Reconfiguration and Modelling of Services:
The Challenges Facing NHS Wales

Andrew Carruthers, National Director - Together for Health
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Together for Health

Bevan Commission Report Published Summer 2011:

Wales Making good progress BUT:

- A rising elderly population
- Enduring inequalities in health
- Increasing numbers of patients with chronic conditions
- Increasing public expectation
- A challenging Financial Climate
Welsh Government Response

“Status quo is NOT an option”

Lesley Griffiths AM, Minister for Health and Social Care
Together for Health

- 5 year vision for the NHS in Wales
- "Services best suited to Wales but comparable with the best anywhere" (Bevan Commission)
- Requires service “Transformation”
- Collective focus on Delivery so that in 2016:
  - Health will be better for everyone
  - Access and Patient experience will be better
  - Better service safety and quality will improve health outcomes
- Explicit requirement for Health Boards to develop plans for sustainable hospital services
Breaking Through To World Class

- Improving health as well as treating illness
- One system for health
- Hospitals for the 21st century as part of a well designed, fully integrated network of care
- Aiming at excellence everywhere
- Absolute transparency on performance
- A new partnership with the public
- Making every penny count

.................And always with our staff
National Director Role

- To work with the Director General/Chief Executive NHS Wales and the NHS Wales Chief Executives
- Focus on delivering the Specific requirement for Health Boards to develop plans that ensure sustainable services for NHS Wales – the service change plans!
- Co-ordinating the 3 regional plans and 7 Local Health Board Plans
- Supporting the National Clinical Forum
- Co-ordinating the development of a National Case for Change – test, formalise and evidence the anecdote
“Have we been here before?

“Here now is the **opportunity to build a hospital service equal to any in the world and matched, I would think, by very few.** The contents of this Command Paper represents the intention of the Government and of the Hospital Service to rise to that opportunity...

This Plan is nothing less than a **plan for the modernisation of our hospital system**... to make clear the **sort and size of hospitals** which we ought to have if we are to **make the best use of the specialist techniques of our time**, together with the general practitioner services and the domiciliary services”

*Lord Newton, Hansard HL Deb 14 February 1962 vol 237 cc472-581*
The Case for Change

- Independent Assessment of the Evidence
- Undertaken by Professor Marcus Longley, Welsh Institute for Health and Social Care (WIHSC)
- Published on the 9th May 2012
- Based on the premise that Setting the Direction is delivered – “Transformational Change”
- 3 key themes – Quality and Safety, Workforce, and Access
Drivers of hospital re-configuration

- Quality and safety
- Cost
- Workforce
- Access
- Context (e.g. policy, population health, community characteristics, other services)

Acceptable trade-offs
World class services depend on……

- Controlling growing burden of chronic disease
- Helping people look after themselves better
- More NHS capacity and coordination outside hospital
- Better coordination between all service providers
- Preventing unnecessary hospital admissions
- Adopting world class efficiency measures
- Following best clinical practice
- Avoiding delayed discharges
- Services designed for different communities
- Partnership between services and patients
- Adequate resources
In terms of Clinical Outcomes:

Wales performs less well in some key services than other parts of the UK when comparing mortality – general surgery, general medicine, major trauma, day of admission.
General Surgery
Wales and England

General Surgery RAMI (2011) Trends

- Wales
- English Peer
Trauma and Orthopaedics
Wales and England

Trauma and Orthopaedics RAMI (2011) Trends

Wales
English Peer
## Day of the Week: Mortality

### Crude Mortality Rate by Day of Admission

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg</td>
<td>5.7%</td>
<td>5.8%</td>
<td>5.8%</td>
<td>6.3%</td>
<td>6.2%</td>
<td>6.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>4.3%</td>
<td>4.7%</td>
<td>4.6%</td>
<td>5.1%</td>
<td>4.8%</td>
<td>5.4%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>5.9%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>5.6%</td>
<td>5.4%</td>
<td>5.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>5.5%</td>
<td>5.5%</td>
<td>5.6%</td>
<td>5.5%</td>
<td>5.8%</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>6.0%</td>
<td>5.7%</td>
<td>5.7%</td>
<td>5.9%</td>
<td>5.7%</td>
<td>6.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>6.3%</td>
<td>6.1%</td>
<td>5.3%</td>
<td>6.2%</td>
<td>6.3%</td>
<td>7.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Powys</td>
<td>19.5%</td>
<td>13.8%</td>
<td>24.8%</td>
<td>30.7%</td>
<td>22.6%</td>
<td>25.9%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Velindre</td>
<td>7.6%</td>
<td>4.6%</td>
<td>8.6%</td>
<td>7.3%</td>
<td>6.0%</td>
<td>1.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Wales Average</strong></td>
<td>5.6%</td>
<td>5.6%</td>
<td>5.5%</td>
<td>5.8%</td>
<td>5.7%</td>
<td>5.9%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Source: PEDW - Data subject to further validation
Emergency admissions only – excludes paediatrics, obstetrics and maternity
What are the Key Messages? (2)

In terms of service models:

- Some key areas where our current pattern of services falls short of recognised, evidence based guidelines – Stroke, major trauma, some complex surgery, EMRS
Major Trauma

Multiple injuries involving different tissues and organs systems that are, or have the potential to be life threatening

- Regionalisation of care to specialist trauma centres reduces mortality by 25% and length of stay by 4 days
- High volume trauma centres reduce death from major injury by up to 50%
- Time from injury to definitive surgery is the primary determinant of outcome in major trauma. (Not time to arrival in the nearest emergency department)
- Major trauma patients managed initially in local hospitals are 1.5 to 5 times more likely to die than patients transported directly to trauma centres.
- 1 centre per 3-4m population?
General Trauma and Emergency Services

- Outcomes better where senior doctor cover available 24/7
- Some (weak) evidence that, for certain procedures (e.g. ruptured abdominal aortic aneurism), outcomes improve with unit size
- Compliance with clinical standards and pathways more important than scale (smaller hospitals often show better compliance)
- Time to treatment can be reduced through mobile provision in some cases
What are the key messages? (3)

In terms of workforce:

- Significant pressure on the current medical workforce ("The Perfect Storm") which threatens the sustainability of some services e.g. Paediatrics, A&E
Doctors: Perfect Storm

- Reduction in available medical input:
  - Reduced working hours
  - Different working choices

- Increases in minimum requirements for doctors
  - Increased size of medical rotas
  - Concern over 24/7 cover

- Recruitment problems in foundation and emergency medicine, paediatrics, psychiatry and parts of W and N Wales
  - Some training patterns unattractive
  - Fluctuating supply of overseas doctors
  - Some problems UK wide

- Increased sub-specialisation can make smaller hospitals less attractive
Workforce: Other Professions

- Crucial component of quality
- Development of new roles
- Availability of commissioned university places
- Availability of clinical placements
- Shortages of some senior and specialist staff
- Overseas competition
What are the key messages (4)

In terms of access:

- Access in terms of time to the start of the right intervention, not necessarily time to hospital, is the most important issue.
Longer travel = poorer outcomes? Not quite that simple...

For people with life threatening conditions, there is evidence that delay can be linked to poor outcomes, noting that it is the timing of the start of appropriate treatment rather than time of arrival at a hospital that affects outcomes*. The scope for interventions to be provided by paramedics and/or rapid access to the specialist team once at the hospital may therefore offset or overcome the increased risk created by the additional travel time#.


Mitigating “poorer” access

- **Reduce demand**
  - Continuity of care with a GP; Hospital at home as an alternative to admission; Assertive case management in mental health; Self-management; Early senior review in A&E; Multidisciplinary interventions and telemonitoring in heart failure; Integration of primary and secondary care; Structured discharge planning; Personalised health care programmes

- **Technology**
  - Support self, safe, local and efficient care

- **Emergency and pre-hospital transport**
  - Road and air

- **Non-emergency transport**
  - Communication, efficiency, appropriateness
Additional Issues

- Travel times = significant issue in some parts of Wales e.g. West Wales, North Wales, Powys
- In some areas, process is ‘pan health board’
- Consistency of approach, whilst recognising local circumstances e.g. Ceredigion Vs Cwm Taf
- Political statement that No DGH will close!
- Significant local attachment to hospital facilities
- Closeness of the Political environment
Summary of the Challenges

- Need to accelerate the delivery of Setting the Direction – achieve the transformation quickly
- Identify how we design the specific services across Wales that deliver the evidence based outcome improvements – e.g. Stroke, Major Trauma, EMRS
- Re-design services affected by “The Perfect Storm” in the Medical Workforce – fewer training centres/sites
- What does that mean in terms of inter-dependencies with other services? – No DGH will close!
- How do we manage the rurality/access/travel issue?
- Large scale change across 7 big organisations - consistency
- Highly emotive subject, so how do we engage the public in the issues, arguments and rationale?
THANK YOU

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