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Together for Health:
South Wales Programme
Law yn Llaw at Iechyd:
Rhaglen De Cymru

**SOUTH WALES PROGRAMME
WRITTEN SUBMISSION FOR HEALTH AND SOCIAL CARE COMMITTEE
THURSDAY 3RD OCTOBER 2013**

Background

In November 2011, the then Minister for Health and Social Care published the policy document "Together for Health: A 5 Year Vision for the NHS in Wales". This document set out a vision for healthcare in Wales that challenged the NHS and the communities it serves to aspire to match the standards of the best in the world and to aim at achieving excellence everywhere. The policy described the important challenges that NHS Wales faces now and in the years to come.

Together for Health: South Wales Programme

The South Wales Programme (SWP) is part of the response by Health Boards to create plans for sustainable services and was established in January 2012. The Programme involves five Health Boards including Powys Teaching Local Health Board, though the delivery focus is on the main hospitals in four Boards: Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale and Cwm Taf. In addition, the Wales Ambulance Services Trust is a full partner in the Programme Board and Programme Team. This is the first time within Wales that such a collaborative has been established to share challenges across health board boundaries and to collectively respond to the fragility of some of our most important clinical services. The Programme is based on openness within and across the SWP partners and the public we serve and effective partnership with clinicians and other stakeholders who are critical to the design and delivery of these services. Listening and responding to concerns raised by clinicians regarding the fragility of services and the workforce available to these services has been central to our approach.

The programme does not cover all health services across South Wales but is confined to services that are fragile in terms of the ability to deliver safe and sustainable models of care in the future and are fundamentally unsustainable in some areas.

The South Wales Programme is focussed on a number of relatively small, critical and yet fragile services that make up around 6% of the expenditure of the NHS in South Wales.

- Consultant led Maternity services
- Consultant led Neonatal services
- Inpatient Paediatric services
- Consultant led Emergency Medicine (A&E) services

Each Health Board has a plan for the services it will provide in its own area. These plans include the development of local services, the balance and extension of primary and community services and alternative local models of care, better integration with other public services, such as social services, and the future roles of other local facilities.

Effective primary and community services are a key part of each Health Board's local plans and their development and expansion is the bedrock on which the Programme has considered the future pattern of specialist hospital services. Some Health Boards within the collaborative have been undertaking broader local service consultations alongside the South Wales Programme, whilst others have firm plans already developed and being implemented with their local populations.

The Programme

The main aim of the Programme is to help Health Boards develop a shared view about how to create a sustainable pattern of services for future generations across South Wales for these fragile services.

The Programme has followed a five stage process:

1. Review advice, guidance and evidence about how services should be organised to produce the best care for patients.
2. Test this advice, guidance and evidence with doctors, nurses, midwives and therapists who currently provide care for people in South Wales.
3. Summarise the emerging findings and engage in discussion with the public.
4. Reflect on the themes emerging from the public engagement discussion.
5. Produce proposals for, and undertake, formal public consultation in line with Welsh Government guidance.

The Programme has gathered information about services and the needs of people who use them and looked at advice and guidance about the best ways of organising care. This has included looking at Welsh Government policies such as 'Setting the Direction' (February 2010) and 'Together for Health' (November 2011) and reviewing the advice of professional bodies such as medical, nursing and midwifery Royal Colleges. It has also looked at advice from Welsh and British bodies concerned with the effectiveness and efficiency of public services such as the National Audit Office report "Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland" (June 2012) and the Wales Audit Office report "Health Finances" (July 2012).

In addition, the Programme has considered other evidence, nationally and internationally, that concerns the design and development of sustainable service models in the relevant specialties and how this may impact on patient outcomes.

Principles adopted by the SWP

- Collaborative programme but each constituent LHB retains sovereignty over decision making;

- Service change proposals are grounded in quality, safety and sustainability;
- The Programme will focus only on those matters which the Boards have agreed need to be dealt with at a regional level. All other issues, e.g. primary care, community services and other hospital services, will be planned and managed by individual Health Boards;
- The work of the Programme will be clinically led wherever possible, and incorporate as wide a clinical engagement as feasible;
- Whilst 'Together for Health' is driven by an ambition for quality of care, the economic and financial situation will also be a significant context for this Programme. Services can only be sustainable if they are affordable.

Listening to Doctors, Midwives, Nurses and Therapists

The Programme Board decided that the South Wales Programme called for a new approach to working with the professional staff who deliver health care for patients in hospitals and communities across South Wales. A series of clinical conferences and summits were organised in May and June 2012 to initiate the Programme. These events brought people together to discuss how the advice, guidance and evidence matched with their direct experience of working to provide the best in health care for their patients.

We invited representatives of doctors, midwives, nurses and therapists from all the main hospitals together with representatives of General Practitioners. They were joined by representatives of Community Health Councils and senior staff from Health Boards. Over 300 people were involved in these events, many of them in two or three events. This has never been done on this scale before and we have appreciated the professional approach taken and the honesty of the discussions that took place. This approach has continued and clinical conferences were held in February and March 2013 and a broader stakeholder event in April 2013.

In order to fully explore the clinical issues within each specialty area, the Programme established Clinical Reference Groups (CRGs) led by a Medical Director of one of the participating Health Boards and comprising leading clinical professionals from across South Wales. The role of each CRG was to consider the clinical standards underpinning the services, the clinical outcomes that should be delivered, the most appropriate clinical model for delivery and the workforce required to deliver the new models of care. These CRGs operated outside but alongside the clinical conference arrangements and feed back to fellow clinicians and other stakeholders was provided through these major events.

The outcomes of the CRG recommendations and the work of the clinical summits and conferences suggested that in order to provide safe, sustainable services into the future, South Wales would need to concentrate the specialist elements of maternity, paediatric, neonate and emergency medicine services on 4 or 5 sites. The individual sites that might deliver these elements of service were not considered at this stage as the recommendations were based on clinical evidence and workforce considerations and not geography.

In addition to the organisational principles and processes, as above, the South Wales Programme Board engaged with staff, clinicians, the public and other key stakeholders to develop and agree a set of benefit criteria that would be adopted to consider the models of future service provision. These criteria were:

- Quality
- Safety
- Access
- Equity
- Sustainability
- Strategic fit

The collective views determined the overall weighting of the criteria and the benefit criteria were approved by each individual LHB Board prior to their application in developing and driving the options for consultation.

Engagement with stakeholders

The relationship with the Community Health Councils that support each of the LHBs involved in the Programme is very strong, with Directors of Planning, CHC Chief Officers and the Programme Director meeting regularly. CHC attendance, as observers, has also been encouraged and their perspective and “public” scrutiny throughout the work has been both very supportive but also appropriately challenging. It has been very important to all parties to recognise and maintain the independent role of the CHCs throughout the process.

Recognising the challenges faced by the the local Health Boards in South Wales the Programme Board embarked upon a major review of their services. This began with an extensive listening and engagement exercise “Matching the Best in the World” <http://www.wales.nhs.uk/SWP/how-we-got-here>

This was conducted between 26th September and 19th December 2012 and focused on six possible scenarios– three fixed points, University Hospital of Wales, Cardiff; Morriston Hospital, Swansea, and the planned Specialist and Critical Care Centre near Cwmbran, as well as one or two of the remaining hospitals – Prince Charles Hospital, Merthyr Tydfil; Royal Glamorgan Hospital, Llantrisant; and the Princess of Wales Hospital, Bridgend.

The overall aim of the listening and engagement process was to better inform the Health Boards by providing opportunities for staff, stakeholders and the public to express their ideas about the way that some specialist and emergency health services are provided.

In this context, the local Health Boards in South Wales jointly appointed Opinion Research Services (ORS) to design suitable questions and support them in managing and reporting the collection of views from the public and stakeholders.

In addition, the Local Health Boards conducted many meetings with the public, staff and other stakeholder groups to explain the background, listen to their views and understand their concerns.

The Health Boards also received a significant number of written responses as part of the listening and engagement process, and these were separately considered in addition to the questionnaire feedback.

The outcome of the engagement process highlighted:

- An **overwhelming majority supported** the characteristics identified by the Health Boards to make sure that health services are sustainable. The high level of agreement was consistent across the five health boards.
- An **absolute majority supported** the future pattern of hospital services that had been recommended; with specialist services and emergency care being concentrated in fewer centres so that better care can be provided. However, responses differed depending on location with many respondents showing concern about centralisation, and wanting care to be kept local, especially due to travel distance, time and cost implications.
- An **absolute majority supported** travelling to receive care from a specialist team rather than receiving treatment at a local hospital although responses again differed by area. Whereas some respondents agreed that in principle, travelling to receive quality, specialist services makes sense, others felt that in practice public transport, road networks and parking will need to be improved.

There was **less consensus** about whether some emergency care centres may be provided at fewer centres rather than ensuring that all centres provide a full range of services. There was little difference in responses by Health Board area. Further responses show that respondents were concerned about A&E closures and want emergency care to be kept local, as well as travel implications to be taken into account.

Further consideration of the original six scenarios was undertaken between January and April 2013 prior to formal consultation. This was informed by the outcomes of the engagement process and through further clinical and stakeholder conferences using the agreed benefit criteria. This culminated in ORS publishing this work in “Towards a Preferred Option” on behalf of the SWP Programme Board which described the further analysis undertaken. <http://www.wales.nhs.uk/SWP/supporting-documents>

The feedback from the engagement and the further work undertaken informed the development of four options for formal public consultation and a “best fit” option identified by the Programme Board. The recommendations from the Programme Board were approved for consultation by each of the Health Boards, and endorsed by WAST, on 22nd May 2013

Formal Public Consultation

The SWP has carefully followed the Welsh Government’s ‘Guidance for Engagement and Consultation on Changes on Health Services’ (March 2011) and the

Consultation Institute has provided guidance and monitored the Programme's compliance with this guidance.

Formal consultation commenced on 23rd May 2013 and closed on 19th July 2013. Prior to the publication of the consultation document the Programme leads undertook a briefing event with Assembly Members (AMs) with a short presentation and an open question and answer session. This completed a series of discussions with individual and groups of AMs throughout the process from engagement to consultation. This briefing was followed by a press and media briefing session in the same format prior to each Board approving the consultation framework and supporting documentation later that morning.

The consultation has taken a variety of forms to optimise the ability of the public and other interested parties to engage and contribute to the discussion around the future pattern of specialist hospital services. Three forms of consultation document were produced in Welsh and English – a full document, a summary version and an “Easy Read” version – the full document and summary version were also provided in a number of formats including Braille and talking books. <http://www.wales.nhs.uk/SWP/consultation-documents>.

The CHCs from across South Wales have again facilitated and chaired the public meetings and fifty individual, open public meetings were held throughout the South Wales area over the eight week period with 2,331 people attending. The attendance at public meetings varied between communities within the South Wales Programme area depending on how the public thought their local services would be impacted upon. In addition to the consultation documents, the process has been underpinned by detailed technical documents <http://www.wales.nhs.uk/SWP/supporting-documents>.

In addition to the open public meetings, focussed discussions were held with particular equality groups, e.g. Black and Ethnic Minority groups, people with a variety of disabilities, the young and the elderly, as well as other groups supported through the Councils for Voluntary Services across South Wales.

The extensive engagement process also included meetings with and presentations to Assembly Members and Members of Parliament as well as Local Authorities and their elected members, Local Service Boards and other fora.

The interest amongst staff has also been significant and discussion with staff groups, professional fora, Local Partnership Committees and Stakeholder Reference Groups has been a major feature of the South Wales Programme.

There has been an unprecedented response to the consultation with **59,726 responses** received via the open questionnaire (27,710), household survey (820), signed template letters (24,303), petitions (6,367 signatories) and individual submissions (526) from various organisations such as the Royal Colleges and the National Clinical Forum and from other professional groups.

The South Wales Programme Board has again commissioned ORS to undertake the analysis of the responses and collate the feedback received through the consultation period. In view of the level of response, the SWP Programme Board, with the support of the Community Health Councils, has agreed to extend the period of review by a month to ensure due consideration of the responses prior to decision making by the end of this calendar year.

The Programme has produced regular updates for the public and other stakeholders throughout the life of the programme and these will continue post consultation and review. <http://www.wales.nhs.uk/SWP/press-releases-and-updates>

Consideration of Equality Issues

The South Wales Programme Board is mindful of the statutory duty placed on each Health Board under the Wales Public Sector Equality Duty 2011 and, accordingly, an equality impact assessment is being undertaken on the Programme's proposals. The EIA evidence document was published on the South Wales Programme website at the launch of the consultation. During the consultation process a wide range of discussions were held with key interested groups and forums about the proposals. In addition, specifically targeted meetings and events took place to ensure the Health Boards gave full opportunity to equality and diversity groups to put their views forward on the options, identify any particular impacts due to their protected characteristic and to identify possible ways to minimise or remove these effects. The EIA evidence document will be reviewed and updated in light of the feedback from the consultation responses and will form an important element of the decision-making process by the Health Boards later in the year.

Independent Scrutiny and Advice

Wherever practical and possible the South Wales Programme Board has sought independent expert and professional advice on a range of work.

Consultation Institute

The SWP has worked closely with the Consultation Institute in relation to the engagement and consultation process. The Institute has provided expert guidance and advice on best practice to inform our approach and through conducting a compliance assessment to confirm that the approach adopted meets its stringent standards in terms of engagement and consultation. The SWP has been subject to key milestone reviews by the Institute and has successfully completed a mid-term review during the consultation period. The Programme has now successfully achieved compliance at stage 4 of a 6 stage process.

Cardiff University, School of Mathematics

Prior to beginning consultation, the SWP sought an independent review by the School of Mathematics at Cardiff University of the methodology used to assess the data as applied to the options for future services. Their report stated:

“Based on access to materials and information provided, we have a high level of confidence in the appropriateness of the underpinning modelling approach and validity of the results.”

Swansea University – Centre for Health Information, Research and Evaluation

Following the engagement process and during the consultation the issue of public transport and its importance in supporting access to services was reinforced. The SWP commissioned Swansea University to undertake a mapping exercise of the current transport network across South Wales and map this against each of the options proposed within the public consultation. This was to identify the current challenges of the network and identify the potential gaps in the availability of public transport in each of the proposed options. The outcome of this research will be considered by the Programme Board prior to decision-making.

Opinion Research Services

The interpretation and presentation of the engagement findings and the response to the consultation responses has been undertaken by Opinion Research Services (ORS) on behalf of the SWP. ORS was founded in 1988 within Swansea University and after ten years it became a university spin-out while retaining its research-orientation. It is a highly regarded and regulated social research practice and is providing an independent analysis of the responses received.

NHS Wales Centre for Equality and Human Rights

The NHS Wales Centre for Equality and Human Rights is a strategic resource for NHS organisations that helps them to build capacity and capability to ensure they are able to meet their statutory equality and human rights requirements, and that they demonstrate they meet the diverse needs of patients and staff when planning and delivering health services,. The Centre has worked closely with the SWP to ensure that we are able to demonstrate we meet our obligations under the spirit and requirements of the legislation.

Gateway Review

A Gateway review of the process to date is being undertaken by an independent team at the end of September 2013 and the outcome of this review will be presented to the Senior Responsible Officer and the Programme Board in October.

Impact on Plans

During a number of consultation meetings, members of the public raised issues regarding the information used to determine the models presented for consultation e.g. patient flow models and the impact of supporting services such as transport and information services. This feedback has been used to inform some additional work currently underway around a revised flow analysis based on public views and “natural” flow, further analysis of the public transport network across South Wales and the need to be able to transfer patient information between health boards and other organisations safely. This will be considered by the Programme Team and Programme Board during October and will further contribute to the evidence for decision-making by the LHBs later this year.

Relationship with the Deanery and National Clinical Forum (NCF)

The Wales Deanery is a member of the Programme Board and is represented by the Dean or Vice-Dean at each meeting. In addition, deanery leads are members of the Clinical Reference Groups and provide advice in respect of training and education needs relating to the future clinical models and configurations. The deanery reconfiguration leads for paediatrics and obstetrics have also given focused presentations to the Chief Executive Officers, Medical Directors and planning leads on the future pattern of education and training in these specialty areas.

In relation to the National Clinical Forum, the SWP has made formal presentations to the NCF on 16th January 2013 following the engagement period and again on 23rd April and 15th May 2013 prior to launching the formal public consultation process. The NCF has confirmed support for the proposed changes to services within South Wales and has recognised the considerable leadership of clinicians in the development of the service models and subsequent options. Concerns have been raised by the forum in respect of potential impacts upon primary care services, the available workforce to deliver a five site model of specialist services and the need to develop new non-medical workforce model in all areas of the NHS.

Next Steps

The South Wales Programme consultation closed on 19th July 2013 and ORS is currently collating the responses to develop a comprehensive report for the South Wales Programme Board to consider in October 2013. Work continues to consider the revised patient flow analysis informed by comments from members of the public during the consultation phase. Another clinical conference will take place in October to report the initial outcome of the consultation to the clinical staff who have worked together to develop the service models and options that have been considered. Fortnightly meetings are continuing to be held with the Community Health Councils across South Wales prior to decision making by the end of this calendar year.