Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

Ending the postcode lottery

November 2021

The case for an independent executive to drive improvements and reduce variation

Wales needs an NHS Executive with sufficient powers of oversight and enforcement to drive improvements in the NHS. This will ensure that everyone in Wales gets the best possible treatment in line with the values of prudent, value-based and patient-centred healthcare.

- The current system is not working.
- Reducing variation saves lives and reduces NHS spend.
- National problems require national leadership.

Why is an independent NHS Wales Executive needed?

The current system is not working. In short, a single, independent national NHS organisation would be better placed to improve patient care and deliver on the aims of *A healthier Wales*, the Welsh government's plan for health and social care. An independent body with the right powers would have the authority to:

- support system transformation across health board boundaries
- play a national leadership role in service improvement
- collect and analyse data to improve performance
- improve patient outcomes across clinical specialties, public health and inequalities
- provide strong governance and accountability to ensure that the NHS in Wales gets the best value from its combined resources.

A renewed culture of support and collaboration should underpin the establishment of the new NHS Wales Executive. It should hold health boards to account on delivering best practice and improvement programmes and work with local clinicians and national networks to reduce variation in patient experience and outcomes.

So far, progress in tackling the NHS backlog across Wales has been slow and very patchy. Some health boards are doing better than others, based on the very limited data we can access. The National Clinical Framework calls for 'regional health planning beyond traditional organisational boundaries' – a single operating model would be able to drive forward improvement across health board borders.

While there is clearly a role for local solutions, health boards simply do not seem able to find a way of making big strategic change across boundaries and specialties. It is time to improve patient care locally, supported by national direction and oversight from a body that is politically and strategically independent of government.

Clinicians have repeatedly raised concerns with the Welsh government about inequity of access to planned care and elective surgical services across Wales. There is a real postcode lottery of care and this comes at an enormous human and financial cost. Regional health planning would allow for a more strategic approach – but this is not happening in most of Wales and is certainly not happening quickly enough. A single national body with strategic oversight would be able to drive transformation more quickly and more efficiently.

Joining the dots

The new NHS Executive will need to work closely with local authorities, regional partnership boards and GP clusters to ensure there is a strong focus on integrated health and social care delivery, performance and shared outcomes. Current legislation – the Social Services and Well-being Act 2014, the Well-being of Future Generations Act 2015 and the Health and Social Care (Quality and Engagement) Act 2020 – is intended to deliver more accountability and better patient care. A stronger national delivery body working in partnership with other organisations would help to ensure that these laws make a real difference to people's lives.

Other national bodies and teams – Healthcare Inspectorate Wales, Audit Wales and the NHS Wales Delivery Unit, for example – also have a big role to play in holding health boards to account. An independent national NHS Executive would provide strategic oversight and direction in implementing recommendations made by regulators and auditors.

Making progress on prudent healthcare

In December 2013, the concept of prudent healthcare was published by the Bevan Commission. Almost 8 years on, the principles (which commit the NHS to reducing variation through the application of consistent, evidence-based practices) are yet to be fully achieved. A single, accountable, national organisation with real powers of oversight could finally realise the prudent healthcare principles:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
- Care for those with the greatest health need first, making the most effective use of all skills and resources.
- Do only what is needed, no more, no less; and do no harm.
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

'The national executive function in NHS Wales must be strengthened'

In June 2018, the Welsh government published *A healthier Wales*, their plan for health and social care. This was informed by the parliamentary review of health and social services, which was, in turn, a consequence of a 2016 OECD review of health care quality. The parliamentary review was clear that:

> 'there needs to be a clearer distinction between on the one hand, the national executive function strategically developing and managing the NHS, and on the other the national civil service function to support delivery of the NHS and Social Care priorities as set by Welsh Government Ministers.'

The parliamentary review also recommended that:

> 'the national executive function in NHS Wales must be strengthened to develop a more strategic and coordinated set of incentives for LHBs and providers to ensure faster progress towards … new models of care, and effective use of pooled budgets.'

The timelines set out in *A healthier Wales* commit to action on this by the end of 2018, with further consolidation of activity by the end of 2019:

Action	Date
Bring together appropriate collaborative planning, delivery and performance management activities as an NHS Wales Executive function, reporting directly to the chief executive of NHS Wales.	By end 2018
Confirm governance relationships between Welsh government, the NHS Wales Executive, the Transformation Programme and other key stakeholders.	By end 2018
Review specialist advisory functions, hosted national functions (eg NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability.	By end 2019

Table 1 taken from *A healthier Wales*, page 36

Three years later, there has been little to no progress in meeting these actions. The lack of progress cannot entirely be blamed on the COVID-19 pandemic, which didn't begin until early 2020.

Reducing variation saves lives

Women in the most deprived parts of Wales can expect to live approximately 6 years less – with a **life expectancy** of 79 years – than those in the least deprived areas (85 years). For men, there was a 7-year gap between the most and least deprived areas (74 v 81 years). Cwm Taf has the lowest **healthy life expectancy** at 61.2 (men) and 62.6 (women) compared with 67.6 (men) and 69.2 (women) in Betsi Cadwaladr UHB. That is a stark difference of between 6 and 7 years of healthy life.

Teenagers are far more likely to take up the offer of a **COVID-19 vaccine** in more affluent parts of Wales than they are in more deprived areas.

As of 10 September 2021, 61% of 16- and 17-year-olds had received a first dose in the most deprived areas of Wales, compared with 78.3% in the least deprived areas.

Heart and circulatory diseases are responsible for around 1 in 4 deaths in Wales. The NHS Wales Cardiovascular Atlas of Variation has identified massive differences across Wales in terms of treatment for these diseases. There is a fivefold variation in the percentage of heart failure emergency readmissions within 30 days of discharge for primary care clusters in Wales.

There are huge variations in **cancer outcomes** across Wales. Only 55% of people in Swansea Bay survive their cancer for 5 years compared with 58.9% in Cardiff and Vale, and 59.3% in Powys. That is a difference of almost 5% in survival, depending on where you live in Wales.

National problems require national leadership

An independent body with the appropriate powers, data and evidence would be able to inform large-service development, service audit and better patient experience across Wales. It would ensure appropriate investment in training and service delivery and oversee the implementation of joined-up pathways for all patients in Wales, irrespective of geography. Without 'teeth', any executive function will continue to be limited (as it already is) to issuing advice and guidance, with little guarantee that patient outcomes will improve.

The strategic collection, dissemination and joined-up use of **health data and informatics** is crucial to improving our health service. Health data in Wales is currently very poor and relies on different reporting mechanisms across health boards and different specialties, resulting in unstandardised and unreliable data. Oversight from a single national body would allow different services to be connected and patient records to be accessible, wherever patients are in the system – this would enable fully informed clinical decision making.

The Public Services Ombudsman for Wales (PSOW) in the report *Home safe and sound: effective hospital discharge* states that appropriate **hospital discharge** guidelines are not being properly implemented across Wales, putting patient safety at risk.

An independent body with the authority to audit activity and hold health boards to account would provide space for more robust **strategic patient change and complaints processes**. An individual patient complaint ordinarily involves just one service user and one health board. A wider, more strategic approach to patient-led and co-produced change in the health service should sit apart.

Patient organisations and advocates must be able to challenge, drive change and co-produce solutions to inequality of outcome by geography. An independent NHS Wales Executive would be well placed to lead the co-production of long-term patient-centred strategic change, service design, implementation and evaluation.

Reducing variation saves money

Evidence from the King's Fund suggests that productivity improvements valued at £4.5 billion could be made by bringing performance at all hospitals up to the levels achieved by the best. These may be England figures, but the principle remains the same.

For example, the length of stay in hospital varies across health boards. The average stay in Hywel

Dda for all admissions in 2017/18 was 6.1 days, but as high as 9 days in Abertawe Bro Morgannwg and 8.5 days in Cardiff and Vale. Although there may be complex reasons for this, if all other health boards in Wales had lowered the average length of stay to 6.1 days in line with Hywel Dda, the saving to the NHS in Wales during that period would have been approximately £153.5 million.[1]

Workforce shortages

Workforce shortages across the NHS in Wales mean that health boards are heavily reliant on locums. This is unsustainable and costly with expenditure on locums at around £136 million in 2017/18. A national approach to recruitment, retention and staff wellbeing from a body with single employer status could attract high quality candidates into permanent roles.

Betsi Cadwaladr UHB went into special measures in June 2015. This lasted over 5 years. Coming out of special measures, the Welsh government committed an additional sum of up to £82 million per year for the next 3 years to Betsi Cadwaladr. The current system of oversight only allows for intervention when the situation has gone badly wrong and requires vast sums of money to put right.

The current system is not working

Heart disease

Heart and circulatory diseases are responsible for around one in four deaths in Wales. The NHS Wales Cardiovascular Atlas of Variation identified massive differences across Wales in terms of treatment for these diseases. There is a fivefold variation in the percentage of heart failure emergency readmissions within 30 days of discharge for primary care clusters in Wales. Even with the national guidance of the Wales Cardiac Network, these variations persist and will continue to do so without strong, central leadership and oversight.

Women's health services

There is an essential need for oversight and joined-up strategic thinking on women's health in Wales. The Welsh government's Women and Children's Health Branch has traditionally focused mainly on maternity care. Services for gynaecology, autoimmune disease, cardiovascular disease, osteoporosis and dementia in women are overlooked. The Women's Health Implementation Group has a limited remit, focused on vaginal mesh and tape, faecal incontinence and endometriosis. Its funding of £1 million per annum over 5 years, from 2018, is entirely inadequate to cover even these conditions. Moreover, health boards themselves have simply not invested in improving Wales-wide women's health services or tertiary-level care across regional borders, which has resulted in fragmented pathways and inaccessible specialist services for many women.

Cancer services

The single cancer pathway is a forward-thinking, UK-leading step towards greater transparency, patient-centred care and improved services in the NHS, designed by the Wales Cancer Network. However, there still exists massive regional variation in the delivery of cancer services. In a stark example, in July 2021, Cwm Taf treated 50.2% of patients starting their first definitive treatment in the month within 62 days of first being suspected of cancer compared with 68.4% in Cardiff & Vale.

Neurological conditions

Services for people with neurological conditions have been disconnected since before the pandemic. Some people follow a pathway via neurology, while others with the same condition in a different part of Wales will follow a pathway via another specialty, eg care of older people (COTE). Patients often receive a varying quality of care depending on their pathway. The neurological conditions delivery plan did not apply to COTE, and yet, for some conditions, COTE (amongst other specialist services) is where many patients access NHS services for a neurological condition. Additionally, specialist nurses and consultants who leave are not being replaced, creating an even more serious gap in vital NHS services.

[1] Estimated based on BBC reported UK Gov estimate of cost of NHS beds at £400 per patient per night in 2017, hospital admissions 2017/18 data from Health Maps Wales and Stats Wales population data for 2017.

Surgical services

With the number of patients waiting for treatment at record levels, surgical hubs would provide a baseline capacity to enable elective operating to continue through COVID-19 and winter. Despite support from Welsh government for establishing COVID-free surgical hubs on a regional basis, health boards do not seem able to facilitate this change. The current stop-start approach to elective surgery in Wales means it is very difficult to make any inroads to the unprecedented scale of the waiting times problem.

End of life care

In 2008, the Sugar report established the core elements of a specialist palliative care service in Wales. Over the past decade, huge efforts have been made to drive forward the recommendations. However, inequalities and regional variation remain stubbornly in place. Services are still not able to consistently offer families a meaningful choice between home, hospice or hospital as end of life approaches. Variation in staffing levels still exist and there is ineffective access to some support services across a range of diagnoses and in support for advance care planning. A new NHS Wales executive body would oversee the delivery of these next steps and provide oversight of a new performance and accountability framework for end-of-life care, this would ensure that inconsistencies are stamped out and people who die in Wales receive the best possible end-of-life experience.

Pathology services

Pathology is the study of disease. It is the bridge between science and medicine and underpins every aspect of patient care, from diagnostic testing and treatment advice to using cutting-edge genetic technologies and preventing disease. Many pathology departments in Wales are critically understaffed and the retention of biomedical scientists is challenging. Urgent and meaningful investment and direction at a national level would help to ensure all pathology departments are adequately staffed, complete the digital cellular pathology project, enhance medical training and eliminate variation in access and reporting of tests across different health boards.

This document is endorsed by:

Academy of Medical Royal Colleges Wales
Asthma UK and British Lung Foundation Wales
British Heart Foundation Cymru
British Red Cross
British Society for Heart Failure
Cancer Research Wales
Fair Treatment for the Women of Wales
Faculty of Forensic & Legal Medicine
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