Future Hospital update from Wales

As we head into winter, this seems like a good opportunity to look back and reflect on yet another busy year for the NHS in Wales. While we have not had to contend with junior doctor strikes or the direct effect on our health service of this summer's political high drama, there is still a great deal to report. First of all, Dr Alan Rees, the inaugural RCP vice president for Wales stepped down from this role when his term ended in August 2016. He will be missed a great deal by everyone at the RCP, especially the team in Wales!

Our own Welsh general election took place in May, resulting in a Labour minority government. It was a big night for all of the parties, not least for UKIP, which won seven seats, and propelled the former Conservative MP Neil Hamilton into a leadership role within the Senedd group. Plaid Cymru became the official opposition, while the Liberal Democrats lost all but one seat; their leader, Kirsty Williams, resigned and was invited to sit in the new Labour cabinet as education secretary.

Dr Alan Rees, former RCP vice president for Wales was interviewed about the health priorities of the new Welsh Government. He told BBC Wales that 'we've got to be innovative, be more efficient' and warned that while 'all the parties want an efficient, comprehensive, healthcare system in Wales ... [but they] need to provide details about how [they] deliver these plans.' He also signed a joint open letter on waiting times with other royal colleges and, with more than 30 other health and social care organisations, a joint letter to the first minister calling for a long-term vision and effective leadership for the NHS in Wales.

Labour and Plaid Cymru later signed a deal to allow the nomination of the first minister, Carwyn Jones. They agreed to develop a new treatment fund for the NHS and to increase the numbers of GPs and primary healthcare workers in Wales. Implementing these changes will be the responsibility of the new cabinet secretary for health, Vaughan Gething AM. He told BBC Wales that he was 'always guided by the best interests of patients', but added 'we've got to have an honest conversation'. In a later interview, he claimed that the key challenges are to reduce waiting times and to further integrate health and social care, and admitted that the job of health secretary comes with a 'high level of expectation' at a time when demand for NHS care has never been higher. The RCP welcomed the first minister's announcement that the public health bill would be reintroduced without a ban on e-cigarettes in public places.

This is the context in which the RCP Wales team has been advocating on behalf of physicians, patients and their families over the past 6 months and we continue to work directly with NHS Wales and the Welsh Government to promote the future hospital model of care. Over the past few months, the team has engaged with key public figures in the health service in Wales, including the chief medical officer for Wales, the NHS Wales chief executive, the director of the Welsh NHS Confederation, the chief executive of Public Health Wales and the national

clinical leads for stroke medicine and planned care in Wales, to name but a few.

More specifically, earlier this year, Dr Rees attended the Welsh Government's Shape of Training group to talk about community physicians. The hospital without walls is a key element of the future hospital model, and teamworking that breaks down barriers between hospital and community care will be crucial to its success. On this subject, RCP Wales gave evidence to the Older People's Commissioner for Wales as part of its inquiry into access to GP services. We argued that access to primary care is a whole-system problem and that it has a major knock-on effect on secondary care. Change must be based on new ways of working, instead of doing what we've always done.

In a rural country like Wales, telemedicine is often heralded as the magic solution. The Mid Wales Healthcare Collaborative (MWHC) is working with three health boards and four local authorities to plan integrated health services for our most remote communities. The MWHC is establishing a Centre for Excellence in Rural Healthcare, along with local centres that will host new technologies, and we have highlighted the work of the CARTREF project, based at the RCP's Future Hospital development site in north Wales, which can demonstrate patient satisfaction rates of 80% with remote video consultant appointments. This project was highly commended at the *Health Science Journal* awards earlier this year.

The RCP vice president for Wales also chairs the NHS Wales physician associates implementation group. Funding has now been agreed to support 27 training bursaries for these valuable members of an effective multidisciplinary team. NHS Wales has also agreed a governance framework for the role, the first in the UK. He also acted as a ministerial expert adviser to the Welsh Government's health professional education investment review earlier this year; the review has recommended the creation of a single body for NHS education and training in Wales. The RCP is also engaging with the new Welsh Government medical workforce strategy as well as a planned telehealth delivery plan.

Finally, the Wales Deanery has recently appointed several chief registrars in south Wales. These senior trainees will be the next generation of clinical leaders, advocating on behalf of juniors across their health boards. They are taking part in the RCP Future Hospital Programme pilot scheme for chief registrars, and will benefit from learning opportunities and a support network of other trainees.

For more information about any of this work, please contact RCP Wales at Wales@rcplondon.ac.uk.

DR ANDREW FREEDMAN

RCP regional adviser for south-east Wales Honorary consultant physician in general medicine and infectious diseases Cardiff and Vale University Health Board