

Future Hospital update from Wales

Last year we were involved in the political party conferences in Wales in relation to the UK general election, with the vice president for Wales chairing high-level roundtables at all the major party conferences focusing on the future of the NHS in Wales. Key Royal College of Physicians (RCP) messages were taken from the Future Hospital Commission and the RCP Wales report, *Rising to the challenge*.¹ We called for more clinically led solutions, more investment in health and more focus on supporting the medical workforce.

We are now getting ready for the next National Assembly for Wales elections, which will take place in May 2016. In preparation for this, the RCP Wales Office launched its action plan, *Focus on the future: our action plan for the next Welsh government*, on 2 June with the aim of influencing the Welsh party political manifestos. Our headline message once again was that the next Welsh government must commit to working with physicians to redesign medical services in Wales using the RCP Future Hospital model. We called for a long-term plan for the future of the health service in Wales and national leadership from the next Welsh government on putting patients at the very centre of care. We also emphasised the importance of investment in rural and community medicine, and we called for a renewed focus on attracting and encouraging junior doctors to train and work in Wales. We were delighted when our report attracted substantial and very positive media coverage.

In March, the *Health professional education investment review*³ for NHS Wales was published. The purpose of this study, commissioned by the Minister for Health and Social Services, was to review the way the Welsh government currently invests in the planning, development and commissioning of health professional education and workforce development in Wales. The RCP Wales Office met with the review panel and provided written advice and comment. We indicated that the RCP does not support a reduction in the medical education budget but we did support the development of a national medical workforce and training strategy. We felt that a whole system approach to both service and training reconfiguration is needed and that the number of medical undergraduate and training posts should be increased. New ways of working will need to be developed, including training pathways specialising in rural and remote healthcare, but all this work will require investment.

The Safe Nurse Staffing Levels (Wales) Bill, a private member's bill introduced by Kirsty Williams AM, aims to require health service bodies to make provision for safe nurse staffing levels, to improve working conditions for nursing and other staff, and to strengthen accountability for the safety, quality and efficacy of workforce planning and management. We have previously reported that the RCP Wales Team have submitted written evidence at every stage of the consultation and that we also provided oral evidence in January. The National Assembly Health and Social Care Committee have now recommended that the Bill progress to stage-2 scrutiny and this has been

affirmed by the National Assembly for Wales. This provides an interesting contrast to the actions of NHS England in terminating the work of the National Institute for Health and Care Excellence on similar issues.

In September of 2014, Health Education England proposed to discontinue the recruitment of all locum appointments for service (LAT) posts in England from 2016. At recruitment workshops, many specialties voiced strong concerns regarding the potential deleterious effects of this on training programme management and service provision. There have also been great concerns expressed on the effect that losing LATs would have on medical research. To paraphrase the comments of one specialist advisory committee member:

If I were to be asked to suggest the one manoeuvre that would have the biggest detrimental effect on academic medicine, then preventing the backfill of clinical posts vacated by trainees going out of programme for research would take some beating.

Thus far the withdrawal of LATs in Wales remains undecided and we live in hope that we will not lose this valuable post.

Our 'local conversations' with hospitals in Wales continue and we have now formally visited five hospitals and have been involved in substantial discussions at two more. Led by the RCP vice president for Wales and our adviser team, our local conversations are designed to encourage open communication between the RCP, physicians, trainees and management. It is particularly pleasing that the RCP team has, thus far, been made welcome not only by clinicians but by local health board management as well. Some findings now appear to be increasingly common to all the hospitals visited, though in varying degrees. We found that there were frequently gaps in rotas which are difficult to fill and that there remain recruitment difficulties in specialties involved in the acute medical intake. These problems were more evident in the smaller and in the more rural hospitals and are reflections of more widespread issues evident across the whole of the UK. ■

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References

- 1 Royal College of Physicians (Wales). *Rising to the challenge: Improving acute care, meeting patients' needs in Wales*. Cardiff: RCP (Wales), 2015.
- 2 Royal College of Physicians (Wales). *Focus on the future: our action plan for the next Welsh government*. London: RCP, 2015. Available online at www.rcplondon.ac.uk/sites/default/files/web_focus_on_the_future_a4_eng.pdf [Accessed 15 July 2015].
- 3 Evans M, Phillips CJ, Roberts RN, Salter D. *Health professional education investment review*. Cardiff: Welsh Government, 2015. Available online at <http://gov.wales/docs/dhss/publications/150414report1en.pdf> [Accessed 15 July 2015].