

Meeting notes

Bevan Commission (Meeting 6)

Date of meeting: 07 December 2012

Venue for meeting: Programme Management Unit, Churchill House, Churchill Way

Version: 1

Commission Members Private Meeting

The Chair, Professor Sir Mansel Aylward, reviewed the Commission's working practices and inter-meeting correspondence. Commission members discussed documents that would be sent to the Minister.

The secretariat and other observers were not present in this session.

Welcome & apologies

The Chair welcomed all in attendance at the sixth meeting of the reconvened Bevan Commission and the final one of 2012.

The meeting was attended by the following Commission members:

- Professor Sir Mansel Aylward CB, Chair, Bevan Commission
- Professor Bim Bhowmick OBE, Consultant Physician for the Elderly in Community Care, Anglesey
- Dr Tony Calland, Chairman, BMA Medical Ethics committee.
- Lt General Louis Lillywhite CB, MBE, QHP, former Surgeon General of the British Armed Forces.
- Professor Marcus Longley, Director, Welsh Institute for Health and Social Care, University of Glamorgan.
- Professor Ewan Macdonald OBE, Head of Healthy Working Lives Group. University of Glasgow.
- Professor Donna Mead OBE, Professor of Nursing and Head of the School of Care Sciences, University of Glamorgan.
- Professor Ceri Phillips, Professor of Health Economics and Head of Research, College of Human and Health Sciences, Swansea University.
- Professor Jennie Popay, Professor of Sociology and Public Health, Lancaster University.

Apologies were received from:

- Sir Ian Carruthers OBE, Chief Executive, NHS South of England.
- Professor Allyson Pollock, Professor of Public Health Research and Policy at Queen Mary, University of London.
- Professor Sir Anthony Newman Taylor CBE, Principal, Faculty of Medicine, Imperial College.

In addition the following secretariat staff and observers attended: Jan Firby (Welsh Government), Eleanor Higgins (Public Health Wales), Helen Howson (Public Health

Wales), Jon Matthias (Public Health Wales) and Dr Chris Riley (Welsh Government).

Update from Chair

The Chair briefly informed the Commission of his work in New Zealand reviewing the first five years of a key longitudinal study on the health of the population. He has also advised the health services in New Zealand and in British Columbia, Canada, on setting up an expert commission in the mode of the Bevan Commission.

The Chair and fellow Commission members Professor Bim Bhowmick and Professor Marcus Longley have been asked to facilitate a forum at the NHS Wales Concordat, looking at improving health and social care and the need for change.

The Chair was a co-signatory to a letter in the Independent on Sunday supporting Professor Simon Wessely in his research on ME/CFS.

Notes from previous meeting

The notes from the meeting on 18 October 2012 were read and approved by the members of the Commission. The Chair noted that all the action points were completed or were to be reviewed in the later discussion on the Commission's priorities.

The chair thanked Jon Matthias and Dr Chris Riley for compiling requested information on pharmaceutical services and bed numbers respectively. The request by Professor Pollock for research to be undertaken to compare Norway and Wales on the pricing of drugs, healthcare expenditure on medicines and related matters was completed. Information comparing expenditure in the two countries has been distributed to Commission members. It was recognised that the percentage of healthcare expenditure on drugs was lower in Norway, but this reflected much higher per capita healthcare expenditure – proportionally, Norway is the second most expensive healthcare system in the world after the USA. In real terms drug unit costs were cheaper in the UK, as recognised by the Norwegian Pharmaceutical Trade Association. In fact, drug unit costs in the UK are the cheapest in Europe. In addition, a recent National Audit Office report noted that Wales had a lower drugs bill than other countries in the UK. The Commission concluded no further analysis on this topic was necessary in the immediate future.

Note to the Minister on primary care

The Chair asked the Commission to approve the proposed note to the Minister for Health and Social Services on the challenges facing primary care. The note was approved unanimously by those present and will be passed to the Minister, subject to two inclusions:

- i) To include the necessity of citizen involvement in any service changes
- ii) To reference the Minister's statement on the mid-year review. The Commission were given a copy of the statement, see notes on the discussion below.

Commission members who were not present would also be given an option to comment on the Note, and any dissenting views would be sent to the Minister alongside the Note that had been accepted in meeting.

Action: Finalise note to Minister for Health and Social Services on Primary Care.

Discussion on the Minister for Health and Social Services Statement on the NHS Wales mid-year review

The Commission discussed the Minister's statement on the results of the Mid Year Review of the financial and non financial performance of the NHS in Wales, which was made on 5 December 2012.

It was widely agreed that the statement identified some priorities for the Commission to consider and advise on, namely:

- Unscheduled care was identified as a top priority for the Commission to consider.
- The statement refers to an increased number of elderly attendances at Accident & Emergency departments and subsequent increase in admissions, but does not provide any information for why this may be happening.
- The Commission discussed examples where pressure on unscheduled care services has been alleviated, for example, Professor Bhowmick's work with elderly people in Torfaen and Anglesey.
- Other suggestions for alleviating pressure included:
 - Moving senior clinicians 'nearer the front door'
 - More triage points in the system, particularly in the out of hours service to prevent people moving through the system unnecessarily
- It was thought that more clinical responsibility could be passed to the ambulance service which would increase the remit of what treatment could be provided by the ambulance service.
- It was suggested that the financial framework and targets system for health bodies in Wales be revised. The historical pattern of repeated annual bailout of Health Boards demonstrates that the existing system is not effective. Resources should be made available across the system rather than in silos. The current quality targets are set around 80%. This is still far short of real quality and could have created a culture of sub-optimal performance because people may not strive to achieve 100% if they know the target is 80%.
- The statement from the Minister includes the aim of improving quality standards and the Commission thought this would be an ideal task for the new Health, Wellbeing, Best Practice and Innovation Board, which is chaired by Jan Williams. The Commission suggested inviting Jan Williams to a future Board meeting.
- In relation to spreading the successful work done by Professor Bhowmick with elderly people in Torfaen and Anglesey, the Commission discussed the possibility of introducing a quality standard which could close the gap between rhetoric and reality. Professor Ewan MacDonald offered to partner with Professor Bhowmick to create a proposed quality standard. Professor MacDonald also requested information about the quality improvement training being developed by 1000 Lives Plus to be circulated.
- It was suggested that making additional resources available does not directly encourage good financial management in organisations.
- The Commission also discussed the wider context of economic and social

pressures which need to be addressed. Social networks are increasingly being put under pressure and this can have an adverse impact on health services.

The Commission decided to comment on the Statement in a letter to the Minister.

Action: invite Jan Williams, Chair of the Health, Wellbeing, Best Practice and Innovation Board to a future meeting.

Action: Circulate information on quality improvement training being developed by 1000 Lives Plus.

Action: Provide Minister with Commission's views on the Statement she made about the NHS Wales midyear review.

Action: Professor Bhowmick and Professor MacDonald to develop a quality standard for elderly care in Wales, based on the work carried out by Professor Bhowmick in Torfaen and Anglesey to present at next meeting.

Integrated Care in Wales

Professor Marcus Longley presented an update to his paper on integrated care presented to the Commission at the last meeting. The paper was generally well-received, although the following points were made in discussion:

- The Commission felt there is often an assumption that integration is driven from the top figures in organisations, while experience seems to show that bottom-up integration is more effective and costs less.
- Case managers can be a low-cost way of improving integration. The Commission discussed how leadership needs to be recast to include case managers working with individuals. Many older people have informal case managers e.g. family members, and their views and insights should not be discounted.
- It was agreed that the paper would benefit an additional section on citizen / service user empowerment.
- Risk stratification may help to proactively identify people who will need support in the near future. If people receive help and treatment more quickly, then the impact of health issues can be mitigated. This will require IT modernisation, but will also need to be mindful of information governance issues.
- Co-location of professionals and services is can be useful for genuine and successful integration.
- Integrating services should not be used as a reason for closing hospital wards. The Commission discussed that empty beds should not always be considered a problem. In fact, the availability of empty beds can more efficiently facilitate the process of patient flow.
- From a patient perspective, care should appear seamless and as if handled by one system.
- Integration cannot be achieved in small patches. It needs a national drive focused on a common purpose.

- Integration needs to be measured, particularly the overall impact on health services.

The Commission asked Professor Longley to prepare a version of the paper to give to the Minister. Professor Longley would identify three measures which could be introduced now and could make a big difference in integrating care. The Commission felt that it should revisit the issue in 12 months time to determine whether any progress had been made.

The Welsh Government is issuing a paper on Primary and Community care, which builds on the concept of integrated care, for consultation in the new year. It was agreed the Commission will comment on that paper when it is issued.

Action: Professor Longley to prepare a revised version of his paper on integration for the Minister for Health and Social Services. The Commission felt that it should revisit the issue in 12 months time to determine whether any progress had been made.

Action: Arrange for the Commission to consider and comment on the Welsh Government's consultation paper on Primary and Community care which will be published in the new year.

Primary Care

Professor Donna Mead introduced a stock take of the primary care issues already discussed by the Commission, identifying recurring themes and recommending areas for further scrutiny by the Commission.

The following points were made in the discussion:

- Discussions on primary care so far have concentrated on out of hours services and GPs, but there are other areas that the Commission should review.
- The Commission felt that there needs to be movement to primary care-centred thinking on a much larger scale.
- There has been an emphasis on developing professional specialists and the Commission discussed whether there should be a return to more generalists in the medical professions.
- Locality networks of general practitioners are not currently used as a drive for change, but they do have the potential for that. They do not have a budget allocated to them and are not fully utilised by the Health Boards. In order for them to function effectively, they need an allocated resource to allow backfilling of locum doctors so that members can attend meetings and undertake their network roles.
- The Commission felt that the remit of the Locality Networks was unclear. It was also felt that there may be too many networks and perhaps lessening their number would make them more effective. The Commission felt they needed more information about this.
- Community hospitals were discussed in detail. It was agreed that they are an important resource but they could be run more efficiently. They could be seen

more as a halfway house for recuperation rather than a final destination. This is especially relevant for older people, who often spend their final days in community hospitals.

- The Commission were anxious to learn whether there was an obvious and clear, whole system approach for the NHS in Wales. The question has been asked: who speaks for NHS Wales?
- The question of how the public sector can release community resilience, rather than insisting on building it, was raised. There is an absence of active citizens in the whole system.
- Partnerships between professionals and active citizens are essential to make sure issues raised are carried through to fruition.
- There is a large third sector involvement in primary care and NHS Wales should more actively exploit this valuable resource.

Professor Mead agreed to finalise the stock take following the discussions at the meeting. The Commission were advised that the Welsh Government was planning on publishing a paper for consultation on its Primary and Community care plan in early 2013. The Commission agreed to comment on this plan once it has been published.

Action: Professor Mead and Dr Calland to prepare a paper based on the discussions the Commission had had about the provision of primary care in Wales for the next meeting.

Action: Chair to update the Minister on the issues raised about primary care in advance of a formal submission to her.

Action: Obtain further information on Locality Networks for Commission members.

Priorities for next 12 months

The Chair asked the Commission to reflect on its priorities for the coming year. The Commission had already committed itself to addressing, and advising, the Minister on:

- Strong effective primary, integrated health and social services to reduce inequalities;
- Strong effective health money management;
- Information systems – accurate and accessible; and
- Sustainable health systems – potential service reconfiguration

In addition to these, the Chair asked Commission members to prepare a 1-page submission on issues they consider important for the Commission to consider. It was agreed it would include:

- Details of the issue and why the Commission should focus on it?
- What is already known about the issue?
- What should the Commission aim to find out?

The Chair emphasised that suggested priorities should be within the remit of the

Commission and in line with the Commission's Terms of Reference.

The Chair also reminded the Commission that they should also reflect on the key challenges facing NHS Wales, as identified in the Bevan Commission's report of 2008-2011.

The Commission agreed to follow the format of a paper being developed by one or more members, discussed by the Commission, then finalised and being presented to the Minister.

Action: Commission members to complete a pro-forma on issues they wish the Commission to consider and discuss.

Action Points	Member responsible
1. Finalise note to Minister for Health and Social Services on Primary Care.	Chair
2. Invite Jan Williams, Chair of the Health, Wellbeing, Best Practice and Innovation Board to a future meeting	Chair
3. Circulate information on quality improvement training being developed by 1000 Lives Plus.	Jon Matthias
4. Provide Minister with Commission's views on her Statement about the NHS Wales the midyear review.	Chair
5. Develop a quality standard for elderly care in Wales, based on work carried out by Professor Bhowmick in Torfaen and Anglesey.	Prof MacDonald & Prof Bhowmick
6. Prepare a revised version of paper on integration for the Minister for Health and Social Services. The Commission felt that it should revisit the issue in 12 months time to determine whether any progress had been made.	Prof Longley
7. Arrange for the Commission to consider and comment on the Welsh Government's consultation paper on Primary and Community care which will be published in the New Year.	Chair
8. Prepare a paper based on the discussions the Commission has had into the provision of primary care in Wales for the next meeting.	Professor Mead and Dr Calland
9. Chair update the Minister on the issues raised about primary care in advance of a formal submission to her	Chair
10. Obtain further information on Locality Networks for Commission members.	Helen Howson
11. Commission members to complete a 1 page submission on priorities they identify as important to inform the Commission going forward.	All Commission members