

Future Hospital update from Wales

Autumn for the RCP's Future Hospital Programme in Wales has been dominated by three issues and events. Firstly, the president and senior college officers attended the annual joint autumn meeting between the RCP and the Society of Physicians in Wales, which also acts as the Wales update in general internal and acute medicine. During her visit, the president also visited two hospitals. Doctors at Prince Philip Hospital in Llanelli have been working to plan a new model of care for the 'front door' in which patients will be seen more quickly, by the right person, first time. At the Royal Glamorgan Hospital, the president met with consultant physicians, junior doctors and health board managers to hear about their plans to develop the hospital as a beacon site for acute medicine, planned according to the principles of the Future Hospital Commission (FHC).¹ The ambition is to develop a new model of acute medical care, with formal recognition of the importance of medical generalism and to enhance the provision of ambulatory care. Associated with this is the plan to create a sub-regional hub for all diagnostic modalities. The president wanted the RCP to be kept informed of this project as it develops, and as this is the author's hospital, it should be practicable to produce updates in this column from time to time.

Secondly, in mid-October, the Daily Mail published a series of front page stories that sparked a cross-border row over the NHS in Wales with the health secretary, Jeremy Hunt MP, telling MPs that there was 'absolutely intolerable pressure' on hospitals on the England-Wales border. This led to accusations that a Conservative party 'ploy' was afoot, aimed at dragging the reputation of the Labour-run NHS in Wales through the mud 'for entirely partisan political purposes'. Whatever the rights and wrongs of these matters, the publicity did little to support the flagging morale of workers in the hard pressed health service in Wales and one patients' group complained that patients were 'being used like pawns in a chess game'.

Against this background, the RCP Wales team launched the document *Rising to the challenge*² on 12 November. This was an attempt to interpret the concepts of the FHC for application in a Welsh context. It was developed by consultants and trainees working in Wales and proposed clear, positive and constructive solutions across six areas, recommending that the current service reconfiguration taking place across NHS Wales should follow the model described. This was a clear message that politicians should listen to clinicians and allow them to lead. Extensive and very positive media coverage of this document

in Wales emerged, and it was welcomed by Professor Mark Drakeford AM, the Welsh government minister for health and social services.

Local conversations with hospitals in Wales continued with a visit to Glan Clwyd Hospital near Rhyl in December. These visits have been both informative to the RCP Wales team and helpful to those hospitals visited, providing an opportunity for the hospitals to share their initiatives and air their concerns. Following a visit to Bronglais Hospital in Aberystwyth, the vice president for Wales was able to engage with the Mid Wales Healthcare Study to progress issues discussed at our visit.

Lastly, a private members' bill, the Safe Nurse Staffing Levels (Wales) Bill, has been tabled at the National Assembly for Wales. If implemented, this would make it mandatory (rather than recommended) for appropriate minimum numbers of nurses to be always present on the wards of our hospitals. This minimum would be determined by set ratios of nursing staff to patients and would not necessarily be the correct number for a particular clinical situation; rather it would be a 'safety net', below which staffing numbers should never be allowed to fall. This mirrors similar legislation introduced in the USA (California) and Australia (Victoria and New South Wales). There has been some concern that the new minimum might in fact become the new norm rather than a true minimum, although a similar approach has been in place for the nursing staff of critical care units at Levels 2 and 3 for some time without apparent problems. We await the result of the debate on this topic with great interest. ■

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References

- 1 Future Hospital Commission. *Future hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013. Available online at www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf.
- 2 Royal College of Physicians. *Rising to the challenge: Improving acute care, meeting patients' needs in Wales*. RCP, 2014. Available online at www.rcplondon.ac.uk/sites/default/files/rising_to_the_challenge_-_rcp_wales.pdf.