

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 11

Ymateb gan: | Response from: Coleg Brenhinol yr Ymarfeyr Cyffredinol | Royal College of General Practitioners

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

The health and social care workforce, including organisational culture and staff wellbeing

RCGP Cymru Wales welcome the inclusion of this priority. We would request that an important component of such work include consideration of the scope and accessibility of occupational health services health care professionals in primary care.

This priority of the College pre-dates the COVID-19 pandemic, but the experience of working through that period, much of it without the protection of a vaccination, has further heightened the urgency with which the matter must be considered. As the emergency measures ease and society re-opens general practice is seeing a further increase in workload pressure related to patients having delayed seeking treatment and conditions exacerbated due to the pandemic.



Health for Health Professionals is a useful service and the College has received positive feedback regarding it. However, this alone does not respond to the full range of needs of the profession. Instead, some are having to turn to privately procured counselling and support services.

Evidence-based innovation in health and social care

RCGP Cymru Wales welcome the inclusion of this priority. In particular, it is our view that there is a need to focus on data collection, compatibility and sharing in general practice. We note the important role that the RCGP / University of Oxford Research and Surveillance Centre plays in providing near real-time data for general practice in England. This service is open to Welsh GPs to sign up to and a small number have, but it is not being utilised to the extent that it can be or that the Welsh NHS at large is benefiting from the data output. The College is currently advocating that the Welsh Government endorses wider use of this facility, but we also feel that thorough scrutiny of data collection and how it is made available for productive use such as workload and workforce planning will only further the efficiency with which our NHS functions.

We also acknowledge the role of the SAIL Databank, although our engagement with that organisation has been limited to date which, in itself, could be seen as an indication that current data management processes have scope to be optimised.

RCGP Cymru Wales feel strongly that greater sharing of anonymised data about how patients are using general practice can only be of benefit to the profession, patients and planning as well as building the confidence of the tax payer in a service they both fund and hold dear.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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Gwasanaethau iechyd

Health services

The Primary Care Estate

RCGP Cymru Wales would like to propose the Committee examine the primary care estate and assess whether it is fit for purpose both currently and into the future considering the Welsh Government's proposals.

In particular, we would raise three subtopics:

- Capacity to allow for GP trainees studying in surgeries.
- Capacity to reflect the growing focus on multi-disciplinary team working. This extends beyond physical space for each profession to also ensuring there is sufficient scope for cross-profession interaction and shared-learning.
- Capacity to allow for reasonable precautions should aspects of social distancing be required in future whether due to ongoing COVID-19 concerns or subsequent viral transmission risks.

Cross-Committee inquiry on tackling health inequalities

We are joining with other organisations including the Welsh NHS Confederation, Community Housing Cymru and the Royal College of Physicians in calling for an inquiry across all Senedd Committees on tackling health inequalities in Wales. Meaningful progress will require coherent efforts across all sectors to close the gap and an inquiry undertaken by all Senedd Committees will enable Committees to consider what action each Welsh Government department is doing to tackle the root cause of health inequalities and put forward recommendations around where improvements are needed.

Health inequality is the result of many and varied factors. While COVID-19 has revealed and exacerbated pre-existing health inequalities, there have been many detailed and well-evidenced reports on health inequalities in recent years. In just the past year, many reports have called for system-wide action on health inequalities including the Welsh Health Equity Status Report initiative, [Placing health equity at the heart of the COVID-19 sustainable response and recovery](#) (Public Health Wales and Welsh Government), [Mitigating the impact of COVID-19 on health inequalities](#) (British Medical Association), [The Marmot Review 10 Years On](#) (Institute of Health Equity and the Health Foundation) and the most recent [Unequal pandemic, fairer recovery](#) (the Health Foundation). Every one of these reaffirms the need for coherent, coordinated activity across all delivery partners and in COVID-19 recovery, there is an opportunity to create a healthier, more resilient society, by addressing the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities.

Health inequalities are the result of many factors and arise as a result of the social and economic inequalities that shape the conditions in which people are born, grow, live, learn, work and age. For too long, we have looked to the health service to address these challenges in isolation, but the NHS alone simply doesn't have the levers to make the changes we know are vital to creating the conditions necessary for good health and wellbeing. Meaningful progress will require coherent, strategic efforts across all sectors – using their available resources, expertise and relationships – to close the gap. It will also be important that we are able to understand and measure our collective progress to ensure that we achieve the outcomes that matter most.

In April 2021, the Welsh NHS Confederation's Health and Wellbeing Alliance published a short paper, [Making the difference: Tackling health inequalities in Wales](#). In this paper, we suggest initial steps that the new Welsh Government should take in their first year to respond urgently to health inequalities and make the greatest possible impact by coordinating renewed commitment from all partners:

- Welsh Government leadership: sustained, focused and coordinated action across all Government departments to tackle the root causes of health inequalities.
- Invest in preventing health inequalities: rebalance spend away from crisis to long-term prevention over the next Senedd term and provide the necessary transition funds to support the long-term shift to a preventative approach. Investment should be targeted at infrastructure and services that offer sustainable solutions to the underlying causes of health inequalities, such as community-based support, quality homes, and access to education and skills at all ages.
- Working in partnership: The Welsh Government should facilitate an enabling, responsive, and innovative operating environment that includes citizens, communities, public bodies, not-for-profit and third sector partners, and the private sector. Priorities should include giving people a greater voice in defining solutions and making partnerships fit for purpose.

Through having a cross-Committee Senedd inquiry it will enable all Committees to consider what action each Welsh Government department is doing to tackle the root causes of health inequalities.