

A Picture of Health: How the NHS in Wales could look in 2015.





Foreword.

What could the NHS and the wider health system in Wales look like in 2015? There are many changes already under way, but what kind of service are they leading us towards? And what will it mean for patients? This document is an attempt to answer these questions, by giving an overall view of how the health system could look in 2015.

We represent patients, professionals involved in improving health and providing healthcare, and academic institutions with expertise in health issues. We have worked together on this initiative over the past few months. Our aim is to provide a new angle to the public debate on health in Wales by looking ahead and painting a picture of where we are going.

We have considered the many different developments currently under way which directly or indirectly influence the NHS and the health system. These include general social trends and technological advances. They also include policies from the Welsh Assembly Government, such as Health Challenge Wales and Communities First. We have taken this vast array of different changes and asked two key questions: how do all the pieces of the jigsaw fit together, and what kind of health system will emerge as a result?

We have focused on painting the overall picture in outline, rather than parts of the picture in detail. We will be developing further detail in the next few months, but this document gives, in broad outline, a picture of the future as we see it.

Why is this picture of the future necessary? In short, we need it to help us make sense of the changes to our health system. Some of these changes are already under way and there are more to come. We strongly believe that changing the way services are provided is essential if we are to deliver better health and better healthcare to the people of Wales. But it is not enough that our politicians and senior health figures know where these changes are heading. These changes can only happen with the support of the whole nation. And we cannot expect our patients, our staff and the public to sign up for a difficult journey if they don't know the destination. We need a clear and shared national picture of where we are going if public support is to be built and maintained.

We believe that the future we sketch out in this document will mean better health and better care for the people of Wales. We also believe that this future is not just desirable, but achievable. As evidence of this we have included examples from across Wales to show where the future is already happening, changing services for the better.

These examples show that in many places we are already on the right road. The challenge now is to make sure we stay on that road, and bring the whole nation with us, to help ensure that Aneurin Bevan's great legacy of 1948 is fit for the twenty-first century.

Introduction.

Welcome to Wales in 2015.

Looking back over the last decade it is possible to pick out some of the key changes that have had an impact on health and healthcare:

- People are now living longer, with the number of elderly in the population increasing.
- Advances in communications technology mean that people and places are linked together much more extensively.
- The public has higher expectations about the speed and quality of service.
- With people living longer, an even bigger share of healthcare activity and costs is now taken up by chronic conditions rather than acute care, with many people suffering from more than one condition.
- Patients are better informed about health issues, and want greater involvement in decisions about their care.
- Scientific advances, especially in genetics, have made more treatments possible.
- In the wake of the concerns over obesity, smoking and binge drinking a decade earlier, improving health has now become recognised as a key priority for action within and beyond the NHS.

Health services have had to move with these changing times. Standing still or just doing more of the same was not an option; as the Welsh Assembly Government-commissioned Wanless Report spelt out clearly in 2003, faced with this fast-changing world, the old way of providing services was unsustainable.

After a series of difficult but important changes to the pattern of services inherited from the middle of the twentieth century, Wales succeeded in transforming its health system to meet the challenges of the 21st century. Key features of today's health system are:

- Improving health as well as treating sickness.
- Better care for patients in their communities.
- Team-working and technology.
- New roles for hospitals – working differently, working together.

As a result, in 2015, Wales is ensuring that its people enjoy better health – which means not just the absence of illness but also the presence of general well-being - and better healthcare. Health services are founded on a strong research base, so we have clear evidence to show which interventions are the most clinically effective.

State-funded health and social services are provided by a wide partnership between the NHS, local government, private providers and voluntary organisations, based on each doing what they do best.

In 2015 we have caught up and continue to keep up with levels of health funding in comparable countries. Though much has changed, one thing remains as important in 2015 as it was in 2005, and indeed in 1948: healthcare, funded by the state, continues to be free at the point of delivery, and based on need, not on ability to pay.

Improving health as well as treating sickness.

The importance of good health, sensible eating and keeping fit and well is now recognised by most. Reducing poverty, historically the biggest cause of ill-health in Wales, continues to be a priority target for all public bodies. Local authorities, health bodies and the voluntary sector are working together to reduce both inequalities in general, and inequalities in health and access to health services in particular.

Where the future is already happening: GP exercise referral scheme

Monmouthshire Local Health Board, working with the local authority, has set up a GP exercise referral scheme, which means certain patients can be referred for exercise to help manage their condition. The scheme is aimed at patients with conditions such as diabetes and high blood pressure and is bringing a range of different benefits. It helps improve the general fitness levels of patients and can help prevent their condition deteriorating and reduce the need for drugs. The regular exercise and the opportunity to socialise also plays an important part in improving the well-being of the patients. The patients' progress can be monitored by trained leisure centre staff as well as by GPs and the patients themselves, using equipment which has been installed by the local authority.

Allan Coffey, Chief Executive of Monmouthshire Local Health Board, says: "This is a good example of how different professionals are working together to improve the health of patients. It encourages patients to play an active role in managing their own conditions, but with support and monitoring on hand when they need it. It builds on the fact that patients often have a lot of knowledge and expertise about their own condition. The information we gather also helps us to assess the health of our local population and plan our services to meet their needs."

In our local communities there has been a big improvement in sports and recreational facilities with local authorities providing affordable low-cost access to leisure centres, swimming pools and other sports facilities. There are dedicated sports and recreational provisions for people with disabilities. Many public buildings have opened up to health-related services. For example, health check facilities are found in places such as libraries and supermarkets. Schools in particular play a big role in developing the health and well-being

education of their pupils, encouraging them to take responsibility for their own health. This has been achieved by the significant redevelopment and strengthening of the Personal and Social Education programme (PSE). PSE lessons are now delivered by a variety of people from across the community whose expert knowledge will be of benefit to the pupils: an example of this would be the facts around substance misuse. These experts include nurses, community health practitioners and health and fitness instructors.

Where the future is already happening: Accessing support by text message

School nurses in Ceredigion have introduced an innovative way of making their service available to young people, by using text messaging. The service was set up in Cardigan Secondary School, which has 830 pupils from 11-18 years old. It is the first service of its kind in Wales, and it provides a first contact point for young people who want to raise health-related problems or concerns. These included questions about emotional, mental and sexual health as well as physical health.

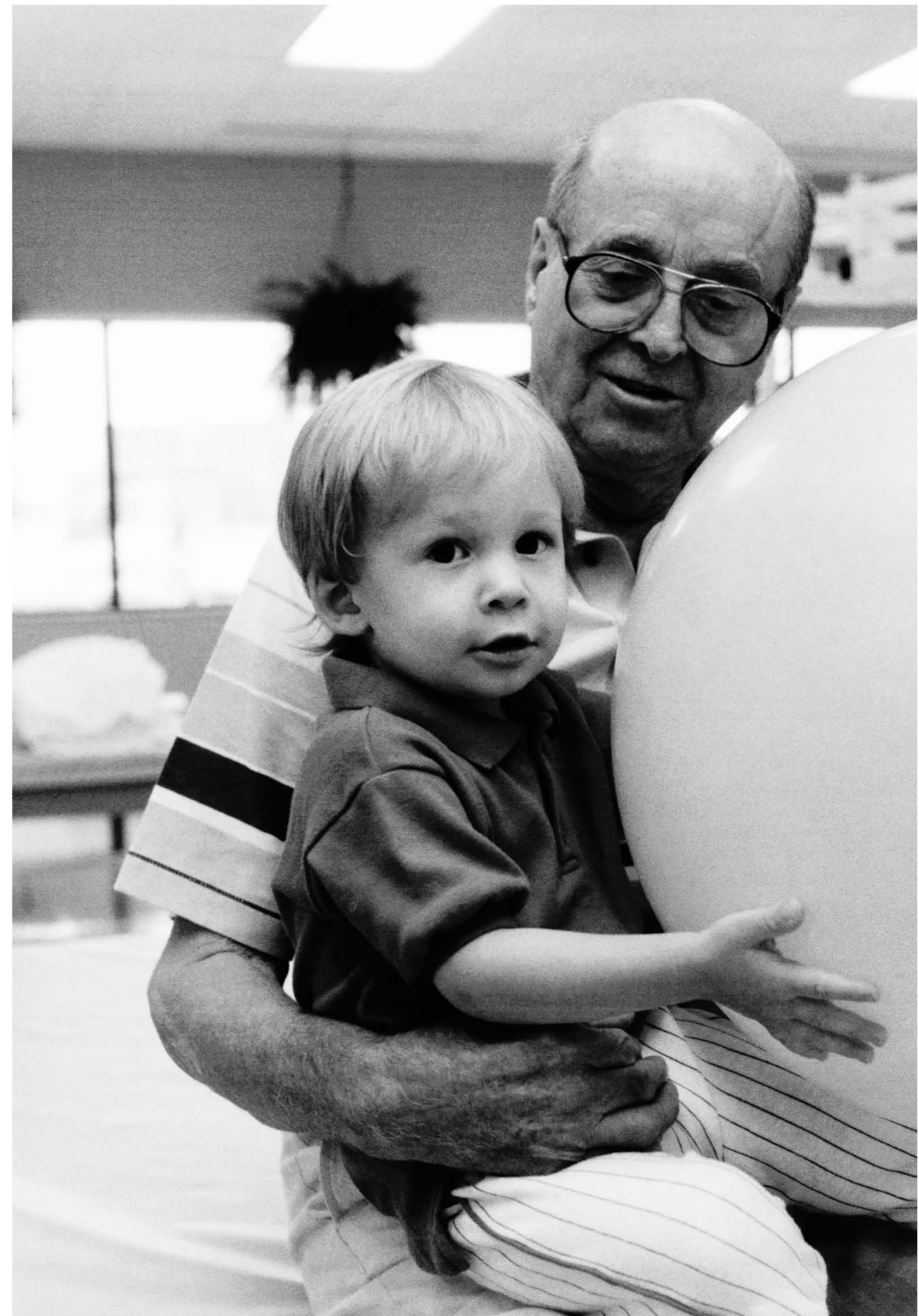
Huw Williams, who manages family and child services at Ceredigion NHS Trust, says: "The schoolteachers worked in close partnership with us and fully supported this innovation. They printed credit card size information cards, laminated them and issued one to every pupil. We also had the support of a local paediatrician. The pupils appreciate the confidentiality and anonymity of the service. It also gave them a contact point with health professionals on subjects they may have found embarrassing to discuss, and it made best use of the technology that many teenagers use every day."

School nurses are seen as key members of local health services and have been trained to work on the front line with young people. They have become leaders in developing the role of schools in community health and they monitor and help maintain young people's health, working closely with the health teams in their local community. Health education is an integral part of teaching in primary and secondary education where curricula have been modified to reflect the increased importance placed on health and general healthy living in the community. This has been accompanied by a resurgence in school sports participation across Wales.

These changes are visible signs that government at local and national level takes very seriously its responsibility to ensure that all policies – not just those labelled "health" – serve to improve the lives of all the people of Wales by protecting and promoting good health across our communities. This means that public policy and funding in areas such as housing, transport, and economic development all reinforce the drive for Wales to become, and stay, a healthier nation.

The NHS is playing its part in promoting good health by ensuring that it acts effectively as a health service as well as a sickness service. GPs, nurses and community health practitioners are a crucial source of health advice within their communities, but now the expertise of other professionals is also being fully used. For example, pharmacies are "walk in" centres for public health information and health education. They give advice and offer tests for conditions such as obesity, diabetes and coronary heart disease. Birth centres provide a local walk-in facility for pregnant women, offering advice and practical support.

The NHS has made good progress in becoming a modern exemplary employer. As the biggest single employer in Wales, the NHS has striven to look after the general health of its employees. It has significantly strengthened its occupational health services to look after the mental and physical health of its own employees. In addition, NHS premises are now designed to have on-site exercise areas, places to park cycles and showers to enable people to cycle or to exercise during their lunch hour.



Teamworking and technology.

Effective technology and communication links have become essential to enable health professionals to function as one cohesive team, even though team members may be working from different health settings and premises.

After the successful implementation of the 'Informing Healthcare' strategy, every patient has an electronic medical record which they own and which they access and can update themselves. This record is then shared with and updated by all the health professionals involved in their care. Increasingly people hold a mini "credit card" type personal health record that contains essential health data that is updated following visits to the pharmacy, health centre or hospital.

All community-based health premises and hospitals are connected to a high-speed integrated health information system linking them to the NHS network. Patients make or rearrange their appointments for community or hospital care either through their phone, personal computer or digital television. Wireless telemetry services are widespread, helping to monitor patients' health signs when they are at home, at work or at play. Nursing homes, sheltered housing and residential homes use video links to their local community health team to obtain help and advice. The partnership between health staff working in the community and the local hospitals has developed to provide seamless care for patients.

What was once called primary and hospital care is now effectively joined together to provide uninterrupted care in which patients move smoothly through the health and social care system based on their individual needs. Health and social care professionals, whether working in the community or in hospitals, now form cohesive teams that aim to ensure that patients receive their care from the right person, in the right place at the right time.

When people visit their local surgery or health centre, a nurse or appropriate health professional assesses them. They will either offer care or advice or refer them to the appropriate colleague for advice, treatment or care whether for a mental or physical condition. General medical practitioners focus on the medical assessment and clinical care of patients. 30% of GPs and nurses have specialist skills in areas such as chronic disease or dermatology and work closely with hospital departments and clinical specialists. They undertake a range of surgical and medical procedures once confined to hospital departments.

Where the future is already happening:

Treating skin cancer patients closer to home

A west Wales network of general practitioners is breaking new ground by providing a service for the management of low risk skin cancers across the whole area. Nine GPs holding the Diploma in Dermatology and with previous experience as clinical assistants in dermatology have been recruited and trained to the network. Working to protocols developed by the south west Wales lead clinician for skin cancer, the network has seen over 1800 patients, who are referred by GPs across the area. It is the UK's largest group of GPs with a special interest working to agreed protocols within a network. The service has meant that patients can be treated closer to home, and it has also helped to reduce the waiting lists in the local dermatology department.

The roles of doctors, dentists, nurses, midwives, community nurse practitioners, therapists, radiographers, laboratory scientists, pharmacists, psychologists and many other health professionals have changed to make full use of their professional skills. They work together as a team to complement each other's particular contribution to the care of patients. Patients too are a fundamental

part of this team and contribute their skills and knowledge to their own care. The importance of all health and social care staff in the team effort and their working partnerships is fully appreciated and utilised. They continue to be supported by others who work behind the scenes to keep the systems, buildings and equipment working effectively.

Where the future is already happening: Involving the experts - the patients

The Expert Patient Programme, run by Gwynedd Local Health Board, is a self-management course for people with chronic conditions. It helps people learn skills for managing their condition, including managing pain, developing coping skills and planning for the future. Courses are run in community settings and are led by volunteers who themselves have experience of living with a chronic condition.

Six participants from the pilot stage offered to become 'Volunteer Tutors'. They attended a four-day course to give them the necessary skills for delivering the programme and are now delivering EPP courses in the community.

Chief Executive Grace Lewis-Parry says: "The outcomes of the programme have been very positive. To date, six courses have been run, with 60 people having taken part; another 70 are waiting to attend. Feedback from participants has been that they feel less isolated, more confident and proactive about their illness. Compliance with medication has also improved, and participants have said that they're less reliant on their GPs for minor problems as they're managing their own conditions more effectively."

The EPP was run as a pilot in Gwynedd as part of a Welsh Assembly initiative. A team from Bangor University evaluated the pilot and found that the Gwynedd project was one of the most successful in the UK. Gwynedd LHB is now funding a full-time post and has been invited by the Assembly to host the rollout of EPP in North Wales.

Better care for patients in their communities.

People are still registered with local general practices and the majority of health and social care in Wales is provided in the community by health and social care professionals.



Their work is planned and delivered around the health needs of the local population. Treatment and care is provided through personalised health and social care plans that are based on the needs of each patient and agreed with them by the team of health and social care professionals responsible for their care.

In 2015 this is possible through major developments in technology that allow home or community-based diagnosis, treatment and rehabilitation. These advances in diagnostics and treatment will mean that it is now much safer and more appropriate to care for people at home than it was in the past. The net effect of these advances is to significantly reduce the number of people who are admitted to hospital. The single electronic health record, which provides speedy access to a patient's health history, and developments such as video linkage to specialist hospital departments, enables many more patients to be assessed and diagnosed in the community, either in the local surgery or health centre or

at home. This means that patients now only have to travel to hospital for more complex diagnostics such as those involving MRI scans. In rural or sparsely populated areas, mobile mini-health centres visit communities to provide health advice, screening, diagnosis and assessment services.

Health workers in the community have become the hub and coordination point for all patient care: leading the local programmes for protecting and promoting health; providing pain management; screening their practice population; initiating diagnosis and treatment; arranging specialist care; managing convalescence and rehabilitation and monitoring the patient's progress and future needs back in the community.

Much of the care of women and babies, children, older people, the chronically ill, the mentally ill, and rehabilitation and convalescence for other patients, takes place in their home.

Where the future is already happening: Chemotherapy at home

A unique nursing post has been set up in Conwy and Denbighshire that allows cancer patients to be cared for in their own community rather than having to travel to hospital for treatment. The nurse helps deliver, in the community, the kind of advanced nursing care that used to require hospital admission, for example maintaining and monitoring central lines for chemotherapy. The nurse's role involves educating, supporting and advising colleagues in primary, secondary and tertiary care.

In the last two years 468 patients have had their central lines effectively cared for in the community. This new service saves some 1400 hospital appointments annually. 70 patients a month have their chemotherapy pumps removed in the community, saving some 840 hospital appointments annually. Transport costs to the trust have also been significantly reduced.

This service now provides a viable alternative to hospital care. The teamwork between health professionals based in hospital and in the community has had a very positive impact and many more patients are choosing to have their care delivered and managed at home. Henriette Kerr, Community Services Manager for the Trust, says "An excellent relationship has developed between the cancer centre and the district nursing service as a result of this initiative, which in turn has led to improvements in the care we provide for patients."

Community health workers' main focus is identifying and dealing with the changing health needs of people living in their community. Needs that may be identified include physical and mental conditions as well as lifestyle advice. They actively seek out those in need of support and work in close liaison with workplaces and voluntary organisations. This could include targeting "at risk groups" ranging from the elderly to substance users, from people with mental conditions to those with learning disabilities who also use healthcare services.

Much of the work of the therapy professions also takes place in the community. Many orthopaedic conditions are now dealt with directly by local therapy services with only those patients requiring surgery or specialist medical supervision being referred to the hospital-based services.

For health problems not requiring full-blown hospital care, but for which patients need closer observation or care than would be possible in their own home, there are short stay beds in local hospitals for use by community staff.

New roles for hospitals – working differently, working together.

After considerable effort and reinvestment, the pattern of hospital services, which was originally designed in the early 1960s, has been overhauled to meet the needs of the twenty-first century. With many services that used to require a hospital visit now being provided in the community, hospitals can focus on those services that can only be provided in hospitals. The various elements of advanced care - operating theatres, intensive care, day surgery units - have been located where they are needed. As a result, waiting times have continued to fall dramatically, and have been sustained at a low rate. Between 2012 and 2015 no-one in Wales has waited more than 3 months from referral to operation.

There are different types of hospital with different roles and functions. With an ever-growing list of treatments and services available, greater specialisation in clinical expertise, and ever-higher standards of quality and safety to protect patients, it is not possible - or safe - for each individual hospital to try and provide the full range of services. But working closely together, they now provide a comprehensive range of services to the people of Wales.

Smaller hospitals provide short-term inpatient care for those requiring diagnosis, observation, simple surgery, drug therapy, pre-convalescence, rehabilitation, respite care or short-term social care.

Larger hospitals provide general medical and surgical care to their local population. They provide a range of high-tech diagnostic services that cannot be delivered in the community. They also assess patients who need the more advanced care that is provided in specialist centres. Some of these larger hospitals concentrate on non-emergency care, much of which is undertaken

on a day-case basis. Some have become elective treatment centres for bespoke care in areas such as joint replacement.

Some hospitals will provide emergency services although patients requiring more advanced care are referred on to specialist centres. They work in association with the Out of Hours Health and Social Care Emergency Service that provides all-Wales triage and referral for those needing out of hours health advice or care. Depending on their needs, patients needing health or social care support out of hours will either be visited at home by a paramedic, nurse or social worker, or referred to their local Emergency Treatment and Assessment Centre. These centres are sometimes set up as mobile units at times when high demand is likely, following the success of the "field hospitals" scheme set up in 2004 in city centres at night and at major events. The centres will either provide the care and treatment needed by patients or they will arrange the transfer of patients to specialist centres.

Where the future is already happening:

Taking hospitals to patients - mobile treatment centres

Ambulance services and accident and emergency departments have to cope with a big increase in demand at certain times, for example during large sporting events or in city centres over peak periods such as Christmas and New Year. But a new innovative approach to managing this caseload at peak times is making a big difference. Mobile treatment centres, staffed by paramedics and experienced Accident and Emergency nurses, are set up on a temporary basis near to where the demand will come from. The centres - dubbed "field hospitals" by the press - have already been used in Swansea and Cardiff.

The scheme has brought real benefits. It reduced the need for an ambulance response to minor cases. Paramedic officers in rapid response vehicles deal with all emergency calls, and for non-emergency cases the St John Ambulance Brigade transported patients to the centre if necessary. Many patients can be treated in the centre instead of being taken to A & E. Police officers were also on duty at the centre, to ensure staff and patients are safe.

Other parts of the UK are taking a keen interest in this innovative scheme. It's an example of how teamworking and innovation enables hospital services to be provided closer to the patient: taking hospitals to the patient, rather than always having to do it the other way around.

There are three Specialist and Critical Care Centres strategically sited around Wales to form a network of facilities that provide specialist care. This is care which needs critical mass to ensure high standards, and which requires highly-specialised skills and facilities and high-tech diagnostic support. They are the major centres for emergency care dealing with serious and/or multiple injuries. Air ambulance services have been strengthened to provide for the speedy attendance of paramedics and medical teams to transfer patients to these centres. The centres also form the regional bases for those specialties most commonly associated with trauma such as complex orthopaedic surgery and neurosurgery. They also serve as regional hubs for the more complex aspects of cancer care and other major diseases, as well as for cardiac and organ transplantation.

Some very specialist care and expertise is provided in partnership with specialist centres based elsewhere in the UK, but European and/or worldwide facilities are also occasionally used when the need arises. In particular the links between health facilities in Wales and England are strong. When patients need specialist services that cannot be provided locally, they travel for their care to an appropriate specialist centre but return to local services as soon as possible. To ensure that patients are away from their home for as short a time as possible, telemedicine and other direct links have been established between local health clinics and specialist centres so that care and rehabilitation can be provided locally.



The patient's experience 2015.

Case Study 1: Supporting patients with diabetes.

One morning in early March 2015, Bronwen logged onto her home computer to find an email message from the hospital: confirmation that her eye operation would take place on the first Monday of next month. She had chosen the date and time for the operation (as she had the previous outpatient appointments) with her GP, using the touch screen system in the practice. He had apologised for the fact that she would have to wait almost a month, but she had said: "Don't worry love, I can still remember when you had to wait more than a year for this sort of thing!" He had smiled, and told her that at least now she would not have to stay in hospital overnight - what had once involved three or four days in hospital was now done in just one day.

Bronwen has been a 'Priority Patient' for the practice team now for several years. She had been identified by her practice's new 'total health' programme as being at high risk of developing diabetes in her late 50s. Their internet-accessible evaluation questionnaire had automatically triggered a referral to the specialist nurse, who had confirmed the situation. She had opted to go on the monitoring programme provided by her practice's Nurse Consultant in Diabetes.

But as she always said, 'You can't avoid the inevitable!', and therefore she was prepared for the clinical diagnosis when it finally came a few years later. But she had used the intervening time well, getting used to her new diets and gradually taking on the other lifestyle advice that was offered to her, so the diagnosis was 'no big deal, really'.

She was amazed at the care which she had received since then as a 'Priority Patient'. Not only all the nursing and medical care and help from the dieticians and podiatrist, but a whole package of information and various money-off deals from Diabetes Self-Care, including the visit each month to the local group for diabetes patients.

So when the operation came, she felt quite confident about what to expect. The care was superb, of course, and coming home the same day was great. She had opted to be brought home by the Diabetes Self-Care Support Team, who made sure that she could cope by herself before leaving, saying they'd be back in the morning.

As she lay in bed that night, after sending her readings down the line to the nurse in the call centre, she thought about how things had gone. She had one regret: she'd missed Coronation Street!

Case Study 2: Emergency care: specialist and follow-up services.

Liam is 23 years old and in good health. He is a keen motorcycle enthusiast as well as enjoying regular visits to his local health and fitness centre located in the comprehensive school. As well as working out regularly, Liam is sensible with his diet and his alcohol consumption and uses the Internet for information on health maintenance issues especially those relating to his severe penicillin allergy.

Returning from work on his motorbike one afternoon Liam is involved in a major road traffic accident that results in serious head injuries. Ambulance crew are able to arrive on the scene within ten minutes thanks to the help of a built-in GPRS communications link, giving details of Liam's GPS location and stabilise Liam at the scene. Technology built into Liam's motorbike automatically contacted the emergency services via the built-in GPRS when his airbag deployed upon impact. When the emergency services were then unable to contact Liam via his listed mobile phone number they automatically deployed an ambulance to his last known GPS position. This technology, first introduced ten years or so ago in Germany, is now commonplace in Wales too.

Thanks to remote access to his electronic health record the paramedics are aware of his allergy to penicillin and treat him accordingly. He is transferred in the ambulance to the nearest of the three critical care centres in Wales. En route the crew give a thorough update to a surgeon who is waiting at the centre and allow him to view Liam's vital signs and other relevant data via mobile phone as well as his electronic record.

Upon arrival at the critical care centre Liam is immediately given an MRI scan and then taken to theatre for emergency surgery to relieve the build up of pressure on his brain. During the operation the surgeon is able to consult with a noted expert in the US who can see the operation being performed via video link up.

After 5 days of close monitoring by consultants and specialist nurses, Liam's condition is stable enough for him to be transferred from the critical care centre to his local hospital. This is very convenient for his family as it is only a couple of miles down the road from where they live. In the local hospital a wide team of health professionals will care for Liam. This will include doctors, nurses, physiotherapists, occupational therapists and specialist pharmacists. It will be vital that they all have the best and most up to date information on the care he has received thus far.

Liam's electronic health record has been fully updated by the clinical team at the critical care centre. This ensures that the new clinical team in the local hospital that will deal with the next stage of his care and recovery are fully and accurately appraised of his medical situation. This includes access to all X-rays, MRI scans, drug regime and clinical notes and long term medical history.

A month later Liam is able to return home. He is still unable to walk and his speech has not yet returned to normal. From this point a wide-ranging community team which covers his area will deliver Liam's care. This care will be co-ordinated by a local care worker who is employed by the NHS and Local Government to ensure that the most appropriate services are in place to help Liam meet his long-term goal of complete recovery.

Case study 3: More services available closer to home.

Becky is 11 years old and in good health. She cycles to school most days, as traffic free cycle paths were installed a few years ago on key school routes. Her diet is fairly good, and she and her classmates are allowed free fruit in school. She learns about health issues as part of her personal and social education lessons in school. If she has any questions or concerns, she can look at the health pages on the school's website. Or she can contact the school nurse who is an expert in providing health and general advice to younger people. She can attend one of the nurse's drop-in sessions or text or e-mail her with her questions.

After school one day, Becky complains to her mother, Julie, about wheezing in her chest. Julie is worried when it persists for a few days and decides to get it checked out. But she works long hours and if she had to get to the GP surgery it would be very difficult. But the local pharmacy around the corner has been really helpful in the past, not only with giving prescriptions but also with providing health advice. So Julie pops into the pharmacy in her lunch hour and asks them for their advice. The pharmacist looks up Becky's electronic health record and sees that when she was three years old she was admitted to hospital with a severe chest infection. He suggests a medicine to help with Becky's symptoms, and tells Julie what to do if Becky's condition gets worse. He also says that with Becky's history it's probably worth making an appointment to have it checked out just in case. He checks on his computer and offers Julie the choice between seeing the GP or the chest specialist nurse who holds regular clinics at the surgery. Julie chooses the nurse and as the pharmacist is connected to the health network he can book an appointment for Julie and Becky there and then.

At the clinic, the nurse checks Becky thoroughly and is very reassuring. However, as an extra check she has arranged for the chest consultant based at the hospital 20 miles away to join the consultation by video-link. The consultant is always on call at the times of the nurse's clinic to give a second opinion if needed. Both the nurse and the consultant are able to see Becky's case notes on their screen, and to ask Becky and Julie questions about Becky's symptoms. The nurse and consultant agree that the wheezing is a very mild infection and that the best course of action is to continue with the medicine given by the pharmacist. But the nurse tells Julie and Becky to contact her again directly if they are in any way concerned. She also suggests to Becky that she logs on to her health record via the internet and adds a few short diary notes if she has any other symptoms. That way, the patient and the health professionals can build up together a complete picture of the condition, and monitor it more easily.

Next steps.

The organisations who have collaborated on this document intend to take this initial work forward over the remainder of 2005 by producing a series of reports which will provide further detail.

Areas to be covered are as follows:

- Achieving a balance in the delivery of NHS services.
- Professional roles and responsibilities in the future.
- Management of chronic long-term conditions.
- The shape of the hospital network.
- How patients and the public have influenced the development of the health system.
- Information and ICT.
- Community services.
- The costs of changing - and the costs of not.



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- Improving health as well as treating sickness.
- Better care for patients in their communities.
- Team-working and technology.
- New roles for hospitals –working differently, working together.

This document has been produced by organisations representing patients, professionals involved in improving health and providing healthcare, and academic experts specialising in health issues. The aim is to provide a new angle to the public debate on health in Wales by looking ahead and painting a picture of where we are going.