

Bevan Commission

Meeting 11

Date of meeting: 12 December 2013

Version: 1

Members attending:

Prof Sir Mansel Aylward
Prof Bim Bhowmick
Dr Tony Calland
Lt-Gen Louis Lillywhite
Prof Marcus Longley
Prof Ewan Macdonald
Prof Donna Mead
Prof Allyson Pollock
Prof Ceri Phillips
Prof Jennie Popay

In attendance:

Helen Howson, Public Health Wales
Julie Lake, Public Health Wales
Jon Matthias, Public Health Wales
Leighton Phillips, Welsh Government

Apologies

Sir Ian Carruthers
Dr Jo Farrar
Prof Sir Anthony Newman Taylor

1	Welcome and apologies The Chair welcomed the members in attendance and noted apologies from Sir Ian Carruthers, Jo Farrar and Sir Anthony Newman-Taylor.
2	Declarations of Interest The Chair reminded members of the need to make any Declarations of Interest, if they were likely to benefit materially from their membership of the Commission. There were no Declarations of Interest.
3	Notes from last meeting held on 5 September 2013 The notes from the last meeting, held on 5 September 2013, were accepted as accurate by the Commission and approved. There were some matters arising and outstanding actions.

	<p>Matters arising</p> <ul style="list-style-type: none"> • The Chair clarified the note in the previous minutes that the Health and Wellbeing Best Practice and Innovation Board (HWBPIB) was being wound up. This had been established by the previous Minister to look at innovation and best practice. The HWBPIB chair had attended the Commission meeting in February 2013, but had been subsequently appointed Commissioner for Wales for the Independent Police Complaints Commission. The new Minister had taken the decision to wind up the Board. • With regard to the prudent healthcare discussion paper on the agenda this meeting, the Chair asked if the Bevan Commission can think the ‘unthinkable’ if it deviates from the Bevan Commission Principles. The Chair noted that the Commission has a remit to suggest reforms that would ensure NHS Wales was still recognisable to Aneurin Bevan. However, the Chair noted the Minister has described the current situation as highly challenging for Wales. <p>Outstanding actions</p> <ul style="list-style-type: none"> • The one outstanding action from the previous minutes was to find out more about the ‘bucket’ category in primary care. Patients are categorised according to their conditions, but there is a ‘generic’ category (the ‘bucket’). Patients who are not easily categorised are usually assigned to this category. However, it is not clear which patients are placed in here, or why. <p>ACTION: Leighton Phillips agreed to ask for any information about this category that has been gathered by Welsh Government.</p>
4	<p>Update from Chair</p> <p>The Chair noted there had been a considerable amount of work completed by the Commission since the previous meeting. The notes from the 6 June meeting had been revised to reflect the Chatham House Rule as appropriate to meetings of the Commission, and amendments to the Notes had been approved by the Commission via email. These minutes were now live on the new website, www.BevanCommission.org, alongside all other minutes to date.</p> <p>The Data and Information paper had been completed and was on the website. This had been received and welcomed by the Minister.</p> <p>There was a query about making the website more interactive and the Chair agreed this should be looked into.</p> <p>ACTION: Investigate opportunities to make the website more interactive.</p>
5	<p>The Bevan Commission’s First Public Meeting</p> <p>The Chair expressed his thanks to the Commission members who had attended the public meeting, which was held on the previous evening at the Dragon Hotel In Swansea. The Chair had proactively undertaken two interviews with the Western Mail and the South Wales Evening Post, to help generate wider public engagement. The media coverage was less than expected due to competing news stories.</p> <p>48 people attended the meeting. The Chair noted that future public meetings would need even further thought as to how to encourage the public to attend.</p> <p>The interactive voting worked in stimulating debate and encouraging people to express</p>

their views. Care would be needed in reaching conclusions from the data. The voting results will be made available on the website alongside additional text clarifying the context.

An additional purpose of the public meeting was to raise the profile of the Bevan Commission, and the Chair expressed his belief that the profile had been raised.

There were several suggestions for improving the meetings:

- Holding a meeting on a thematic basis may engage more people (e.g. if the theme is relocating hospital services).
- Voting could be improved; maybe with a vote on an issue, followed by a presentation by a Commission member on the issue, and then a second vote to see if attitudes had changed.
- Hosting an event means asking people to come to you; the Commission could go to the people. Health Boards invited the Commission to hold public meetings in their local area.

The Commission members raised further points about the meeting and the discussion generated.

- Engagement is a process and conversation, not a one-off event.
- While 'austerity' is leading to change, NHS Wales needs to be careful that austerity doesn't drive radical change without proper examination.
- There is a fixed amount of money and it is irresponsible not to use that efficiently.
- Charging for services can have an unexpected cost impact and end up costing more than providing services free. 22% of people present thought charging was a good idea and identified the need to educate the public about the full impact of all options recognising that Wales' ability to raise money as a nation is constrained. The only money available is what the Welsh Government decides to allocate to NHS Wales. If more money is given to health, then less is given to other services. The wider economy has forced 'austerity' and the financial constraint is real.
- At the public meeting people voted for reviewing the Barnett Formula which dictates the level of Wales' financial settlement. The Bevan Commission has already raised this in papers submitted to the Minister and should consider further emphasising the Barnett Formula to enliven the political debate.
- There are other interventions that could be used to make more efficient use of resources e.g. an 'Essential Medicines List'. Prudent prescribing is on the Minister's agenda.
- If NHS Wales were to succeed its budget, this would have significant ramifications on the overall Welsh Government budget. Political capital is being made in England at the expense of NHS Wales.
- NHS Wales is still not using money to best effect, and health boards urgently need to address this e.g. unnecessary admission / delays in discharge, doing procedures with poor outcomes etc.
- There is a need for short-term savings. Standardising prescribing and technology has saved money in Scotland and could help in Wales.
- The Commission also should have discussions and greater engagement with Health Boards.

The Chair expressed the intention to have another public meeting.

ACTION: Jennie Popay to draw up a list of 'lessons learned from the first meeting'. The next meeting is in February and the Minister will be attending. The best date for a public meeting is therefore probably April. It was suggested to hold one in North Wales to ensure geographical coverage.

<p>6</p>	<p>Primary and Community Care Update</p> <p>Dr Tony Calland and Helen Howson presented the primary care sub group paper which had been sent to members for comment between meetings (via email), and then submitted to the Minister and published on the Bevan Commission website. The paper built upon its early findings and feedback from the stakeholder meetings with Primary Care practitioners and patients held in early September 2013. The feedback was very positive and had provided a useful means by which to engage those involved in providing care as well as those receiving care. The Chair thanked those who were able to attend the stakeholder meetings.</p> <p>The central thrust of the paper is that the way NHS Wales is funded needs to change, to strengthen primary and community care to better meet the needs of the people of Wales. There has been an imbalance in funding for some time and resources do not appear to have been moved into primary and community care to match the need and help prevent illness and unnecessary admissions to hospital.</p> <p>Whilst other models were referred to in the paper it did not refer specifically to the Brazilian primary care model or the idea of a centrally-administered primary care system using salaried GPs. Caution is needed when proposing something that has not been tested in this country. However desirable, an important consideration should be how feasible and practical the models are in Wales.</p> <p>Some members felt that the paper focused on GPs more than other primary care practitioners. However it was noted that many of the barriers identified from stakeholders centred on GPs, who wield a large amount of influence in primary care. If engaged they could be the 'drivers' towards fundamental improvements in primary care with benefits across the whole system. Members discussed if a separate paper was needed to address these points or whether they could be easily incorporated into this paper. Some felt that the paper should stay as it was. Others felt minor modifications could be made. However it was felt that recommendations of the paper were generally agreed to still hold true.</p> <p>ACTION: Louis Lillywhite offered to provide a suitable paragraph to update the primary care paper to reflect these points by 20 December and provide information on the salaried GP model will be requested and circulated to the Commission Members.</p>
<p>7</p>	<p>Prudent Healthcare</p> <p>Professor Ceri Phillips and Helen Howson presented the discussion document on Prudent Healthcare. This had been requested as a matter of urgency by the Minister and the Commission Members were thanked for their quick responses via email to the drafts that had been circulated. The Prudent Healthcare paper will be clearly marked on the website as a discussion document.</p> <p>The Chair explained that the Bevan Commission were being asked to help shape the principles for prudent healthcare, which is likely to be introduced to NHS Wales. Alongside the principles, the Commission is also expected to identify practical proposals and solutions. The Commission can review evidence, question variation, advise on guidelines and pathways and promote taking forward Prudent Healthcare.</p> <p>It was recognised that the Commission needs to exercise due caution in debating clinical issues. However, the Commission can flag issues and engage wider expertise to review them. The expert review should also include patients.</p>

	<p>There is a clear link to Prudent Prescribing.</p> <p>ACTION: Phil Routledge, principal author of Prudent Prescribing, to be invited a future Bevan Commission meeting.</p>
<p>8</p>	<p>Proposal to Introduce a Quality Management System for NHS Wales</p> <p>Professor Ewan Macdonald introduced this proposal summarising the key points. The main recommendation is that NHS Wales introduce an externally validated quality system to improve care and drive down waste.</p> <p>With permission of the Chair, Jon Matthias updated the meeting on Improving Quality Together (IQT), the national learning programme for NHS Wales. The Commission were informed that:</p> <ul style="list-style-type: none"> • Over 3,500 NHS Wales staff had completed the first level (bronze) of IQT since its launch in April 2013. This is a mix of clinical and non-clinical staff. • Over 100 improvement projects have been started by frontline staff – these are referred to as ‘silver projects’. Many completed projects have delivered savings. • Funding has been secured from an external organisation to fully evaluate the impact of IQT. • One goal of IQT is to embed quality improvement as a ‘natural’ part of everyday work, for everyone working in NHS Wales. <p>The Commission noted that the current inspection regimes can easily become ‘tickbox’ exercises. The major failures in care are evidence that the inspection regimes may well have failed. Quality proposals need to avoid bureaucracy and encourage reflective practice.</p> <p>The Francis report detailed how a focus on targets and finance combined with insufficient staffing levels led to major lapses in care. Quality relies on the right number of able staff. However, if quality improves, this may mean staff resourcing comes down as the process becomes quicker and less work-intensive.</p> <p>There has been a good use of audit for clinical areas in the NHS, but not in the support areas. The administration has to be right. There needs to be a whole system view – there are often failures ‘upstream’ and ‘downstream’ of hospital. The patient journey needs to be traced, with every part of the service examined.</p> <p>Wales seems to be leading with having IQT, but the training still needs to be systematically embedded so it doesn’t result in isolated pockets of best practice. Quality needs to be ‘institutionalised’ in order to hold the gains and not slip back when the enthusiasts move on to pastures new. Referral management systems are a quality issue and the result is delays in the system. Applying an external quality system would help, particularly on urgent referrals.</p> <p>ACTION: Update the paper with information about IQT, the Annual Quality Statements and other relevant work currently taking place in NHS Wales.</p> <p>ACTION: All members to feed back comments via email.</p> <p>ACTION: Commission members to meet representatives of the various inspectorate regimes to assess the value they add to NHS Wales and make recommendations of how they could be streamlined. The Commission could also interview people in those organisations which have been inspected to get their</p>

	feedback on whether the process added value.
9	<p>Configuration of Commission and Working Arrangements</p> <p>The Chair informed the Members that the Bevan Commission had been convened for three years and the three years were almost concluded. The Chair has discussed with the Minister the future continuation and priorities for the Commission. The Minister is keen for the Commission to continue, particularly in taking account of the severe austerity measures facing Wales and the challenges this creates in the system. The Minister still wants an independent and impartial expert advisory group. It is also important for NHS Wales Chairs and CEOs to see the Commission as 'outside the system'.</p> <p>The Chair outlined some early thoughts on refreshing the Commission and on new ways of working, with expert panels and additional expertise to draw on to support papers and provide evidence with fewer large group meetings. The Chair will discuss this further with the Minister on 8 January, to determine how the Minister feels the Commission could best serve the needs of the people of Wales. The Chair will correspond with members with further details on this following the meeting.</p> <p>The Chair thanked the Commission members who attended the location visits the previous day – to the University of Swansea, the Acute GP Unit at Singleton Hospital and the GP surgery in Swansea. The visits had been very informative. It was agreed that more fact-finding visits would be helpful.</p>
10	<p>Date of next meeting: The date of the next meeting was agreed as 19 February 2013.</p> <p>Close of meeting.</p>

Action Log

ACTION	Responsibility	Due date
Leighton Phillips agreed to ask for any information about this category that has been gathered by Welsh Government.	Leighton Phillips	19 Feb
Investigate opportunities to make the website more interactive.	Julie Lake /Jon Matthias	19 Feb
Jennie Popay to draw up a list of 'lessons learned from the first meeting'. The next meeting is in February and the Minister will be attending. The best date for a public meeting is therefore probably April. It would be good to hold one in North Wales to ensure geographical coverage..	Jennie Popay	19 Feb
Louis Lillywhite offered to provide a suitable paragraph to update the primary care paper to reflect these points by 20 December.	Louis Lillywhite:	20 December.
Information on the salaried GP model will be requested and circulated to the Commission Members.	Louis Lillywhite	31 Jan
Phil Routledge, author of Prudent Prescribing, to be invited a future Bevan Commission meeting.		
Update the paper with information about IQT, the Annual Quality Statements and other relevant work currently taking place in NHS Wales.	Ewan MacDonald /Jon Matthias	19 Feb
All members to feed back comments on the quality management system proposal via email.	All	31 January
Commission members to meet representatives of the various inspectorate regimes to assess the value they add to NHS Wales and make recommendations of how they could be streamlined. The Commission could also interview people who have been inspected to get their feedback on whether the process added value.	All	Date tbc