

Transforming Clinical Services

This briefing provides an overview of why health and care services need to change and implement new models of care and highlights the work undertaken by Hywel Dda University Health Board and their approach to transforming clinical services.

Key Points

- Leaders from across public service, including politicians, need to engage with the public on the future of health and care services so they understand what the NHS can deliver in the future as demand increases and people's needs become more complex.
- NHS Wales' core values are underpinned by a belief that the people of Wales have a key role to play in the provision and delivery of services. We need to support public involvement as much as possible and make it clear what the responsibilities and outcomes of services should be.
- Hywel Dda University Health Board (UHB) 'Transforming Clinical Services' is a clinically led programme involving doctors, nurses and other healthcare professionals working together to consider how health and care services in Hywel Dda UHB can be safe, sustainable, accessible and kind for their population now and future generations.

The need for change

The Parliamentary Review of Health and Social Care, published in January 2018, called for a “*revolution from within*”, to drive the changes we need to see in our health and social care system so that it is able to meet the needs of current and future generations in Wales.

The Parliamentary Review described the increasing demands and new challenges that face the NHS and social care – an ageing population, lifestyle changes, public expectations and new and emerging medical technologies – and made a strong case that a service based mainly on a medical model of health, and a separate system of social care, is not fit for the future. In response to the Review, the Welsh Government’s long-term Plan *A Healthier Wales* highlighted that “*without response and change we will fall short of meeting the needs of the Welsh population*”.

A Healthier Wales sets out a vision for the future of health and care services, and includes a single whole-system approach in which services delivered by different providers are co-ordinated seamlessly for, and around, individuals. Everything should be presented as a single package of support, care or treatment, tailored to the needs and preference of that person, even if it is made up of services delivered by different providers.

A Healthier Wales sets out that over the next decade, we will see a shift of services from large general hospitals to regional and local centres, with people spending less time in hospital with more support to recover quickly in the community. Routine diagnostics, outpatient services, day-case treatments, minor surgery and injury services can all be delivered safely and to high quality in smaller centres. Primary and community care will offer a wider range of professionally - led services and support. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need. Hospital-based services will be developed based on the outcomes they achieve for patients. The benefits of bringing about a shift of care from hospital to home are enormous, and we need to show the public the advantages of health and care being delivered in different ways and within different settings.

Whilst there is a clear vision for the future of health and social care services, it is key that health and social care leaders, politicians and other public-sector leaders, engage with the public to recognise that a major change in approach is required to get the public to embrace the different ways of working that the NHS of the future demands. However, we must recognise that it is human nature to be emotionally resistant to change, attached to old practices, local institutions and cultures that have been passed down over the years. We now have the opportunity for an open and honest conversation with the public about health and care services in the future and for people to become active participants in their care.

Through *A Healthier Wales* there is an opportunity for effective communication and engagement across the whole public service by developing messaging that encourages public acceptance of the need for change. In addition, the language relating to engagement should be framed around the well-being benefits they strive to achieve, particularly patient outcomes. For transformation to happen, we need to increase public understanding and acceptance of service redesign, improve people’s knowledge of the services they receive and increase public awareness of the impact their choices have on their well-being. This will mean that citizens are equal partners in their health, co-designing services with providers. As the Parliamentary Review highlighted, “*Wales must be a listening nation through actively seeking out diverse views and experiences to co-design services with the public if we are to accelerate change and improve quality*”.

Background to Hywel Dda UHB's Transforming Clinical Services

In June 2017, Hywel Dda University Health Board (the Health Board) launched its Transforming Clinical Services (TCS) Programme of work to develop a long-term strategic response to the current and future challenges faced around delivering **safe, sustainable, accessible** and **kind** health and care services (its guiding principles to ensure focus is maintained on what really matters to patients, their families, and staff). Its aim is to provide the highest quality care, with excellent outcomes that improved the health and well-being of its population, and responded to their future needs and aspirations. Its belief is that the best bed for your recovery is your own bed, wherever possible, and recognises that good health is much more than living longer; it is living healthier lives from before birth through to older age.

The Medical Director/Director of Clinical Strategy, along with the Clinical Director for Transformation, provide overall clinical leadership to the programme, which is overseen by a Design Steering Group made up of clinical representatives from the Health Board and representatives from partner organisations. The programme works to the principle of co-production, where the work is influenced by the public, patients, staff and key stakeholders at every point. A decision was made from the outset to establish a three phased approach:

Phase 1 - Discover: Developing the strategic case for change (June 2017 – November 2017)

The Health Board's starting point focused on three areas:

- Examining current services and the challenges they face to help establish the case for change;
- Learning from the experiences of other health and care systems to help shape a future model of care; and
- Engaging with people across Hywel Dda, including staff and wider partners to better understand how we can improve health and care services for the future.

A programme group was established with three workstreams tasked with looking at the different parts of the health and care system: Community Care; Urgent and Emergency Care; and Planned Care. The programme additionally linked to the Health Board's *Transforming Mental Health Programme*, which was already well established, as well as areas of work relating to Women and Children's Services.

Between 22 June and 15 September 2017, the Health Board undertook a listening and engagement exercise 'The Big Conversation', which involved approximately 4,000 stakeholders, and attendance at over 80 different meetings, drop-in sessions, workshops and events. It was important to have all feedback independently assessed, so HDUHB commissioned Opinion Research Services (ORS) to analyse all written submissions, feedback sheets from events, meetings and responses to a survey.

The first phase of work identified key challenges:

- People are living longer and often with multiple chronic conditions;
- Advances in surgery and medicine come with rising costs linked to new treatments and technologies; and
- Outdated facilities on sites that make it difficult to provide care within a modern environment to meet the expectations of the public, visitors and staff. The way in which staff are currently organised across services; some specialist staff do not see sufficient numbers of patients to maintain and build their expertise in certain areas; too many staff vacancies (which means a significant reliance on temporary staff to keep services running), which is expensive and directly impacts on the quality of care for patients.

All work undertaken during Phase 1 was brought together and set-out in a Report that presented a clear case for change, which was approved at a Public Board meeting in November 2017.

Phase 2 - Design: Agreeing the future care model for Hywel Dda UHB (December 2017 – Nov 2018)

The Health Board is currently in Phase 2 of the TCS Programme, which began in November 2017 and is scheduled to run until the end of November 2018. The focus of work is centred on designing the future of health and care services and covers three core stages:

- **Stage 1:** Developing a long-list of options and short-list of proposals for Hywel Dda UHB;
- **Stage 2:** Undertaking a period of formal consultation; and
- **Stage 3:** Agreeing the future model of care through the development of a long-term strategy.

Stage 1: How the options and proposals were developed

This was driven by a core group of clinical staff (the Options Development Action Group), who developed the initial set of options at a meeting in December 2017. As a starting point, the group considered the Health Board's challenges, and then extended the options to include:

- What the Health Board heard in the Big Conversation engagement exercise about what matters to people and what good would look like in terms of their health and care services;
- The vision and principles for the future model of care that came from the Phase 1 clinically-led programme workstreams (Community Care, Urgent and Emergency Care and Planned Care); and
- Examples of good practice and alternative models of care from around the world.

The group was encouraged to think radically to generate an initial set of options that were tested and developed further through a large number of meetings and events with staff, partner organisations and other stakeholders. As a result, the options were modified and developed, with some new options emerging. Further meetings and events took place in early 2018 to test and challenge the long-list of options, against a scoring criteria leading to a short-list of options to take forward as part of a formal consultation.

Stage 2: Formal period of consultation

On 19 April 2018 (following Board approval), the Health Board commenced a 12-week period of formal consultation 'Our Big NHS Change' on the future of health and care services, with the public, staff and wider stakeholders. The Health Board consulted on the following proposals:

Community Services: Enabling and improving integrated community services by creating a network of community hubs and community hospitals, including:

- A community hub with beds and a Minor Injury Unit (MIU) at Llandovery;
- Community hubs with beds at Aberystwyth - and possibly Amman Valley;
- A community hub with a Minor Injuries Unit (MIU) at Cardigan;
- Community hubs without beds but with range of outpatient services at Aberaeron, Tregaron, Cross Hands, Llanelli, Pembroke Dock and Tenby - and possibly Amman Valley; and
- Either one, two or three community hospitals depending on the proposal taken forward.

Hospital Services: Urgent and planned care to be separated, either on the same or across two separate sites, and a new urgent or urgent and planned care hospital to be developed in the south of the Health Board area - configured in one of the following ways (though alternative suggestions were welcomed as part of the consultation):

- **Proposal A:** two main hospitals (Bronglais District General Hospital and a new urgent and planned care hospital between Narberth and St Clears). Three community hospitals on the existing Glangwili, Prince Philip and Withybush sites;
- **Proposal B:** three main hospitals (Bronglais District General Hospital, Prince Philip Local General Hospital and a new urgent and planned care hospital between Narberth and St Clears). Two community hospitals on the existing Glangwili and Withybush sites; and
- **Proposal C:** four main hospitals (Bronglais District General Hospital, Prince Philip Local General Hospital, a new urgent care hospital between Narberth and St Clears and Glangwili as a planned care hospital). One community hospital on the existing Withybush site.

During this period, people were invited to provide feedback through:

- **Questionnaires:** for all residents, stakeholders and organisations within the Health Board area; this was available online and paper and was widely circulated and available on request. An easy read version was also available;
- **Resident workshops:** a series of 17 workshops with a representative cross-section of members of the public across the three counties;
- **Drop-in sessions:** a programme of 17 events for members of the public;
- **Staff meetings and workshops:** a series of seven workshops with members of staff across the four main hospitals and 44 staff meetings (which included informal 'drop-in' style groups, meetings, workshops and 'walkarounds' at locations across the area); and
- **Written submissions:** residents, stakeholders and organisations were able to provide their views by writing to either the Health Board or directly to ORS. Feedback received via social media (Twitter, Facebook and YouTube) was also considered; together with a number of petitions received.

The Health Board convened a number of focused meetings with a range of community groups to consider their particular perspectives on the proposals. These included: 46 meetings with a diverse range of groups (such as third sector organisations, carers' groups, educational establishments and residents from protected characteristics groups); four meetings with Hywel Dda Community Health Council representatives; a series of meetings with local campaigners and campaign groups; 11 meetings with partners and other medical organisations; and 16 meetings with politicians and political groups. It is difficult to quantify exactly how many people attended these meetings, as attendee numbers were not recorded at every meeting; however, for those meetings where information is available it was recorded that over 1,300 people were engaged with in this way.

Throughout the consultation period, the Health Board has worked closely with The Consultation Institute, who are providing quality assurance around the process. This includes a six-stage gateway process that will ensure the Health Board followed good practice:

- **Gateway 1** - Scoping and agreeing the basics of the consultation.
- **Gateway 2** - Planning and organising the consultation activities.
- **Gateway 3** - Ensuring that all documentation is fit for purpose and conform to good practice.
- **Gateway 4** - Undertake a mid-point review to assess whether all relevant views are being collected.
- **Gateway 5** - Period of conscientious consideration of the consultation findings.
- **Gateway 6** - Consultation Closing Report.

The consultation successfully passed through Gateways 1 to 4. At the end of the consultation period, ORS were commissioned to independently analyse the outputs of the consultation and shared their Consultation Findings Report on Tuesday 28 August 2018. This was shared with the public on the Health Board's website.

There was a broad range of feedback responses to the consultation due to the variety of ways in which residents and organisations were able to respond. The analysis report provides a comprehensive evidence base to help inform the decision-making process.

There was a high response to the consultation:

- 7,251 questionnaire responses (online, postal and easy read), with 5,395 'valid' responses (where more than one question was answered); included 45 unofficial paper forms. Of the total, 478 were NHS staff responses and 28 individual organisation responses;
- 275 written submissions;
- 261 residents attending the 17 ORS facilitated workshops, each completing a questionnaire during the session;
- 43 members of staff attending the seven ORS facilitated workshops;
- Notes taken at 18 public drop-in events with a total of 1,451 attendees;
- Notes taken at 44 staff events and meetings with a total of more than 1,120 attendees;
- Notes taken at 45 other meetings with stakeholder groups with over 1,300 attendees (exact attendee numbers were not recorded at every meeting therefore the actual figure is likely to be higher);
- Analysis of 1,461 Twitter posts and 595 Facebook comments; and
- Five petitions with a total of 50,884 signature.

The feedback detailed in the consultation analysis conducted by ORS set out the key findings, summarised as follows:

- There was widespread support for the overall case for change across all elements of the consultation.
- There was clear support for the shift towards a community model for providing healthcare services in future.
- There was a general lack of clarity and understanding about the specific proposals for community hospitals.
- In terms of feedback on the specific proposals, opinion was divided.
- Many responses focused on fairness of access - in particular, the extent to which different parts of the area would be able to access services locally.
- Respondents recurrently suggested a number of locations which they believed that the Health Board should consider providing additional hubs.
- There was criticism from many about the loss of beds from community hospitals, especially in Amman Valley.
- There was considerable support for the proposal to separate planned and urgent care, but that it should be delivered on the same site.
- The consultation also identified majority support for the principle of a new hospital for urgent and emergency care in the south of the Health Board area.

The Health Board has now worked through Gateway 5 (a period of conscientious consideration), where all feedback during the consultation period was analysed through a series of meetings with clinicians, managers and stakeholders. The outcome of which fed into the Closing Report (the final gateway output to be achieved). This report will consider all TCS work undertaken to date and will present a number of recommendations for consideration at the Extraordinary Public Board meeting on Wednesday 26 September 2018.

Stage 3: Future model of care and our long-term strategy

In June 2018, Welsh Government published its long-term future vision of a whole system approach to health and social care, in *A Healthier Wales: our plan for Health and Social Care*. This will be achieved through a greater emphasis on illness prevention, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can.

There is much synergy between the ambitions of the Health Board's Transforming Clinical Services programme and the principles that underpin *A Healthier Wales*. By sharing the vision, and taking the steps needed to get there, there is an opportunity for the Health Board to deliver the improvements needed locally, whilst also contributing to national change.

There will be an Extraordinary Board meeting on Wednesday 26 September 2018 for the Health Board to consider all that has been heard in engagement and consultation, as well as the clinical views and other issues such as safety, the standards the NHS has to meet, and sustainability of services, before reaching a decision on the future service model. This meeting can be watched on webcast [here](#).

Once the Health Board has agreement on the Closing Report and recommendations to take forward, it has a period of time through to November 2018 to develop what will be the Health Board's 20-year strategy. It is proposed that this strategy will be presented to the Health Board's Public Board meeting on Thursday 29 November 2018.

Phase 3 – Deliver: Implementing the specific change and transformation (December 2018 - 2030)

Phase 3 is focused around implementing the specific change and transformation that will deliver on our strategic plans for the Health Board over the coming years. This will include moving to new models of care, with a shift in resources away from a hospital setting and into the community.

How can the Welsh NHS Confederation help you?

Please get in touch if you want further details on any of the issues raised in this briefing. Please contact **Nesta Lloyd-Jones, Policy and Public Affairs Manager** at

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The Welsh NHS Confederation is the only national membership body which represents all the organisations that make up the NHS in Wales: the seven Local Health Boards and three NHS Trusts.

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