Keynote address by Minister for Health and Social Services, Mark Drakeford AM

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Thank you for the opportunity of being here once again to speak at this conference. You've heard already that just 12 months ago and in this very room we talked about prudent healthcare as a set of principles and ideas that we would look to develop and apply here to meet the future challenges of the NHS in Wales.

When I look back over the 12 months, I really do believe that we have had a remarkable success in generating that debate, in taking the idea from something that was really only known to a few keenly interested individuals to a topic that has been so widely discussed and disseminated here in the Welsh Health Service but far beyond it as well. It is now an idea that we don't only talk about ourselves but we read about it in works published by others. We see it in the BMJ and in the Lancet recently. Yesterday's report by the Nuffield Trust highlighted it as well as a set of ideas, which if, and as Helen said, we can take them from the page and makes sure that we are delivering them in reality, then we have made an amazing start on that journey over the last 12 months.

The Bevan Commission - which is where all this began - will publish in the next week or so a final set of principles which they have been debating and shaping with the new members of the Commission, and in a way that brings the work we started here 12 months ago to a conclusion of that phase. What we have to do over the next 12 months is to grasp the challenge that Helen mentioned which is that of making prudent healthcare happen.

And today we are publishing on the *Making Prudent healthcare Happen* website the latest set of chapters. We published a set of chapters back in October and we are adding to those today. They take the experience we have here in Wales already, make an account of it, look to see how we can generalise from the experience we already have and to translate the ideas into change on the ground.

The *Making Prudent healthcare Happen* website has been visited literally thousands and thousands of times since last October and by people all around the world. If you haven't had a chance to look at it yet, then I definitely recommend it to you. But the traffic that has been generated around it also vindicates one of the key ideas we talked about last year that prudent healthcare, the ideas that we have generated here in Wales are not some strange set of idiosyncratic notions that we have dreamed up for ourselves, but they place us very firmly as part of a worldwide movement. Even more so than we had realised when we set out on this journey, and even more than we had anticipated in the sense of what we would be able to draw on from developments around the globe.

Those of us who follow these debates closely will have seen that the international discussion has become focused over the last 12 months on an issue which is at the

heart of prudent healthcare and certainly at the heart of the challenge we face in the NHS here in Wales. Because here is a paradox which prudent healthcare seeks to resolve: the need for change in a system which is characterised at one and the same time by both under and over treatment.

Now here in Wales we have some remarkably stoical individuals and communities, most typically those who already live in the most disadvantaged circumstances. And there, through a combination of the inverse care law and a cultural predisposition not to bother the doctor, we know that we have people who present too late for the effective treatments that might otherwise have been available to them. It is genuinely distressing to read the number of primary cancers which are diagnosed in Wales during post mortems – after death being the first time the health service ever knew that somebody was suffering from that condition. So we know that under-treatment and the challenge of the inverse care law remains real in Wales while at the same time and across the health services of many nations, we have also witnessed the creeping medicalisation of everyday life. The proposition that there really is a pill for every ill and that every setback in the human condition can be rendered amenable to treatment.

And in the international debate which we are part of, this has emerged as a discussion about over-diagnosis and overtreatment. Over-diagnosis takes place when someone is diagnosed and treated for a condition which is unlikely to ever cause that person any harm. The BMJ puts it in this way when they say that over-diagnosis is a significant threat to human health by labelling healthy people as sick and wasting resources on unnecessary care. This is the very opposite of the prudent healthcare principle of harm avoidance because it leads as the BMJ go on to say to too many people being *over dosed, over diagnosed and over treated*. And those of us who turned on the radio this morning will know that this very topic is live in debates today with NICE publishing its latest guidance on asthma diagnosis, suggesting that while there is under-diagnosis of asthma still in the population, up to a million UK adults may be taking drugs on a routine basis that do them no good at all, and in the process is likely to be adding to harm.

Now that paradox is something that I think prudent healthcare helps us to find a way through and helps us to do it in this international way. So concerned has the BMJ been about the phenomenon that it has launched its own Too Much Medicine campaign, and I recommend their website certainly to anyone who hasn't seen it and who is interested in the latest news, research, analysis and debate in this area. It really is an excellent source for us to draw on here in Wales.

The Too Much Medicine campaign is itself an international phenomenon. I t will hold its third conference – Preventing Over Diagnosis in September of this year, and it will do so in Washington DC where it will no doubt be sharing a platform with Choosing Wisely USA. The U.S is the global epicentre of over-medicalisation where an estimated $5b of medications are thrown away unused every year, and 30% of all medical spending is sometimes characterised as unnecessary and adding no value to the care of patients. The Choosing Wisely movement began in the USA, and it has spread as many of you will know well beyond the shores of America, and is particularly strong in Canada. We were very lucky to hear last year from Dr Wendy Levinson, the head of the Choosing Wisely Canada movement, and we heard from

her about their efforts to change the culture that believes that in health and social care “more is always better”.

Choosing Wisely has spread well beyond north America. It’s very lively in the Netherlands, it is part of the Slow Medicine movement in Italy, and I’m very pleased to confirm today that here in Wales we are working actively to foster a Choosing Wisely Wales campaign, and I’m especially glad that we’re working with the Royal Colleges here in Wales to ensure that the idea is firmly and clearly led and owned by the wider clinical community. More to say on that later this year I’m sure, but I just wanted to begin by reemphasising to us the opportunity that we have here in Wales to be at the leading edge of this international movement, making sure that the future healthcare of patients here in Wales is shaped not by those barren comparisons between one bit of the UK and another but by drawing to the benefit of Welsh citizens ideas, developments, new ways of doing things that are catching light right around the globe.

So this is where the debate has taken us in 2014. I wanted this morning to set out 4 priority areas that I believe that collectively we need to focus on in making 2015 the year of applying prudent healthcare in practice. They’re not an exclusive list you understand, and there are many other important things that we will want to do under this general banner, but I wanted to take this opportunity to highlight these 4 particular strands which seem to me to have a special relevance to the challenges we face here in Wales. And my first is the whole area of **primary care**.

I said many times during 2014 that a prudent healthcare NHS would be one that has primary care in the driving seat and I think we did a good deal in 2014 to make a reality out of that ambition. In April last year we introduced the most radical renegotiation of the GP contract of any of the four home nations and my ambition for that renegotiation is to shift the way that we think of the contractor professions from a low-trust audit based culture to a high-trust set of relationships. To do that we removed more than 300 QOF points from audit based activity to a creation of 64 new clusters where primary care clinicians come together to plan the services needed by their locality.

I recognise entirely that clusters have been here for less than 12 months and they are inevitably in a process of maturation and some clusters are further down that journey than others. But my ambition for them remains that they become the engine room of the Welsh NHS. To make a reality of that ambition

- I was pleased to announce £3.5m of new investment in primary care services in the current financial year.
- In November we published our first ever national primary care plan for Wales.
- In December I was able to announce £10m of fresh investment in primary care, dedicated money for primary care in the next financial year.
- Last week I was able to tell our second national primary care conference that the bulk of that money will go directly to the 64 clusters, putting our money where the prudent healthcare approach tells us it needs to go.
- And this morning I’m glad to be able to set out the Welsh governments intentions to the £70m of new investment above and beyond the £225m already announced for 2015/16 and which has been agreed for the Welsh NHS as a result of the autumn statement.

So here is how that £70m is going to be deployed:

- £10m of it will be set aside to accelerate the adoption of new technologies and new ways of working which drive efficiencies in our healthcare system.
- £10m will be invested in our key national delivery plans, those plans which respond to major clinical conditions here in Wales, Cancer Cardiac Diabetes stroke mental health and so on.
- £20m will be devoted to supporting the continuation to those schemes and projects with a demonstrated record of success and which have been developed in partnership with our local authorities through the intermediate care fund and to take those ideas further.
- And £30m, the largest slice of all, will be invested in our primary care services.

So that's how I think through Welsh government we are able to provide financial backing for this first key priority for prudent healthcare over the next 12 months. And of course the action to make a reality of a prudent primary care driven NHS does not stop there. We hope very soon to conclude a further round of negotiations with GPC Wales to build on the success of what we were able to achieve jointly in contract negotiations last year. At the end of this week, the 3 year plans from each of our trusts and health boards are due to be presented to the Welsh Government and we will look very closely at those plans to see the ways in which they reinforce our key commitment to shifting activity from secondary care into community and primary settings. We will look at the way in which those plans bring together the three essential strands around which they are structured – finance, service and workforce planning.

And in doing so that brings me neatly to my second priority area for 2015 and that is **the remodelling of our workforce here in Wales.** The more than I have thought about this whole matter the more I have been convinced that the achievement of a prudent healthcare system depends upon reimagining the workforce that we will need for the future and deploying our most precious resource - the people that work for it according to that prudent healthcare principle which insists that no one should routinely be providing a service which does not require their level of clinical ability and their expertise. So alongside our national primary care plan for Wales we will publish a national workforce strategy. That fulfils how we intend to invest in a wider range of professionals who make up the primary care team, helping us overcome some of the recruitment challenges we face and ensuring for example that the time and expertise of our most highly trained practitioners in the system, the general practitioners themselves, can be freed up to concentrate on those patients for whom only the skills of a GP can provide a sufficient response.

We will publish in the next couple of months as well the results of the Mel Evans review into healthcare education in Wales. We invest hundreds of millions of pounds each year in the education of the future health and social care workforce. But public interest demands that we obtain the maximum possible return for that investment. Mel's review will test our current arrangements against those prudent principles and provide recommendations for remodelling the way we make that investment for the future.

We've also set in motion an independent review of the wider workforce we will need agreed with our trade union partners as part of the key arrangements we have been able to agree here in Wales. And I'm very grateful to the BMA for their indication of a willingness to participate in this strand of the reviews work.

And all this is so important because of all the fundamental strands in the health boards' three year plans. The workforce is in so many ways the most powerful tool we have in planning our future. In an ongoing age of austerity none of us can expect that our challenges will be solved simply by large injections of new money. The demand for services, as well to a significant extent, is beyond our immediate influence given what we know for example about the demographic profile we have here in Wales. Remodelling the workforce however remains firmly in our collective hands, and in 2015 we have to grasp that opportunity and work together in the best way we know that we achieve things here in Wales to create our own future.

Now when I was drafting this speech Madeleine Brindley, my special advisor, said to me at this point you must give people some practical examples or they will all be completely fast asleep. But you know there is already so much going on to remodel the workforce in the way that we need for the future.

In dentistry we have a new generation of dental therapists and dental practitioners coming through and into the system which will radically alter the way that dentistry is provided in the future. In pharmacy, with all the pharmacy technicians is taking an even greater importance in the way that pharmacy services will be provided. Our optometrists on the high street will do more in the future than they have done in the past.

I was enormously encouraged by some of the ideas that came through for spending of the £3.5 million available for new investment in primary care this year. Looking at the way in which advanced practitioners and nurse practitioners and other contributors to the primary care team how we can enhance the job that they do – giving them the training, giving them the skills that they need, and remodelling the way that we provide those services into the future.

We're doing it already – there is much more that we need to do. And for me, it's a key second challenge for this year.

I want to mention one other workforce remodelling exercise because it leads me neatly into my third priority of 2015. And this is a new experiment that is about to emerge in Cwm Taf. Money has been found in innovative ways, working with the WCVA here in Wales on a social impact bond model but one calibrated to meet the way we think about things here in Wales. Cwm Taf as many of you will know has the highest rate of anti-depressant prescribing of any health board area in Wales - 24% higher than the Welsh average, and highest item usage and cost of any one of our health boards.

What the new money will do is to allow a new service to be established in Cwm Taf which focuses on things that we know from the evidence work better for people in the long-run and it involves instead of long-term prescription of anti-depressants,

bringing people together, offering brief and focused psychological therapies but focusing all of that on an asset based approach, maximising the contribution that used themselves make through collective self-help and self-care to aid their own recovery. That service will be provided on a remodelled workforce basis, and will largely be delivered in partnership with our third sector partners who are very good and have much experience in the mental health field in particular, of making sure that users themselves are at the forefront of the way we think about and deliver services - making service users full partners in the joint project of their own health improvement.

And so my third priority for 2015 is to keep up the impetus in the **remodelling of the relationship between those who use our health services in Wales and those who provide them.**

I've talked in front of many audiences over the past 12 months about the need for us to create a more equal set of relationships in which patients are allowed to make the contribution which only they can make to their own health and wellbeing. And I've tried to be clear that as well as a set of new opportunities that such a remodelled relationship would bring a new set of responsibilities for all of us as citizens to contribute to our own future health.

I know that sometimes when we talk about prudent healthcare the cultural shift that is involved in it sometimes seems like the biggest challenge of all. But there is some very good news on all of this and I think the public are already ahead of us on much of this agenda. Many of you will have seen on Monday of this week the BBC published a poll on public attitudes towards health here in Wales. It showed unambiguously that the public already expects that the health service cannot be expected to be held responsible for actions that lie much more in the hands of others. And the NHS Confederation own poll published as part of the conference clearly underlines all that as well.

Let me be very clear though as well that there is nothing in this for me which is about a culture of blame, nor am I attracted to courses of action which result in those who are most disadvantaged in our society becoming still more disadvantaged. But the need to avoid avoidable harm is urgent, and a genuine sense of co-production is by far the most effective way of bringing that about. 2015 needs to be about continuing that conversation, sharpening it up where necessary and being prepared for the difficult moments it will undoubtedly produce. And where at individual and health board level you as practitioners have those challenging conversations, then as Minister I want you to know that you will have my backing as I believe this already represents the collective view of citizens here in Wales.

So finally to my fourth and in some ways the most difficult and the most pressing challenge and a priority for me in the way we go about making prudent healthcare happen here in wales in 2015. And the question is, **how do we design a prudent healthcare system for people who are moving towards the end of long lives**? The challenge of course is the product of our remarkable success, our success in helping people to live longer, we've got better at helping people to stay independent for longer and to stay out of hospital and in their own homes. But that does mean as you will be very well aware that when people do fall ill and come into hospital they

tend to be sicker, frailer and older. The average age of someone coming into the Heath A&E department this winter has been 87 years old. And when that point arrives, instead of recognising this part of life as part of the natural trajectory of how we will all of us live out our lives, then what the over-diagnosis and over-treatment movement – to return to that original theme- tell us is that too often with the best of intentions, we subject people to a barrage of tests and interventions to the point where we know everything that is wrong, are positive that there is nothing we can do and in the process have taken away independence and have significantly compromised the quality of that person's life.

Now in his book Being Mortal, Atal Gawande who was last year's Reith lecturer says *"You don't have to spend much time with the elderly or those with a terminal illness to see how often medicine fails the people it is supposed to help. The waning days of our lives are given over to treatments that addle the brain, sap our bodies and all for a sliver's chance of benefit."* He goes onto say that *"lacking a coherent view of how people might live successfully all the way to the very end, we have allowed our fates to be controlled by the imperatives of medicine, technology and of strangers."*

Now I began my contribution today by looking at the growing focus in prudent healthcare movements on over-diagnosis and over treatment, and certainly as far as older people are concerned we have to find a new balance which allows individuals to live lives without pain and discomfort but without at the same time losing that which makes worth living in the process. Gawande has some key insights to offer here too. He points to compelling research which demonstrates that as the time left to any of us contracts, we become more and more interested in making the best use of that time rather than simply marginal extensions to it. And the best way of ensuring the best use comes, is by early discussion and dialogue in which – as our excellent new *Byw Nawr* initiative does – we confront the fact of our own mortality and plan the way we would want to make the most of the time we have. And the encouraging news is that when we offer people the chance to have those conversations and make informed decisions, we turn out to be very prudent people – looking for those least intrusive ways in which systems can support us to lead our own lives.

I've been very moved over the last 12 months by letters that I have received by people who write to me, not in any spirit of complaint, but to just explain what has happened in their lives and the lives of their families. And they write to me to say they are reflecting on the last months of their partner or of their mother and what they say is that "my mother came to the health service, and you told her that she was on the last lap of a long and successful and independently lived life and there wasn't a great deal that could be done for her. But despite having told her that, and with every best intention, you insisted on using those last month to treat her for a condition which you told us was untreatable. My mother wanted to use those last months of her life to visit people who had been important to her, to make contact again with family and friends who she had known over many years, and in your insistence on helping her, you robbed her of that opportunity. Because the more you insisted on treating her, the weaker and weaker she became. And instead of living out the end of her life in a way that she would have wished to do, with every good intention, we managed to provide an end for here that was neither you, nor I, would she would have wanted to see."

And my fourth and final challenge for prudent healthcare over the next 12 months is for us to work together to find an answer to that plea. And Gawande does suggest to us that one answer at least is to have those conversations, to have them early, we have them well in advance of the point where they are urgently necessary, so that we all know what we would like to see happen to us at the point where those decisions have to be made.

There has been a very interesting development in the state of Massachusetts in the United States just last month where the state legislature has passed a new law which requires all physicians, nurse practitioners, all those people who come into contact with patients in hospitals and long term care facilities, to give all patients with serious advancing illnesses information about the full range of options available for their care and to allow them to choose how they would like their care to be organised. They have done that because of the compelling evidence that when people are provided with that information, they make prudent choices. They make choices not for aggressive forms of treatment that add a few days or weeks to the end of life, but those ways of intervening that ensure people are able to make the maximum use of the time that they have available to them.

And in Fife, much closer to home, they have already begun on this journey - a difficult journey they accept – with clinicians and with other staff and sometimes with patients too where they have those difficult conversations with people. What they found was, that once they had brought about that cultural shift that they experienced not rising demand or expectations that could not be met, but instead they found that people wanted and appreciated the small things that could be provided by people within and without the NHS. What people say about the system is that it has handed back to them their humanity alongside the treatment that they now receive.

So there we are, at the start of the day, part of an agenda for making prudent healthcare happen. Some major challenges for us here in Wales, but ones which if we can mobilise all our energy and creativity, if we can capture in a real way the contribution that patients and their families make to creating a prudent healthcare system here in Wales, I remain immensely optimistic of what we are all able to achieve together, and I look forward very much to the opportunity to continue to work with you on it all over the months ahead.

4,661 words, 38 Minutes.