

Bevan Commission response to Welsh Government Green paper: Our Health, Our Health Service

Summary

The following provides an overview of the thinking and views of members of the Bevan Commission in response to the Welsh Government Green Paper. Bevan Commissioners have responded by highlighting a number of key strategic themes which it felt were key and of greatest significance to the health and well being of people in Wales.

The Commissioners recognised that legislation was necessary to define matters such as representation, functions, responsibilities and accountabilities. They also recognised its value in defining some aspects of policy making and implementation. However they felt that it had a much smaller place in shaping the things that really matter in influencing the quality of healthcare which depends so clearly on the values and behaviours that we recognise as leadership, commitment, duty, taking responsibility and accepting accountability.

The Green Paper covers a wide range of issues of significance including leadership, governance, information and managing change of the health services in Wales. This requires an integration of system thinking around a number of traditional models of health and care including; the medical model, the public health model and a social determinants model understanding the impact of wider determinants. The Bevan Commission will be considering this in further depth in the coming months and will produce its model based upon a social model of health which takes account of a range of factors in sustaining health and well being consistent with a prudent approach to health.

The Commission recognises the new ground breaking laws being made in Wales, however the challenge will be in their implementation.

1. Welcome emphasis on quality.

With particular exceptions legislative means are neither appropriate nor an effective means of improving quality. There are other, tried ways of achieving this. Ensuring quality and seeking improvement reflects the cultural and behavioural aspects of health professionals and their management colleagues, operating collaboratively under the influences of leadership, commitment and motivation at service level locally.

There might be a case for legislating for the introduction of a Quality System (eg ISO) which emphasises quality at individual as well as corporate level (Kaiser Permanente assessed system). This could be an area for future exploration. We must look for other means by which to embed an attitude which assumes responsibility and ownership for the provisions of care which best meets the needs of individuals.

The Green paper sets out four lines of defence against quality failures and refers to the forthcoming OECD paper on health care quality in the four UK countries. This raises a question around the need for objective and independent agencies to reassure the public about the quality of care being delivered and whether there is a case for a review of information governance including an independent statutory agency as in other countries such as Australia.

2. Over emphasis on the use of legislation

Commissioners had some concerns about the apparent over emphasis on legislation as a solution to a broad range of issues. There is the potential that when overused legislation can actually lead to a detriment in quality as managers and clinicians concentrate on meeting the letter of the legislation rather than the spirit behind it as has been the case in recent high profile cases.

It is evident that currently legislation still reflects the separate commissioner and provider system and organisations, and no longer matches the philosophy and needs of integrated health services and NHS bodies in Wales. For example, the NHS (Wales) Act 2006, which sets out the purpose of local health boards and NHS trusts, does not accurately reflect their combined roles. So there is a need for change, some of which may require a change in legislation but this will not be the only answer.

3. Lack of emphasis on culture change and leadership

The consultation does not emphasise the need for a change of culture sufficiently. Welsh Government needs to consider how to modify the current culture, both within health and social care, and between the services and the people who use them. The Green paper has a section on leadership and governance but this seems limited in its coverage and needs to be amplified as this will be crucial to manage and achieve sustainable change. Many of the requirements to achieve the changes being consulted on require only limited changes to regulations but are more about transformational leadership, management, organisational culture and the need for better health literacy across all communities.

Stewardship is complex but crucial and successful leadership and governance will require strategic policy frameworks combined with oversight, coalition building, accountability and appropriate regulation and incentives. Acquiring the capacity, competence and capability is essential and legislation and regulation alone is not the answer.

To empower people to take greater responsibility for their own health and well being and be supported in that undertaking by health and social care staff , we need to move away from the more traditional 'passive acceptance' approach to one of 'proactive participation'.

To achieve this prudent approach, there is a need to remodel the relationship between the citizen and the state, so that professionals and the public work together as equal partners; co-producing new services and enabling people to gain a greater control over their own lives.

4. Prudent Health Principles

While it is pleasing to see that the concept of prudent healthcare is referred to throughout the consultation document, Commissioners were disappointed to see a lack of measure of any proposed changes against the Bevan Principles.

These principles which are further supported by the Bevan Commission's Prudent Healthcare Principles, underpin the ethos upon which services should be based to ensure that all skills and resources are used, both within and outside of the NHS, to achieve the best possible outcomes for the people of Wales.

5. Health and Social care workforce

There is an absence of any significant inclusion of workforce change within the consultation document. This will be essential both in the respective roles and responsibilities as well as in accountability and governance. There is great scope for using the NHS and Social care workforce more efficiently, effectively and where appropriate differently. Different roles and responsibilities will be needed as well as a workforce which is more flexible and 'future proofed' working across traditional boundaries in order to meet individuals needs and not vice versa. Further details of the Bevan Commissions views on this can be found in their paper 'A Workforce Fit for Prudent Healthcare'.

6. Advice to Welsh Ministers and NHS leaders

It is crucial not only that Ministers and NHS leaders can access expert professional and clinical advice, but also that advice should be an inherent part of healthcare policy development and made public and answered. Only with a committee or organisation with statutory powers can this essential function be properly discharged with professional and public confidence. It is not sufficient that many sources of advice are available, seeking appropriate professional advice should be obligatory.

Community representation is more difficult. Whether or not the election of community representatives to Health Boards would improve transparency, public engagement and accountability in the health service would depend chiefly on the quality of the individual. They should however be appointed independently.

7. Access to and sharing of Information and Data

While we fully support the sharing of information between agencies to improve services and care provided (apart from obvious technical weaknesses of Health and Social care IT systems in Wales) we believe there remains the question of protecting confidentiality. This becomes problematic as increasing numbers of organisations become healthcare bodies. It is crucial to be clear on who needs to know particular patient-sensitive information.

Patients must give consent to the collection and sharing of their information in this regard. To aid the sharing of information a service user/patient "opt out" should perhaps be considered so that the norm is that information will be shared when it is in their best interest.

The Bevan Commission has previously produced advice on data and data availability ([Bevan Commission 2013 Bevan Commission Data and Information in NHS Wales](#)) and this concluded that 'the visible hand of transparent information, freely and openly provided to funders, patients and public, can enable and encourage excellence in healthcare in Wales'. Yet it identified serious issues most notably that the situation relating to data and information is unacceptable and represents a major obstacle in driving the health system in Wales forward in line with strategic intent.