

THE **WELSH NHS** CONFEDERATION
CONFFEDERASIWN **GIG CYMRU**



Viewpoints 3.0

Media comments and observations on key issues from the Welsh NHS Confederation



It ain't what you do, it's the way that you do it

The author Dan Stanford once said, "Experience is what you get when you don't get what you want." Never can this quotation appear truer than when looking at patient perceptions of their experiences in the NHS.

So what is the patient experience? The Department of Health defines it as: "Meeting not only the physical needs of patients but the emotional ones as well". They go on to say that ensuring a good overall experience for patients means:

- Providing good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way
- Supplying clear, understandable information to allow choices to be made with a feeling of confidence and control
- Interacting with patients as an equal; treating them with honesty, respect and dignity.

The NHS in Wales is actually very good at meeting the physical needs of patients, but is it as good at taking account of patients' emotional needs? When treating patients, is the focus primarily on "getting the task done" rather than focusing on the patient as a human being and making them feel better?

The way a patient perceives the care they have received is not just about the fabric of the building and the technical proficiency of the staff they encounter.

Contrary to popular belief it is not all about the length of time they have to wait either - it's about helping them to feel better.

In their paper *Understanding Public And Patient Attitudes*, Ipsos - MORI provides evidence to show that the emotional experience is the key driver for overall patient satisfaction and that there is next to no relationship between mortality ratios and patient perceptions. This research also reveals that patients feel that the service in hospitals and medical facilities has become too much like the buildings it takes place in: sterile. It seems that emotions can sometimes be lacking from medical services at the point where they are needed most due to the fact that people in a medical facility are emotionally at their most vulnerable.

So why is it the case that patients feel this way and what is being done to change the patient experience in the NHS for the better? It is simply not the case that the NHS can never get this right, quite the contrary in fact. But all it takes is one negative experience to destroy the goodwill developed via many positive engagements.

Patients, like any of us, place a lot of emphasis on first impressions. These impressions of a health facility are formed in the initial seven seconds after their arrival and can include factors such as car parking, cleanliness, maintenance of the estate, the quality and choice of food available, and the friendliness of the staff. It is vital that the NHS does these

things better so that the more clinically-focused elements of the experience are received positively, which will aid recovery and lead to shorter stays in hospital.

The NHS in Wales is already placing more emphasis on the importance of the overall experience and is moving in a more patient-focused direction – but there is still some way to go. Organisations and their staff are now asking themselves the following types of questions: Is your admitting process devoid of empathy?, Is your waiting room painful to sit in?, Do staff walk past, ignoring lost patients?, Are patients properly greeted upon arrival? These questions are similar in nature to those that customer-focused businesses such as Tesco or the Marriott group of hotels ask themselves every day in a bid to keep their customers satisfied. In New York, the Cornell Medical Centre and The Pierre Hotel have a successful partnership which involves teaching the hospital staff how to treat their patients more like hotel guests. Maybe there are further lessons that the NHS can learn from the private sector about creating a better patient experience.

Current evidence suggests that a more patient-focused approach from the NHS that puts patients in control of and at the centre of their care is essential. At the same time, the evidence is also clear that focusing hard on certain key elements of the patient experience will have far more effect on overall perceptions than trying to do everything at once.

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Western Mail – January 2008

References

Understanding Public and Patient Attitudes to the NHS, Ipsos MORI
http://www.ipsos-mori.com/_assets/polls/2006/pdf/healthcarecommission.pdf

Department of Health definition of patient experience
http://www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/DH_078663

Inspirational leadership making a difference in the NHS

Sir Liam Donaldson, Chief Medical Officer at the Department of Health, once said: *“Every Chief Executive Officer of a public sector body believes that somewhere out there is a bullet with their name on. They think it’s only a matter of when not whether it will start to move towards them.”*

NHS managers are accustomed to being portrayed as grey suited miserly bureaucrats. This, of course, is not a fair reflection - managers at all levels share the fundamental healthcare ethic of doing all they can to improve health and deliver the best care possible to the people they serve.

Even the most bullish anti-management proponent will accept that an organisation as complex as the NHS needs effective leadership and management. But with the complexity and the relentless demand for better services comes unavoidable and emotive decisions about priorities and the use of resources.

NHS managers feel that in their challenging, uncompromising and emotive world they are doing a good job. But, like all other health professionals, they recognise that improvements are necessary to bring further benefits to patients.

Professor John Kotter, a worldwide authority on leadership and change, says: *“People are more inclined to be drawn in if their leader has a compelling vision. Great leaders help people get in touch with their own aspirations and then will help them forge those aspirations into a personal vision.”* This is spot on for where we are now in Wales.

Changes in the way we organise and deliver healthcare will often, as we have seen across the UK, be emotive and we must do better at winning hearts and minds.

Inspirational leadership can and does make a difference in the NHS. We need to create an environment in Wales where leaders feel able to come forward. In today’s environment some might say that there are often more reasons to keep your head below the parapet than above it. This is sad when we now have an opportunity to take the NHS to the levels of quality, delivery and accessibility to which we all aspire.

The Government’s intentions for health and social care in One Wales capture the issues that everyone will recognise as important. But it has a huge agenda and it can’t all be done at once. Now is a time for us all to pull together to get things done. Now is the time for the Welsh Assembly Government to be clear about its priorities and to create an environment where leaders, managers and staff can be confident about the what hymn sheet they are on.

Some of the areas that need improvement are in the hands of the NHS itself:

- Taking a longer term view encompassing the wider system and the way it connects
- Engaging better with patients, communities and community leaders
- Being much more focussed on the patient’s experience and

- journey through the system
- Better external and internal communications
- Developing and engaging with clinical and other leaders at all levels
- Developing and attracting middle managers as the next generation of leaders
- Making more explicit use of evidence in decision making.

There are some things that WAG could do that would help:

- Take a hard look at the burdens imposed by central targets, ‘helpful’ regulation and intervention by those above or in regulators
- Understand the practical challenges created by policy implementation
- Undertake more research on policy to support learning and best practice
- Ensure that all aspects of the system reflect the underpinning values of the NHS.

Continuous change is a must for the NHS as it modernises and the funding growth slows down. Whatever happens, the NHS cannot stand still. Now is a good time for us to review where we are and what we have to do. But time is not on our side and from all quarters we need the courage of our convictions, realism and openness in what we do.

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Western Mail – February 2008

References

Quotes on management and leadership from Sir Liam Donaldson, Chief Medical Officer at the Department of Health
http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/CMOPublications/QuoteUnquote/DH_4102564

Review of Leading Change: Why transformation efforts fail by John Kotter, Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/resources/Review%20Kotter.pdf>

Meeting the challenge of equal health access

One of the main aims of the Welsh Assembly Government coalition document One Wales is to have a health service “available to everyone, irrespective of whom they are or where they live in Wales.” Nowhere is this issue more clearly focused than in the debate on rural health.

It is undeniable that access to health services in rural areas has its own distinct set of problems. Patients face longer travelling distances to reach their local GP or hospital, with difficult transport links and a limited public transport system. Add to this a population with a large proportion of elderly people – which has the dual effect of more people needing to use the health service and less people of working age to run it - and the inherent difficulties in providing accessible high quality health services in rural Wales look increasingly insurmountable.

Ensuring equal access to health services for Wales’s rural population is a serious challenge that the NHS needs to meet, and one which the Welsh Assembly Government hopes to tackle with their Rural Health Plan. But does a specific focus on rural needs move thinking away from the wider debate about health inequalities in all parts of Wales – urban, valley and rural?

Take Blaenau Gwent. It is Wales’s fourth most urbanised local authority, with a population more densely packed than Swansea. Despite having a younger than average population, it has the highest levels of reported illness in Wales, with higher than average levels of treatment for high blood pressure, mental illness,

arthritis and back pain.

It comes bottom of the healthy living league, with high levels of obesity, binge drinking and smoking.

In contrast, rural areas in Wales fare much better. Powys, Monmouthshire and Gwynedd have the lowest levels of reported illness in Wales, while Ceredigion comes top in the healthy living stakes.

So it’s clear that shorter travelling distance to health services doesn’t mean a healthier population. There are a whole host of other factors that create inequalities in health, of which geography is just one. Socio-economic factors such as jobs, education and housing are just some of the others, with deprivation always closely linked with poor health.

The reality is that every different community in Wales has its own problems that cause inequalities in the health of its population. In sparsely populated countryside hamlets, getting people to the services they need is just one obstacle.

In more densely populated areas, the challenge is getting people to use the services that are already close to them. And for some parts of the urban population, getting to the nearest GP or hospital can be just as difficult as it is for those in rural areas – possibly through age, disability or transport issues.

Local NHS organisations need to understand their local health inequalities

to find out which factors are producing unequal outcomes. Local services should then be designed to eliminate those inequalities wherever possible.

And the NHS in Wales is doing just that. Innovative schemes across Wales are taking services to the patients in rural areas, and encouraging those in urban areas to make the most out of the services on their doorstep.

In rural areas, telemedicine is giving local patients instant access to expert opinion at major specialist centres. For example, Aberystwyth consultants are managing the care of cancer patients locally through video links to the cancer centre in Swansea.

In Blaenau Gwent, joint working between agencies has resulted in one of the highest take-ups of exercise referral schemes in Wales, which gives those most at risk of ill health free access to gyms and leisure centres.

These schemes show that health services are not all about proximity to your nearest District General Hospital. Continued focus on innovative, locally designed services to meet local needs will help to achieve equal access for everyone in Wales.

It is right and proper for us to debate rural health issues, and attempt to solve the undeniable inequalities that exist. However, it must be looked at in the context of the wider debate about health inequalities across Wales so that the needs of urban and valleys areas are not neglected.

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March 2008

References

Welsh Health Survey Results 2007
<http://new.wales.gov.uk/topics/statistics/publications/healthsurvey2007/?lang=en>

One Wales: a progressive agenda for the government of Wales, Welsh Assembly Government
<http://new.wales.gov.uk/about/strategy/publications/one-wales/?lang=en>

An integrated future for health and social care

The NHS in Wales is constantly under the microscope and we are always looking for better ways to organise and deliver health care. But we need to make sure that changes result in services that are better, rather than just different. Just reshuffling the way we do things is simply not good enough and patients will not derive any benefit from it.

The NHS has been steadily improving for many years but there is still lots that could be done better, with some of the same old problems resurfacing time and again. There are still some old chestnuts that we need to crack.

One such chestnut is continuing care. Some of our most vulnerable patients are staying in hospital longer than they should because of difficulties in providing rehabilitation or longer-term care in the community. This kind of care is less intensive, but no less important than hospital care. So why is it so much of a problem?

Much of the difficulty arises from the demarcation line between health and social care.

The organisational boundaries between these two services should be invisible to the patient. They should benefit from seamless care without having to concern themselves with the machinery behind it.

Care should be co-ordinated and tailored to meet the individual needs of the patient. But all too often tensions arise between agencies over responsibilities, funding, facilities and staff.

If our patients are to receive the best possible care, then these divisions need to be overcome. NHS and local authorities would be the first to admit that they do not always work together effectively as partners in care. And this means that users, carers and patients sometimes face difficulties in obtaining the services and support that they have a right to expect. Across the UK, governments and public service policy makers are actively looking for ways of modernising health and social services to achieve more integrated services.

The movement towards integration has been gathering pace in recent years. Social workers are working more closely with doctors, nurses and other health professionals to provide a more joined-up service.

There is evidence that social workers based outside local authority social work departments, such as GP practices or hospitals, play an important role in multidisciplinary teams. These teams bring numerous benefits for the patient, as their joint working improves communication and cuts down on bureaucracy.

Now is the time to think seriously about fully integrating health and social care in Wales. A remodeling of health organisations has already begun, which gives us the perfect chance to build a much more integrated service from the ground up.

Organising health and social services is a complex task. Nothing is straightforward and the remit of social services is wide - not all of its range would fit comfortably

in a health and social care organisation - for example, housing.

This is not about the NHS taking over local government, or local government taking over the NHS. Rather it is about providing better care by working across or breaking down organisational boundaries. It is about helping health and social care professionals to work closer together, giving them better access to shared information, enabling them to work within simpler management structures, and giving them freedom to influence care pathways.

But the most important reason for wanting to change is to provide a better service to patients, in which they no longer have to navigate a difficult and lengthy process to get the care they need. We must put an end to the way patients have to repeat the same conversations with a stream of new names and faces, which only adds to their distress at a time when they are already vulnerable.

It is still early days for us to judge the approaches being developed elsewhere in the UK, and they may well not be the right options for Wales - but that is not the point. The period of rapid change we are entering in public services here gives us the chance to face up to this challenge - we must not let this golden opportunity pass us by.

Let's put integrated health and social care in our sights so that any organisational changes happening now head firmly in that direction.

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March 2008

References

NHS Wales - Present and future, Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/resources/Futures%20paper.pdf>

Health and social care in Northern Ireland
<http://www.hscni.net/>

MRSA – Does the blame game help?

A recent Bupa survey of over 1000 adults in Great Britain showed that 80% of the British public believes NHS Managers are to blame for hospital “superbugs” such as MRSA.

It appears from this survey, that when it comes to MRSA, the public believe managers are 10 times more to blame than cleaners, 80 times more guilty than doctors and 100 times more culpable than patients.

Is this perception fair, or are NHS Managers simply an easy target when looking who to blame for a complex and worrying medical condition?

A closer look at the problem shows us that the causes of hospital superbugs are much more complicated than it may initially appear.

MRSA is a bacteria that has resistance to some, though not all, antibiotics. Around 30% of all people carry it, usually on their skin or in their nose. In fit and healthy people this does not usually lead to infection and medical complications. However, as with all germs, MRSA can lead to infection in people whose immune system is already weakened by other medical conditions.

Hospitals, by definition, contain ill and vulnerable people whose immune system is weakened. On top of this, the very nature of procedures carried out in hospital, such as surgery, increases the risk of infection as they provide an entry point to the body.

Controlling the spread of any bacteria,

particularly MRSA, is therefore vital in hospitals and requires vigilance on the part of everyone in the hospital who enters the building. This includes NHS managers, patients, visitors, doctors, nurses and other health professionals. Although bacteria can never be completely eliminated, steps can and are being taken to help reduce the risks of infection. These include very strict rules on hand hygiene and general hygiene for patients, staff and visitors.

A senior hospital nurse highlighted the difficulties faced by staff in their efforts to keep wards free of germs such as MRSA, saying: *“Visitors frequently ignore all the signs and notices asking them to wash their hands before they go onto a ward. We have regular incidents when they will even refuse to use the alcohol gel when asked by staff.”*

However, even with issues such as those above, the level of MRSA in Wales has fallen in the past few years. The incidents in Wales are 0.07 cases per 1000 bed-days, according to data gathered for 2006-07 by the National Public Health Service. These are lower than England where it is 0.17 and for Scotland where the level is 0.15.

Hospital managers do have a key role in preventing and controlling MRSA, but it would be very unfair to place the blame solely on them. A hospital’s MRSA rate may be due to several factors completely outside of its control. It may treat a higher proportion of vulnerable patients, or undertake a higher percentage of complex and high-risk surgery. Or it may be a regional centre for specialist services in a specialist area such as

cancer, which means taking in patients from lots of other hospitals, where they may already have picked up the infection. All these factors can influence the MRSA rate. This is why the emphasis has to be on reducing infections across the whole of the health system, rather than focusing on individual hospitals in isolation.

The risk of patients being infected by MRSA is still very small. Infection is an age-old problem in healthcare, and the often complex procedures of modern medicine, which have brought enormous benefits to patients, can sometimes bring with them an increased risk of infection. But thanks to infection control measures put in place by the NHS in Wales, the risk of patients being infected by MRSA is still very small.

Experts writing in the medical journal the Lancet have said there is little or no evidence to support the claims that hospital “deep cleans”, as proposed in England, will dramatically reduce rates of MRSA infection. The truth of the matter is that MRSA is largely brought into hospitals inadvertently by patients and visitors every day.

What is really needed is not a group to blame but a greater awareness of the problem and the part that everyone can play - not just hospital staff and managers - in the fight against superbugs.

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Western Mail – April 2008

References

All Wales Staphylococcus aureus bacteraemia surveillance, National Public Health Service
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=15600>

Bupa-commissioned survey press release, “Hospital managers to blame for MRSA, say 8 out of 10 Brits”
http://www.bupa.co.uk/about/html/pr/310308_mrsa.html

Services, not structures, that we need to get right

It seems a long time ago since the summer of 2006 when the whole of Wales seemed to be in uproar about proposals to reconfigure hospital services.

In the intervening two years we have had a new coalition Assembly Government and its focus has turned away from reconfiguration towards structural change. This includes proposals to reduce the number of Local Health Boards to match the reduction in the number of NHS Trusts.

One suspects that this will attract less public attention, but this too is important to all of us who depend on a modern health service being available to us wherever we live in Wales.

It does not matter so much to many people how health and social organisations are structured, they are rather more concerned about being able to get high quality services from the right people, at the right time and in the right place.

Increasingly the future of health care is being shaped around the notion that as much as possible should be provided in or as close to people's homes as possible.

Across the UK and beyond, governments and health organisations are seeking ways of making better use of our hospitals. Moving services out into the community is seen as vital to the improvement and sustainability of health services.

The majority of us support this strategy,

but we are reluctant to agree to major changes in our hospital services until we know what is going to be put in their place. We all need to know more about what is on offer - how services outside hospitals can provide the range, quality and safety that we are entitled to expect. We also want to be reassured that this really is the right way to modernise health care.

So what has all this got to do with the way we change the structure and role of our health organisations? Well, one of the key issues in the restructuring debate is the question of where is the right place to plan, manage and deliver out-of-hospital services.

Currently in Wales, NHS Trusts provide a wide range of community health services including nursing, health visiting, maternity, mental health and child health services.

Local Health Boards are responsible for working mostly on a contractor basis with the GPs, dentists, pharmacists, optometrists, podiatrists and a wide range of other health professionals. It is with these very local services that the vast majority of our contact with the NHS takes place.

While many might see the NHS restructuring debate as a purely political or management issue, this is far from the whole story. It is important for us to discuss and decide on the merits of either NHS Trusts or LHBs managing these local services. Each of these types of organisations have their own view on the best organisational model. Some commentators even suggest that

perhaps integrating NHS Trusts and LHBs might be the best way forward.

But behind the management debate is a shared view that there is a pressing need to strengthen out-of-hospital services so that the NHS in Wales can shape up to the changing world of healthcare, which demands better ways of providing services

The term "care pathway" is now widely used to describe how a patient's needs are met through the course of their treatment, and who is best placed to provide it. It ensures that the right professional provides the right care at the right time in the right place. Put another way, it helps to integrate the services provided by different organisations to enable health and social care staff to work in partnership.

So organisational boundaries do matter and any new structure must be based on what is best for those who use the services. Patients should not have to worry about the connections needed to provide their care, or who is responsible for providing it. Whatever the shape and role of the new organisations, they must make services effective, integrated and seamless.

But there is one health warning – when the new organisational model for NHS Wales is decided and the smoke has cleared, all those tricky but profoundly important issues about how, where and what services should be provided have yet to be faced.

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May 2008

References

A summary of comments on the proposed structural changes to NHS Wales, Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/resources/NHS%20Structures1.pdf>

Why do we need NHS management?

There is no doubting that the NHS faces a vast and highly complex task: providing high-quality healthcare for the entire nation, in an environment of constant change. With 90,000 staff, from cooks to consultants, the NHS is the largest employer in Wales. There are over 22 million individual contacts between Welsh patients and the NHS every year.

No organisation of this scale can do its job well without highly skilled, experienced and adequately resourced management. But public money spent on management in the NHS is usually seen as a bad thing, diverting money away from frontline staff.

So why do we need NHS managers and what do they do for us?

It isn't just the scale of the operation that makes the NHS such a difficult organisation to run – it's also the complexity. Just one individual patient can have complex needs, requiring input from a range of health professionals. Yet the NHS has to provide accessible and appropriate services for the entire population, whatever their needs, wherever they live.

This task is made even more difficult by the environment of constant change that the NHS operates in. New treatments and drugs are constantly becoming available, while demand for services is increasing all the time. The NHS has to keep up with an ageing population and the public's rising expectations. Add to that the changes in the way the NHS itself has been organised, which has been a perennial and unsettling feature over many years.

Usually unseen by patients, NHS management works behind the scenes to adapt to these changes and make sure that patient care can be delivered as smoothly as possible on the frontline.

For example, you need people to manage patient records – essential for safe keeping of patient details, which is an enormous administrative task. You need people to manage the workforce and keep them motivated. You need people to manage procurement so that the NHS buys the vast range of supplies it needs: everything from light bulbs to lasers.

Without all of these unseen activities, the NHS simply could not function. And if these key tasks are to run effectively, they need to be properly managed.

Managers have the task of implementing Welsh Assembly Government policies and targets. They step back from day-to-day activities and look at the bigger picture to make sure everyone is pulling in the same direction. Management is crucial in shaping the culture of an organisation. By encouraging innovation and learning, managers can empower frontline staff to introduce new ways of working and bring real benefits to patients.

The impact that doctors and nurses have on patient care is direct and visible. But if you look more closely, innovation made possible by the commitment of managers is becoming increasingly noticeable. Here are but two examples:

A fast-track unit for emergency referrals

set up by Abertawe Bro Morgannwg University NHS Trust has treated 900 new patients in the last year. Patient surveys showed high levels of satisfaction and an audit showed that the unit helped to free up many inpatient beds.

Powys Local Health Board leads a dermatology network bringing together several NHS organisations. Patients are treated in special GP clinics rather than at hospital, resulting in a significant reduction in skin cancer waiting times.

But don't just take our word for it. Independent research by the Aston Business School shows that better people management – such as good communication and teamworking – delivers better care for patients.

No one is denying that there is still much to do to improve patient care, and make better use of our resources. Management costs are just 4% of the overall NHS budget, which is far lower than healthcare systems in other countries, but managers here are continually seeking to make savings in the way they work. Good management is essential, and must be seen as an investment rather than a cost. Despite public perceptions, investing in NHS management does bring a significant return in terms of improved patient care that makes a real difference on the frontline.

The challenge now for the NHS as we enter another era of potential change, is to continue to invest in and support our managers to enable them to fulfill their potential.

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Western Mail – May 2008

References

Management: Part of the solution, not part of the problem, Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/resources/briefing%20management.pdf>

Putting primary care at the heart of the NHS

When it comes to the public debate about the NHS, the primary care sector is often overshadowed by its headline-grabbing partner, the acute hospital sector, which takes more than half of the NHS budget and most of the media spotlight.

Primary care is the term used for community based health services that are usually the first, and often the only point of contact that patients make with the health service. Primary care teams include GPs, nurses, pharmacists, optometrists, dentists and other health professionals. They work closely with colleagues in community services such as mental health, child health and midwifery.

But despite 90% of the 20 million plus contacts between Welsh patients and the NHS taking place in primary care, it is still perceived as having a “gatekeeper” role that suggests it is at the periphery at the health service. For this reason, we believe that the role of primary care needs to be strengthened and put at the centre of the NHS. So how do we go about making sure that primary care can take its rightful role at the heart of a healthy NHS?

Increased capacity is needed to address a legacy of underinvestment. There is a fast-growing demand for primary care services – it is currently increasing by around 5% every year with expenditure on drugs alone increasing by around 10%. Meeting this massive challenge will only be possible with sustained investment in additional resources and staff.

Workforce capacity needs to be increased in all parts of the primary care team. We need to promote the status of primary care and its attractiveness as a career option, but retaining staff requires investment in training and skills development.

Further investment is also needed to strengthen management expertise. The role of Local Health Boards and their successor organisations is crucial, as they will continue to have a vital leadership part to play.

We need to make better use of the skills of all the professions in the primary care team. Primary care isn't just about GPs. We need to encourage and support extended roles for other members of the primary care team, such as nurses, pharmacists, therapists and practice managers.

It is important to find new ways of working, with services redesigned around the patient rather than organisational boundaries. The forthcoming restructuring of the NHS must provide a platform to build more integrated services from the ground up. For example, much outpatient activity, currently carried out in hospitals, could be done in primary care premises, provided that the necessary resources and support were made available.

Primary care resource centres, which bring a range of services under one roof, such as GPs, outpatient clinics, diagnostic tests and social care would help to create a more seamless service, bridging the boundaries between primary, secondary and social care.

Primary care can also play a crucial role in forging closer co-links between the NHS, local government and the voluntary sector. We must not forget the important role patients can play. We need to find innovative ways of engaging patients and the public and empowering them to get involved in how we design and deliver their primary care services.

Developing investment in Information & IT is an important investment in patient care. A comprehensive and effective IT system would vastly improve continuity of care and would bind together individual teams and the health system as a whole.

The physical state of many of our primary care premises needs to be improved for primary care to strengthen its image and position in the health system as a whole.

This is not to say that we should neglect the enormous amount of work done in secondary care, or the importance of it. No sector is an island, and strengthened primary care services should be part of a strong NHS.

The way NHS services currently operate is unsustainable. Providing more out of hospital services will bring care closer to where patients live and allow better use of our hospitals.

Much is being done already to improve primary care in Wales, but we have to redouble our efforts in giving it a special focus and protected investment so that it is fully prepared to assume its leading role at the heart of the NHS.

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Western Mail – June 2008

References

Primary care: At the heart of a strong NHS, Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/resources/briefing%20PC.pdf>

Ambulance service needs level playing field

The Welsh Ambulance Service Trust has been in the public eye a lot lately with the focus rather more on the negative than the positive. The phrase “chwarae teg” comes to mind – are we being fair? Since the current Chief Executive was appointed, real progress has been made. After years of annual reductions, in 2007/08, ambulances reached 7,500 more patients with life threatening emergencies within the eight minute target than the previous year.

These improvements are happening across the whole of Wales – the Trust has improved performance in all 22 LHB areas. When the new management team first started, only four LHB areas met the standard - now it is 15.

The Welsh Ambulance Service Trust is currently demonstrating both leadership and direction in trying to radically change the way ambulance services are delivered in Wales. They have already made huge strides and are continuing to make real improvements for the patients they serve.

Ambulance staff have been under pressure for some time – the Trust had three chief executives in the space of four months less than two years ago. Add the further pressure of large-scale modernisation plans, and it is inevitable that the morale of employees, both staff and management is suffering.

As playwright Arnold Bennett once said. “Any change, even a change for the better, is always accompanied by drawbacks and discomforts.”

But is the trust being given a level playing field on which to face these challenges?

It is a favourite game of pundits and politicians to try to compare the Trust’s performance with that of English Trusts. However, it is important to understand that targets in Wales are unique to the Welsh Ambulance Service, and they are extremely challenging given the demographic, financial and systemic problems they are facing.

The Trust fully supports the principle of high standards across Wales - Welsh citizens deserve high quality services and good response times, wherever they live - but we have to accept it is more difficult to reach emergencies in some areas such as in rural communities than in more populated and accessible areas.

Even more surprising then that the Welsh Ambulance Trust is also the only ambulance service in the UK without sophisticated vehicle location technology – a system that shows the exact position of all crews automatically. The Trust has applied for the funding this crucial equipment but is currently still waiting for a response from the Assembly Government.

In addition to this, the Trust has one of the largest efficiency programmes of any NHS Trust in Wales. Last year, it had to save over £12 million. This year, the Trust is on target to save £17 million, against a turnover of £136 million. To be able to achieve this level of savings and improve performance at the same time is a remarkable feat and shows the skill and dedication of all Trust staff – whether it

be the chief executive, middle managers, frontline or backroom staff.

The Trust are the first to admit that they are not satisfied with the improvements they have made so far, and they are determined to continue working until they have reached the point where they want to be.

Change always takes time – especially after a period of organisational turmoil. It was always going to be a long-term process for the Ambulance Trust to get to the level of service that we all want and expect. As the recent Audit Office report said, the Trust is precisely where it would expect to be at this stage of a huge change programme.

Management and organisational stability is crucial at times like these. What the Ambulance Trust needs now is support from the government – whether it is through additional resources such as those needed for the vehicle location system, or through the space and time it needs to reach the very challenging targets it has been set.

It will take much more work and investment to resolve fully the Trust’s legacy of problems from the past. Stability is key and the last thing the Trust needs is changes to its management structure, who are doing an excellent job at improving services in very difficult circumstances – chwarae teg!

Mike Ponton
 Director
 Welsh NHS Confederation

Western Mail – July 2008

References

Welsh Ambulance Services NHS Trust
<http://www.ambulance.wales.nhs.uk/>

Investment in Information Technology is an investment in patient care

Today we are used to getting news and information when we want it, where we want it and increasingly how we want it. We can check the latest football scores at 3am on our mobile phones. If we've forgotten to record our favourite TV programme, we can send a text and our TVs will record it for us.

It is against this backdrop of rapidly advancing technology that the NHS in Wales is seeking to modernise its information and communications systems.

A lot of changes have already taken place in the NHS over recent years, with information technology taking on an integral role in the way healthcare is delivered. Increasingly, health organisations are adopting new and advanced technologies to improve the speed, quality and efficiency of the services they provide. For example, all X-rays are now stored digitally rather than on film, making it almost impossible for images to be lost or damaged.

A typical patient journey through the health system can be complex and will almost certainly involve a wide range of health professionals, organisations, and drugs. Teamwork and accuracy are paramount, and effective information technology is essential if we are to eliminate errors.

Our vision for the future is of a fully integrated health service in which all doctors, nurses, midwives, health visitors, dentists, pharmacists and therapists can communicate through a single information system which links them altogether.

Every patient has an electronic health record that is updated by every health professional they see, subject to high security safeguards. Patients can arrange appointments for visits to their local surgery or hospital through their mobile phone, computer or digital television.

They can also access their records at home and can see which medical professionals have accessed their record and what information they have recorded on it. Clinicians can share digital X-rays and test results online with experts anywhere in the country, or even the world, and can discuss cases through video-conferencing and telemedicine to ensure the best and most appropriate care is given to every patient.

It is a vision which is achievable and is already set out in Informing Healthcare – the Welsh Assembly Government's strategy for the future of information across the NHS. To achieve the desired results, this strategy requires widespread support from everyone involved in the NHS: patients, health professionals, politicians and the general public.

NHS staff will need to adapt to new ways of working, and will need comprehensive education and training to learn new systems and to ingrain a culture of information sharing. And for the improvements to have real and sustained benefits for patient care, we will need increased government investment in information and communications systems.

Of paramount importance as we turn this vision into reality is the need to win public confidence in the safety and

security of IT systems. Robust national policies, procedures and standards must be set to assure the public of the confidentiality of their records. To achieve all this will require significant investment. But the benefits of the use of these new technologies will far outweigh the cost.

The Welsh NHS Confederation firmly believes that information and communications plays a crucial role in ensuring that patient care is delivered safely and effectively. Put simply, investment in IT is an investment in patient care. It will be a huge challenge to achieve the vision articulated in some areas of the NHS where information systems are more 19th than 21st Century. We must bring an end to the current practice of wheeling paper patient records around in trolleys and address the communication gaps that occur between organisations because of a disparity in systems and standards.

The world of technology is advancing at breakneck speed and the NHS needs to keep pace to ensure new capabilities are used for the benefit of patient care. Already in development are plans for a mobile phone that measures your blood pressure and sends the result immediately to your GP, and even an electronic pill packet that tells you when it's time to take your medication.

It may currently seem a long way off, but with more confidence in the capability and potential of modern technology and with well thought through planning, we are no longer dealing with an impossible dream.

Jonathan Davies
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 Welsh NHS Confederation

Western Mail July 2008

References

Investment in Information Technology is an investment in patient care, Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/resources/briefing%20IT.pdf>

Informing Healthcare
<http://www.wales.nhs.uk/IHC/home.cfm>

Local partnerships are key to the Welsh Way

When the advent of devolution in 1999 gave the Welsh Assembly Government control of health policy, some commentators at the time suggested that it would have little impact on health services in Wales.

In reality, over the last nine years, we have seen increasing divergence in health policy between Wales and England.

In England, the emphasis has been on giving patients a consumer-style choice with the concept that competition between NHS, private and independent health service providers will drive up the quality of care, get better value for money and make services more responsive to patients' needs.

In Wales, governments have steered clear of out-and-out competition although some has taken place, but current plans to restructure the NHS will do away with the internal market altogether.

As is often the case with human nature, the grass is always greener on the other side. Unsurprising then, whether it is health, education, business or sport, there is always the temptation in Wales to look across the bridge and compare ourselves with our neighbours.

But we have to recognise that two very distinct health systems are developing either side of the border and their differences will be seen as benefits by some and drawbacks by others.

In Wales, we have been able to develop a health system designed specifically to

meet the needs of the Welsh population.

It is because of the diversity of health needs contained in such a small country that Welsh policy has placed so much importance on the issue of localism. Working with local people and creating close partnerships between all public services, the voluntary sector and society as a whole is seen as the way forward for us. It is just one example of many where control over health policy in Wales has given rise to Welsh solutions to Welsh problems.

Waiting times are often given as an example of where Wales is the "poor relation" to England. In reality, the gap isn't quite as big as some people think, and figures show that it is closing, although we still have a lot to do. It is interesting that from an English perspective, we hear that people there envy the Welsh policy of free prescriptions and wonder why they don't have this benefit.

But the NHS is about much more than waiting times and hospital car parking – in fact it is just a very small part of what the NHS does. The bulk of the work is done on chronic conditions, and on promoting good health rather than just treating illness.

We recognised this very early on in Wales and since the advent of devolution, there has been a lot of investment in improving public health. This has been one of the strengths of our system and will pay dividends.

But we need to take care when trying to

make direct comparisons between the health systems in both countries. It can be difficult to obtain valid comparable statistics so we have to be wary of claims that one or the other system is performing better or worse.

What we do know for sure is that the overall aims of the NHS in England and Wales are the same – to provide accessible, high quality health services for all, free at the point of use.

Even when looking at some of the finer detail, both countries share the same commitment to streamlining acute services and moving more care into community settings.

We may share similar aims, but the approaches we have adopted are distinct and devolution has enabled us to design a Welsh health system for the people of Wales.

There has been much talk in our rugby-loving nation of playing a free-flowing style we call "the Welsh way". Nearly ten years into devolution, and with a distinctly Welsh NHS, perhaps we should start talking about "the Welsh Way" of providing health services.

There are no easy decisions as far as health priorities are concerned. One Wales sets out the health priorities for the Welsh Assembly Government and, although we will always find differences of opinion on what we should or might do in Wales, devolution means our future is in our hands.

Sian Owen
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Western Mail – August 2008

References

One Wales: a progressive agenda for the government of Wales, Welsh Assembly Government
<http://new.wales.gov.uk/about/strategy/publications/one-wales/?lang=en>

Mental health musn't be Cinderella service

The saying "out of sight, out of mind" is a phrase recently quoted to describe the under-reported and often ignored issue of mental health.

While improvements have taken place in recent times, historically, mental health services rarely take the spotlight, earning them the label of "Cinderella services". That's why the Welsh NHS Confederation welcomes the debate sparked by Professor Michael Williams' report on the future of mental health services in Wales and the Minister's intention to take a close look at their future. A similar debate is going on in England, and a discussion paper from the Future Vision Coalition, "A new vision for mental health", puts forward a positive and radical agenda for changing the way we think about mental health services.

The coalition, made up of the NHS Confederation's Mental Health Network and several national mental health organisations, highlight three main aims for the future of mental health services, which are as relevant here as they are across the border.

Firstly, we must deal with the persistent challenges we face in overcoming deep-seated, often unconscious, public attitudes of fear and stigmatisation of mental illness. Secondly, care for people affected by mental ill-health must take into account not only their health needs, but also their "whole-life outcomes" – the wider social factors that can impact on our mental wellbeing, such as housing and education.

Our third aim is to improve the mental health of the whole population by

improving public understanding, promoting positive mental health and creating conditions conducive to good mental health. These are far-reaching and ambitious aims. So how can we shape our mental health policy in Wales in order to achieve them? The Future Vision Coalition report outlines the changes that need to happen to enable those experiencing mental health problems to enjoy an equal opportunity for a fulfilling life.

Above all, mental health should not be seen exclusively as a health and social services issue. We must widen our focus from addressing purely the clinical needs of mental health service users. The absence of symptoms does not lead to a fulfilling life if, for example, an employer is put off employing someone because they have experienced mental health problems. At times of crisis, it is right that our focus is on clinical care and this should always remain the foundation of high-quality services. However, specialist health services should be just one part of a wide spectrum of support. Debt advice, help to find meaningful occupation, leisure activities, a reasonable income and decent housing should all form part of an individual's care.

A focus further upstream on promotion and prevention would bring further benefits in creating a society where mental well-being is encouraged, but mental ill-health is not stigmatised. With more resources directed towards promoting positive mental health, recognising problems early and targeted prevention for at-risk groups, we could improve mental health across the

population and prevent people from reaching crisis point where they need intensive support from mental health services. Effective prevention methods would focus on the critical factors that influence mental health and wellbeing: our friends, family, occupation, community networks, housing and education.

We also need to give service users and their families more control of their own healthcare. We must move away from the concept of care as something which is done to service users by the system, towards a system of support built by the person and their advocates. When people are empowered to be in control of their own health, their recovery is accelerated.

The aims discussed here will not be easy to achieve, since attitudes and practices have been ingrained over many decades of use. However, the forthcoming restructuring of the NHS in Wales presents us with an ideal opportunity to adopt a new and radical approach to mental health services.

The seven integrated health bodies now being considered by the Minister could start afresh with a new focus and direction for mental health services. These organisations will be well placed to strengthen links with local communities, the voluntary sector, local government, and social care.

The new NHS organisations and their fresh outlook give us the opportunity to rethink our plans for mental health services and give them the priority they deserve.

Mike Ponton
Director
Welsh NHS Confederation

Western Mail – September 2008

References

A new vision for mental health, Future Vision Coalition
<http://www.newvisionformentalhealth.org.uk/>

Comments on Michael Williams' paper, "A Wellbeing and Mental Health Service Fit for Wales", Welsh NHS Confederation
<http://www.welshconfed.org/companyData/1898/Images/Comments%20on%20A%20WELLBEING%20AND%20MENTAL%20HEALTH%20SERVICE%20FIT%20FOR%20WALES%20D3-1.jpg>

Managing change well is a must for the NHS

Ever since it was created 60 years ago, the NHS has been no stranger to change. Medical and scientific advances, changing demographics and growing demand on the health service have created an environment of almost constant change.

NHS Wales itself has experienced frequent transformations in the form of numerous restructurings over the years – on average one every four years since 1974.

But because we have become so used to change, it is a risk that we stop thinking about the impact that this constant state of flux has on staff at all levels.

With another restructuring around the corner, NHS Wales has a real opportunity to learn from these past experiences and bring some much needed stability. The move to a more integrated structure based on co-operation rather than competition is to be welcomed. The new structure will remove organisational boundaries, simplify the system and lead to improved continuity of care.

But we need to accept the upheaval these changes will cause staff and make every effort to help them through the process. Managing change is very difficult, but it's something we must get right if we want the desired benefits of this restructuring to take effect.

A "must-read" text for those involved in major organisational change is *Managing Transitions* by William Bridges, which offers well-tested, effective ways of helping organisations move from the old

way to the new.

Bridges' key point is the importance of making the subtle, but crucial, distinction between change and transition.

Change is situational: the new boss, new teams, new roles, but transition is the psychological process staff must go through to come to terms with the change.

It's the psychological aspect that's difficult to manage, not the physical programme of planned activity, such as creating a new IT system or moving offices. It is only after psychological transition that people adopt a new organisational culture and ways of working.

As Bridges argues, "*it isn't the changes that do you in, it's the transitions*". It's a timely reminder for us all and something we need to get right in this current reorganisation.

This psychological transition starts with an ending – letting go of the old reality.

In any organisational change, staff may fear, whether rightly or wrongly, that they stand to lose something from the "old way" – their peer group, roles that gave them a sense of competence, their planned career path. Staff must be allowed to come to terms with their "endings" and how the change could affect them.

Bridges encourages leaders to communicate constantly with their employees, being open and sympathetic

about the changes, explaining clearly the reasons for them.

It is surprisingly easy during major change to neglect to "sell" the problem that is the reason for change. In the past NHS leaders often put less energy into selling the problem and more into selling the solution, sometimes forgetting that people are not interested in solutions to problems they don't see.

Once staff have understood and come to terms with the loss of the old way, they enter a "neutral zone": when the old way has gone, but the new way doesn't feel comfortable yet.

Bridges urges managers not to be discouraged if motivation and teamwork start to suffer during this difficult period: the neutral zone is the best chance for creativity and renewal. The gap between the old and new is when innovation is most possible – it's the time when old habits are extinguished and new ones take their place. NHS managers can take advantage of this opportunity by fostering a spirit of innovation.

As the NHS in Wales prepares for the upheaval caused by major change, it will be difficult to find time to get involved with the psychology, the personal side of change management.

But many organisations find themselves still dealing with the aftermath of poorly executed transitions many years after the changes have occurred. It creates resentment, anxiety and stress – something to bear in mind during the latest cycle of change.

THE **WELSH NHS CONFEDERATION**
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About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: trusts and local health boards. We act as an independent voice in the drive for better health and better healthcare through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

www.welshconfed.org