

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 88

Ymateb gan: | Response from: BMA Cymru Wales

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 cyhyrysgerbydol.

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?

Welcome the broad potential priorities the Committee has identified, and would highlight the following:

Public health and prevention

We encourage the Committee to focus on health inequalities across Wales. We know that the healthier someone is the better protected they are from viruses and illnesses.

This was seen throughout the pandemic, with some of Wales' poorest communities must heavily impacted by Covid-19.

Such work by the Committee can start the work on ensuring that action is taken by Welsh Government to ensure that all communities in Wales are provided with the long-term support they need to see their health and wellbeing improve.



As the mental health of communities is as important as physical health, engagement by the Committee with public health specialists and those specialising in socio-economic matters should be sought, along all relevant health professionals.

The Committee's consideration of delays to the roll out of Health Impact Assessments as required by the Public Health (Wales) Act 2017 would also be welcome, both in assessing the benefit that could have been seen to communities had they been in place prior to the pandemic, and the benefits that could be experienced in the future.

Workforce

Surveys of BMA Cymru Wales members since the beginning of the pandemic show that 50% are currently considering working fewer hours in the future, while 25% are now more likely to retire earlier than they had initially planned (BMA Tracker Survey April 2021). This will have a devastating impact on the remaining workforce as well as patients and services, as experience and leadership is lost.

The Committee should therefore urgently consult with frontline staff across the Welsh NHS to understand their experiences during the pandemic, as well as those prior to it. With 75% of BMA Cymru Wales members reporting that their mental health is the same or worse since the pandemic started (BMA Tracker Survey April 2021), it is clear that such pressures have been an ongoing issue which Covid-19 has exacerbated. We would also welcome an examination of how barriers to the retention of senior medical staff might be overcome by examining the factors which lead to many doctors leaving the profession early.

We would also welcome the Committee's consideration of the processes used to recruit to, and monitor, vacancies across the NHS and how this can be improved to widen access and ensure that the workforce is truly representative of the Welsh population and communities. Current data availability on the exiting medical workforce is poor, hindering any form of meaningful workforce planning. Addressing this will ensure that NHS Wales is in the best position to treat and care for all patients.

This consideration should not be focussed solely on secondary care, as the recruitment and retention of GPs, in particular in rural areas, is critical.

Organisational Culture

We welcome the Committee's recognition of the importance of organisational culture. This impacts significantly on the health and wellbeing of staff and on the experience of patients.

While action has been taken by Welsh Government in certain areas, it is crucial that such work benefits those staff on the frontline. Such documents cannot remain on a shelf after publication. One example is the introduction of the Fatigue and Facilities Charter on which we were pleased to collaborate with Welsh Government, but which still needs to be fully adopted and embedded.

Therefore, a focus from the Committee on whether such policies and actions from Welsh Government are appropriately implemented by Health Boards is an important part of the

process. Engagement with frontline staff to understand their experiences is required to help find this out.

Many staff still report issues with being able to speak up and voice concerns about patient care with managers and senior staff. This puts patients in danger and contributes to a poor working environment for staff.

We therefore propose that the Committee considers the role that Freedom to Speak Up Guardians have played in ensuring staff are listened to and patient and staff safety has improved in England. The Committee could also consider how the recent introduction of Scotland's Independent National Whistleblowing Officer took place.

This would allow this Committee to make recommendations to Welsh Government about how a similar scheme could be introduced across Wales and how it would benefit patients and staff.

Evidence-based innovation in health and social care

Throughout the pandemic, frontline staff has worked flexibly and has rapidly introduced new ways of working to ensure that patients remain safe and that they can still access the care and treatment they need.

Welsh Government must ensure that any changes made following the pandemic are done so with the full consultation of frontline healthcare staff. Their experiences are vital when introducing new ways of working and innovation for the benefit of patients.

The Committee can play a critical role in this process by investigating the experiences of frontline staff when adapting throughout the pandemic.

Such consideration by the Committee could prove crucial when making recommendations on how to best reduce the backlog which patients are currently experiencing.

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

Workforce

Workforce capacity, and the lack of data publicly available- particularly on vacancies, is a key concern with regard to addressing backlogs and planning to retain staff and plan for the future.

Our members consistently report being overstretched, in both primary and secondary care. This not only has an immediate impact on the ability of staff to meet patient demand, it also leads to burnout and ultimately many report wishing to leave the profession or retire early for this reason.

Alongside recruitment and current capacity considerations, ongoing retention measures also need consideration. Solutions here are multifaceted, however effective wellbeing and occupational health provision would be key amongst them.

Improved primary and secondary care IT facilities

Introduction of an IT system accessible by both primary care and secondary care will ensure that patients are referred for the appropriate diagnosis and treatment by primary care as quickly and possible.

Additionally this would ensure that primary care can promptly find out and advise of a patient's position in 'the queue'. Secondary Care IT in particular requires investment, and is one of the issues most often raised with us by hospital doctors.

Recommendation by the Committee for action in this area will improve the interface between primary and secondary care, look to reduce the uncertainty patients have about the wait they will experience for secondary care, and improve the flow of information thus allowing more time for clinicians to spend on delivering care to patients. Seeking to help patients manage

both their condition and their expectations of the service, while also reducing the pressure placed on primary care, would be a key area of consideration

Gofal Cymdeithasol a gofalwyr

Social care and carers

Patient discharge process and link to ambulance response times

Exploration of the opportunities to implement a Wales-wide 24/7 social discharge service has the ability to ensure patients are supported by social care to be discharged in a timely way that is appropriate for them. This will ensure patients continue to move through the secondary care system following their initial attendance at A&E.

This will in turn benefit patients awaiting ambulances as paramedics will spend less time queuing to drop off patients at A&E units. While Welsh Government has a taskforce considering ambulance times, of which BMA Cymru Wales is a member, focus from the Committee into this matter would also be beneficial.

A number of different types of social care discharge service exist at present across Wales, and consideration of these, in particular the Gwent Regional Partnership Board's 24/7 hospital discharge scheme, Home First, would be welcome and beneficial when recommending a model to Welsh Government.

Adfer yn dilyn COVID

COVID recovery

Tackling the backlog

Reducing the backlog being experienced by patients is critical and can be achieved through a combination of actions including:

- The recruitment of more frontline staff and retention of those presently in place
- Ensuring appropriate levels of staff are in place at all times
- Making better use of hospital facilities to treat more patients while ensuring safe ventilation and distancing remains. This should not be done at the expense of facilities that assist patients in their reablement and ultimately their discharge from hospitals
- Increase diagnostic tests in the community to reduce the numbers of patients requiring referrals from primary care to secondary care

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

We would suggest that the recruitment and retention of health and social care staff should be a top priority for any forward work programme. Our surveys of BMA Cymru Wales members consistently show that, alongside pay, other measures are regarded as important to retain individuals in work – including feeling valued and organisational culture, pensions, and the impact of staffing vacancies. The Committee during the last Senedd made a number of recommendations which Welsh Government has yet to act on. A significant example of this is the Committee's recommendation that Welsh Government take action to ensure safe staffing across all types of frontline staff in healthcare settings.

During consideration of the Health and Social Care (Quality and Engagement) (Wales) Act, the then Health Minister stated that while he was supportive of the principle of the extension of safe staffing levels, this Act was not the appropriate way to achieve this.

Continued scrutiny of Welsh Government in this area through consideration and recommendations by the Committee of other ways in which the principle of safe staffing can be extended would be welcome. This is a crucial factor in ensuring patient safety.

We would welcome the Committee's continued scrutiny of not only this, but other key recommendation previously.