



# Academy of Medical Royal Colleges Wales

## Response to the consultation on the White Paper | Services fit for the future

We are pleased to have the opportunity to provide evidence to the Welsh Government's Consultation on the White Paper: Services fit for the future.

Our submission outlines our broad support for the aims of the White Paper, however we suggest that greater emphasis must be placed on clinical engagement to inform decision making. A commitment to undertaking thorough impact assessment with respect to patient safety and the quality of care must also inform any decision about service re-design.

Please note that this is a consensus view from Academy membership through discussion and may not fully represent the expressed views of individual member colleges and faculties.

### About the Academy of Medical Royal Colleges Wales

- ❑ The Academy of Medical Royal Colleges Wales brings together the voices of its member colleges and Faculties for overarching generic issues around healthcare.
- ❑ The Academy's role is to promote, facilitate and at times, coordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare.
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## Initial Response

It is timely to respond to the challenges set by the OECD in its recent review of healthcare services in Wales. The challenges are not unique to Wales but we have a good record of responsive services, committed practitioners and a recognition of the importance of public health issues. Wales is starting to be aware of and make use of assets not directly part of healthcare. We recognise the unsustainability of current structures and systems in relation to increasing demographic challenges of an older population with more multi morbidity and higher expectations of what healthcare can deliver. We do not believe that the opportunities provided by health boards responsible for primary and secondary care have been fully realised or there to be sufficient enthusiasm for innovation. We favour generally a once for Wales approach when possible, to increase efficiency and reduce variation whilst recognising the importance of a system that can respond to and address local issues. Whilst strongly supportive of the concept of patient centred/ orientated care, the Academy also feels that a stronger culture of valuing and caring for health care staff is needed.

Sustainability of the NHS is intertwined with sustainability of other public services, crucially social care. Demands on adult social care are projected to rise faster than demand for NHS care; an average of 4.1% a year through to 2030/31. With past trends indicating that social care funding is unlikely to rise at the same rate, there is a real risk that the level of unmet health and social care need in Wales could further increase.

Patients should have greater involvement in their own care. This requires access to evidence based understandable information to aid decision making. The Academy is a leading partner in Choosing Wisely Wales which encourages a shift in the power balance in clinical conversations between clinicians and patients with a wider adoption of shared decision making.

Care should be delivered as locally as is practical within financial and structural constraints but the Academy recognises that safe care for more complex, complicated or uncommon conditions may be better delivered in regional centres. We would like to see more planning at an All Wales level with greater collaboration between Health Boards (and local authorities). We would expect more comprehensive and whole system approaches to health care delivery across primary and secondary care and in time more collaboration with social care providers

## Chapter 1: Effective Governance

### 1.1 Board Membership and Composition

**The Welsh Government believes that the Boards of both health boards and NHS trusts should share some core key principles which are outlined including delivering in partnership to deliver person centred care and a strong governance framework to enable the Board to work effectively and meet its responsibilities.**

**All Boards should have Vice Chairs in order to support focussed and skilled leadership.**

**The Welsh Government also believes that Ministers should have the authority to appoint additional Board members on time limited appointments if an NHS Health Board/Trust is under performing or under escalation procedures in accordance with the NHS Wales Escalation and Intervention arrangements.**

**The Welsh Government believes that Board Executive Officer membership for local health boards should probably include some key positions which are consistent across local health boards but also allow some flexibility to appoint based on remit and priorities.**

**Do you agree with these proposals?**

**Response:**

Yes. Clear governance is vital to ensure efficient and effective delivery of health care but it must be facilitative to new ideas and not too risk averse. Board members need to appreciate a whole system approach, the need to focus on outcomes as much as processes. We would also welcome more diversity but not at the expense of having the right skill mix. There certainly needs to be a greater focus on leadership skills and improved access to leadership programmes and continuing coaching for all those in leadership positions at all levels.

**What further issues would you want us to take into account in firming up these proposals?**

**Response:**

It will be important to ensure clinical memberships on all Boards as we do not believe the provision for the involvement of senior management, below the level of Executive Director, will guarantee sufficient clinical representation.

We suggest that there should be strong Public Health advice for Boards and consideration that the local director of Public Health may be a more effective as a non Exec director rather than being part of management. An external position may encourage more open scrutiny and challenge of the level and appropriateness of response to population needs

We support that the following *Core Key Principle* should be introduced: 'Each organisation will ensure that mechanisms for consultation with essential medical (and other healthcare) professionals will be in place, underpinned by written process and guidance'.

## 1.2 Board Secretary

**In order to deliver on the key principles outlined the Welsh Government believes that the role of Board Secretary should be placed on a statutory basis and have statutory protection to allow the role to be independent with safeguards in place to challenge the Chief Executive of an NHS organisation or the Board more widely.**

**Do you agree with these proposals?**

**Response:**

Yes we support the proposal for the role of the Board Secretary to be placed on a statutory basis, with statutory protection to ensure the required independence of the role.

**What further issues would you want us to take into account in firming up these proposals?**

**Response:**

We suggest that this appointment should be made from outwith the organisation to enable greater independence.

## Chapter 2: Duties to Promote Cultural Change

### 2.1 Duty of Quality for the Population of Wales

**The Welsh Government believes that the duty of quality should be updated and enhanced to better reflect our integrated system. This duty should be sufficiently wide in scope to facilitate the needs of the population of Wales to facilitate and enable collaborative, regional and all-Wales solutions to service design and delivery.**

**NHS bodies should also be placed under a reciprocal duty with local authorities to co-operate and work in partnership to improve the quality of services provided.**

**Welsh Government also believes that strengthening the existing planning duty will make sure health boards work together on the needs of the population of Wales in the planning and delivery of quality healthcare services.**

**Do you agree with these proposals?**

**Response:**

Yes, we welcome a focus on promoting “wellness” and supporting individuals to take more control of their own health.

Collaboration is essential and organisations and policy makers (and the public) must recognise that health status is as much influenced by social and environmental factors (including access to work) as by the quality of health care services.

**What further issues would you want us to take into account in firming up these proposals?**

**Response:**

We support the principle that there should be no legislative or organisational barriers to regional or all-Wales solutions, which can deliver a greater benefit to more people.

We suggest “Improving” should be an additional descriptor of a quality organisation in the list put forward by the Institute of Medicine.

## 2.2 Duty of Candour

**The Welsh Government believes that the development of a statutory duty of candour across health and social services in Wales would consolidate existing duties and be in the interests of a person centred system.**

**Do you support this proposal?**

**Response:**

Yes, the Academy has supported the concept of a statutory duty of candour for all health and social care providers. We believe such candour helps to promote Trust and will aid effective decision making and a learning culture

**What further issues would you want us to take into account in firming up this proposal?**

**Response:**

It is important that the introduction of statutory powers does not undermine the development of a low-blame learning culture which prioritises the safety of patients and the training of staff. Staff should be supported both professionally and emotionally when errors or potential errors are suspected or identified. This will encourage greater openness and avoid unnecessary strain on staff leading to further adverse impact on patient care. However where discipline is needed it should be applied fairly and promptly.

## Chapter 3: Person-Centred Health and Care

### 3.1 Setting and Meeting Common Standards

**The Welsh Government believes there should be a common set of high level standards applied to health and social care and that the standards should apply regardless of the location of care.**

**Do you support this proposal?**

**Response:**

Yes, Standards should take account of need for variability in some locations and situations without allowing such variability to be an excuse for lower standards.

There is a distinction between the proposal for common standards to 'provide a framework for continuous improvement in the overall quality of care people receive' - which we fully support - and common standards to 'provide a common set of requirements' – which could (unintentionally) limit the ability to adapt to provide care which reflects acceptable variation.

**What further issues would you want us to take into account in firming up this proposal?**

**Response:**

Standards should be realistic/achievable and relevant for both consumers and providers. We would wish to see frontline providers and the public involved in co-producing these standards rather than just being consulted.

### 3.2. Joint Investigation of Health and Social Care Complaints

**The Welsh Government believes that requiring different organisations to work together to investigate complaints will make it easier for people to complain when their complaint is about both health and social services. We also believe it will encourage organisations to learn lessons to improve their services.**

**Do you support this proposal?**

**Response:**

Yes. Any system for complaints needs to be as simple and accessible as possible and the process needs to be truly collaborative with shared processes to avoid bureaucratic delays. Both complainants and those being complained about should be kept fully informed regarding the progress of complaints.

**What further issues would you want us to take into account in firming up this proposal?**

**Response:**

In an environment where resources are sparse, care should be taken to ensure that this will not cost more and create an avoidable drain on health and social care services.

Complaints sometimes arise from unreasonable expectations from either provider or consumer. Both need to be aware of what service is reasonable and that often offering or striving for perfection can be inefficient (in time, cost and expertise) or frustrating.

## Chapter 4: Effective Citizen Voice, Co-production and Clear Inspection

### 4.1 Representing the Citizen in Health and Social Care

The Welsh Government believes that local health and social care organisations should be working with the public to co-design and co-create services and that the way they do this needs to be independently monitored. We propose replacing the current statutory CHCs and their functions with a new national arrangement to represent the citizen voice in health and social care, to advise and provide independent assurance. The new body will work alongside Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales and have autonomy to decide how it will operate at local level.

**Do you support this proposal?**

**Response:**

The Academy fully supports the involvement of patients and the public in the co-creation, development and design of services. This requires all parties to have good information on needs, evidence of what works and available resources. As referred to above this requires openness on all sides. This is particularly important when considering how “close to home” services can be provided and the need of a critical mass of expertise for less common interventions. We need assurance that the new proposals will work more effectively than current processes and would welcome wider debate and planning before legislative proposals are finalised. We believe any new body or groups should be statutorily involved in planning at early stages rather than just being consulted.

**Can you see any practical difficulties with these suggestions?**

**Response:**

The positioning of the new body alongside Healthcare Inspectorate Wales (HIW) and the Care and Social Services Inspectorate for Wales (CSSIW), working dependently only when required, could be beneficial. Generally the body should be independent of HIW and CSSIW and be in a position to critically review their work.

There certainly needs to be more diversity of representation which reflects all areas and groups in the country is vital. We are unsure of the value of lay experts as it is important that the public voice represents as many people as possible. Knowledge or skill gaps can be filled by suitable training.

## 4.2 Co-producing Plans and Services with Citizens

**The Welsh Government believes that introducing an independent mechanism to provide clinical advice on substantial service change decisions, with advice from the proposed new citizen voice body, will encourage continuous engagement and increase the pace of strategic change through enabling a more evidence-based, transparent process and a more directive and guiding role on the part of Welsh Government.**

**Do you agree with this proposal?**

**Response:**

We support co-production in planning and decision making to allow understanding between groups rather than separate consulting with different groups. However there is need for independent as well as internal advice and we believe the clinical voice to be critically important

**What further issues would you want us to take into account in firming up this proposal?**

**Response:**

The Academy is very keen to be part of the clinical advice structure and is well placed to be so whilst keen to maintain our independence. There needs to be a clear understanding on what is evidence based (and the strength and reliability of that evidence), what is consensus and what is anecdote.

Welsh Government should provide strategy and state high level outcomes and support all Wales processes and decisions but should avoid micromanaging LHBs. It should have clear expectations and requirements on efficient use of public money and therefore ensure there isn't inappropriate duplication of effort.

Although public / patient input on proposed changes is very important - as outlined above - bold decisions from elected politicians can be essential when informed by independent clinical advice which reflects the limited resources available. We support decisions informed by public / patient input and clinical expertise; not decisions driven purely by limited vociferous public opinion which could deter Ministers from making difficult but necessary decisions.

We note the HB can itself determine what is a "substantial" change. This suggests if a HB decides a change is not substantial but the public disagree the HB could choose to ignore public opinion. There needs to be a method for the new patient voice body to appeal initially to the HB chair and if not satisfied with the response to the Minister. We also feel that local clinicians (as a group, not as individuals) should have a similar right of appeal against HB decisions. Hopefully if there is true co-production this will rarely occur.

## 4.3 Inspection and Regulation

**The Welsh Government believes that ensuring a clearer underpinning legislative framework for HIW will help to foster closer integration and joint working with CSSIW and at the very least this should be taken forward.**

**What do you think of this proposal?**

**Response:**

We would support a clearer legislative framework if it will improve joint working and integration of HIW and CSSIW as is indicated in the proposals.

**Are there any specific issues you would want us to take into account in developing these proposals further?**

**Response:**

We repeat that the Citizen Voice should be distinct from HIW and CSSIW whilst we support collaboration and HIW and CSSIW remain distinct from NHS Wales and Local authorities and arms length from government.

**However we also believe there could be merit in considering a new body for example, a Welsh Government Sponsored Body to provide more independence in regulation and inspection and citizen voice.**

**Would you support such an idea?**

**Response:**

See above. We would rather see a merger of HIW and CSSIW than a completely new body. Full operational independence is essential to have the confidence of all parties.

A clearer legislative framework to improve the integration of HIW and CSSIW would be preferable.

**What issues should we take into account if this idea were to be developed further?**

**Response:**

See above.

The Academy of Medical Royal Colleges Wales brings together the voices of its member colleges and Faculties for overarching generic issues around healthcare.

The Academy comprises of representatives of the Medical Royal Colleges and Faculties who meet regularly to agree direction; providing a collective, independent medical voice to promote College and Faculty standards through influence, collaboration and advice in Wales.

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