



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: GJ/ses

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2 August 2019

Dr Dai Lloyd, AM
Chair, Health, Social Care & Sport Committee
National Assembly for Wales
Cardiff Bay
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Dear Dr Lloyd

Thank you for your letter dated 18 July, requesting further information following attendance at the Health, Social Care and Sport Committee on 11 July 2019. I detail the Health Board's response as below.

• **Elective Care**

The Health Board have made significant improvements in access to elective treatments, with the number of patients waiting longer than 36 weeks falling from over 2,600 (March 2016) to 112 (March 2019).

The Health Board has achieved these improvements through a combination of:

- Targeted initiatives to reduce waiting list backlogs, supported by specific funding – including the use of mobile theatres and MRI scanners, waiting list initiatives and commissioning elective treatments with other healthcare providers, and
- Service improvements aimed at delivering more sustainable solutions – this includes reviewing service models as part of the Clinical Futures Programme and the Health Board's value based approach to delivering healthcare.

Delivering the performance targets in orthopaedics and ophthalmology remain the Health Board's main areas of concern. We have externally commissioned additional ophthalmology treatments, for a two year period, to enable more sustainable solutions to be developed in the interim. In terms of orthopaedics our plan is to deploy additional locums and additional consultant sessions locally to address the backlog.

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Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

The impact of the current pensions/tax regulations, on an increasing number of our medical staff, is now emerging as a material risk and we are assessing the potential impact in order to identify mitigating plans, where possible.

- **Cancer**

The increase in cancer referrals and subsequent demand on services is between 20-30% across all tumour sites with the exception of Lung cancer. The Health Board diagnosed and treated 11% more cancer patients in 2018/19 (3,710) compared to 2017/18 (3,329).

We have undertaken work with public health colleagues and the NHS Delivery Unit to understand the factors which are resulting in such a material increase. This would suggest that the reasons are multi-factorial and include:

- Increased awareness and access to screening,
- Lifestyle choices,
- Increased co-morbidity, and
- An ageing population.

A number of actions are being undertaken to improve outcomes for patients and these include:

- Screening Champions Programme – volunteers signposting and motivating family and friends to undertake more well-being activities as part of a preventative approach,
- Targeted approach to identifying and working with parts of our communities where there is lower awareness and participation in screening,
- Piloting a symptomatic FIT test for suspected bowel cancer,
- Developing pathways for vague symptoms clinics,
- Improving access to CT diagnostics for suspected lung cancer,
- Prehabilitation schemes,
- Promoting early access to diagnostics including straight to test for flexible sigmoidoscopy, colonoscopy and ultrasound scanning,
- A well-established acute oncology service in place, and
- Better use of outcomes data and other intelligence to improve services for patients.

- **Winter preparedness**

The Health Board is taking a number of actions to improve A&E performance and ambulance handover times, which includes more effective service delivery across the whole urgent care system, including prior to hospital admission, care in the hospital and effective and timely discharge from hospital. This is against a backdrop of increased attendances to our Emergency Departments, where the number of attendances during July 2019 has risen by about 5%, compared to the same period last year.

Many of the actions we undertook during the winter period, we have evaluated and continued during this year. The winter plans include the following:

- Clinical Practitioners in ED - increased capacity and support in the rapid assessment area of the ED
- Increased senior medical cover in Assessment Units – e.g. Surgical Assessment Unit
- Discharge Lounge – extended capacity and flexibility to support improved patient flow in the hospital
- Expansion of Elderly Frail Unit (EFU) – increased capacity and access, including ambulatory care
- Home First - an integrated approach to supporting people to be cared for at home and avoiding hospital admission through the use of a trusted assessor role. This model works across the Health Board and five local authorities in Gwent
- Graduated care step up services – provision of hot clinics, community frailty/assessment units and step up beds
- Graduated care step down services – the use of nurse-led units to support appropriate step down and discharge of patients from hospital
- Access to primary care and out-of-hours service – increased capacity and resilience across the Health Board area
- Advanced Care Planning and Stay Well plans - keeping people safely at their usual place of residence, supported by ongoing work to identify frequent attenders/admissions from care homes and in reach nursing support, falls training and access to equipment
- Effective communication with the public and our local communities – e.g. increased promotion of “Choose Pharmacy”, the Common Ailments scheme and appropriate sign-posting to healthcare services

The Winter Plan, in 2018/19, was designed involving all key stakeholders and partners, with the aim of increasing resilience across the system. The Plan has been evaluated, using a number of quantitative and qualitative measures to inform future service provision and to support preparations for 2019/20.

In addition to increasing the range and capacity of healthcare services, the Health Board also provided increased well-being support for staff and identified additional incentives to encourage and support staff during busy periods.

• **Digital and Data**

The Health Board recognises the significance of digital in the delivery of services and the opportunities it presents in transforming the way we deliver care. Investment has been increased significantly over the last three years in terms of priority clinical systems, mobile devices, Wi-Fi, infrastructure, and in upskilling the digital workforce. A new digital strategy has recently been approved by the Board and work is now underway to review further capability, ambition and pace in terms of our Clinical Futures strategy and a Healthier Wales.

For some time the Health Board has been delivering a Digital Health Record Programme with most patient records (over 300,000) now digitally available to clinicians across the Health Board.

Electronics forms are being developed to create “digital borne” documents, with standards being used to ensure the data in the forms can be reused, reducing data entry burden and allow better decision making.

The Health Board is a key partner in the implementation of the Welsh Community Care Information System (WCCIS) - a joint programme hosted by NWIS, but delivered in partnership with social care colleagues. In Gwent, a strong regional approach has been fostered under the leadership of the Regional Partnership Board with the ambition of a truly shared record across Health and Social Care. This Programme represents the biggest digital investment ever made by the Health Board (circa £16m over the life of the programme). The programme has experienced a number of issues recently, in terms of delay, but the Health Board remains an active partner in progressing this key programme.

The Health Board also hosts a National Programme Office for Technology Enabled Care and is piloting the use of "Clinical grade" video conferencing to support care homes in Gwent, which is due to go live in September 2019 for Out of Hours GP services. Through the Regional Partnership Board the programme should enable a Gwent approach to investment decisions and shared learning from across organisations.

The Health Board was the first Health Board in Wales to invest in technology to capture and use Patient Reported Outcomes Measures (PROM) directly from patients. The uptake has been encouraging with up to 82% completion rates. The data collected enables clinicians and patients to co-produce care and identify what matters to patients at the heart of planning and delivering care. The next iteration of digital development will enable the clinician to see the patient record directly in their clinical dashboard (Clinical Workstation) and the collection of Patient Reported Experience Measures (PREM).

Citizen empowerment and "people powered health" is now a cornerstone of the new digital strategy for the Health Board. A new Programme is being developed and will include collaboration with the Wales Co-op in delivery of capacity to tackle digital exclusion.

The Health Board collaborates with national partners to drive forward the digital agenda across Wales. This includes Emergency Department, Critical Care, Patient Flow and Welsh Community Care Information systems. It has also been a development partner in key programmes such as the Electronic GP Record.

There is a strong clinical and service appetite for delivering innovative change within the Health Board. Whilst the Health Board's local strategy is consistent with national strategies and supportive of the "Once for Wales" principles, recent WAO and PAC reports highlight some of the current challenges and issues that need resolving, to achieve the right balance for national standards and direction and enabling local agility and innovation. The Health Board has contributed positively and fully to these reviews.

- **Brexit preparations**

The Health Board has established an EU Transition Group that is working with national, regional and local partner organisations to plan and prepare for BREXIT. The Transition Group coordinates the activities to plan for BREXIT and our actions to mitigate risks within the control of the organisation and our partnerships.

Engagement and planning work has already been undertaken via Business Continuity leads through the Local Resilient Forum. The Health Board's Business Continuity Model is based on the potential implications for a 'no-deal' BREXIT and a risk assessment/ plans have been produced to mitigate any impact and include the following areas: workforce, procurement, medicines, equipment and machinery, research and collaboration, ICT and communication.

Access to stock has been a specific concern identified across a number of medical specialities. The Health Board has been in contact with supplying companies to determine resilience stock levels, timeliness of support and transportation options. There are ongoing concerns in relation to short shelf-life products and national work is underway through national procurement arrangements to resolve this.

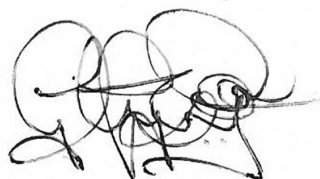
In relation to the health and social care workforce, the initial analysis undertaken of nursing and residential homes and domiciliary care agencies, suggest that the number of EU national employees and patients should have a limited impact. This is similar to the workforce analysis for the Health Board, however, we continue to work with local authorities and with our Divisions, support staff and patients in accessing the Settled Status Scheme. The Health Board has now received guidance on Mutually Recognised Briefing which sets out transitional arrangements for health care professionals from the EU to enable them to professionally transfer to the UK.

- **Managed Practice premium rates**

In answer to the question raised during the Committee meeting, the total premium cost of operating the managed practices is £1.3m, of which £680k (52%) relates to the GP/locum premium. If the doctors were employed in substantive posts, the premium would reduce to about £620k which is a premium of 19%.

I hope these responses fully answer your questions, but if you require any further information please let me know.

Yours sincerely



Glyn Jones

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