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Dear Jocelyn

AGW WORK ON THE PREVENTATIVE AGENDA IN THE NHS

At the meeting of the Finance Committee on 21 May 2015, I agreed to provide some additional information on the work I have undertaken that is relevant to the preventative agenda in the NHS, and which could feed into the Committee's planned scrutiny work in this area in the autumn.

Whilst my work programme in recent years has not included a study that has looked explicitly at the promotion of healthy lifestyles, I have undertaken a number of reviews which include "preventative themes" as part of a wider approach to managing demand on NHS resources, and to help to promote greater patient independence and less reliance on more specialist acute services.

I have set out below the areas of my work which I believe may be of interest to the Committee. At this stage I have just provided some high level details of the topics my staff have looked at in recent years and the key findings. If the Committee feels that these are areas that are relevant to its planned scrutiny work, I can arrange for a slightly more detailed briefing material to be pulled together.

Management of Chronic Conditions

In Wales, it is estimated that over 800,000 people have at least one chronic condition such as diabetes, coronary heart disease and chronic obstructive pulmonary disease (COPD). Whilst a key aim must be to prevent people developing these conditions in the first place, or to at least delay their onset, it is inevitable that with a growing number of people living longer, the management of chronic conditions will present an increasing challenge for health and social services.

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In March 2014, I published a report which looked at the progress NHS bodies had made in managing patients with chronic conditions since the publication of previous audit findings in 2008. A particular focus of the work was to assess the progress being made in helping patients stay well in the community by supporting them to self-manage their chronic conditions, and to ensure services are responsive enough to prevent their conditions deteriorating, thereby minimising avoidable hospital admissions.

My report showed that the Welsh Government has set out a clear vision for improving the management of chronic conditions. Locally there was improved access to patient education programmes to support self-management of long term conditions. Budgets for community services had increased, there are more nurses working in a community setting, and patients are able to get quicker access to community based services. Collectively this has led to reduced hospital admissions for chronic-condition-related illnesses.

However, the report also indicated that further progress was needed. In several health boards, the plans that set out how care will be shifted from hospital to community settings were insufficiently clear. Most of the community based services for chronic conditions were still only available on weekdays and there was a need to better co-ordinate the work of the different staff groups and teams that care for patients with chronic conditions. Importantly, more work was also required to improve processes for identifying and supporting those patients at greatest risk of an unplanned hospital admission. A copy of my report can be found at:
http://www.audit.wales/system/files/publications/The%20Management%20of%20Chronic%20Conditions%20in%20Wales%20-%20An%20Update.pdf

Orthopaedic services

In June of this year, I published the findings from a review of orthopaedic services across Wales. As part of that review, my staff looked at the extent to which health boards have developed lifestyle and exercise programmes to help reduce the demand on orthopaedic services, and to potentially avoid the need for surgical interventions. I concluded that there was evidence of some good progress across Wales with the implementation of such programmes. Most – but not all - health boards have established weight loss schemes or community based lifestyle programmes for patients with orthopaedic problems. GPs usually have direct access to these services but the capacity of the teams providing the services is typically small.

There is good evidence to support the value of such schemes. In 2011, Aneurin Bevan University Health Board launched a Joint Treatment Programme for patients with hip or knee pain. The scheme focuses on education, exercise and weight loss. A financial

evaluation of the scheme showed that there was cost of £239 for each patient completing the programme compared with a cost of £8,400 for two total knee replacements. Other health boards have developed similar initiatives such as the Joint Care Pathway for knee patients in Cardiff and Vale University Health Board, and the Orthopaedic Obesity Referral Pathway in Cwm Taf University Health Board. My all Wales report on Orthopaedic Services can be found at: http://www.audit.wales/publication/review-orthopaedic-services. I have also published individual health board level reports which can also be found on the Wales Audit Office website.

Although it was not an explicit part of my review of Orthopaedic Services, my staff did pick up peripheral intelligence on the value of the National Exercise Referral Scheme (NERS). This is a scheme that is run in partnership between local authorities, health boards and the Welsh Government. It was launched in 2007 with the aim of increasing the number of people sustaining long term physical exercise. The physiotherapists my staff spoke to during the Orthopaedic review spoke highly of the NERS but also expressed concern about its future sustainability given the pressure on local authority funding and associated potential closures of some leisure centres. If Committee members are interested, more information on the NERS can be found at : http://www.physicalactivityandnutritionwales.org.uk/page.cfm?orgid=740&pid=34474. The findings of a formal evaluation of the scheme in 2010 are available at: http://gov.wales/statistics-and-research/evaluation-national-exercise-referral-scheme/?lang=en

Hospital Catering and Patient Nutrition

In March 2011, I published a report that examined hospital catering and patient nutrition arrangements in Welsh hospitals. This included a review of how well the all Wales Hospital Nutritional Care Pathway is being implemented. A key component of this pathway is the initial screening of patients on admission to identify those with nutritional problems, and those at risk of, or who are already suffering from, malnutrition.

As part of the review, my staff examined 291 patient casenotes across 23 hospitals in Wales. Whilst there was evidence of some form of nutritional screening in all the casenotes examined, important information such as height, weight, recent weight loss and appetite were often missing. The audit also found unacceptable variation in the extent to which nutritional screening resulted in development of a nutritional care plan and referral to a dietician for patients who were deemed to be at risk. Importantly, at the time of the audit none of the information gleaned from nutritional screening was being used by NHS bodies to fully appreciate the number of patients admitted with nutritional problems. My 2011 report on Hospital Catering and Patient Nutrition can be found at: http://www.audit.wales/system/files/publications/Hospital_Catering_and_Patient_Nutrition

English 2011.pdf. Audit work is currently underway to assess the progress that NHS bodies and the Welsh Government have made in implementing my recommendations, together with those made by the Public Accounts Committee following their inquiry. I plan to brief that Committee on the findings of this follow up work towards the end of 2015.

In addition to the work in the NHS I have outlined above, the Committee may also be interested in the findings emanating from my Local Government study on the *Independence of Older People*. I am due to publish that report during the week commencing 12 October 2015, and would be happy to provide the Committee with a more detailed briefing on the findings following publication of the report. Some of the key messages will be around the extent to which the pressures on local government finance are impacting on councils' ability to maintain expenditure on schemes which support older people to live independently. It will also comment on the extent to which specific funding streams, such as the Intermediate Care Fund, are resulting in sustainable service improvements, and the extent to which information is available to allow councils to properly evaluate the impact of "preventative" services they are providing.

I would also look to reflect some themes relating to early intervention and public behaviour change in my *Picture of Public Services* report, due for publication around the end of this calendar year. In addition, the Committee may wish to be aware that my Good Practice Exchange work also includes activities relevant to these themes.

I trust the information set out in this letter is helpful, and provides the Committee with some insight on the recent and planned work which is relevant to the preventative agenda in health and social care. If any, or all of the material referred to above is felt to be relevant to the Committee's planned scrutiny work in the autumn, I would be happy to have further discussions with you on how best we could support that work.

Yours sincerely

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AUDITOR GENERAL FOR WALES