

Future Hospital update from Wales

A Future Hospital symposium took place in north Wales in February, which included a report on the ongoing Future Hospital CARTREF project (CARE delivered with Telemedicine to support Rural Elderly and Frail patients) being run by the Betsi Cadwaladr University Health Board, one of the Future Hospital phase 1 development sites. Dr Olwen Williams organised this very successful symposium to promote and share practice after the first year of the project and was joined in this by members from the other Future Hospital development sites in England. Members of the Royal College of Physicians (RCP) Wales office were also present, including Francesca Creighton Griffiths of the RCP Wales Patient and Carer Network.

The background to the project is based on the finding that, while virtually all new patients need to be examined physically by the clinician leading their care, only about one patient in five needs to be re-examined at their follow-up appointments. It was found that, despite not being in the same room, as long as the patient and the clinician had met at least once previously, it was possible for difficult and complex conversations to take place successfully. Thus, for the majority of patients who do not need re-examination, there is an opportunity for subsequent follow-up consultations to be held remotely by videoconferencing at community hospitals closer to patients' homes. This is of particular advantage to frail older patients living some distance from their local district general hospital (DGH). A patient, for example, living on the Llyn Peninsula in north-west Wales would be saved travelling 1.5 hours each way to an outpatient appointment at their nearest DGH.

Currently, the videoconferencing takes place through a secure system between NHS centres, but some patients may be satisfied to use less secure communication through Skype, which could then take place from the patient's own home. A user survey has shown that 72% of patients currently using the system were over 75 years of age and that 86% of patients would recommend the system to friends and family. It was also recognised that the system was not universally applicable, with particular problems for patients who were partially sighted, hard of hearing or whose first language was not that of the clinician they were working with.

With elections for National Assembly for Wales in early May, the RCP Wales office partnered with the Royal College of Emergency Medicine in Wales to canvas at the Welsh Labour Party spring conference.

Following the Welsh government's decision to establish a single commissioning body for NHS training and recruitment

in Wales, the RCP Wales office has lobbied extensively to have a voice at the table to ensure that new arrangements do not hamper or fetter medical training and opportunities for our doctors. As a consequence, the RCP vice-president for Wales, Dr Alan Rees, is one of only three people to be appointed to a ministerial-appointed specialist working group that will oversee the final arrangements and put further advice to the minister in the autumn.

The introduction of physician associates (PAs) to the NHS workforce in Wales is also progressing with the first PA being appointed in rural Wales, working within a GP consortium with strong links to Birmingham University. The RCP vice-president for Wales has been invited to chair the PA implementation group, with its inaugural meeting in April.

A landmark law to set minimum levels of nursing staff numbers on acute hospital wards came into force on 1 April 2016. The Nurse Staffing Levels (Wales) Act is the first in Europe to specify nursing staff numbers in this mandatory way and will ensure that nurses on adult acute medical and surgical wards have the time to deliver 'safe, effective and quality care'. Kirsty Williams, the Welsh Liberal Democrats party leader who put forward the proposed legislation at the end of 2013, said that Wales would become a 'world leader' once the bill was given royal assent and became law. Ms Williams also recently reminded members of the Welsh Assembly that the act would legally require the use of not just safe staffing tools, but also consideration of the acuity of patients' illnesses and the professional judgement of the nurse in charge.

The proposed ban on the use of e-cigarettes, part of the Public Health (Wales) Bill, failed to pass through the Assembly at the final stage amidst controversy with Plaid Cymru. The future of the other proposals, such as health impact assessments for key policies within the bill, is uncertain.

Lastly, this will be my last Future Hospital update from Wales. I am handing over to Dr Andrew Freedman, consultant in infectious diseases at the University Hospital of Wales when he becomes the next regional advisor for Wales. I have enjoyed writing these bulletins but could not have done so without the very substantial input and support from Lowri Jackson and, more recently, Beverlea Frowen, RCP senior policy and public affairs advisers for Wales. ■

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