2002, and will co-ordinate with related activities such as all Wales screening programmes.

### **Patient responsibilities**

The implementation of NSFs marks a partnership between the NHS, its partners and patients to deliver better standards of care. This partnership carries with it certain responsibilities. Responsibility for the delivery of the standards and patient expectations identified above rests with the NHS and its partners. Patients themselves carry a responsibility too in terms of the adoption of healthy lifestyles.

## **Planning**

Improving health services depends on a clear understanding by all stakeholders that patients can expect expert care delivered to published standards. NHS Trusts which cannot meet such standards will need to consider their continuing ability to offer such services to patients. Patients expect high quality care with improved outcomes. To achieve this, services will be planned and integrated across Trust boundaries to ensure that professional and service standards are met. National Assembly priorities will influence the planning and provision of services at a local level. Joined-up planning and action is required at all levels and the NHS must work closely with partners in local government, the voluntary and independent sector and the wider community.

- The financial and other implications of the National Service Frameworks and other service frameworks and standards will be addressed through Health Improvement Programmes. The National Assembly will include this in the guidance to be issued later in 2001 regarding the next planning round.
- Health Improvement Programmes will incorporate proposals to tackle the root causes of this disease and promote better health. This will provide a focus for efforts to address health service inequalities that exist across Wales.

## **Research and development**

The development of improved services to the people of Wales will require development of new treatments, rapid access to modern diagnostic methods and changes in the ways in which services are organised and delivered. To ensure that these developments occur, research and development in Wales will need to address areas that are priorities for Wales and the Welsh population as well as contributing to the recruitment of high quality clinical staff.

The bulk of research and development undertaken in Wales takes place within NHS Trusts and primary care with funding being available through R&D Support Funding for NHS Providers. In line with the other UK countries, this scheme will be modified. Funding will be available to cover the costs of research support within Trusts and a separate funding stream will specifically address National Assembly priorities and NHS needs. The scheme will involve closer collaboration between providers in Wales and a co-ordinated approach to addressing national priorities such as cancer and heart disease. There is a need to ensure that the safety and well being of those participating in research is guaranteed. A framework for research governance in health and social care will be issued in Wales in 2001 which will be designed to ensure that research being done meets the highest standards of ethics and quality.

- In 2001 a new National Advisory Committee for research and development will be constituted to advise the National Assembly on R&D in health and social care. In addition in 2001 a new strategy for R&D will be produced in Wales.
- Research to support service delivery in Wales will be further developed. This will involve a commissioned programme of research and development to address key issues in service delivery and organisation. Such research will seek to provide the evidence to support the most effective services to address the needs of the population and will span the responsibilities of NHS organisations - including primary care, local authorities and the voluntary sector.

## Promoting health

As discussed in the previous chapter, alongside these specific challenges are the unavoidable issues of raising the health status of the Welsh population throughout the life course. Promoting healthier lifestyles is an essential part of the wider action needed to address the personal, social and economic factors that affect people's health. Targeted health promotion programmes can address specific risks to health or can help specific groups within the population to improve their health. They are also vehicles for delivering against the aims of wider action to prevent heart disease and cancers, for example, the National Service Frameworks.

- The National Assembly has published and is implementing its proposed programme of action to implement the health promotion strategy in its document '*Promoting health and well being - Implementing the national health promotion strategy*'.

## Cancer

Though many of the mediating mechanisms remain elusive, the link between poverty and deprivation and many types of cancer is a close one. Poor people have higher incidence and mortality from cancer in most industrial societies and Wales is no exception. Cancers continue to be the second most common cause of death in Wales, contributing 25% of deaths in 1999.

Despite improvements in the mortality rate for cancers over recent years, tackling cancer remains a considerable and complex challenge. The National Assembly takes very seriously the need to grapple with and overcome Wales' poor record in prevalence and survival rates, targeting initially breast and cervical cancers.

Through the Wales Cancer Services Co-ordinating Group (CSCG), progress has been achieved in identifying responsibilities at Health Authority and Trust level, in setting and monitoring standards for cancer services and in initiating new developments. There is now a need to build on this infrastructure and focus on objectives for the next five years. Rapid access for diagnosis and treatment are critical. Further action is needed to ensure that, by December 2001, cancer patients, and their families and carers, in Wales can be assured that:

- They will have a consultant appointment within 10 days of receipt by the hospital of an urgent referral by their General Practitioner;
- They will receive a diagnosis and appointment for treatment as set in the published CSCG minimum standards for cancer care in Wales;
- Their treatment and care will be discussed by the multidisciplinary team specialising in that disease;
- They will have increasing access to specialist nurses with extended skills thus enabling more of their care to be carried out at home.

These patient expectations will be delivered by:

- The development of three managed clinical networks for cancer care across Wales by September 2001;
- Piloting GP referral guidelines, working towards issuing final guidelines by the end of 2002;
- Implementation of the Cancer Information Strategy during 2001;
- Inclusion of key clinical indicators for all cancer sites will in the Performance Management Framework and published during 2001.

The relationship between high quality cancer care and research and development will be maintained through continued support of the Wales Cancer Trials Network. This will involve building on the strength of current partnerships with the Cancer Research Campaign, and ensuring that all patients who match the acceptability criteria for clinical trials are offered the opportunity to take part. This will help to ensure that Welsh patients have access to the most advanced cancer care available in the UK.

### **Coronary heart disease**

Coronary heart disease is another of the major causes of death in Wales, accounting for approximately 7,500 deaths per year. Patients suffering from this disease represent a significant proportion of total users of our NHS. It has a major impact on the health, social and economic well being of Wales. Reduction in disease and death associated with coronary heart disease must remain a key priority.

The National Assembly's aim is to contribute to a reduction in early death from coronary heart disease through the progressive implementation of the National Service Framework (NSF) for Coronary Heart Disease (CHD). This provides a systematic approach to improving quality of service across the health and social care sectors, in partnership with other organisations and patients themselves.

Prevention is self-evidently better than cure. Every effort must be made to reduce people's risk of heart disease. The relevant NSF focuses on those at highest risk. It is based on evidence that a systematic approach to identifying, treating and following up people with CHD yields the best results. A CHD Implementation Plan has been drawn up for Wales and will be launched, in the near future, following consultation.

This Plan will:

- Set national standards and define service models for a service or care group;
- Put in place programmes of action to support implementation;
- Establish performance measures to measure progress within agreed time scales.

Health promotion initiatives in Wales will continue to develop, implement and monitor evidence-based programmes on the impact of tobacco use, diet and physical activity in the most disadvantaged communities.

Patients with, or thought to be at risk from, coronary heart disease, their families and carers, can expect that, by 2002:

- They will be included on a coronary heart disease management system;
- If found to be at risk from CHD following an opportunistic screening programme, they will receive professional advice on how to reduce the risk of developing the disease;
- They will have any necessary revascularisation procedures within 12 months, within 6 months by 2003 and within 3 months by 2005;
- Following a myocardial infarction, they will receive thrombolysis (clot-busting) treatment within 20 minutes of arriving at hospital.

These patient expectations will be delivered by the:

- Establishment of a body to oversee the implementation of the Plan;

- Adoption and implementation of guidelines and recommendations issued by NICE;
- Development of three managed clinical networks for cardiac care in Wales.

Research and development has a critical role to play in tackling coronary heart disease through the development of new treatments, new approaches to service delivery and prevention programmes. This will involve work on an all-Wales basis that will bring together the strengths of service providers and the skills of university researchers to achieve a co-ordinated programme of research and development. Wales will also participate in the Coronary Heart Disease Funders' Forum. This will enable the Welsh population to access the most advanced care available and Welsh services to participate in research into the prevention and treatment of coronary heart disease at the UK level.

### **Diabetes**

About 3% of the population suffer from diabetes. Good management can make a difference to the course of this lifelong disease that can be costly both to the individual and to society. About 10% of hospital costs are spent on diabetes and diabetes-related illness. Large studies have shown that better blood glucose and blood pressure control can significantly reduce complications and that eye screening for retinopathy can reduce blindness by half.

The Audit Commission report, *Testing Times*, and other reviews have shown that unacceptable variations in the standards of diabetic care exist. The NSF for Diabetes will advise on: standards and service models for the prevention, detection and management of diabetes and its complications; programmes to support their implementation and performance indicators against which progress within an agreed time scale can be measured. Its scope is broad.

Wales is collaborating with the NSF work in England and has representatives on both the Internal and Expert Reference Groups. The Expert Reference Group's report is due for publication in the Spring 2001, for implementation from April 2002. The National Assembly has set up a Diabetes NSF Implementation Planning Group which began its work in January 2001.

### **Adult mental health services**

From recent consultation on *Mental Health Services - Quality, Empowerment, Effectiveness, Efficiency* the following consensus has emerged:

- NHS Wales, local government and the voluntary sector all have vital roles to play in improving mental health and in tackling mental illness. The sectors must work as partners, with full respect and acknowledgement of each other's role. There must be full and genuine inclusion of all sectors at each level of planning and commissioning of services. All sectors need to take full account of the views and perspectives of users and their carers whose representatives should be involved in the planning process;
- All agencies must make maximum use of the new budgetary, planning and commissioning flexibilities to ensure effective and efficient delivery of services;
- Treatment services should be based on effective, evidence-based practice;
- Health promotion has a key role to play in programmes to improve mental health and to reduce the incidence of mental illness in society;
- There needs to be a major, sustained public education campaign to reduce the stigma attached to mental illness, which impacts on opportunities for those who suffer from the illness in terms of housing, employment and social inclusion;
- The impact of substance misuse on mental illness needs to be clearly acknowledged and consistently addressed.

Successful implementation of the strategy will depend on:

- Closure of the remaining large Victorian institutions and replacement with modern facilities so that mental health services are delivered in settings which are fit for purpose;
- Availability of psychotherapy services in all areas;
- Strengthening of advocacy services;
- Timely and appropriate assessments for all patients and, for those with complex needs, the provision of formal written care plans that will be subject to regular review;
- Additional staff to ensure effective liaison between the mental health teams, and the primary care, criminal justice, district general hospital and drugs and alcohol services.

The appropriate NSF, to be published during summer 2001, will set standards to improve quality, ensure equity of provision and produce a system of monitoring which will expose shortcomings and highlight good practice.

Child and adolescent mental health services

Good mental health in young people is a positive indicator of future well being. It is also an indicator of the quality of our society and its services. The value of timely and effective help and support for children and young people with mental health problems or mental disorder is recognised as assisting and maintaining their progress towards healthy development.

It is now time for us to consider the changing needs of children and young people and to deliver a new strategy that will provide them with the help and support they need. Consultation has recently taken place on *Child and adolescent mental health service – everybody's business*. It has provoked a wide-ranging debate and will be the basis for guidance to be issued in the near future. Its aims will be to:

- Build services on a four tier framework of primary or direct contact services, provided by individual specialist professionals, by specialist teams and very specialised interventions and care;
- Establish child centred services;
- Promote a multidisciplinary approach and integrated service provision;
- Draw up and disseminate good practice from within and outside Wales;
- Replace crisis management with proactive demand management;
- Cultivate mutual support among professional, academic and non-statutory sectors;
- Build services which are based on sound evidence and which are open to new ideas;
- Encourage sound practical research;
- Ensure compatibility with other strategies, initiatives, services and care for children;
- Create links to government programmes on social inclusion, substance misuse and reduction in offending with particular emphasis on reduction of violence.

## Children

In December 2000, the National Assembly issued a consultation document, *Children and Young People - A Framework for Partnership*. It aims to ensure that authorities and agencies work with a common framework of values, objectives and priorities to tackle uneven provision, raise standards and improve the quality of outcomes, particularly for those most in need. It is designed to provide a new approach to the planning and delivery of services for children and young people.

The National Assembly wishes to encourage models of good practice and to foster a climate in which service providers give priority to developing and delivering high quality innovative and responsive provision for children and young people. The National Assembly is committed to transforming the way in which service providers in Wales meet the needs of children and young people. The framework will, for the first time, provide a coherent overview of the whole range of National Assembly led programmes and policies affecting children and young people in Wales.

Rationalisation will require co-ordinated activity by local authorities, the NHS and voluntary organisations. It is at the local level that gaps and overlaps in provision can best be identified and remedies set in place. Programmes such as Children First require that NHS Wales together with Education and Social Services participate in designing and delivering services that improve outcomes for children in need. In addition, strategic initiatives including Sure Start, the Children and Youth Partnership, on Track, Communities First and the Carers Strategy for Young Carers should promote co-ordinated activity.

Detailed discussion has taken place at the Health and Social Services Committee on the role, responsibilities and powers of the Children's Commissioner for Wales, a statutory office established under the Care Standards Act 2000. It will play the primary role in delivering an independent all-Wales perspective. Additionally, the National Assembly proposes to introduce a requirement for "policy proofing" all new policies to their potential impact on children and young people.

Children are likely to come into contact with the NHS through a variety of services such as ante-natal and maternity, general practice, dental and health visitors, community child health and hospital-based services. Improving equity and access are two key aspects of health service development in these areas.

Children's health is an important indicator of health in later life and poor health among adults has a damaging effect on their children's health. The Substance Misuse Strategy - *Tackling Substance Misuse in Wales* - emphasises the need to help children and young people resist substance and alcohol misuse, and proposes:

- Increased participation of problem substance misusers in treatment programmes which have positive impacts on health and social inclusion and/or offending behaviour;
- Action to promote sensible drinking within the context of a healthy lifestyle;
- Drug and Alcohol Teams and Local Action Teams having prime responsibility for local implementation.

High rates of teenage pregnancy and increasing rates of some sexually transmitted infections among young people are a matter of concern in Wales. The National Assembly is tackling these through a strategic framework of promoting sexual health which makes proposals aimed at ensuring that young people - particularly those at greatest risk - both receive effective sex and relationships education and have access to services offering information and advice on sexual health.

As indicated above, the National Assembly is presently consulting on the Child and Adolescent Mental Health Strategy. The National Assembly has also established an external learning disability advisory group to prepare a draft service framework for people (including children) with learning disabilities. This group will build on the aims and objectives contained in the 1994 *Welsh Mental Handicap Strategy*. It will make proposals to give people with learning disabilities, their families and carers a clear picture of the services and support they are entitled to from statutory authorities.

The following action for children's services is underway or planned:

- A review of the highly specialised hospital services for children (tertiary services), including neo-natal intensive care provision, by the Specialised Health Services Commission for Wales, will report in 2001;
- A strategic review of the health and other health services needs of children in Wales will be undertaken by 2002;
- The Learning Disabilities Advisory Group's report to the National Assembly will be put out to consultation during 2001.

### **Oral health**

Dental decay is the most prevalent disease in Wales with over 50% of children affected. It is almost entirely preventable and is an area where big health gains can be made.

The National Assembly has demonstrated its commitment to the provision of dental services by the primary dental care team and that commitment will continue.

The National Assembly welcomes the Report from the NHS Centre for Reviews and Dissemination at York University into fluoride and health. The report clearly shows that fluoridating water helps to reduce dental decay. Fluoridating drinking water supplies is a cost effective public health measure that can be delivered simply to the widest population at risk and would contribute to improving the dental health of people in Wales. The National Assembly will consider what further steps it should take to draw on the benefits of fluoridation.

It is acknowledged that the primary dental care team has the potential to make an increased contribution to wider public health programmes. The National Assembly will link its dental strategies to health promotion activities aimed at reducing the incidence of oral cancers, the effects of tobacco use and other substance abuse.

### **Older age**

Health and social services play an important part in improving quality of life and alleviating the health challenges of old age. Among the most prevalent health problems in old age are poor hearing, poor vision, mobility problems, problems with negotiating daily tasks and incontinence. Vital services for older people include:

- Those support activities of daily living (for example, spectacles, hearing aids, walking and bathing aids);
- Those which allow older people to live safe independent lives in the community (such as, home cleaning, shopping, bathing and the provision of pre-cooked meals);
- Those which provide medical, nursing or other professional care (for instance, chiropody, community nursing, the provision of effective rehabilitation and support following periods of illness and medicines management);
- Support for those undertaking a caring role with elderly family members.

Helping older people to avoid admission to hospital has considerable benefits and policies for older people will reflect our commitment to facilitating this wherever possible. This will often entail significant multi-dimensional service involvement, especially given the preponderant nature of poverty in old age.

Older people must have equitable service provision and equitable access to that provision. The National Assembly takes a joined-up and multi-faceted approach to maintaining older



people in their homes. Older people living independently have a higher quality of life and are more likely to be engaged in activities outside their homes than those in residential care. To remain healthy in their own homes, however, demands that policies and practices are in place across the health and social policy areas to facilitate this. The National Assembly will therefore establish an expert group to:

- Prepare a strategic framework for the care and support of older people that will be built on the National Service Framework due to be completed in the Summer 2001;
- Assess the evidence and advise on means of improving the diet and nutrition of people during middle age and early old age with the aim of improving the health status of older people;
- **Develop proposals for the provision of intermediate care facilities to meet the need for short-term and longer-term care of older people close to their homes wherever appropriate.**

NHS Wales will work with others to define the nature of intermediate care to ensure that this is a positive option for care when appropriate.

This chapter has outlined the major challenges faced by NHS Wales and its partners, particularly relating to the clinical environment and the principal health issues facing the people of Wales. These will be tackled through a more co-ordinated approach which seeks to prevent illness and provide more effective care *via* better organised programmes.

## CHAPTER 3

### THE PEOPLE'S NHS: PUBLIC AND PATIENT INVOLVEMENT

#### The new NHS

The new NHS in Wales is committed to developing further the involvement and participation of the people of Wales in their National Health Service. This involves putting patients first and building the health service around their perceptions of need. But it involves much more than this. The new NHS will enter into a partnership with the people of Wales so that each citizen and each community is helped to play a role, directly or through bodies representing them, in the development of health policy, the setting of aims for the NHS, the improvement of health and well being and the narrowing of health and social inequalities. We want our people to own, with us, the health agenda for Wales and to work together with the NHS and the National Assembly for Wales in its future development. Crucially, this involves fashioning an NHS characterised by a patient focus and an emphasis on community empowerment.

#### Patient focus

The involvement of people in decisions about their health - and in the development of community health - is central to our new direction in health and social policy. The case for people collectively to shape the future of the health service is more compelling than ever before. But the NHS also has a duty to individual patients and their families. That duty is to provide high quality care in a friendly and supportive environment that recognises, respects and protects their rights and dignity and meets their needs in the best ways possible.

Higher quality services for patients are a priority for NHS Wales. They will be created as a result of continuous improvement in standards of care and service delivery. The development of high quality services for everyone is part of the National Assembly's commitment to better services for patients and it is the shared responsibility of everyone in the NHS. It must extend to all aspects of the work of the NHS.

The importance of the patient's voice is recognised as being centrally important in the drive for service improvement. Patients want to be seen quickly in conditions that respect their privacy and dignity. They want to be cared for by professionals who understand their needs and concerns.

A framework for NHS Wales is being developed that will:

- Enshrine high quality standards of treatment and care which are effective and improve health outcomes;
- Ensure the delivery of services which are sensitive to patients' needs, provided in conducive environments by a workforce which is trained and educated to the highest professional standards;
- Monitor and evaluate clinical standards and service delivery by measuring the outcomes of care against agreed standards.

A determination to find out what patients want will underpin the process of continually improving our services. This will help us to shape services that are sensitive to patient needs and which, whenever practicable, comply with patients' preferences. The new NHS will give the highest priority to seeing services from the patient's perspective and to making changes designed to improve patient experience. Attention will be paid to involving patients more in

decisions about their care and in providing adequate evidence to help patients make informed decisions.

### **Commitment to the public**

The improvement of health and well being will be achieved by people themselves. A well-informed, well-motivated and actively participative community is a key element of the common goal. This assumes that people have the right to participate in decisions that affect their health, not only their individual health but that of the society in which they live, and that they should be enabled to do this. This is an issue of human rights, democratisation and a well functioning civic society.

The new NHS - created in partnership with the citizens of Wales - will be driven by the views and involvement of individuals and communities in the design, delivery and monitoring of health services. To make this work, we need empowered communities made up of people and groups who have gained appropriate knowledge and skills through their involvement in community activity, and have the confidence to use them.

NHS Wales and the National Assembly will extend community development programmes to work with communities to define their health and social needs and to play a full part in satisfying them.

#### **The National Assembly is now delivering on its promise to involve the public:**

- Community Health Councils (CHCs) will be retained in Wales;
- A cross sector Patient Advocacy and Support Working Group has been set up to examine ways of modernising patient support and liaison;
- Local authorities across Wales are setting up *Local Health Alliances* whose role is to engage with local communities to identify and deal with health and well being issues in their communities. Over £2 million is being invested in the development of health alliances and in support of community action over the next few years;
- The National Assembly's pioneering *Communities First* programme sets out innovative ways to address the multi-dimensional problems from which our most deprived communities suffer. It is based on the involvement of local people in planning and delivering tangible and sustainable improvements in the quality of their lives and in reducing health inequalities by overcoming social disadvantage. £83 million is being made available over the next three years to fund local programmes;
- The first round of projects in the *Sustainable Health Action Research Programme* is underway worth £1.7 million over a three year period. It is a programme aimed at identifying effective, community-generated practice in improving health;
- The National Assembly is undertaking a review to examine ways of modernising patient support and public liaison. It is designed to develop options for improving patient advocacy and support services and ensuring a stronger public voice in the NHS in Wales. The review will be completed in June 2001.

### **Current position**

In recent years NHS Wales has made progress on its commitment to improve patient and public involvement:

- New organisations such as Local Health Groups have involved lay representatives in the work of the NHS and the design of local services;
- Many parts of the NHS are harnessing patient feedback to make improvements in the delivery of care;
- Local Health Alliances have been established across Wales to engage with local communities to identify and deal with health and well being issues;
- Improvements to the NHS public appointments system will ensure that it reaches all members of society in Wales, especially those from under-represented sectors;
- The National Assembly is reviewing ways of modernising patient support and public liaison to ensure a stronger public voice in the NHS in Wales.

### **Public involvement framework**

The NHS will build on a framework to ensure that NHS organisations, managers, staff and contractors actively work to meet the expectations of patients and the public. This will cover public involvement in decisions on healthcare, the scrutiny of NHS activities, public access to information on health and healthcare services and their right to support and redress if things go wrong. These mechanisms will ensure that hitherto excluded sections of the population - including women, the socially excluded and members of ethnic minority populations - will have a voice and an influence.

The new NHS will give greater prominence to: providing better information; listening to patients; providing advocacy and support; acting on complaints; making the NHS accountable; and changing the culture.

### **Providing better information**

Information enables people to exercise more control over the services they require and over their own health. Better information will help them to become more effective users of health care, and be more able to take informed decisions about the type of service they wish to receive and the circumstances in which they wish to receive it. It is vital that the NHS becomes more skilled in communicating with the people they serve. To help to make this happen:

- In 2001, a new Health and Social Care Charter will be published. It will be based upon issues that people feel are important to them. It will make clear how people can access NHS and social care services, what the NHS commitment is to patients, and the rights and responsibilities patients have within the NHS. It will be underpinned by local charters which will provide information about choice and access to local services;
- In 2001, the National Assembly will act on the outcome of a review of health information produced for the public to produce a framework of best practice which will be used to develop better and more user-friendly information on health issues;
- From 2002, NHS Trusts and Local Health Groups will publish an annual prospectus providing information on services available through primary and secondary care, including information about individual GP practices;

- By 2003, a network of “expert patients” will be established to support individual patients in the treatment of specific conditions;
- By 2003, an Internet site will be developed offering instant access to a comprehensive range of health services in Wales – including a self-help database of information on voluntary organisations – and with links to UK wide NHS Direct online services;
- By 2004, patients will have the right to receive copies of correspondence between clinicians about themselves (e.g. from hospital consultant to GP);
- Consideration will be given to making available health SMART cards to patients in Wales to improve access to health records.

### **Listening to patients**

A common criticism of the NHS is that it sometimes fails to reflect or respond to the views and experience of patients and public when planning and delivering NHS services. There is a perception that a focus on patients is not central to service delivery. To change this culture and gain the commitment and involvement of patients and carers:

- NHS organisations will incorporate a range of public involvement mechanisms into their health service planning and service review exercises;
- By December 2001, all patients leaving hospital will be invited to complete a questionnaire to record their views on the care they received;
- By December 2002, every NHS Trust and Local Health Group in Wales will publish an annual account of the views received from patients and the action taken as a result, in its prospectus. These will be available on Trust websites, as well as in hard copy form;
- By 2003 NHS Wales will have established new mechanisms to monitor and review the services provided by NHS Trusts, to obtain patients’ views about those services and to provide an annual report on those views.

### **Providing advocacy and support**

Sometimes the NHS fails to deliver services to the standard expected by patients. A frequent concern is not that these shortcomings arise but that patients have difficulty in getting their concerns addressed. It is often easier for a patient to give up rather than pursue a complaint through the system.

In pursuing a complaint, patients frequently need advocacy or support on an individual basis. This has sometimes been provided by Community Health Councils, although additional advocacy services are provided in some areas. To take this forward:

- Proposals for patient advocacy services will be implemented following consultation on the recommendations of the Patients Advocacy and Support Working Group.

### **Acting on suggestions and complaints**

Patients have the right to complain or to suggest improvements to services. A modern NHS should listen to and act on complaints from those who feel let down by the service they have received. It must also learn from what patients say has worked well for them. The complaints system must be made more accessible, efficient and effective, so that when things go wrong, patients and their families and staff are confident that their concerns will be handled quickly, sensitively and fairly.

Patients often need an identifiable person they can turn to if they have a problem or need information while they are using hospital or other NHS services. They want their concerns to be dealt with quickly and sensitively by someone on the spot. Concerns can escalate quickly into formal complaints and positions become entrenched. Hospital-based patients' representatives will act as a welcoming point for patients and carers and as an information point. They will handle patient or carer concerns, and have direct access to the Chief Executive and the power to negotiate immediate solutions. They will be able to tackle concerns on the spot or, if necessary, to steer people towards the complaints process. They will also work closely with, and provide links to, Community Health Councils and independent advocacy services.

The National Assembly is at present co-operating in a national evaluation of the NHS complaints procedure, taking evidence from a wide range of sources. It will act on the outcome of this independent evaluation and reform the procedure to make it more effective:

- By 2002, proposals will be published for a new NHS complaints system that is more credible, easier to use, demonstrably independent and effective.

### **Making the NHS accountable**

In order to provide the service that it strives for - and Wales deserves - NHS Wales will embrace and harness new ways of ensuring that it is in touch with patients, citizens and communities. This aspiration will be aided by the community engagement processes described above and be embedded in a new set of **public service accountabilities**. These will require all NHS organisations further to develop their roles, relationships and accountabilities to patients, their families and the wider community.

Patient focus and public involvement must be grounded in the activities of all NHS organisations. Accountability for this will be a key feature in the new performance management framework. This will ensure that those responsible for services will have to give an account of their actions and decisions, and be held accountable for them.

To enhance accountability:

- Membership of LHGs will be extended to include representatives from local authority members;
- The public will play a much more significant role in the NHS Wales public appointments process, including active involvement in the appointments process;
- Chief Executives will be held accountable for the implementation of public involvement activities within their organisations
- By December 2001, all NHS Trusts and Local Health Groups will carry out a baseline assessment of their arrangements to deliver public involvement activity;

- By April 2002, all NHS Trusts and Local Health Groups will produce an annual plan setting out proposals for public involvement and patient focus. The National Assembly will produce guidance by December 2001 to support this process.

Implementation of these plans will be monitored through the NHS Wales performance management system. This will enable the National Assembly to focus on the outcomes and improvements resulting from these plans. This will be backed up by legislation which will place a duty on all NHS bodies to put arrangements in place to involve public and patients in decision making and the planning of health services and the consideration of any proposals for change.

The NHS will share responsibility for scrutinising its work. True public involvement demands that patients and the public should have the right to scrutinise the work of the NHS in which they are such key stakeholders. At local level, this scrutiny role has been fulfilled by Community Health Councils, operating both formally (by consulting the public on planned service changes) and informally. This role will continue to be vested in an independent patient representative organisation such as Community Health Councils, but consultation procedures need review:

- By 2002, new guidance on formal consultation will be published. This will ensure that the new procedures meet the needs of the modern NHS and takes into account changes to NHS planning and accountability announced elsewhere in this Strategy.

### **A partnership with patients and citizens**

The NHS belongs to us all. We are all stakeholders in NHS Wales and in the endeavour to create a healthier nation. This Plan enhances the rights of patients and citizens in the Health Service. But, as stakeholders, we all have responsibilities too. These include: making decisions about lifestyle that protect our own health; playing an active role in protecting the health of our communities; taking a responsible approach to NHS services so that we make use of them appropriately rather than wastefully, and seeing the staff of the NHS as one of the greatest assets that we have and treating them accordingly.

### **Changing the culture**

A patient-centred NHS must not be just a slogan. It must become a reality if we are to get a true partnership between those providing health services and those who rely on them. Meaningful patient focus and public involvement depends upon NHS staff and managers embracing these concepts positively. It also depends upon providing them with the skills and tools to organise and support effective public involvement activities:

- By 2003, a skills training programme will be in place to enable NHS staff and managers to acquire the skills and expertise they need to make best use of public involvement techniques;
- By 2003, a “patient awareness” training programme will enable front-line staff to focus on effective communication with patients and handling concerns positively;
- To help this process, by July 2001, the National Assembly will produce a resource guide for the NHS which points up best practice in public involvement. It will show what works best, where and why. It will be a practical aid to help NHS and other partner organisations to carry out appropriate public involvement, and evaluate and monitor its effectiveness.

## CHAPTER 4

### PARTNERSHIPS FOR HEALTH: JOINT WORKING

#### Introduction

With the development of new partnerships and the application of the best value approach in local government and the NHS, there is an increasing range of methods of meeting need, and a variety of providers involved in the delivery of care. Health organisations and local authorities have a key role in planning and commissioning care and a clearer distinction is emerging between these roles and service provision. Local Health Groups will have an advanced role in commissioning health and health-related social care services. They will lead in achieving effective local joint working across the statutory and non-statutory sectors, so as to develop strong community based health and social care services. They will increasingly work within and across wider geographical areas.

#### A national framework for planning and action

The NHS and partner organisations already rely on joint and team working between professions and organisations to achieve effective outcomes. The National Assembly is determined to further improve joint working to create a health and welfare system that is truly accessible and responsive to individuals, carers and families, and which provides seamless continuity of care.

Good primary and community care services put people at their centre. Service users and, where appropriate, their families and carers should feel that they have choices about the services provided for them. People must play a real part in the process of needs assessment and individual service planning.

The public expects that the NHS and other parts of the care system should operate in a unified and co-ordinated way so that patients and users experience continuity in their care. The present boundaries between services and organisations are often a result of history, legislation or professional and other demarcations. It has often been left to patients, their families and carers to negotiate the system and co-ordinate care. Service issues, therefore, include enabling people, wherever possible, to manage their care needs for themselves. Exploring new methods and extending traditional services will achieve this. This covers areas as diverse as promoting direct payments and extending services provided by community agencies such as pharmacists, voluntary and self-help groups and others. Community health and primary care services provide the first and most important bridge between individuals and these services.

There is already much good practice, often based on the willingness and imagination of staff in the front line of service provision. We need to encourage the wider use of joint approaches to new models of primary health care and community based services that provide a seamless set of services. The key tests for such approaches will be whether they provide:

- Improved information, access and participation;
- Improved choices;
- Improved quality of service as measured by the public's experience of them.

There are already many good examples of different forms of care provided as co-ordinated packages with users benefiting from flexible responses. Such services include: Community Mental Health Teams; Child and Adolescent Mental Health Services; Family Centre Services;



Child Protection Services; jointly-funded placements for children with complex needs; Youth Offending Teams; Sure Start and Children & Youth Partnerships; Rapid Response Teams; hospital discharge arrangements; and services for people with a learning disability.

### **Improving joint working**

Renewing the NHS in Wales requires working across organisational and sectional boundaries between the NHS, local authorities, the independent or voluntary sectors in social care and other relevant services such as housing and education.

Joint working must, however, be built on a foundation of strong, high-quality, effectively-resourced and managed core services which are valued in their own right by their parent organisations, service users and the public. The first priority for health organisations and local authorities is to make sure that their own community and primary care services are robust and are based on a culture of partnership and openness to working across boundaries.

The criteria by which people's needs for services are assessed must be transparent, fair and consistent across Wales and between agencies, and must take account of the full range of needs and service opportunities. These will include both primary and secondary health care needs, social and community support, housing, mobility, employment and education where these are relevant. Moreover, people must feel that their voices have been heard in the assessment process – including the needs and wishes of users, patients, carers and families.

Effective community and primary care services will be those which help people to retain, or regain, their ability to live as independently as possible in the community. They should offer protection and support for those who are vulnerable and unable to manage on their own.

Closer integration of services should mean a better chance of preventative working with people to promote health and well being, and fewer crisis calls on both health and social care services for intensive support. Joint working is better for individual service users and their families, it offers more effective primary health and social care practice and, in the long run, is more cost effective if it removes some of the calls on expensive secondary and tertiary services.

For joint working to succeed, we must ensure that the contribution of all partners is understood and valued; however, both service users and providers have to recognise that choice may also mean compromise.

Bringing services together requires clear leadership, and a strong framework for joint planning and prioritisation, which takes account of an open assessment of relative need and the importance of addressing health inequalities and inequalities in service delivery.

This will require strong direction from the most senior levels in both the NHS and local government, as well as at national level. The new Strategic Partnerships for Health and Well-being, which remove many of the financial and accountability barriers to joint working, provide a unique vehicle to ensure strategic leadership and commitment. These new bodies will be responsible for taking forward the commitment to improved co-ordination set out in the Partnership Agreement. Composed of elected members of each local authority and of senior representatives of the local health organisations, these Strategic Partnerships will be responsible for giving direction to, and committing resources for, joint working across the whole

range of health and local government services. In particular they will provide a focus on primary and community care for adults and children. They will provide a clear mandate for action and unambiguous accountabilities to make a success of joint working.

At the operational level, the commissioning, planning and review of joint working will rest with Local Health Groups, which will make increasing use of the new 1999 Health Act flexibilities, as well as of existing arrangements which are already operating successfully in many parts of Wales.

At both operational and strategic levels there must be a clearly defined decision-making process and synergy between national and local policies and plans, with agreement as to how objectives, results and intended outcomes will be incorporated into the planning and monitoring efforts of partners and the LHGs.

The relationship between health organisations and local authorities at the strategic and planning level will be crucial in achieving a real change in the culture around joint working. Local authorities, with their new and enhanced responsibilities for community strategies, have a major role to play in promoting health improvement and working to reduce inequalities in health. The 1999 Health Act places a new duty on health and local authorities to co-operate in promoting health and well being. This extends across the whole range of local government services – from environmental health and local transport through to education and housing services. Commitment at the top, from members in local government and from the highest levels in the NHS, will ensure that cross-cutting programmes, such as *Sure Start* and *Communities First*, contribute to integrated social and primary health services in protecting vulnerable people and supporting them to live independently as far as possible.

NHS Wales must develop its joint activity with local government as a key priority.

### **Managing and learning from partnerships**

To develop synergy between Health Improvement Programmes, Local Health Group Action Plans, NHS Trust Business Plans, Local Authority Social Care Plans, Children and Young People's Plans, Drug and Alcohol Action Plans and Community Strategies, partners need to come together to review their achievement against common goals and commitments on an annual basis. They will judge their individual and joint performance and progress against their common agenda for health and well being and against their agreed aims, actions and accountabilities.

For this purpose:

- The National Assembly will, by January 2002, develop with the NHS and its partners a series of public service accountabilities. These will form part of the new performance management frameworks for both health and social services. They will help the new Strategic Partnerships for Health and Well-being to monitor and evaluate the progress of member authorities in serving the community, both for services for which it has prime responsibility and for its contribution to joint working and partnership building;
- Local Health Groups will, over the next two years, progressively take the lead in developing these partnerships and implementing the new 1999 Health Act flexibilities. The National Assembly will monitor progress on this as a key part of these public service accountabilities.

## **Making joint working work**

The National Assembly has published extensive guidance, arising – in part - from recent work on emergency pressures, which offers many examples of good and innovative joint working at the community and primary health care level. These include schemes under the Carers' Strategy to support carers and families who have responsibility for caring at home for vulnerable relatives and children. It includes innovative approaches to care, such as rapid response teams and integrated community care teams. It includes various options for providing intermediate care to straddle the boundary between care at home and in hospital. It includes opportunities for working with providers in the independent and voluntary sectors, working in close co-operation with social services and primary and community health.

The National Assembly will update and disseminate information about best practice as new jointly managed services are developed in Wales. These provide examples to draw on and to develop approaches relevant to meeting challenges locally.

The National Assembly recognises that joint working will require a significant shift in organisation and planning, as well as in creating new ways of operating across old boundaries. There is a need to invest in new forms of service, to develop new arrangements between agencies, and to train staff in new approaches to care.

The National Assembly has already made clear that it will support efforts by both health and local authorities to develop new approaches. As well as the £40 million allocated to the NHS this year for joint working and emergency pressures, from April 2001 a new grant scheme will be introduced directed to local authorities' social services departments, to assist them to promote joint working with health and primary care. Funding of £2 million, £5 million and £10 million successively over the next 3 years has already been set aside for this and to take forward a strategy for older people. Local health groups and other health organisations will be actively involved with their partners in developing such proposals.

## **Emergency pressures and delayed discharge**

The fine balance between demand for, and supply of, health services, and the importance of effective joint working between agencies in health and social care, is nowhere clearer than in relation to the need for careful management of unexpected calls for emergency admission to hospital, and the knock-on effects which this can have on other parts of the acute services and community care sectors. These pressures can occur at any time of the year, but are most acute in winter, when elderly people in particular are vulnerable to infections and to falls. When vulnerable people – which of course includes children and other adults as well as the elderly – fall ill they need access to various forms of support. If there is insufficient support to help people stay at home during an illness, then there is often an overwhelming pressure to admit them to hospital for emergency care.

Last year a Task Force of key people from across the health and social care sectors in Wales was called together, to address the problems which emergency admissions can cause for primary and acute health services, for patients and carers, and for other patients whose care plans can be disrupted by unforeseen pressures elsewhere in the service.

The Emergency Pressures Task Force reported in July, and in August a comprehensive set of guidance was published. This was issued widely to health authorities and Trusts, to GPs and others in primary care, to local authority social

services departments, and to those involved in care services in the independent and voluntary sectors. The guidance included comprehensive advice about the contribution which each sector could make to preventing unnecessary admissions, and to ensuring that people who did go to hospital could be discharged to appropriate care in their homes or otherwise in the community as soon as possible.

In line with the guidance, local Emergency Pressures Task Forces have been set up across Wales, and they have been working together to make sure that the good practice guidance has been put into action. They provide regular reports to the National Assembly on the local situation. Since December there have been daily situation reports, accessible on the Internet so that everyone knows where the pressures are, and what is being done to address them.

In addition, a co-ordinated media and information campaign has drawn the attention of the public and of health and social care professionals to a wealth of sensible self-help measures - including advice on nutrition and warmth, and a campaign to maximise flu vaccination among at-risk groups and people over 65.

Throughout their work on tackling emergency pressures, health and local authorities have been working closely together, and including the independent and voluntary sectors in their joint planning. Many examples of good practice have already proved effective in tackling the problems of delayed discharge and emergency admissions. They have included co-ordinated protocols for admission, rapid response teams, better integrated primary care services at the local level, common and well researched care management pathways, clear protocols about discharge arrangements, and better planning of residential care or nursing home availability for people leaving hospital care.

Drawing on the work of the Emergency Pressures Task Force and the experience of the current winter, we will endeavour to increase general and critical bed capacity in line with the overall targets set out in the commitments of the Partnership Agreement.

Building in many cases on pilot schemes funded on a short-term basis in previous years, health organisations and local authorities have been able to work together more closely. They are now able to make maximum use of the new financial flexibilities provided by the 1999 Health Act to share budgets or to enter into lead commissioning arrangements.

Local Health Groups, with a strong voice for primary and community care, will continue to have a major role in ensuring good forward planning and well integrated primary and community care services to ensure that emergency admissions can be managed properly. It is in the interests of patients, as well as of services, that people get the care they need at home as far as possible. This minimises the need for lengthy and sometimes expensive admissions to hospital and the personal distress and upheaval for families and carers that can result from unplanned and often clinically unnecessary admissions.

The National Assembly, working with partners in health and social care, will be monitoring the performance of the services through the current winter, and building on established good practice for the future.

### **The voluntary and independent sector**

The health and social care voluntary sector covers a very diverse range of services and activities in Wales. Some organisations are primarily concerned with representing the interests of people who use health and social care services. Others provide information and advocacy services and some provide services such as housing and personal care. A number of organisations are primarily fund raising and/or fund distributing bodies. Many, but not all, see themselves as having a significant role in influencing policy and/or campaigning on human rights issues.

Voluntary organisations offer NHS Wales:

- A wealth of information on the experiences and needs of health care service users;
- Considerable expertise and experience in planning, delivering, monitoring and evaluating health care services;
- Privileged access to some of the most disadvantaged communities;
- A long history of providing flexible and innovative approaches to health care services;
- The experience of participative working across a wide range of agencies and groups, from small, local communities to Health Authorities and the National Assembly;
- Experience of providing services and engaging people who find access to the voluntary sector easier, and for various reasons, more desirable than traditional statutory services;
- Access to funds not available to statutory agencies.

NHS Wales must set a framework that will maximise these contributions. It must ensure the involvement of voluntary organisations and community groups at all levels across the whole range of health policy development, planning, delivery and review.

The private and voluntary independent sectors are a large component of health and social care delivery. More than half of the 60,000 staff in the social care workforce in Wales is employed in the independent sector. Up to 75% of places in residential and nursing homes in the independent sector are supported publicly. The independent sector is an integral part of the care system and is a key partner in the delivery of care. Health organisations and local authorities must include the independent sector in both planning for services and in the development and training of staff.

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| <ul style="list-style-type: none"><li>• The National Assembly, NHS Wales and local authorities will set in hand arrangements for the independent sector provision to be included in the overall planning for health and social care and in training and development programmes.</li></ul> |
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## Care plans and pathways

Once patients have gained access to health and social care, particularly if they have complex problems, they often move from one service to another. Sometimes, their records fail to follow. Though it is important to maintain patient confidentiality, we will - with patients' agreement - seek to co-ordinate information flows particularly between health and social care and primary and secondary care.

The National Assembly will develop:

- A co-ordinated system of care management, in partnership with all relevant interests, which patients will own and take with them as they pass through services. This will be developed initially for specific groups but applied more widely as it is developed;
- A single and unified assessment and care management system for people with complex health and social care needs, in particular older people, by April 2002;
- New care planning arrangements for children in need, including children with disabilities, as part of the introduction of the Assessment Framework for Children in Need and their Families in Wales in autumn 2001. This will build on the existing framework for looked after children, which also serves to highlight health needs.

## Intermediate care

Intermediate care involves a joint approach to the provision of a range of services to prevent avoidable hospital stays, maximise older people's rehabilitation and recovery after illness or injury, and minimise dependence on long term care. Significant numbers of older people stay longer in acute in-patient care than is necessary or desirable, and so risk premature loss of independence. It is important to ensure access to a range of rehabilitative and recuperative services to maximise people's abilities. There is a need to expand the availability of community based alternatives to hospital care through a variety of intermediate care services.

## Long-term care

Effective joint working is particularly crucial for those in need of long-term care, especially those who are elderly or have a disability. Subject to primary legislation where required, the National Assembly proposes to take forward reforms to the funding of long term care, including the provision of free nursing care where not currently available to those in care, and the transfer of the funding for certain DSS benefits to local authorities to create a single community care funding arrangement. These reforms will also include various measures to reduce the pressure to sell a person's home to pay for care, and the extension of direct payments and statutory guidance to local authorities on charging for domiciliary care services.

These reforms will form part of a wider National Assembly strategy for older people, which will be developed during 2001. The strategy will also aim to promote seamless and responsive health and social care for the elderly, promote independence and choice, and address wider issues affecting older people, including housing, transport, access, employment, age discrimination and lifelong learning.

The National Assembly will:

- During 2001, develop a strategy for older people to include the care funding reforms, promote seamless services, independence and choice, and address wider issues affecting older people;

- By April 2002, implement reforms to the funding of long term care;
- As part of the strategy, review the housing options available to promote community support and reduce or avoid the risk of institutional care;
- Put forward further proposals to develop and strengthen Intermediate Care Services as part of the strategy for older people.

## **Carers**

The Implementation Plan of *The Carers Strategy in Wales* sets out to improve the health and well being of carers and those for whom they care. Its measures are very much a first practical step towards addressing carers' needs. The National Assembly will review and roll this forward on an annual basis. Carers play a vital part in the lives of patients and people with health needs in the community. NHS Wales must view carers as partners and support them accordingly.

### **Joint working for staff in health and social care**

Joint working between professionals is vital to collaborative working between agencies. Very often staff in the front line, working in primary health and community care services, work very well together. But there are constraints on how far they can collaborate. More needs to be done to encourage staff working in the various services to understand each other better, to promote common objectives, and to encourage innovative approaches to joint working. It is important that inhibitions to joint working are removed. Strategic leadership is a key factor in fostering better understanding between professionals in community and primary care services, including the independent sector. We will:

- Tackle obstacles to joint working and produce a protocol on information exchange to guide staff by December 2001;
- Support and promote joint training initiatives and interdisciplinary training. It will seek, with partner agencies and training bodies, to promote joint training and overcome obstacles to joint training.

## **Public information**

People need to have accurate and accessible information about services. Local Strategic Partnerships for Health and Well-being will be expected to establish effective information services locally.

- The NHS, local authorities and voluntary organisations will co-operate to provide public leaflets that explain how to access services. Local public information initiatives that promote better awareness of services, who they serve and the rights of users to access them, should be in place by December 2002.
- The NHS and local authority social services departments will, by December 2002, collate the information about access to services from Local Health Groups and Local Authorities and place on a Wales-wide website.

## **Managing change and monitoring performance**

There is already considerable momentum towards joint working. Partnerships across organisational and geographic boundaries should evolve naturally. But it is also important that collaboration develops quickly.

Finally, the National Assembly will review the arrangements for inspection, research, evaluation and performance management of services. This will seek to ensure that common approaches are developed in Wales to enable managers to work together on measuring performance and shaping connected service approaches in the future. The National Assembly will sponsor a joint training programme for all managers of relevant services to ensure that they are able to use the same key principles in developing new approaches.

We will:

- Set up, during 2001, a research and development project to explore how services could be better provided through co-operation in Wales;
- Ask for reports after one year of the new provisions on the extent of take up and details of new partnerships across health, local authorities and the private and voluntary sectors;
- Require Local Health Plans and local Social Care Plans to be jointly agreed by all partners: there will be a checklist of key actions that are deliverable;
- Work towards a closely aligned Performance Management regime for health and social services so that there is a common standard of performance in key areas. Joint training will be promoted to achieve this.



## CHAPTER 5

### THE WORKFORCE - THE PEOPLE WHO MAKE IT HAPPEN

#### Introduction

Dedicated, hard-working, professional, team-spirited NHS staff will make this Plan work. The workforce is being extended and there is a commitment to an extra 265 nursing and Professions Allied to Medicine (PAMs) students, 65 extra medical students and an additional 13 GP Registrars with year-on-year growth for at least the next 3 years. There will also be more dental nurses to support the undergraduate training of dentists in 'four-handed dentistry'. By 2004 there will be 1,360 more students in training in health-related fields than today.

On current places more than 4,300 nurses, midwives and health visitors will come out of training by 2004 together with over 1,750 therapists and other professions. Also in 2004 there will be at least 1,385 medical students and 275 dental students in training in Wales. There is a commitment to 19 extra Pre-registration House Officer (PRHO) posts, rising to 47 in 2004, alongside extra funding for PRHO placements in primary care; a review of junior doctor funding and involvement in the national review of the Senior House Officer grade; and 60 extra Specialist Registrars by 2003. Good employment practices will underpin all healthcare delivery in Wales.

The strategic approach is sustained by partnership and joint ownership. There will be a corporate team approach to workforce issues that will work to the benefit of all staff and health organisations in Wales. Staff, management, staff representatives, professional organisations, social services and local government need to play a full and active role in developing and implementing policies. The NHS Wales Equality Unit has a pivotal role in promoting the equality agenda which underpins this approach. Issues of culture and language will be fully taken into account in planning for the future workforce and in recruiting, retaining and training staff.

The Human Resource Strategy for NHS Wales, *Delivering for Patients*, aims to promote and support the delivery of high quality services in Wales. This will be achieved through a high quality, competent workforce, with appropriate staffing levels, which is highly motivated, properly rewarded and has a sense of fairness and pride in employment. The initiatives set out in this chapter will become objectives of *Delivering for Patients*. They will be reviewed and updated annually. The delivery of all these objectives will be included in the performance management process being developed in NHS Wales.

The development of undergraduate medical expansion across Wales together with the enhancement of medical education and research is essential, as the Partnership Agreement confirmed. There will be a more comprehensive approach to employing support staff whose work is multi-disciplinary and enriched with further skills and responsibility. These staff will attract appropriate remuneration. Creating even more flexibility of employment, including opportunities to move across sectors, is at the core of workforce development. Ensuring that partnership working takes place at local level, in replication of the national Partnership Forum arrangements, will mean that the workforce has a greater involvement in the key decisions that affect them.

#### Planning for the future workforce

A comprehensive workforce planning process, supported by a new computer-based system will be introduced for NHS Wales. The process will include all staff working in primary and

secondary care settings and will facilitate succession planning, demand assessment and scenario planning.

The National Assembly and health organisations will introduce a new national human resources and payroll system by early 2004. This will allow for more flexibility in employment patterns, and improve rostering, record keeping and monitoring of vacancies.

### **Recruitment and retention**

Vacancy information will be collected twice a year to identify staff group and geographical shortage areas and to monitor trends. Targets will be set to reduce staff shortages and turnover and improve retention rates. Work will be undertaken with specific staff groups to identify problems and solutions.

Each health organisation and each profession experiencing shortages will produce their own Recruitment and Retention strategy by September 2001.

Return to Practice courses have already been established for nurses and dentists who have taken career breaks and it is possible that these will be extended to other staff groups. Careers information and recruitment mechanisms will be reviewed and will embrace developments in information technology and the Internet.

We will work in partnership with other bodies to develop co-ordinated recruitment initiatives across the UK including international and e-recruitment, recruitment, and bank working. We will also ensure that NHS Wales is marketed as an attractive employer to the public and to current and potential staff in Wales and beyond.

Human Resource strategies will be linked with Research and Development strategies to create an academically stimulating and a career-enhancing environment for high quality staff.

The guide to Job Sharing in Hospital Medicine provides a sound platform from which Trusts can develop more flexible working for hospital doctors and increase opportunities for doctors with domestic responsibilities to return to and remain in work. Trusts will examine how this can be extended to other staff groups.

### **Education and training**

High quality education and training will remain critically important for all staff working in health organisations. NHS Wales, in close partnership with the higher education (HE) institutions, will enable people to access the professional education they require. Building on the good progress already made, more health professional staff will be made available to help meet targets such as those for cancer services.

*Creating the Potential* will ensure that nurse education programmes in Wales produce adaptable and flexible practitioners with reflective, lifelong learning skills. The *laptop-learning project* will enhance nurse training and raise standards of healthcare. New standards for the education of health visitors, primary health nurses and school nurses will be specified and achieved in Wales.

The Clinical School at Swansea, which will operate within a wider context of expanding clinical education in Wales, will enable the University of Wales College of Medicine to increase its medical undergraduate cohort by an extra 65 students per annum from September

2001. Through the provision of these extra clinical placements year on year, there will be an increase of 325 students over the period of the 5-year course.

The paper prepared by the Vice Chancellor of the University of Wales College of Medicine entitled *The Future of Medical Education and Research in Wales*, provides a blueprint for the wider expansion of medical education and research. In addition to the centres at Cardiff and Swansea it envisages bringing in Bangor, Newport, Wrexham, the University of Glamorgan and the Open University. A high-level strategic group, reporting to the National Assembly, will aim to provide preliminary recommendations to Ministers by September 2001.

An important step in the expansion process will be to look at new routes of access to medical education including the development of a graduate entry programme. Innovation will continue in terms of education and training delivery as well as flexible training opportunities.

The importance of common core training in delivering modern healthcare services is recognised. An exercise is underway to develop a database of common core training opportunities that will help develop provision across Wales.

### **NHS public appointments**

The NHS Wales public appointments process must be open and transparent. The public will play a much more significant role in the appointment process, including active involvement on selection panels. The recently developed *Policy for the Appointment of Chairs and Non-Executive Directors* describes how the National Assembly will make appointments to the various Boards of NHS organisations in Wales. It establishes the principle of equality of opportunity and fairness in making appointments irrespective of age, gender, ethnicity, religion or social background. This policy will further enhance the National Assembly's capacity to appoint on merit, openly, transparently and fairly.

### **Employment issues**

Staff should know what they may expect of their employers and what the employers expect of them in return. Similarly, staff and employers must know what patients expect of them and *vice versa*. All health organisations will produce staff charters which set out these expectations by September 2002.

Primary care is delivered by a large number of independent contractors who employ their own staff. The National Assembly will encourage them to adhere to good employment practice. This should include partnership working; equality of opportunity for all staff; flexible, employee friendly policies, including the recognition of carers' responsibilities; managing change; addressing workplace violence, aggression, bullying and harassment; and facilitating access to appropriate occupational health services.

All Personal Medical Services (PMS), Personal Dental Services (PDS) or Local Pharmacy Services (LPS) schemes approved by the National Assembly will work to good employment practices. These standards will be extended to all primary care bodies by April 2003. Where applicable, good employment practices will be shared with the social services sector.

By March 2002, all health organisations will have similarly scrutinised existing and future contracts with the private sector. All health organisations will be held accountable for progress in these areas annually.

## **Organisational development**

The effective management of change is an element of staff management within health organisations and is essential for the delivery of high quality service. It encompasses performance management, change management strategies, communication, confidentiality and freedom of speech. All health organisations will regularly review staff management policies and procedures to ensure that best practice is firmly embedded in their structure and that each organisation can adapt to meet future challenges. While the development of the organisation will be the responsibility of the Chief Executive, human resources will head the organisational development function.

## **Improving communication**

Good communication is a two way process and is vital in developing good working relationships with employees. It helps to retain staff, and is conducive to creating low-stress working environments. Staff should be able to speak openly without fear of victimisation.

All health organisations will hold annual feedback sessions to let staff know how the organisation is making progress in achieving its objectives.

Communications will be strengthened between all health organisations, local government, social services, the voluntary sector and the National Assembly. A communications plan will be produced by the National Assembly by March 2002.

An Action Plan for Staff Involvement will be developed by all health organisations by September 2001.

## **Improving performance and appraisal**

All staff need to know what is expected of them, how they are doing at work, whether they are doing their job well and where there is room for improvement. Well-designed performance appraisals will identify individual potential, training needs and will assess the contribution staff are able to make to personal and organisational development. The process must allow staff to receive good advice on how performance will be improved. In turn staff must be encouraged to give their views on how the organisation is performing. The staff appraisal process can always be improved and must be reviewed on a regular basis to ensure that there is a meaningful flow of information.

Examples of good practice identified in Wales and elsewhere will be disseminated and guidance will be issued by the National Assembly. Annual staff surveys will provide useful feedback on whether health organisations in Wales are getting the process right. Health organisations will be required to report annually on the appraisal process.

## **Career progression and development**

Lifelong learning is vital to the continuous personal and professional development of all staff. Opportunities must be available to every member of staff at all levels and health organisations must safeguard sufficient funds each year to enable this to happen. A skills escalator approach will be encouraged so that all staff gaining core levels of skills and competencies may progress to higher levels of responsibility with appropriate remuneration. Learning must be flexible enough to cope with the needs of those with specific responsibilities such as carers.

Health organisations will develop individual approaches through Continuing Professional Development (CPD). Personal Development Plans (PDPs) for all staff will identify and balance their personal, educational and professional development needs with those of the organisation.

CPD must remain a key component of the training and education of health professional staff. A CPD website will provide all staff with direct access to learning materials, occupational standards, guidance on appraisals, PDPs, mentorship, professional body guidance and educational opportunities.

The National Assembly and health organisations will improve access to IT systems and clinical information for all appropriate staff. Progress will be reviewed annually by the National Assembly. Education on core topics will be provided each year by every Trust for all appropriate staff. Annual reports of compliance will be provided to the Trust Board and the National Assembly.

By April 2003, all health organisations will have in place career development and succession planning programmes including secondment, shadowing and networking opportunities.

Clinical supervision will be offered to all qualified nurses and health visitors and an annual report will be provided to Trust Boards. The Trust Boards will also receive an annual report of midwifery supervision and standards.

All PMS pilots must seek to improve access, quality and flexibility of services to high clinical standards. There will also be opportunities to pilot new arrangements for delivering services that would give different professionals greater scope and opportunities.

The National Assembly funds a range of initiatives aimed at career progression for support staff who, in providing a valuable service to GPs, nurses, therapists and many others, are vital to the success of health organisations in Wales. The *Healthcare Support Worker Initiative* allows Nursing Assistants to access pre-registration nursing courses by providing financial support to employers during their training.

As support workers must be able to perform a more fulfilling range of duties to enable them to develop to their full potential - and in turn release professional staff to help meet the health service targets in Wales - similar provision will have been made by health organisations for support staff in other areas of work by December 2003.

Nurse, midwife and health visitor consultant posts provide a new career opportunity that will help retain experienced and expert practitioners in clinical practice. It is intended that 50% of consultants' time will be devoted to providing direct care to patients, clients or communities. The posts will strengthen leadership within the professions and improve services and the quality of care. In contributing to the achievement of Health Improvement Programmes, in which the principles of social inclusion and equality of opportunity are fundamental, post holders will be involved in complex cross-boundary and inter-agency collaboration.

By April 2004, health organisations in Wales will have introduced individual training accounts for all support staff.

In order to provide similar opportunities to PAMs, therapy consultants will be introduced during 2003 and throughout the other appropriate professions in the following year.

## **Leadership**

NHS Wales will invest in its current and future leaders. Leadership development will be provided for those at board level. Those with leadership potential across all other levels, professions and sectors will be identified and developed. Members of the community give valuable time and a high level of commitment to serving on NHS bodies as Chairs and Non-Executive Directors. A centrally funded programme of induction training for new appointees has been established.

There will be a formal annual review for Chairs and Non-Executives to examine the previous year's work from a personal and organisational perspective. Chairs will hold annual reviews with their Non-Executive Directors to identify any support and developmental needs.

Joint working by the Chair and the Chief Executive is essential for efficient board working and organisational effectiveness. The NHS Staff College Wales will develop a joint development programme to support Chairs and Chief Executives in this aim.

Chief Executives of health organisations will be directly accountable to the Director of NHS Wales for the delivery of services. The Director will also appraise their performance.

By May 2001, the NHS Staff College Wales will have become the *Health Leadership Centre for Wales* providing a focal point for leadership development. Tailored programmes for managers, clinicians and other health related staff development will also be made available to staff from local government, social services and the civil service in Wales.

## **Partnership, collaboration and co-operation**

Developing and maintaining close links with the NHS Wales Partnership Forum will be vital in the coming years. To extend this further, health organisations in Wales will develop partnership working at a local level replicating relationships at the national level.

Problem solving, developing and implementing innovative practices calls for all staff, managers, staff representatives, staff organisations, health practitioners and education providers to work together at all levels. The local authority and voluntary sectors will play their part too.

Staff representation will be introduced on NHS Boards in Wales during September 2001 and thereafter.

Human resources managers at all levels within health organisations, the civil service, social services and local government will be supported so that they may better deliver the human resources agenda in Wales.

By September 2001, the National Assembly will have created Human Resources Innovation Teams which will be made up of HR practitioners, professionals, staff representatives and other appropriate partners. The team will be responsible for identifying, assessing, publicising and promoting good practices and ensuring remedies for organisations where good practices are not in place.

## **Equality and human rights**

More opportunities must be provided for those groups that have been vulnerable to disadvantage. The NHS Wales Equality Unit already provides an expert source of advice, guidance and training to health organisations and this could be strengthened. Monitoring processes will be strengthened and action will continue to be taken in health organisations to assess and redress the balance in their workforce in respect of these groups.

By June 2002, health organisations will have audited current practice and procedures to ensure that they comply with the requirements of equality legislation and the Human Rights Act. Access to advice, guidance and training must be provided.

### **Reducing bullying, harassment and violence**

Staff must be free from offensive treatment and vindictive, cruel, malicious or humiliating acts. By raising awareness of staff rights, individuals who are victims of such treatment will be less reluctant to come forward. Staff must feel confident to report incidents of bullying and harassment and be confident that their complaints will be dealt with fully and impartially. Managers must ensure that bullying and harassment is removed from the workplace and be exemplary in their own conduct. The staff survey will monitor this and health organisations will be required to take appropriate remedial action.

Violence and the threat of violence against staff must be eradicated. Better training to deal with incidents and tougher action against those who assault or threaten staff must be put in place. Discussion will take place within NHS Wales on how violence and threats will be reduced year on year.

*By April 2003, the role of the NHS Wales Equality Unit will have been enhanced by the National Assembly and health organisations as an independent advice service for staff who may be bullied, harassed or threatened by violence in the workplace.*

### **A safe and healthy working environment**

As good and caring employers, health organisations will ensure that staff who suffer injury, trauma or distress at work are fully supported at all stages. The *Revitalising Health and Safety Strategy Statement* sets out an agenda to breathe new life into health and safety.

Challenging targets will be agreed and set by the National Assembly for health organisations in the coming years for reducing the number of lost working days, incidences of serious accidents and the incidence of cases of work-related ill-health in the primary and secondary health care sectors. Consideration will be given to whether the standards can be extended to other groups of staff working in but not directly employed by NHS Wales.

*Securing Health Together* sets the challenge for public sector employers to become exemplars in improving the health of their staff and in improving access to these services by all employees. It also highlights the need to ensure that people who are away from work because of ill health, or who are currently unemployed, are aware of the opportunities for rehabilitation and for initiating a return to work. NHS Wales will be at the forefront of these developments and health organisations will report to the National Assembly on the progress they have made and intend to make in this field of work. Health organisations will achieve and maintain the Corporate Health Standard, the quality mark for workplace health in Wales.

## **Job design**

Extended or seven-day cover through rotational working and annualised hours will be implemented for the benefit of both patients and staff. In furtherance of a commitment made in the Partnership Agreement and in order to address retention issues and reduce the burden on services, new schemes will be introduced for professional staff who wish to work in school-term time only. Health organisations will be required to explain how they will put such initiatives into action.

Extending the availability of therapy services will help reduce the length of time that patients need to stay in hospital. Seven-day working in pathology laboratories will improve the speed of blood and other test results. Seven-day working in operating theatres will mean more operations and shorter waiting lists.

There are many qualified staff who may wish to return to work in the health service and seven-day opening in some areas might be brought about by employing part-time staff only. NHS Trusts will be required to explain how they will put such initiatives into action.

From April 2001, the National Assembly will require health organisations to pilot schemes that will examine innovative ways of working such as giving GPs the opportunity to work in Accident and Emergency. Providing occupational therapy and physiotherapy services in GP practices will be among other initiatives that will be piloted. All pilot schemes will be agreed at local and national level.

There will be a need for health organisations to develop their support staff by giving them greater responsibilities and the opportunity to develop new skills in new areas of work. Clerical staff will perform some administrative tasks currently carried out by PAMs and other professional staff. Health organisations will be required to pilot such ideas and report their findings to the National Assembly by March 2003.

In line with the agenda outlined in the Carers' Strategy, special attention must be given to the needs of those who have responsibilities for looking after others. The importance of a work-life balance in employment remains paramount.

## **Pay, awards and contracts**

A key element of the Government's modernisation programme is the reform of the NHS pay system based on the proposals outlined in *Agenda for Change*. The National Assembly wants to see better, fairer rewards for NHS staff and plans for modernising the pay system reflect this. The current pay system is outdated and has failed to keep pace with changes in NHS practice. The NHS needs a new pay system that rewards staff for what they do and for their own particular skills and abilities rather than simply basing pay on job title. At the same time the National Assembly is keen to ensure that the new arrangements will reflect flexible working and changing working practices designed around patient care.

The Government is committed to modernising the contractual arrangements for consultants. These cover the introduction of mandatory appraisal and job planning; increases in fixed commitments; radical changes in the system of discretionary awards that give greater emphasis to rewarding those who contribute most to meeting service objectives; and new terms which will reconsider the remuneration framework for newly qualified consultants. The National Assembly will be part of the negotiating team that will take forward these changes.



If appropriate, NHS Wales will explore the possibility of all-Wales agreements with doctors' and dentists' representatives.

### **Career maturity and retirement**

Employers must actively pursue awards for long service and for the special contributions members of staff have made throughout their career. They should draw on and share with other employees the knowledge and experience that long-serving staff have gained. At the same time, employers must ensure that they have in place effective succession planning. All health organisations will report on the initiatives they have in place or intend to introduce.

Needs change as retirement approaches. As set out in the Partnership Agreement, a flexible retirement plan will be introduced for all staff to allow greater freedom to develop training, supervision and mentoring roles without their being subject to the acute pressures of direct operational activity and out of hours work. But at the same time it must be recognised that some staff may wish to stay on beyond their retirement age and employers must ensure that arrangements are in place for that.

Health organisations will seek flexibility to change hours without it impacting on final pension benefits. Career maturity practices in Wales and beyond will have been reported on and examined. Guidance will be provided by the National Assembly by March 2004.

## CHAPTER 6

### INVESTMENT IN INFRASTRUCTURE

#### The challenge

The people of Wales, and the health professionals who care for them, have the right to expect that health care will be delivered in a modern, clean, well-maintained environment employing up-to-date equipment and access to modern technology. Investment in buildings and equipment has been neglected for two decades, and investment in information and communications technology is now badly out of step with appropriate comparators. **These trends will be reversed.** The most pressing problems of health and safety, and replacement of outdated major life-saving equipment, will be addressed as first priorities.

**This will not be enough. Earlier chapters have outlined many changes to the way health care is delivered over the next five to ten years. Buildings, equipment and information systems need to be fit for purpose, and must support the changing requirements of professional practice. A rolling programme of investment is essential if NHS Wales is to meet the requirements of a modernised service outlined in earlier chapters. For example, primary care centres are, over the next ten years, likely to develop on a multi-user, multi-agency basis. This will be reinforced by a shift from in-patient to out-patient care. Technological developments will make specialist diagnostic equipment such as X-ray, pathology testing and other diagnostic equipment more portable, cheaper and easier to use, thus enabling the primary care team to extend their range of work in the community setting. Telemedicine and community based consultant clinics will decentralise a range of specialist out-patient clinics.**

All of this will lead to earlier discharge of patients from hospital and the development of low-dependency or intermediate care facilities. Specialised home nursing and hospital at home services - together with improvement in social support services - are likely, over time, to reduce the demand for in-patient treatment. Diagnostic departments will change as technology allows more community-based work. And in any of these settings, health professionals need secure access to the full range of clinical information about their patients, wherever it is held.

The challenge we face is to ensure that the existing infrastructure – buildings, equipment, information and telecommunications systems - is improved to meet the new challenges that the NHS in Wales faces. This chapter outlines key developments in three major areas of infrastructure: the estate and equipment; cleanliness and catering; and information and communications technology.

#### NHS estate in Wales

The Welsh NHS estate predominantly centres on tertiary, secondary and community care. Practice partners rather than the NHS own much of the estate used in primary care. While there are examples of excellent modern health facilities in the acute, community and mental illness sectors, a recent condition survey of the building stock reflects many years of under-investment. Latest returns indicate that 39% of the estate is in an unacceptable physical condition, 39% fails to comply with statutory standards and 37% falls outside acceptable standards of energy performance.

#### Equipment

Welsh NHS Trusts are responsible for equipment replacement, and there is a significant backlog. The level of discretionary capital monies that have been made available for this purpose has meant that, in many cases, existing equipment has been kept going, rather than Trusts investing in newer technology which could provide better quality and more clinically effective services. In secondary care, there is also a need for additional equipment, particularly in the area of diagnostics, to make sure that the benefits of modern technology are fully harnessed.

### **The way forward**

If the Health Service in Wales is to properly maintain and develop its estate, then a number of building blocks need to be in place:

#### **Utilisation and performance review**

We need to ensure that the current estate is being used fully and to best value. A more rigorous performance management framework is under development, for implementation later in 2001. Annual estate reviews, close monitoring and target setting will support this. Within the secondary/tertiary care sector, there is a significant amount of expensive infrastructure that should be fully utilised. Trusts are already negotiating with relevant interests so that expensive diagnostic and treatment facilities are used on a 7-day week, 24-hour day basis where appropriate. Some of the estate is surplus, and a revised scheme for disposals, and for incentives to local organisations to identify surplus estate, will be issued in the first quarter of 2001. Many of the PFI initiatives in the NHS have demonstrated alternative ways for handling catering, engineering, maintenance and record storage, and thus reducing the overall capital costs of new facilities. The feasibility of moving appropriate facilities away from hospital sites and making more space available for patient care is also being investigated.

#### **Investment in estate maintenance**

**Current average levels of investment in maintenance fall far below the level that existed before the formation of separate NHS Trusts. New performance targets will be developed to ensure adequate levels of ongoing investment in the estate.**

#### **Capital expenditure**

**Investment in the centrally funded capital programme has in recent times been modest with budget provision, including Capital Modernisation Fund, at £23 million in the current year. The last Budget Planning Round started to increase capital provision and total provision for centrally funded schemes is £47 million in 2002-03. The National Assembly aims to sustain and improve on this level of investment in future years, either through direct investment or revenue support for strategically important PPP projects. Much of this money is already earmarked for specific schemes but £16 million becomes available in 2003-04 for new schemes.**

Another source of funding is the proceeds from surplus land and property sales, though it is recognised that organisations are differently endowed in this respect. The National Opportunities Fund is also available for some specific capital developments and, in the current round, monies will be available for cancer equipment in Wales. Preparations are in hand for the next bidding round, which will focus on heart disease.

The full potential of Public-Private Partnerships (PPP) has yet to be realised, and NHS Wales will be expected to consider the packaging of projects into development programmes that are more attractive candidates for this approach.

Finally, the National Assembly, working with partner organisations, needs to ensure that major investment is managed strategically. The planning process for NHS Wales is to be

overhauled as part of this Plan, and this will include the process for planning and allocating capital to enable health economies to meet the goals of their Health Improvement Programmes.

**Key actions:**

- As part of the Health Improvement Programme, capital investment plans for rolling periods of 5 years will be produced. These plans will cover all investment needs. They will specify the balance to be struck between resources expected from the private sector through PPP funding, and from the public sector and government;
- Work will be commissioned in the first quarter of 2001 to identify options for collective action by trusts to deal with major backlog maintenance and equipment replacement programmes across multiple sites, in ways which would enhance the viability of partnerships with private capital for their funding;
- The National Assembly will seek opportunities for working with the NHS Lift scheme in England to enter into a new public private partnership for primary care facilities;
- Work will be commissioned by March 2001 to establish, by November 2001 an inventory of major items of equipment across the NHS in Wales, and a process to enable strategic management of replacement investment by the National Assembly and its partner organisations;
- The most pressing problems of health and safety and replacement of outdated major life-saving equipment will be addressed as first priorities for the capital Programme in 2001-02;
- By December 2001, each Trust will review the utilisation of the existing estate against the provision of services on a 24-hour, 7-day a week basis, including a joint review with other agencies for community/primary care services;
- By December 2001, each Trust will have estate strategies in place in Wales;
- The current discretionary capital allocations available to Trusts will be increased by at least £10 million by 2005, in order for them to deal with significant backlogs of maintenance and equipment replacement;
- The centrally funded capital programme (for publicly funded schemes or revenue support to strategically important PPP schemes) will increase to £47 million in 2002-2003 and the National Assembly will aim to sustain and improve on this in future years;
- A programme of major equipment replacement will be put in place to ensure that by 2005, no major equipment should be in use which has exceeded its genuinely useful life.

**Standards of cleanliness and catering**

Clean hospitals

The lack of cleanliness in some of the hospitals in Wales gives considerable cause for concern to many patients. Hygiene will be given a high priority in hospitals, so that hospital acquired infections are reduced and patients are cared for in a safe environment. It is a key management responsibility to ensure hygiene and infection control issues become embedded as a core item of the management agenda and in the accountabilities of managers at all levels. This process will cascade throughout the Trust staffing structure and highlight educational and resource issues to ensure infection control becomes an integral part of the training, induction and operational procedures of all levels of staff:

- Trust Boards must ensure that sufficient resources are available to allow the proper functioning of the infection control system;
- An executive board member must be given responsibility for overseeing all aspects of hospital hygiene and for ensuring adequate profile in the management agenda;
- By December 2001 each Trust will have conducted an infection control internal audit and produced an action plan to address deficiencies. Initially concentrating on patient areas, this will, within 2 years, develop into a rolling programme of audit covering all wards and departments. This will include a review of infection control arrangements in the light of previously issued guidance (Controls Assurance documentation, Cooke Report, Standards for Infection Control). Mechanisms must be in place to ensure formal infection control involvement in the procurement of new equipment and in the design process for new developments/refurbishments. Trusts will participate in additional national audits as they are developed which will include for example: standards for environmental cleanliness in hospitals; decontamination of medical devices; alert organism surveillance and surgical site surveillance;
- Trusts will review the management structure at ward level to ensure that ward sisters and charge nurses: receive the necessary support and training for themselves and their staff in infection control/hygiene practices; are accountable for the cleanliness of their wards with hotel services staff being fully integrated into the ward team and have accountability for ensuring that hygiene/infection control practices of all grades of staff comply with the Trust's policies and procedures;
- Similar processes will need to be introduced in all other appropriate areas and in health facilities outside the confines of hospitals.

Trusts will adjust contracts with external cleaning companies to ensure nurses can take the lead in ensuring wards are properly cleaned where necessary.

### ***Hospital catering***

Patients have the right to expect well-presented, dietetically sound and nutritious meals. They should be offered a reasonable choice of menu and flexibility of meal times and meal choice according to their condition and appetite as they progress through their stay. Patients needing help while eating their meals must be identified and given that support and encouragement according to their individual needs and condition. Staff catering arrangements will also offer a range of healthy nutritious food contributing to a healthy balanced diet.

Good progress has been made in recent years, but best practice needs more general application. To that end, the following targets will be introduced during 2001:

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| <ul style="list-style-type: none"> <li>• Specifications for catering will be established and monitored on a regular basis;</li> <li>• Patient satisfaction surveys will include questions on hospital food with ratings that will provide Trust Boards with information on which to regularly evaluate the quality and standard of delivery of their catering services;</li> <li>• Trust prospectuses will include information on the catering services of the Trust and the results of its annual catering review;</li> <li>• Hospital nutrition teams will report on the adequacy of patient meals and the quality of services to a named member of the Trust Board and each Trust will establish a Nutritional Study to develop policy and practice.</li> </ul> |
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## Information management and technology

### The challenge

Good information is critical to the NHS's task of providing good quality care for the people of Wales. Investment in improved information systems and services must be expected to support health professionals in delivering better quality, safer, and more clinically effective health care. In that respect, it should be approached just like investment in buildings or equipment. In 1999 *Better Information Better Health* announced a new strategic approach to information management and technology (IM&T) for health care and health improvement in Wales. This strategic framework and its six key principles were intended to guide the development of information management and technology in the NHS. Local NHS organisations are now required to work together to produce Local IM&T Development Plans which will take forward the work programme and targets outlined in *Better Information, Better Health*. Since the publication of *Better Information, Better Health*, a number of new initiatives – particularly National Service Frameworks - have been introduced into the NHS in Wales. Its principles remain a sound basis for developing information systems and services to support the planning and management of these initiatives, as well as the developments described in earlier chapters of this document.

Following increased allocations in the Budget Planning Round, new work is being undertaken in relation to primary care IM&T, improving information quality in trusts and health organisations, IM&T education and training, the Health of Wales Information Service and telemedicine and telecare projects.

In the light of this, and the information contained in Local IM&T Development Plans, *Better Information, Better Health* targets must now be revised. This will be done in consultation with partner organisations, and will be captured in a **National Plan for IM&T Development**.

- This plan, which was identified in the Partnership Agreement, will be produced by the National Assembly by the end of 2001

Key development areas will include:

- **Electronic patient records:** As clinical networks develop, the need to transfer patient information becomes paramount. In order for this to be achieved, common standards and systems compatibility must be developed;
- **Links between primary and secondary care:** Investment in GP connectivity will provide a foundation for developing links between primary and secondary care supporting a range of electronic health business. Results reporting and booking systems will be early candidates;
- **Clinical information systems:** With the advent of clinical governance, clinical information systems will be central to the performance of activity within NHS Wales. Administrative and other data should flow from clinical systems and investment should allow the quality of clinical services to be appropriately measured;
- **Electronic access to information:** Health professionals must have access to a networked electronic workstation at their point of practice if the benefits of information and communications technologies are to be realised. They must be adequately trained in the use of the technology and the management of the information which they can record and/or access through their workstation;

- **Performance management:** If performance management is to operate effectively within NHS Wales, then the availability of good quality comparative information is critical. Existing information flows will need revision and extension;
- **National Service Frameworks:** As each NSF is introduced, information will be required locally and nationally to ensure that the service is developing as planned. Implementation plans must explicitly take account of this requirement;
- **More effective procurement:** Information systems procurement is expensive and complex. It is increasingly an area for PPP. Every opportunity should be taken for organisations to work together, to reduce procurement overheads, and to benefit from the advantages of greater standardisation of information systems.

#### Strategic action for information management and technology

- By December 2001, and following consultation with partner organisations, the National Assembly will issue revised targets for the implementation of *Better Information Better Health* as a **National IM&T Development Plan**, to take account of new funding and the major service development initiatives outlined in this document;
- NHS organisations will plan to increase the revenue spend on IM&T to 2% within 5 years and measure progress towards this target as a key performance indicator;
- NHS organisations must ensure that where new investments are made to develop patient services, an appropriate element of development funds are set aside to cover infrastructure costs relating to IM&T, equipment, maintenance and training. New developments will not be approved unless this requirement is explicitly satisfied;
- Using the local IM&T planning process, NHS organisations will expect to work collaboratively in the procurement of new or replacement information systems. Expenditure on procurements will not be approved unless the opportunity for collective procurement has been robustly explored;
- The replacement of major information systems in trusts, especially those with clinical functionality, will be prime candidates for PPP approaches. The National Assembly will grant-aid the business case development costs of trusts, where this will facilitate collaborative working or reduced costs for others pursuing a similar procurement.

## CHAPTER 7

### MANAGING IMPROVEMENT

The NHS in Wales aims to **improve services** and to **improve accountability** – both central themes of this Plan. A new range of **public service accountabilities** will form an integral part of the performance management process and will be geared to ensure continuous improvement in the quality of care offered to patients, the timeliness of treatment and the delivery of services.

Effective performance management is essential for a successful organisation and particularly important to NHS Wales at a time when so many demands are placed upon it and when health professionals, supporting staff, managers and the public need to know how they are doing against agreed objectives.

Performance management has already been introduced into NHS Wales but we now intend to enhance it to meet the changing objectives of the Service and the needs of the communities it

serves. Effective performance management requires effective leadership at all levels and must be based on five basic building blocks:

- Bold aspirations to stretch and motivate the organisation;
- A coherent set of objectives, measures and targets to monitor progress in realising these aspirations;
- Ownership and accountability to ensure that those individuals who are best placed to ensure delivery do so;
- Rigorous performance review to ensure that continuously improving performance is being delivered in line with expectations;
- Reinforcement to motivate individuals to deliver the targeted performance.

A Standing Expert Group involving representatives from all the main groups will make recommendations for strengthening performance management. These will address:

- Sharper clarity on objectives, so that expectations are clear and measurable;
- **Measuring what matters**, covering what is achieved and how it is done;
- Better techniques and strategies for tackling **variations in performance**;
- More attention to the needs of **service users and communities**;
- More explicit **rewards and reinforcement** to guide performance and practice.

Monitoring is necessary, but not sufficient. Our objective is consistent assessment and improvement to drive up performance, so that NHS Wales can assuredly stand comparison with the best.

An Innovations in Care Team has already been established to lead the drive for even better practice and has been received positively. Its work will be extended. It will play a significant role in creating a self-generating culture of improvement. There is good practice already in Wales and the National Assembly and NHS Wales is committed to its wide dissemination and adoption. There is a will to improve services and we will take the opportunity to build on this. We will be looking hard at any blockages that inhibit innovation and frustrate creativity.

It is important that the process of performance management links all levels of management in NHS Wales and the National Assembly so that our national drive for renewal and improvement can be monitored and reviewed.

- For this purpose a performance measurement framework will be developed to ensure that management processes work effectively in and concert.

This framework will:

- Build organisational capacity for performance management, to help leaders develop effective systems and achieve the necessary supporting cultural change;
- Clarify in an open debate the respective roles, responsibilities and accountabilities of top managers and politicians, including the ground rules for performance management and the means by which it celebrates good practice;
- Assess management performance in terms of overall results on a “balanced scorecard” basis i.e. performance seen in the round. This will ensure that certain targets are not achieved at the expense of others;
- Develop an active intervention model that relies less heavily on traditional guidance and circulars and more on face to face contact with NHS Wales;
- Ensure strategy targets are geared to raising the productivity of NHS Wales, and, where possible, differentiate targets to ensure performance is raised towards the standards of the best;
- Implement incentive schemes, which include rewards for exceeding targets.



The development of this framework and the principles on which it will be based are discussed later in this chapter.

### **Better services for patients**

Many performance improvements are discussed throughout this Plan but for the purpose of this chapter three specific areas are discussed for which detailed targets will be set in early 2001.

The first is **effective primary care**, based on team-working. Integrated primary care teams should bring doctors, nurses, voluntary services, therapists and social care workers together to deliver complete packages of care to patients. The demands of team-working will make it difficult for single-handed GPs to offer a comprehensive range of services to their patients. Increasingly, primary care will be based on larger group practices or where single-handed practice is appropriate or cannot be avoided, on network arrangements between practices.

In future, plans will provide:

- Access for patients to an appropriate member of the primary care team within 24 hours of requesting an appointment and much sooner in an emergency;
- A wider range of nursing and therapy roles within integrated primary care teams;
- That all Local Health Groups publish a prospectus for patients, describing the services provided by each GP practice in their area;
- For more primary care services to be available 24 hours a day, seven days a week, increasing their capacity to cope with urgent or emergency situations, reducing the need for patients to be admitted to hospital;
- Services which maintain people with chronic conditions and disabilities in their own homes with as good a health status as possible.

The second area, which was identified in the Partnership Agreement, is **to improve waiting times** for diagnosis and treatment.

The targets here are to:

- Reduce waiting times year on year until patients in Wales receive services as speedily as elsewhere;
- Avoid condition-specific waiting times targets as a rule, so that patients in greatest need are seen first, but some will continue to be seen on the basis of clinical need or priority derived from National Service Frameworks or specialty reviews;
- Establish new intermediate care services in every Local Health Group area;
- Develop specific targets for clinically important services, viz. cardiac and cancer services, mental health, cataract surgery and hip and knee surgery; and for ophthalmology, orthopaedics, general surgery and ear nose and throat treatments.

The range of targets agreed for 2001/02 include:

- All referrals deemed urgent by a cancer specialist should be seen within 10 working days of receipt of the GP's request for an appointment;
- No patient needing routine cardiac surgery should wait more than 12 months for treatment;
- The maximum waiting time for cataract surgery will be 4 months;

- Health organisations will update their previously prepared plans, to demonstrate how they will:
  - a) Restructure orthopaedic services to match best practice;
  - b) Achieve a sustained reduction year on year in the number of people waiting over 12 months for orthopaedic treatment, and the numbers facing outpatient waits of more than 6 months, aiming to reduce the number to nil by the end of 2002/03, subject to resource availability;
- Health organisations will also:
  - a) Increase by a minimum of 10% the number of hip and knee replacement/revision operations;
  - b) Deliver agreed reductions in long waits;
- Trusts and LHGs should introduce, at a minimum, booking systems in two major outpatient specialities;
- NHS Trusts should ensure inpatient or day case treatment booked admission systems are introduced in 2-3 specialties during 2001/02 and fully operational for the five largest specialties by March 2003;
- Each trust must produce by September 2001 a plan of action to introduce in 2002/03 seven day working in an area of service where it is appropriate and clinically acceptable to do so.

The third area deals with the **organisation of services** for those who are waiting for treatment. The aim will be to reduce waiting; but where waiting does occur, patients will have **better information** on how long they need to wait.

- The targets here aim to ensure that over time:
- Non-emergency patients waiting for in-patient/day case treatment are prioritised according to the severity of their condition in a consistent and transparent way;
  - Patients waiting for outpatients or inpatient treatment will have a reliable, early indication of the date of their appointment;
  - The number of patients able to receive surgery on a day case/short stay basis will be increased;
  - Waiting times will be published for diagnostic services and for therapy services including chiropody, physiotherapy, speech and language therapy and audiology.

National Service Frameworks are already introducing an increased emphasis on written standards. Agreed frameworks setting out how patients move through care and what they can expect will be complemented by clear guidance on how resources should be managed. All parts of NHS Wales should expect that their services will be compared with these standards and with peer organisations.

Service improvement is at the core of the role of the *Innovations in Care Programme*, which has been established to develop and disseminate best practice. Uniform application of the *Expected Standards for Waiting List Management in Wales* will ensure that patients waiting for treatment across Wales will all be managed on a consistent basis related to their clinical needs and the length of time they are waiting. The Programme will work with the NHS to implement the necessary change to achieve expected standards also in other areas.

- All NHS Trusts will be required to deliver the standards set out in the Standards of Waiting List Management document by September 2001;
- Initially, the Innovations in Care Programme will be extended to include delayed discharges, theatre use, care pathways and emergency admissions and to support the development of 7-day working.

This approach needs to be applied more widely to avoid disparities in surgical practice and bed management. There are clear and proven benefits in agreeing and documenting good practice, for example in GP referrals to secondary care and in establishing care pathways. NHS Wales must now seize these benefits.

- All trusts will be required to develop at least three patient-centred clinical pathways for major procedures by March 2002.

There are already clear examples of services being refashioned to better meet patient needs. These examples will form the basis of a culture of learning and improvement across NHS Wales.

In recent years, there has been increasing evaluation of the NHS, through value-for-money studies, clinical governance, controls assurance, risk management and the like; the strengthening of audit and review will continue.

- The National Assembly will review the present arrangements to ensure there is no avoidable overlap or duplication between the many agencies, and that internal management audit and review structures are in place in all health organisations

Activity planning will also be strengthened. Operational problems have resulted from unexpected, unexplained shifts in referral and emergency admission patterns. Waiting times have grown. Best practice requires that NHS Trusts plan both elective and emergency work through the year, predict peaks and troughs and rapidly detect, analyse and tackle changes in the environment.

- Robust referral monitoring arrangements and a planning model for elective and emergency care must be in place across Wales by March 2001.

This approach will also require a firm grip on demand management and a programme of service reviews, as discussed in the reports of the Waiting Times Strategy Development Group and the Emergency Pressures Task Force. The findings from the Task Force and the Winter Guidance provided some important lessons for the NHS in terms of public health initiatives, joint working in primary and community care settings and in secondary care. The work on identifying hotspots, consistent monitoring of key indicators and rapid response is a model that can be used elsewhere.

- Health organisations will have plans developed to manage care flows better by September 2001;
- Referral protocols in line with NICE guidelines must be in place with NHS Trusts and protocols for at least two main waiting list specialties in place for each Local Health Group by the end of 2001/02.

The reports of the Waiting Times Strategy Development Group made clear recommendations relating to measures to improve consistency and equity, investment in additional capacity,

programmes to encourage and embed innovation, and better management and management information.

Service reviews will investigate the nature and extent of bottlenecks, starting with the five specialties with the most difficult waiting list problems. They will inform planning and investment decisions and take into account: current and projected future demand; the contribution of improved performance; the measures necessary to reduce the impact of emergency activity; the potential contribution of the private and independent sectors; and priorities within and between specialties. Identified shortfalls in service provision will be prioritised for investment.

- Health organisations will review the five major waiting lists specialties by March 2002 and agree plans to tackle long waits.

It is the National Assembly's firm intention to exert continued downward pressure on waiting times. It is committed to ensuring that Welsh residents should not face longer waits than people elsewhere in the United Kingdom.

- Targets will be agreed on an annual basis to ensure that Welsh waiting times quickly fall to levels that compare with the best, the first to be issued early in 2001.

In reducing waiting times the National Assembly is committed to learning from others who have faced and tackled the same problems. NHS Wales, as a learning organisation, must strengthen its mechanisms for seeking out and sharing best practice. In this context it is important that the lessons of managing this winter are fully investigated and disseminated.

Ambulance services are a vital part of the NHS. As with other sectors, continuous improvement of performance is essential. The Welsh Ambulance Service NHS Trust, which provides ambulance services throughout Wales, already reports its performance against demanding targets for responding to emergencies. One of these targets specifies that, in life-threatening cases, an initial response should arrive within 8 minutes of a call; the importance of this is recognised in the Coronary Heart Disease National Service Framework. The Trust has recently received additional resources for improving performance, and the National Assembly has commissioned work to help the Trust focus its resources most efficiently, as well as providing funding for the purchase of rapid response vehicles. The Trust now needs to ensure that it moves forward to deliver improved performance for patients and efficiency matching the best. It is important that the Welsh Ambulance Service NHS Trust:

- Continually improves performance against the 8-minute target, using rapid response vehicles or other means of first response as appropriate, aiming to meet this response time throughout all regions of Wales in 75% or more life-threatening cases;
- Maintains and improves on performance against the other agreed targets;
- Strives to minimise the occurrence of delays where response times significantly exceed the agreed targets.

#### *A framework for better performance*

The new performance management process will be built around six key principles:

- **Clarity of purpose** - it is important to understand who will use performance information, and how and why the information will be used;
- **Focus** - this information must be focused on our priorities, core objectives and service areas in need of improvement;

- **Alignment** - there must be links between the performance indicators used by managers for operational purposes, and the indicators used to monitor corporate performance;
- **Balance** - the overall set of indicators must give a balanced picture of NHS Wales' performance, reflecting current priorities;
- **Robust performance indicators** - must be used and must be intelligible for their intended use;
- **Independent scrutiny** - whether internal or external, helps to ensure that the systems for producing the information are sound.

Strengthening performance management within the NHS in Wales will be a continuing process. The task now is to develop a robust approach, that can be rolled forward year on year, so that there is a single, shared context within which performance is being appraised and improved. This should create an overall timetable and process linking the National Assembly, the NHS and its partners. It will help facilitate and progress the process of modernising the NHS so that it can attract and keep good people who will serve Wales well and give patients the high quality, timely service they expect

*Making accountabilities firmer and clearer*

At the heart of good performance is clarity about accountability, direction and leadership. Managers need to know what is expected and where they are going. They cannot be held accountable if the system fosters confusion. Accountability and monitoring mechanisms need to be made clearer and the proposed structural changes will help to achieve this.

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| <ul style="list-style-type: none"> <li>• New accountability arrangements for the NHS in Wales will be issued early in 2001 and further strengthened with the structural changes signalled by this Plan.</li> </ul> |
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These will cover: setting clear priorities and targets annually; accountability agreements through which the National Assembly will ensure that its priorities will be the basis of action; monitoring arrangements, including an annual cycle of meetings; agreeing annual objectives with chief executives; requiring trusts to produce trust implementation plans consistent with Health Improvement Programmes.

It is important to ensure that the overall planning process is logical and fully understood by all involved. Budget planning arrangements have in recent years become more open and transparent. They will move to a planning cycle based on indicative spending levels for three years, with an open discussion on priorities. Health Improvement Programmes (HIPs) will be progressively strengthened so that they more clearly link problems, proposals, resources and benefits and indicate the health return on investment. This would both confirm value for money as the basis of the HIPs and assist in performance management.

<p>Guidance in early 2001 will clarify:</p> <ul style="list-style-type: none"> <li>• The process of setting clear priorities and targets;</li> <li>• Arrangements for assessing NHS performance with other agencies;</li> <li>• The need for HIPs to provide evidence on: what is to be achieved expressed as objectives and targets; the fact that all health related resources are being used to best effect in support of the proposals; and involvement of key stakeholders.</li> </ul>
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A crucial element in the overall approach is to achieve optimal performance. The approach indicated above will give managers a far better sense of what is expected of them.

Organisations will have a clearer view of what good practice is and what is expected of them, including the systems that should enable them to deliver good performance.

#### *Demonstrating better performance*

Good information is essential if we are to evaluate our progress and demonstrate improvements.

- Early in 2001 we will agree and publish an initial set of indicators of the performance of those who provide services to the public – trusts, local health groups and GP services.

These will judge performance in the round - including the use of resources, clinical quality and responsiveness to service users. Mechanisms will be introduced which enable NHS organisations to compare relative performance within Wales and more widely.

Increasingly the information collected to judge performance will be the by-product of arrangements in the service that enable managers themselves to perform better. Data collected must respond to changing patterns of service. A good example of this is the new reporting system introduced to monitor winter pressures, which will be reviewed and developed in future years.

Data is sometimes collected simply to measure performance against targets. This can give a false picture. Many crucial elements of information are not easy to find, for example waiting times in areas where waiting can cause distress or discomfort, such as for diagnostic results or chiropody.

- The National Assembly will by the end of 2001/02 complete a review aimed at eliminating the collection of data that has no operational value to the National Assembly or NHS and adapting data collections to cope with changing models of service delivery. We will move towards a much more open approach to information, with guidance to be issued in early 2001/02.

At present, some of the data available on which the performance of the NHS might be judged is inadequate because it is incomplete, unreliable or gathered too infrequently. These problems are being addressed in part through the National Assembly's Data Quality Review. During 2001/02 this will form the basis of an Information Modernisation Programme, which based on the approach adopted by the Innovations in Care Programme, will raise the status, quality and relevance of information services within NHS Trusts.

- The National Assembly will develop indicators to monitor and compare the information services provided by trusts.

The *Invest to Save* initiative will continue to be pursued and offers opportunities for example, in shared financial support services, the development of human resource management systems an electronic prescribing/pricing systems.

#### *A role for all*

To take this agenda forward, a new performance management framework will be introduced that will ensure a joined-up management process. The existing Performance Management Steering Group, which draws together representatives from the NHS, the National Assembly, Social Services, District Audit, the Audit Commission and the Commission for Health

Improvement and the public, will lead. It will design a new performance management framework based on the above principles for implementation in April 2001.

Its forward work programme includes development of efficiency indicators, Local Health Group indicators, benchmarking, advising on the format of performance reports and bulletins and incentive schemes, which include rewards for exceeding targets.

In addition, through the Human Resources Strategy, action will be taken to ensure the individual performance of service leaders (clinicians and managers) will be linked through personal objectives to the goals of their organisations and the NHS in Wales. Training programmes will be put in place to support a performance culture.

Collaboration between health and social care will be extended and to achieve an increase in the range and capacity of services in the community through the best use of the funding flexibilities between the NHS and Local Government in Wales. Local NHS organisations will also be required to make a significant contribution to efforts to improve local health status through their involvement in the work of Local Health Alliances.

## CHAPTER 8

### MANAGING THE FUTURE TOGETHER

This plan signals the renewal of NHS Wales and sets out an ambitious agenda for change and improvement. It looks forward to equipping its staff to forge new and strengthened relationships with the communities they serve. It sets the context for them to use to the full their skills and experience to meet people's health needs through services that are more flexible, responsive and accessible. It will place primary care centre stage in co-ordinating and managing health care in our communities.

The Plan presents challenges that will demand new approaches. These will be based on new and dynamic partnerships between NHS Wales, local government, the independent sector and the communities they serve. They will need strong leadership and clear accountabilities at all levels.

In order for the Plan to succeed we need to strengthen our capacity at two different levels.

**At the local level, we intend radically to strengthen and develop the role of LHGs.** Through consultation, a set of developmental milestones will be constructed. They will indicate how, over the next few years, LHGs will take on new responsibilities for commissioning and delivering health care in their localities. In a people centred, and participative health service, the power to obtain the services and support needed must be rooted locally. Membership of LHGs will be extended to include representation from local authority members.

With the new responsibilities which LHGs will take on, membership will need to be reviewed and measured against the principles of appointment to public bodies. With increased opportunities will come increased accountabilities and improved systems of management, financial control and public probity. The management and conduct of LHGs must bear comparison with other parts of the NHS.

At the same time, at the *national level*, and in order to achieve a Welsh NHS that tackles inequalities and provides the best possible service, we need to ensure that the National Assembly provides a new sense of leadership, direction and oversight. **The Plan involves a new assertion of the National Assembly's direct democratic control of its health responsibilities.**

At both national and local levels new ways of harnessing and discharging public health and health improvement functions are required. Public health provision will be reviewed and developed to meet the health and well-being challenges of the 21st century. **All this removes the necessity for Health Authorities in Wales, abolishing a tier in the current hierarchy between the Assembly and the patient.**

While structures will alter, the role and importance of staff will remain the same. The new ways of organising services in Wales will require the talents of all groups of staff currently employed by Health Authorities, in developing new LHG roles, in public health and in the new strategic role taken on by the Assembly. There are vitally important jobs to be done. The experience, skills and dedication of the Health Authority workforce will remain an essential pool which we will need to draw on for the future.

The Assembly's statutory responsibilities will be supported by a newly created and inclusive Health and Well-being Partnership Council chaired by the Minister for Health and Social Services. This will make tangible the Assembly's responsibilities for improving health services and engaging the full range of stakeholders. The Assembly will consult on proposals for the future management of remaining Health Authority duties, including a regional capacity in line with evidence on service provision and use by patients.

NHS Trusts' main functions will remain unchanged as will their statutory position, but their responsibilities will be discharged *via* new lines of accountability.

The new NHS Wales will be shaped by three key characteristics, which this new structure provides:

It will be *simpler* for patients to use and understand.

It will be *accountable* for the actions it takes and the services it delivers.

It will have a stronger *democratic* voice in the way it is governed.

By stripping out a layer of administration and strengthening local and the central organisation, the structure of the service will be simplified and made more understandable.

New, clear and strong lines of accountability will flow from the centre direct to NHS Trusts and LHGs.

At the same time the Assembly will reinvigorate mechanisms to make the voice of the professions heard. In new partnerships, it will draw on the views and experience of all those who are involved in the delivery of health care.

The new structure will enhance the democratic voice in Wales, by making the elected National Assembly directly responsible for our health services. Locally, the role of local government will be enhanced. New Partnership Boards will oversee the development and delivery of those community services in which both health and social services play a joint



role. The democratic legitimacy of LHGs will be strengthened by the addition of elected members of the local authority to their membership.

In addition to reducing bureaucracy and, making accountabilities clearer, the new arrangements will strengthen strategic decision making at national levels while moving service planning, delivery and accountability closer to communities and patients.

## CHAPTER 9

### CONCLUSIONS

This plan has set the scene for the NHS over the next ten years. It is set to be a decade of change and development. The main objectives for the NHS over this period are as follows:

- to improve its performance further in relation to the maintenance of health;
- to contribute significantly to population health improvement;
- to tackle inequalities in health.

These are considerable challenges but they must and will be met. Wales deserves nothing less. But, to meet these challenges, new ideas and new ways of working are required.

#### **Investing for health**

Life-long investment in health is one of the vehicles that will carry us along the road to health improvement and diminishing health inequalities. This demands that we adopt strategies of investment that cover the life course and are targeted at those transitions where health risk is the greatest.

#### **Involving citizens and patients**

To enhance health and well being, the NHS in Wales needs to be owned by the people of Wales and the voice of the patient and the potential patient heard. NHS Wales will continue to build user-centred services and citizen-centred policy. When we have succeeded in engaging the public as partners, then communities will become key players in the definition of health needs and the identification of solutions.

#### **Partnership and joint working**

The health and well being agenda is not just the business of the NHS. To make inroads into the legacy of ill health and to promote health, requires that the NHS – in concert with local government and the voluntary sector – establishes joint planning mechanisms, joint scrutiny of the health agenda and joint working. The current examples of good practice in joint working will act as exemplars.

#### **A vision for care**

The successful transformation of the NHS rests, in part, on our vision of what changes are necessary to deliver a service focused on health inequalities and health improvement – as well as health maintenance. Developments will occur in the organisation and practice of primary, secondary, intermediate and tertiary care. These improvements will contribute to repairing the fragmentation of the service over the last twenty years and turning the NHS into a unified and whole system.

#### **Renewing the workforce**

Similarly, development of the health workforce is necessary to deliver renewed health services. NHS Wales will work, during the next decade, to equip staff with the characteristics and conditions that are conducive to the reconfigured service.

#### **Improving the infrastructure**

Modern buildings and equipment are an essential part of our drive for continuous improvement in the quality of care and services. Over the next ten years, we will contribute to the renewal of the NHS by investment in buildings, information technology and medical equipment.

### **Improving performance**

Alongside all of this, we are in the process – and the process will continue – of refining and improving how we measure the performance of the system. We are developing new ways of measuring, and thereby addressing, the performance of the NHS in its health maintenance and health improvement functions. By the end of the decade, we will have a set of measurement tools and mechanisms that will ensure the continued improvement of the NHS in Wales.

### **Managing for the future**

For it to become truly “the people’s NHS”, the structure of the service will be made simpler, it will become more accountable for its actions and services, and it will have a more democratic voice in the way it is governed. To achieve this the local and central organisation will be strengthened, Health Authorities will be abolished and more inclusive ways of working will be developed.

## KEY POLICY DOCUMENTS

**A Healthier Future for Wales (2000)** – Minister for Health and Social Service’s Statement (July).

**Access & Excellence (2000)** – A Review of Acute Health Services in Wales.

**Better Health, Better Wales (1999)** – A strategy for health improvement recognising that factors that affect peoples health are not always in the direct control of individuals, and that joint working between the NHS, local government, the voluntary sector and other interested parties work

**Better Information Better Health (1999)** – Announced a new strategic approach to Information Management and Technology for health care and health improvement in Wales.

**Better Wales (2000)** – Outlines the Assembly’s strategic vision for Wales over the next decade.

**Communities First (2000)** – Programme for the regeneration of our most disadvantaged communities.

**Delivering for Patients (2000)** – The Human Resource Strategy for NHS Wales.

**Developing Local Health Alliances (1999)** – gave direction and guidance in the establishment of local alliances of unitary authorities, the NHS, voluntary organisations and other interested parties.

**Health 21 (1999)** WHO – an introduction to the health for all policy framework.

**On Target: the practice of performance indicators (2000)**, Audit Commission.

**Promoting Health and Well-being (2000)** – **Identified ways in which NHS Wales, in partnership with local government and the voluntary sector could improve the health of the Welsh population.**

**Public Services Productivity: Meeting the Challenge (2000)** – **Discusses public service productivity and improving performance.**

**Putting Patients First (1998)** – Outlines plans to reinvest in the NHS and to seek citizen participation in health policy development, planning and decisions about the implementation of services.

**The Evidence of Health Promotion Effectiveness – Shaping Public Health in a New Europe** – A report of the European Commission by the International Union for Health Promotion and Education.

**The Solid Facts (1998)**, WHO – Digest of social determinants of health.

**The Verona Initiative**, WHO – Investment for health approach.

## GLOSSARY

### **Acute Services**

Medical and surgical treatment and care mainly provided in hospitals

### **Benchmark**

A process whereby organisations identify best performers in particular areas and examine how the good results are achieved with a view to bringing their own performance into line with the best.

### **Clinical Network**

A network of clinicians working across traditional boundaries of health organisations in order to provide more effective care for patients

### **Commission for Health Improvement (CHI)**

Investigates the NHS and provides recommendations for changes in practice to ensure high standards of care.

### **Community Care**

Care which is provided outside the hospital setting; within the community, either within community hospitals or similar settings or in, or close to, the patient's home. Community care is provided by health care professionals employed by NHS Trusts.

### **Elective Care**

Planned Treatment, such as inpatient, day case or an outpatient appointment.

### **Health Economy**

Natural relationships between hospital services, reflecting existing clinical practices and/or known patient flows.

### **Health Improvement Programme (HIP)**

An overarching strategic plan, drawn together and reflecting the views of all members of the NHS family and other strategic allies. It incorporates service configuration proposals and associated changes in the estate; primary care development plans and integrated programmes for improving health across the health gain areas. They indicate the priorities and targets to improve the health of the population over a five year period. Local Health Groups are charged with developing local health action plans to implement local priorities.

### **Health Impact Assessment**

A tool to ensure that health impact is taken into account in planning decisions and to help identify more opportunities to make a positive contribution to health through planning programmes and policies.

### **Local Health Alliance**

An alliance of health, local government, voluntary organisation and cognate interests. Led by the local authority, and complementing the work of Local Health Groups in addressing the social and economic determinants of health.

### **Local Health Group (LHG)**

A group which brings together GP's, nurses, and other primary care professionals with local government and other representatives of local communities. They identify local need and determine local priorities and decide what services should be provided for the population they serve.

**National Institute for Clinical Excellence (NICE)**

An expert committee that recommends best clinical practice to government.

**National Service Framework (NSF)**

Bring together the best evidence of clinical and cost-effectiveness with the views of service users to determine the best ways of providing particular services.

**Primary Care**

Family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners.

**Private Finance Initiative (PFI)**

PFI schemes involve creating partnerships between the public and private sectors. In the health sector, the NHS will continue to be responsible for providing high quality clinical care to patients. But, where capital investment is required, there will increasingly be a role for a private sector partner in the provision of facilities. PFI is about building long-term and mutually beneficial partnerships between public and private sector partners.

**Professions Allied to Medicine (PAMs)**

The professions that support medical services such as physiotherapists, occupational therapists, dieticians, speech & language therapists, arts therapists, chiropodists & podiatrists, orthoptists, paramedics, prosthetists & orthotists and radiographers

**Public service accountabilities**

A range of commitments expressing clear responsibility for the delivery of services, involving the public and working with partners to agree and meet local needs and to review their effectiveness.

**Secondary Care**

Health care which is normally provided within a hospital setting.

**Telemedicine**

A method of providing medical diagnostic skills from a distance using high-technology imaging.

**Tertiary Care**

Specialist health care provided in a hospital setting.