

2008 – 2011
NHS Wales:
Forging a better
future

A report by the Bevan
Commission 2008 - 2011

May 2011

Contents

Executive summary.....	3
Part One: The task and scope of the Bevan Commission	6
The Bevan Commission Principles	6
‘World class health care’	7
Health in all policies	7
Primary care and community services	8
The vital role of information.....	9
The pursuit of quality.....	10
The reforms in Wales.....	11
Influencing thinking: the impact of the Bevan Commission	12
Part Two: Forging a future.....	14
Strong foundations	14
Challenges brought by an ageing population, combined with medical and technological progress .	15
The challenge of public expectations.....	16
Meeting the financial challenge	17
Integrating more effectively.....	18
The inescapable necessity of change	19
Tackling health inequalities	19
How will NHS Wales meet the challenges it faces?	20
Recommendations for a thriving NHS in Wales.....	21
Conclusion	23
Acknowledgements.....	24
Appendix A: Members of the Bevan Commission	25
Appendix B: Summaries of papers submitted to the Minister for Health and Social Services.....	26

“Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community.”

Aneurin Bevan

Executive summary

The Bevan Commission was established by the Minister for Health and Social Services as an independent advisory body to assess critically the alignment of NHS Wales to the principles for the organization and delivery of health services as articulated by Aneurin Bevan, the architect of the NHS. This report reviews the work of the Commission and makes recommendations safely to maintain and enhance a values-based service in NHS Wales during a time of social and economic challenges.

The Commission has affirmed that NHS Wales provides healthcare to the people of Wales according to a model that is true to Bevan's principles. The structure and motives of NHS Wales represent the ideals of Aneurin Bevan – ideals which provide a solid foundation for developing and improving services to meet the future needs of the population of Wales.

The strength of the NHS Wales model is that it follows Bevan's idea that only collective action is 'scientific' and principled¹. However, if NHS Wales is to continue reliably meeting people's needs, some things must change.

As NHS Wales follows a path that increasingly differs from healthcare provision in many European countries, the moral principles underlying collective, planned provision need to be renewed and rearticulated, emphasising that in a world of increasing competition the NHS is an organization which serves the needs of the people and seeks to redress social inequities.

Fundamental changes and considerable progress have already been realised by NHS Wales since the abandonment of the internal market and the inception of the NHS Reforms. Moreover the Reforms address essential long term and underpinning themes which echo the Commission's thinking and its expectations, and aspirations for NHS Wales. In keeping with the task set for the Bevan Commission, this report draws particular attention to notable successes which have already been achieved by NHS Wales in a number and variety of critical dimensions.

However, these are challenging times for NHS Wales. Whilst it has made significant progress in recent years, there is considerable scope for further improvement. The UK government spending cuts will hit Wales hard and cause job losses in the public and private sectors. This will disproportionately affect communities which have a greater dependency on welfare benefits and public services.

Funding the NHS has always been a challenge, but with the global financial crisis the situation is even more difficult. External consultants to the Welsh Assembly Government have suggested a 'funding gap' of between £1.3 billion and £1.9 billion might result from UK-wide austerity measures from 2011-12 onwards². The Welsh Assembly Government has attempted to limit the financial impact on NHS Wales, but additional resources are unavailable to support overspending organisations.

That is not a criticism of those organisations. The simple truth, recognised in the Five-Year Service Framework for NHS Wales published in 2010, is that expectations and demands

¹ *In Place of Fear*, page 50

² *Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales*, Welsh Assembly Government, June 2010, page 29. (References to this document are marked FYF hereafter.)

made on NHS Wales are high and increasing.³ Longevity is not a problem if the elderly population is healthy. However, current trends suggest that needs for NHS services are likely to grow as the population ages⁴. New medical and technological advances that further prolong and improve the quality of life are often costly.

Unemployment figures have increased to levels experienced in the early 1990s. Given the strong links between unemployment and bad health associated with poverty, social and family instability, the NHS needs to be in a strong position to support those most in need and at risk.

Recessions are known to have their greatest negative effect on the poorest in society. It is almost certain that the societal inequalities that are reflected in health inequities will be exacerbated. There is evidence that these inequalities are increasing⁵.

Safeguarding the values of NHS Wales and applying them in new ways to new circumstances requires taking measures to strengthen healthcare administration and its public accountability.

In the immediate future, NHS Wales has to strengthen its efforts to:

- Reduce health inequalities and inequities;
- Promote a ‘sea-change’ in public attitudes towards NHS services, by involving the public in the complicated world of planning and prioritising services;
- Drive out waste in the health system, through pursuing quality in healthcare services and integrating public services to maximise efficiencies;
- Ensure effective partnerships between public health and local authorities, in health and social care and in other measures; and
- Create a consensus across government that will seek solutions to health problems across all policy agendas.

This work is not just for NHS Wales. Everyone must play their part. There must be a new sense of responsibility across sectors in a concerted attempt to build health into all policies. The people of Wales need to be mindful that in putting their own health at risk, they further burden an already stretched public purse. The government has to foster attitudinal and cultural change and provide the lead by its own actions. There must be a powerful assault on all the barriers that damage lives and fragment and impede the delivery of health services for the people of Wales.

This report is in two sections. The first analyses the work of the Bevan Commission. The second part begins to address the challenges NHS Wales will need to contend with in the next few years.

This is not just an academic exercise. Ensuring the future of the NHS is about keeping people as fit and healthy as possible, successfully tackling inequities, alleviating suffering, and bringing comfort, dignity and hope to people when they are at their most vulnerable.

³ FYF, pages 12, 16-17, 22-23

⁴ FYF, pages 12, 16, 21

⁵ FYF, pages 20-21

The principles underpinning the NHS seek to address a profound moral issue. “Of course there is always the right to refuse treatment to a person who cannot afford it,” wrote Bevan. “You can always pass by on the other side. This may be sound economics. It could not be worse morals.”⁶

There is a danger that we forget, amidst all the discussions and statistics, economies and efficiencies that at the heart of the NHS are people in distress, in need and in expectation of care and support which meet their needs.

The people NHS Wales exists to serve include the premature child in the cot, and the elderly man robbed of his memories by Alzheimer’s disease; the thirty-year old diagnosed with cancer, and the older woman waiting for a knee operation.

It will require brave leadership, innovation, commitment and some sacrifice to ensure that such people as these continue to receive the best care possible.

Now is the time for NHS Wales to take further bold and courageous action, in partnership with the people of Wales, to secure the future for a national health service forged and implemented by previous generations. However, the laudable achievements of the past cannot be sustained and built on without careful attention to current circumstances and weaknesses in the system.

The objective must be consistent, coherent, strongly driven cumulative improvement, with honesty and transparency about what needs to change and how that is being achieved.

NHS Wales cannot walk this path alone, and consideration is given towards the end of this paper to the particular roles the public, healthcare professionals, politicians and, particularly, leaders in the NHS, need to take in the next few, crucial years. NHS reforms in Wales contrast with those announced for England which would take the provision of healthcare along a strikingly different path. Based on a solid foundation NHS Wales can triumph over the economic, demographic and social challenges which confront it. It is essential that Wales will demonstrate that it can deliver health services at a level comparable with the best examples found anywhere in the world.

A handwritten signature in black ink, reading "Mansel Aylward". The signature is written in a cursive style with a large, prominent initial 'M'.

Professor Sir Mansel Aylward CB
Chair, Bevan Commission

⁶ Aneurin Bevan, *In Place of Fear*, Simon & Schuster 1952, page 80

Part One: The task and scope of the Bevan Commission

At the first meeting of the Bevan Commission in December 2008, Edwina Hart AM MBE OStJ, the Minister for Health and Social Services stated her expectations.

“I believe in the principles set out by Aneurin Bevan. Many things change but principles do not. I want the NHS to remain loyal to the principles established by Nye Bevan. I want you to advise me how to achieve this within the reformed NHS.”

The Bevan Commission’s role was to be an advisory body, addressing the needs of Wales and the concerns of the Minister, but independent and able to raise and debate contentious issues free from ideological considerations⁷.

The Bevan Commission identified two tasks at its first meeting – to consider the principles that inspired Aneurin Bevan, whether they were still applicable or needed to be updated, and to explore the idea of ‘world class health care’.

Values, principles and goals need to be linked to structures and processes. With NHS Wales in a process of reform (that would finally come to fruition in the establishment of integrated health boards throughout Wales in autumn 2009), there was a concern about how to:

- Support the developing NHS reforms;
- Ensure primary care was fully integrated into new ways of working;
- Promote collaboration between healthcare and social care; and
- Meet the risks associated with real terms decrease in public expenditure.

The Commission agreed the principles underlying Bevan’s creation of the NHS had stood the test of time. These were:

- Comprehensive treatment, within available resources;
- Universal access, based on need; and
- Services delivered free at the point of delivery.

The Commission considered whether over the last 60 years circumstances had changed such that some further principles implicit in the original intention now needed to be made explicit. The result was 8 ‘Bevan Commission Principles’.

The Bevan Commission Principles

1. A shared responsibility for health between the people of Wales and the NHS;
2. A service that values people;
3. Getting the best from the resources available;
4. A need to ensure health is reflected in all policies;
5. Minimising the effects of disadvantage on access and outcome;
6. A high quality service that maximises patient safety;
7. Patient and public accountability; and
8. Achieving continuous performance improvement across all dimensions of healthcare.

⁷ The aims of the Bevan Commission were laid out in the second paper presented by the Commission to the Minister (summarised in Appendix B)

‘World class health care’

A second strand of the Bevan Commission’s work in its first year focused on the idea of ‘world-class health care’, a stated objective of the government.

‘World class’ is not a simple concept. Should the idea be ‘best in its class’ – and if so what group should Wales compare with?

A definition was agreed that for Wales world class should mean ‘*services best suited to Wales but comparable with the best anywhere*’.

A number of themes developed from the question of how to create ‘world class healthcare’ in Wales, and ensure that services reflected the Bevan Commission Principles. In deciding what ‘*healthcare that is best suited to the needs of Wales and comparable with the best anywhere*’ would look like, the Commission concluded the following:

- 1) A system that performs well against the Bevan Commission Principles;
- 2) A care system that is balanced and integrated across all levels and functionally and effectively links health and social services;
- 3) A care system that achieves an excellent level of quality that is as good as or better than that demonstrable in comparable systems elsewhere;
- 4) The quest for health care that best suits the needs of Wales, matched by concurrent efforts to realise a step change in population health, which requires government taking a crucial leadership role; and
- 5) Readily available high quality, pertinent, and comprehensive information to analyse, compare, evaluate and develop services.

As a result, people should have confidence, based on routine experience of interactions with the health and social services, that:

- a. Services will be seamless and integrated, as if all were provided by a single organisation that knows the problems and co-ordinates each element of the response;
- b. Services will be available when needed, delivered in a timely fashion and locally (where appropriate) in a high quality environment;
- c. All care will be safe, of high quality, effective (and cost-effective), and supported by publically available information;
- d. Services will be delivered so that the person’s experience as a service-user means they feel:
 - respected;
 - treated appropriately;
 - listened to (and responded to); and
 - that their dignity has been preserved; and
- e. Individuals will be empowered to take care of themselves and feel compelled to act responsibly towards their own healthcare.

Health in all policies

The NHS will not be able to promote high quality, equity and altruism if these aspirations are being undermined by other government policies or other drivers in the NHS. Funding, management and delivery mechanisms are all crucial within that context.

To provide this ‘big picture’ view of healthcare across the government spectrum, Commission members requested a number of papers and presentations on the care home sector, emergency care services, chronic disease management, Welsh health policies, the changing infrastructure and service patterns in the NHS and social care in Wales, and the development of health systems in Wales.

The reforms of NHS Wales that took effect in 2009 eliminated the market from the NHS and replaced it with a planned and managed approach. This led to new integrated health boards that offered a chance to improve management right across the different parts of the NHS and to move services nearer to people’s homes.

Ensuring healthcare is delivered most effectively in community settings involved analysing several issues, including:

- The primary and community services strategic delivery programme;
- The role of general practice in the new NHS and suggestions on strengthening that role and links with the rest of the NHS;
- Joint working across the health and social care system, which is often currently fragmented and uncoordinated; and
- The need for improvement, through identifying barriers to improvement and better practice.

The Commission concluded that the NHS could not resolve the health problems of Wales alone: these must be addressed by a broader public health strategy otherwise the NHS will become increasingly strained over the longer term.

Poor health and health inequities need strong action, both because they are often avoidable and because they generate a huge burden on people and services. However, there are barriers to action. The causes of poor health are many and deeply rooted in material and structural factors that require intervention from government in all sectors.

The NHS needs help in improving the health of the people of Wales. Such improvements require societal change. Often medical issues can be solved through non-medical routes. For example, good results have been achieved in cutting accidents and injuries in childhood, including 20 mph speed limits credited with reducing road incidents considerably. Every one less road accident avoids huge damage to people’s lives and releases the NHS’s resources for other ends. In this way, transport policy can support healthcare policy.

While government can do more to improve health through carefully tuning its policies, the NHS has the potential to contribute further to the economy in many ways and the health sector can also contribute to achieving the ambitions of government as part of a broader agenda aiming to improve all aspects of well-being in Wales.

Primary care and community services

The Bevan Commission has given particular attention to primary and community care, in the broadest sense. Though primary care services in Wales are amongst the best in the world, there is still room for improvement. Action is being taken to strengthen many areas, including

service patterns, use of data and information, reducing inequalities in access, and creating better practical links between health and social services.

Those working in the current primary care system are often frustrated by systemic weaknesses, including:

- Disorganised out-of-hospital care makes navigation difficult for the citizen and professional alike;
- Inaccessible health records result in limited exchange of information between different parts of the system;
- Inconsistent governance frameworks make it difficult to establish clear lines of accountability;
- Service availability and quality vary between areas; and
- Conflicts and anomalies result from the different employment status of health professionals working in primary care.

The Bevan Commission reviewed the relationship between health and social care on a number of occasions. It recognised the concerns of many working in social services that the current geographical structures are unsustainable in the long-term. Consideration was given to how joint working between health and social care could improve the support received by service users, while presenting efficiency savings to service providers.

To ensure social care links up completely with health services, there needs to be greater commonality. Similar expectations of quality and service improvement must be evident across both fields. Working much more closely together, and, ideally, integrating social care and health services will help create a ‘seamless’ service for the people of Wales.

The Bevan Commission has made suggestions to strengthen the role of general practice, and its links with the rest of the NHS.

Suggestions include:

- Encouraging practices in a locality to organise themselves so that individual GPs could specialise on behalf of the group;
- Adopting a common structure to encourage learning and comparison;
- Identifying areas for improvement, both through understanding better the barriers and identifying and analysing best practice;
- Establishing best practice and careful piloting of new ideas to build support for change; and
- Developing strong links to social care, with moves towards joint working and co-terminosity.

The vital role of information

The Bevan Commission’s discussions about the NHS reforms and ‘world class healthcare’ highlighted information as a pre-requisite for decision making. Transparent information, freely and openly provided to funders, patients and public, can enable and encourage excellence in healthcare in Wales.

There has been significant progress regarding the collection and dissemination of information in Wales but there remain formidable practical and strategic issues and significant

information gaps, especially in relation to community health services, that still need to be addressed. Data has to be collected to inform decisions and help healthcare professionals make the best clinical decisions for patients. There is a need for better information and the capacity to transform information into knowledge and the willingness to translate knowledge into everyday practice. Information is crucial to ensuring quality is maintained. The experience of the *1000 Lives Campaign*, and other healthcare improvement campaigns, is that publication of comparative data inspires healthcare organisations to initiate change⁸. This lesson needs to be applied more widely, enabling Wales at least to compare with the best in Europe.

The public and the media can also be drivers of change, but they need appropriate information in order to assess performance. The people of Wales need to gain a sense of ownership, and without the right information this will not happen.

The pursuit of quality

The quality of services provided to the people of Wales was regarded by the Bevan Commission as the paramount issue. It is a key element in the Five-Year Service Framework, with the national programme *1000 Lives Plus* continuing the work of the *1000 Lives Campaign*.

The power of a focus on *harm, waste and variation* as a way of driving out unsafe practices and inefficiencies and improving patient experience and outcomes was strongly supported by the Commission.

One way to meet some of the financial challenge to the NHS, and create sustainable services, is to continue the focus on service improvement. This will further improve treatment, patient experience, and quality of life, particularly in the end stages of life.

Organisations need to be acutely aware that they are there entirely for the benefit of patients. There is no place for institutional indifference towards the people being treated. A citizen-centred service puts the needs of those it seeks to help entirely to the forefront.

The patient experience is the ultimate judge of quality and the people of Wales are a great untapped resource in a time of austerity. The public will often be the best judge of the effectiveness and quality of services. The user's eye view can identify weaknesses in the system and help identify areas of delay, waste and inefficiency, and opportunities to improve integration.

Research links quality with efficiency, noting that:

- Adverse events linked to poor quality happen, and are costly;
- Better care does not always cost more – lower cost is often evidence of better care;
- The cost and benefits of quality are spread over time and between stakeholders; and
- Context factors influence whether a provider saves money from quality improvement⁹.

⁸ This was the main focus of the sixth paper presented to the Minister by the Bevan Commission: *A Visible Hand: Information as an incentive for excellence in healthcare in Wales*. See summary in Appendix B

⁹ J Øvretveit *Does improving quality save money? A review of evidence of which improvements to quality reduce costs to health service providers*, London: The Health Foundation, 2009.

There needs to be a tight focus on public health initiatives, and government-wide action to support health and well-being over the longer term and examine how action in policy areas traditionally regarded as outside healthcare can promote and sustain better health.

Embedding quality is difficult. There is a resistance to introducing new methods of practice, which means that the widespread introduction of service change and better ways of working is unnecessarily slow. The successful implementation across Wales of several measures arising from the *1000 Lives Campaign* was achieved only when such improvements were imposed as mandatory¹⁰.

Promoting quality will help forge ‘world class’ healthcare that is comparable to the best anywhere. It will reduce some of the financial burden on the NHS.

The reforms in Wales

The Bevan Commission was asked to form a view about the direction of the NHS in Wales. It welcomed and endorsed the fundamental changes and progress which have been made since the abandonment of the internal market and the undertaking of the major programme of Reforms in NHS Wales.

The important long term and underpinning themes to the Reforms echo the Commission’s thoughts and aspirations:

- An overarching compelling vision for a well integrated health and social care system;
- The publication and operation of the 5 Year Service Workforce, and Financial Strategic Framework which will drive forward and deliver the vision;
- The 10 National Programmes which provide coherence and sense of direction for each of the Boards and Trusts – the *1000 Lives Campaign* and the *1000 Lives Plus Programme* being a prime example;
- The development of a strong set of values agreed by the Service and Trade Unions;
- The emphasis being placed on quality improvement with the publication of an Annual Quality Framework and development of intelligent targets (led by Clinicians) and a move away from process targets;
- The recognition of the importance of clinical leadership. A national Clinical Leadership programme is being launched in the coming months;
- The central role of public health;
- The emphasis on partnership working with major examples including the Gwent Frailty Project, a Joint County Director for Health and Social Services in Pembrokeshire and Joint Locality Management in Bridgend; and
- The pronounced emphasis on chronic conditions management.

The Commission further concluded that:

- The establishment of single Local Health Boards providing all services was a solid basis for improvement and integration of services because it optimises risk pooling, eliminates transaction costs and allows service integration and planning;

¹⁰ For example, the Wales-wide introduction of the WHO Safer Surgery Checklist

- A single public health body and a new public health framework were an excellent basis for future action;
- There was at the very heart of the NHS a new and exciting emphasis on quality improvement; and
- Wales was avoiding the perils of consumerism, competition and unlimited choice.

Significant work has begun and the right structures are in place to deliver the vision. Areas which now need to be tackled include:

- The establishment of a longer term planning system;
- Further strengthening of primary care and improving its links both to secondary care and to public health; and
- Developing a powerful information culture and systems to support needs-based planning, service provision, equity in resource and service allocation and quality improvement.

Influencing thinking: the impact of the Bevan Commission

The Bevan Commission has influenced thinking and development within NHS Wales in a number of areas. It has:

- Addressed significant issues facing NHS Wales, and presented eight papers to the Minister to inform the drive towards providing ‘world class’ healthcare for the people of Wales (summaries of the papers presented to the Minister can be found in Appendix B);
- Helped frame NHS Wales as a system based on integration and trust, at a time when many countries are pursuing some type of market-competition model;
- Set out and updated the key principles needed to keep NHS Wales true to the values of NHS founder Aneurin Bevan;
- Been a sounding board and think tank to protect against the erosion of NHS Wales’ principles, and prevent healthcare delivery in Wales from being subject to ‘creep’ from the market systems of neighbouring health services;
- Hosted successful, well-attended open seminars that have brought leading national and international thinkers to Wales;
- Been a source of intelligence about the recent reforms in England, and international developments in healthcare provision;
- Led the way in emphasising at the highest levels the need to improve quality, through reducing harm, waste and variation across the system;
- Encouraged the system-wide spread of best practice, and presented strategies to achieve this, for example, through publishing a white paper on *Accelerating Best Practice*;
- Promoted integration as a way forward across NHS organisational boundaries, between the NHS and social services, and out into broader government policy areas;
- Endorsed the ambitious health improvement agenda set out in *Our Healthy Future* and emphasised the continuing existence of health inequalities, urging those best placed to address them to rise to the challenge; and
- Highlighted the need for change, among professionals serving in the health service, politicians planning health services, and the public who use the services.

The independence of the Bevan Commission has allowed it to scrutinise health policy, and advise on the opportunities and threats facing NHS Wales. It believes that there is a continuing need for such scrutiny and impartial advice as the pressures on the system change and opportunities for breakthroughs appear.

Part Two: Forging a future

For over sixty years the National Health Service has been a model of healthcare provision for many nations and healthcare experts across the world. However, with increased financial and political pressures, the future for the NHS is the subject of much debate, even to the point where questions are asked whether it can continue to function given the demands placed upon it.

The principles of the NHS are enduring, but the system has and will continue to change to respond to needs of society and citizens.

There are significant challenges confronting NHS Wales at present; many of them unforeseen when the Commission was founded in 2008.

The challenges identified by the Bevan Commission are:

- The **increased demands** which may be placed on the NHS by the ageing population, pharmaceuticals and medical and technological advances;
- The **high expectations of the public and professionals**, which often assumes there is a medical solution to any problem;
- Public expenditure cuts and the general **impact of the recession** on both funding, which will decrease in real terms, and directly on population health;
- A lack of urgency within both healthcare and other areas of government to fully explore the mechanisms and structures required in order to achieve the benefits of **integration**;
- The need for politicians, healthcare professionals and the public to realise that the current ways NHS Wales provides care are becoming unsustainable, and that **change is essential**; and
- The moral and economic case to **reduce social inequalities and inequities** to ensure universal access to healthcare and improve the health of people in Wales.

Strong foundations

The structure and organisation of NHS Wales has significant advantages over other models, partly because it is recognised both within and without as keeping “as true as possible to Bevanite principles”¹¹ and because of that affords effective mechanisms for cost control.

At present, NHS Wales is travelling a different road from many countries. In particular, unlike the NHS in England, NHS Wales is avoiding the marketplace and competition in favour of an integrated system, where the assets of the health service in Wales are owned by its government and its people.

Against the background of his times, Bevan called the NHS “a triumphant example of the superiority of collective action and public initiative applied to a segment of society where commercial principles are seen at their worst.”¹² The ‘superiority’ Bevan talks about is the ability of the NHS to provide healthcare to those who could not otherwise afford it, and to those for whom illness would otherwise mean penury.

¹¹ British Medical Journal 2010;340:c3382

¹² *In Place of Fear*, page 89

The structures resulting from the NHS reforms in Wales provide an opportunity for change to take place on a sure foundation, to build a robust healthcare service that can survive the immediate threats and create a sustainable service for the people of Wales.

There is no need for further structural change – the structure is in place to deliver healthcare in keeping with Bevan’s principles. The focus now for NHS Wales should be on improving health and healthcare.

Safeguarding the values of NHS Wales and applying them in new ways to new circumstances requires a radical response to the immediate challenge. To ensure Wales delivers world class health services a change in attitudes is needed in all constituencies - the politicians, healthcare professionals, NHS partners, and the public. All are stakeholders, and all have much to gain from improvement, because all could potentially be users of the service.

The Commission believes there is a need to challenge existing assumptions among the public, those working in the NHS, those in government, and those in its partner organisations. These are significant pressures that threaten the future of the NHS. In these challenging times, the threat of the morally difficult and highly undesirable scenario of rationing of healthcare is real, and action must be taken if it is to be avoided.

But these are also times of great opportunity. The need for change places a duty on NHS Wales, on the politicians who are responsible for it and on those who believe in it to change and seek solutions that will secure its future.

Challenges brought by an ageing population, combined with medical and technological progress

The increased life expectancy of people alive today is due to improved social and economic conditions and ways of life, and the impact of improved healthcare and new pharmaceutical and medical technology.

The increased longevity of the population shows the success of the NHS, and should be celebrated. However, this increased longevity may not be proportionately matched in better health amongst the elderly.

“Wales already has a relatively elderly population compared to its peers, and this trend will accelerate.”¹³ The population aged 75 and over will increase by 75% in the next 20 years, with the attendant physical and mental health problems associated with ageing. Given current trends, overall level of illness and disability costs associated with old age may increase as the population ages.

Therefore, there is warranted concern about the long-term pressure this ‘demographic shift’ will place on NHS Wales in the next 30 years. Moreover, medical and technological advances will continue to introduce ever more treatment options, so that the pressure on resources will increase. Simultaneously, the increased costs of pensions will draw off further government financial resources.

¹³ FYF, page 21

This would be less of an issue if the care elderly people receive today was functioning well. However, the current elderly population with complex health and social care needs are often trapped between agencies and fail to get the services they require, often due to administrative obstacles.

Meeting the challenges of caring for an ageing population will require greater investment in social care services and an increase in community-based facilities.

Population health at all ages needs to be improved, to enhance the health and well-being of future generations of elderly people.

NHS Wales will need to do much more to:

- focus efforts on the systematisation of care for chronic diseases;
- develop information systems to monitor care and improve the quality of service delivery;
- empower individuals to care for themselves (this will mean providing better information to patients and carers); and
- educate the general population in the middle years of life about living with chronic diseases, in anticipation of their likely longevity and the strong probability that all those in the middle years of life today will develop one or more chronic diseases later in life.

The challenge of public expectations

The message that the health service is under immense pressure and needs the support of the people of Wales needs to be clearly explained. There are simple things that every health service user can do, and everyone needs to play a part.

There are many things that the people of Wales can do to help the NHS overcome its challenges. At present in Wales too many see little incentive to minimise their personal health risks through responsible behaviour. There are limited financial or social penalties for engaging in risky behaviour but self-inflicted poor health accounts for a large amount of the NHS' work in treating illness.

The major determinant of poor health and health inequalities remains poverty, economic inequality and social exclusion. Within this, individual life-choices are important determinants of many chronic and debilitating illnesses. Smoking, obesity, unprotected sexual encounters, binge-drinking and other aspects of lifestyle, create a large proportion of the NHS workload¹⁴. This can only be reduced through individuals taking responsibility, and being supported in taking responsibility, for their actions, and their health. This is not just a minority of people; currently 57% of the adult population in Wales are overweight or obese¹⁵. As with smoking, however, government needs to take seriously its responsibilities with regard to the regulation of advertising and consumer information in relation to food and drink.

¹⁴ The Welsh Assembly Government has conducted significant research into many of these areas. See <http://tinyurl.com/WAGresearch>, for examples, including *Assessing the costs to the NHS associated with alcohol and obesity in Wales* (published, 2011)

¹⁵ FYF, page 20

Recognising that people make choices under a range of different influences and constraints means that while it is essential to avoid victim-blaming, it is important to work with individuals and communities to find ways of giving people a greater sense of power and control over their own life choices. This must be recognised and addressed.

Healthcare is not free; it is very expensive. It is paid for by the people, for the people. As Bevan himself said of the NHS, “everything has to be paid for in some way or another.”¹⁶

Partnership between the NHS and the public, and a balance between rights and responsibilities, has huge potential to reduce waste (for example, by full take-up of appointments, compliance with medication). The NHS cannot drive waste out of the system without support from and co-operation with patients and with society as a whole.

Patient expectations about treatment will have to change. Currently, “The population defines quality of service by the number of beds, creating reliance on acute hospital-based care that may often be inappropriate and not in the best interests of patients”.¹⁷

The NHS has experienced public and staff scepticism and resistance to change where benefits were not well presented. Achieving a shift of care, where this is appropriate, from hospitals to the community, and modernising services obviously needs careful handling. However, the Commission believes that significant changes are needed to use resources more efficiently and provide accessible services on a sustainable basis.

However, partnership works two ways. Good continuity of care is essential to good medical and social care. In terms of personalised care, evidence supports the idea that when people are seeing the same clinicians, better health outcomes are achieved¹⁸. Consistency in practitioner results in consistency in practice. Seeing the same GP, for example, means people are more likely to be treated consistently and experience stability.

It would be beneficial for both the NHS and the people it serves if systems were adapted to help longer term patient-practitioner relationships flourish, so that people receive timely advice or an urgent consultation with the same healthcare professional whenever possible. In addition, systems need to be organised to ensure clinicians have up-to-date relevant information about the patients they are seeing, regardless of the time of day or night.

Meeting the financial challenge

In 2009 NHS Wales embarked on radical reform that has been highly successful. However, it now faces an unprecedented economic challenge, which cannot be resolved by tinkering with structures and systems.

Following the UK election in 2010 there have been efforts to reduce government spending considerably. In anticipation of the expected reduction in public expenditure, NHS Wales may be heading towards a “funding gap” of between £1.3billion and £1.9billion¹⁹.

¹⁶ *In Place of Fear*, page 86

¹⁷ FYF, page 22

¹⁸ Professor Graham Watt, *The inverse care law today*, *The Lancet* Vol 360, pages 252-254 (July 20, 2002)

¹⁹ FYF, page 29

The combined impact of austerity measures, increased VAT costs, and increasing demand, have created a scenario where it will become increasingly difficult to protect current levels of service provision. “Public services in Wales are not used to even stand-still budgets. Budgets in Wales have risen by an average of around 2.4 per cent above inflation since 2007/8.”²⁰

The recession is likely to damage the health of many people in Wales, and could:

- Deepen health inequalities and social injustice;
- Cause the removal of services in an unplanned fashion;
- Create huge variation between services offered in different areas, and if services are reduced and the inverse care law kicks in, those communities that lack material wealth and cohesion are most likely to be the ones ‘left behind’.

The structures and values in NHS Wales will be a great benefit. Strategic planning can take into account inequalities, and deploy resources to tackle them.

Concerted efforts to reduce harm are good for patients and eliminate unnecessary costs. Eliminating waste and poor practice will free up vital funds. Shortening treatment procedures and improving systems will release some of the cost that is caused by ‘multiple touches’ and referrals on from one healthcare worker to another²¹. This can alleviate some of the burden, and has to be one of the priorities for NHS management.

Integrating more effectively

“Integrated organisations must deliver integrated care. The patient wants to move through care and then return home. We all want a pathway which enables us to receive high quality care as we move through the local health and social care systems.”²²

Several studies have examined the benefits of integrating healthcare and social services and the obstacles to securing them²³. Policy-makers can help by encouraging NHS organisations and local authorities to align services further at a local level. Although NHS Wales will remain a national service, it needs to be more locally tailored to suit different areas in Wales.

Challenges to integration include:

- Achieving a shift of care from hospitals to the community;
- Establishing new forms of organisation and governance;
- Difficulties caused by differences in policy, aims and culture across different organisations;
- Lack of support systems, for example, electronic patient records accessible across the joined-up services; and
- Gaining public involvement and input into the development of services.

²⁰ FYF, page 45

²¹ See Willson, A, *1000 Lives Plus and the NHS Agenda – Lessons from Systems Thinking*, published by 1000 Lives Plus. Available to download from: <http://tinyurl.com/systemswp>

²² Gray, J, *Accelerating best practice: Minimising waste, harm and variation*, published by the Bevan Commission and 1000 Lives Plus, page 6

²³ See, for example, Chris Ham and Judith Smith, *Removing the policy barriers to integrated care in England*, Nuffield trust, 2010. Available to download at www.nuffieldtrust.org.uk/publications

Alongside integration with external agencies, NHS Wales needs better co-ordination and integration within organisations. Central services need to focus on supporting the frontline, particularly in primary care where the majority of interactions between the NHS and the public take place.

One of the benefits that Wales does have in this field is the planned and managed approach of its current integrated health boards. NHS Wales must take the lead in working with partners to create a ‘seamless’ system where a person gets whatever care they need without necessarily knowing which sector has provided that care.

The inescapable necessity of change

Circumstances will not allow the status quo to be maintained in NHS Wales. Long-term demographic change and the immediacy of financial pressures could both force that change.

In a time of growing demand and limited resources, adjustments in services and staffing levels must be a consideration. The current situation may lead to unplanned service reconfiguration or withdrawal of services, and a reduction in staff numbers through non-renewal of temporary contracts, posts left vacant, clinics suspended, and so on.

In this scenario, vital roles may be lost simply through circumstances – for example, a senior clinician retires and is not replaced, despite it being a valuable role. Any such piecemeal erosion of capacity may result in variation in service quality and patient outcomes.

The integrated healthcare systems in NHS Wales now provide ideal structures to facilitate a planned and co-ordinated approach to change.

Here politicians can play a vital role. If there is a demonstrable need for the NHS to change services, opposition from politicians may meet the short-term desires of local people while threatening sustainability and improvement of services over the longer term.

It may be difficult to convince the public that a particular change is a good thing. However, robust examples of quality improvement throughout Wales show the powerful positive effect of change. Real, fundamental benefits from change have to be promised to the public, not just an economic justification. The power of sharing experience, possibly using patients’ own stories about their own experiences, needs to be harnessed to suggest how planned change achieves better patient outcomes.

The case must be made for any and every change – that each change moves the service towards world class healthcare.

Tackling health inequalities

Research over the past 20 years has demonstrated the profound influence poverty, deprivation and environment has on life chances. Bevan himself had a simple definition of poverty: “the general consciousness of unnecessary deprivation...”²⁴

²⁴ *In Place of Fear*, page 2

In the 1970s Dr Julian Tudor Hart, a GP working in the Welsh Valleys, noted that in the impoverished communities he served, those with the greatest need for healthcare received the least in terms of services and support²⁵. This ‘inverse care law’ still persists.

In subsequent decades, despite advances in modern medicine and improving social conditions, the health chances of people who are better off have improved at a faster rate than the less well off in terms of overall mortality and ill health across most classes of disease, leading to ever-widening inequalities in health²⁶.

Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is referred to as ‘proportionate universalism’²⁷.

It is in the population’s long-term interests that the NHS works with partners to redress social inequalities and address the social determinants of poor health. The NHS and government can do so in a range of ways, from encouraging primary care providers to use the latest thinking on ways of engaging and empowering individuals, through to incorporating the principle of proportional universalism in high level decisions, so that those with greater social disadvantages receive more carefully tailored services.

People can change their lives in an ‘enabling society’, which minimises disadvantage and gives people opportunities for the future. A citizen-centred society should recognise the real constraints under which many people’s lives are lived, and adjust accordingly approaches to addressing health inequalities.

How will NHS Wales meet the challenges it faces?

NHS Wales is well-placed to meet these challenges through:

- A determined commitment to improve quality further and reduce variation in procedures to ensure harm does not occur;
- Improving efficiency and productivity through eliminating waste, harm and variation and ensuring that best practice is observed everywhere in Wales;
- Encouraging innovation, particularly in re-engineering care pathways to provide faster access to services;
- Creating positive interaction between those working in health and other policy areas, ideally with a government commitment to considering the health implications of all policies;
- Using information in a purposeful way to promote transparency and trust, and to drive improvement;
- Partnering, with:
 - The people of Wales to develop a healthy population;
 - Patients, to reduce unreasonable expectations;
 - Healthcare workers, who need to champion service improvements;

²⁵ *The Inverse Care Law*, The Lancet, Volume 297, Issue 7696, Pages 405 - 412 (27 February 1971). This article can be read for free at <http://www.sochealth.co.uk/history/inversecare.htm>

²⁶ This has been noted in the Five-Year Framework FYF, pages 20-21

²⁷ See Michael Marmot, ‘*Closing the gap in a generation: Health equity through action on the social determinants of health*’ World Health Organization Commission on the Social Determinants of Health, 2008

- Public services, to prevent fragmentation and ‘gaps’ appearing;
- Suppliers, to ensure the economic benefits of NHS spending are felt in Wales;
- Courageous leadership and developing talented and visionary leaders.

This message of necessary change should be welcomed by politicians so that they too can communicate it to the people of Wales in a unified voice.

If NHS Wales can develop a patient-centred and patient-partnering service through introducing the above, it will do more than survive. It can thrive and establish itself on a sustainable footing for generations to come.

Recommendations for a thriving NHS in Wales

This is an important moment for NHS Wales. The decisions made today about investment, engaging with the public, mobilising the expertise of NHS staff, and choosing a path of continuous self-sustaining improvement will potentially have consequences that will be felt for generations.

This is a moment when decisions can be taken to move decisively forward in creating a stronger, more sustainable NHS committed to matching the best anywhere.

Looking ahead, it is clear that everyone living in Wales has a part to play.

The people of Wales need to:

- Be helped in taking more responsibility for their own and their family and community’s health, aided by information and public health support;
- Be helped in developing a better understanding of the capability and limitations of the NHS, and realistic expectations of what it can, and should, deliver, and where is best for services to be delivered;
- Within that context, be given high quality services, with the information that demonstrates this;
- Be helped in preparing to live into later life and adjust their lifestyle to reduce the risks of age-related health problems; and
- Be discouraged from misusing NHS resources.

In addition to the above, which apply to every person in Wales, there are additional tasks at hand for those involved more closely in the provision of services.

Healthcare professionals need to:

- Sustain and spread the current efforts to make quality the pressing priority for all those working in the health service, with continuing and intensifying action to eliminate poor practice, wasteful practice and avoidable variation in patient outcome;
- Ensure through reflection and learning that best practice is implemented throughout NHS Wales;

- Give new impetus to making patients central, so that the quality of the relationship between those who work in the NHS and those who use it becomes a key test of the success of the system;
- Be committed to making integration work and develop local systems that work for the user; and
- Educate the general population at all ages on how better to look after themselves and particularly focus in the middle years of life on avoiding the worst aspects of age-related diseases.

Politicians need to take responsibility for:

- Doing much more to help people to be responsible for their own health through addressing the barriers that make this difficult;
- Supporting a NHS that genuinely aims to improve services and focus on the citizen, while helping the public avoid unrealistic expectations of what can be achieved;
- Abstaining from structural changes that undermine efforts to build long term service improvement
- Working towards securing a health benefit from all policies not just those relating to health and social care;
- Helping educate the public that change is needed but also insisting that changes are fully explained; and
- Championing a culture geared towards quality.

Healthcare leaders (senior managers and central planners) need to:

- Do much more to help people to be responsible for their own health through giving practical support and advice;
- Make integration of health and social services for users a reality;
- Not neglect the longer term consequences of caring for a population that is on average growing older, and so look to the benefits of investment now in social care services and community-based facilities;

- Encourage the potential of staff to bloom through teamwork and respecting innovation;
- Provide a clear focus to staff on the goal of giving ‘world class’ care to patients;
- Consider the economic value for Wales of NHS spending, and develop relationships with suppliers that deliver benefits to the people of Wales;
- Compare health and health care performance in Wales against that in comparable systems elsewhere;
- Be uncompromisingly courageous in championing the cause of the marginalised and dispossessed; and
- Recognise, reward and train talented individuals within NHS Wales to become the leaders of tomorrow, today.

Conclusion

The immediate challenges of economic stringency and the longer-term challenges of demographics both indicate the rapidly-changing world that NHS Wales must adapt to in order to thrive. The landscape of the 21st Century is going to be markedly different from the 20th Century. This moment in the journey of NHS Wales is very different from the first steps made in the late 1940s.

The principles that inspired Aneurin Bevan and many others to bring the dream of a National Health Service to reality still stand. NHS Wales can triumph over the economic, demographic and social forces that are marshalled against it, but this will require commitment, tenacity, leadership and partnership throughout healthcare, government and society. NHS reforms in Wales contrast with those announced for England which would take the provision of healthcare along a strikingly different path. Based on a solid foundation NHS Wales can triumph over the economic, demographic and social challenges which confront it.

The structures and motives of NHS Wales provide a robust basis for meeting the challenges that NHS Wales faces, without forfeiting the cardinal values first established by Aneurin Bevan, and further elaborated in a contemporary context as the Bevan Commission Principles.

Change is necessary and inevitable, but there are solid foundations for securing the necessary transformation in culture, practices, quality and delivery.

If change is driven by NHS Wales, government and society, in line with the recommendations in this report, the people of Wales have an unparalleled opportunity to achieve a health service that will meet their health needs comprehensively, universally, and free at the point of delivery.

And it will truly be a health service recognisable to the architect of the NHS, Aneurin Bevan.

Acknowledgements

I would like to thank the members of the Bevan Commission, Professor Jonathon Gray, Dr Chris Riley, Carl James, Felicity Barclay, Eleanor Higgins and Jon Matthias for their valuable contributions during the term of the Commission. I would also like to thank all those who gave up their time to participate in one or more of the 12 meetings of the Bevan Commission. I am also grateful for all of those who were involved in organising, speaking or were participants in the 3 evening seminars hosted by the Bevan Commission in conjunction with the *1000 Lives Campaign*.

Appendix A: Members of the Bevan Commission

Members appointed in 2008

Professor Sir Mansel Aylward CB, Chair of Public Health Wales;

Dr Tony Calland, Chair of the Medical Ethics Committee of the British Medical Association and former Chair of the BMA Welsh Council;

Professor Sir Anthony Newman-Taylor CBE, Principal of the Faculty of Medicine, Imperial College, London;

Professor Ceri Phillips, Professor of Health Economics at Swansea University;

Dr Donald M Berwick KBE, President and Chief Executive Officer of the Institute for Healthcare Improvement (left in 2009, when appointed Administrator of the Centers for Medicare and Medicaid Services, Department of Health and Human Services by President Obama);

Professor Allyson Pollock, Professor of International Public Health Policy at the University of Edinburgh; at Queen Mary, University of London since March 2011;

Professor Dame June Clark DBE, Professor Emeritus at Swansea University and former president of the Royal College of Nursing;

Sir Ian Carruthers OBE, Chief Executive of the South West Strategic Health Authority; and

Professor Charlotte Williams OBE, Professor of Social Justice in the University of Keele, former Chair of the Welsh Assembly Government Task Group on the Child Poverty Strategy (left in 2009).

Members appointed in 2009

Dame Karlene Davis DBE, Director of the WHO Collaborating Centre for Midwifery, Regional Representative for Europe in the International Confederation of Midwives, former General Secretary of the Royal College of Midwives; and

Dr Chris DV Jones CBE, Chair of Cwm Taf Health Board and General Practitioner.

Appendix B: Summaries of papers submitted to the Minister for Health and Social Services

The Bevan Commission provided papers to the Minister for Health and Social Services on a number of the subjects it discussed. These papers were, at the request of the Minister, short and to the point. Because they were discussed within Commission meetings, the papers act as conclusions drawn from the evidence presented.

All the papers can be accessed online and downloaded from the Bevan Commission web-page. However, short summaries are included here for easy reference. (<http://wales.gov.uk/topics/health/nhswales/organisations/?lang=en>)

Paper 1: The NHS founding principles and contemporary relevance to the NHS reforms.

The initial brief of the Bevan Commission – to identify the founding principles of the NHS and whether the NHS held true to them resulted in this paper.

The Commission identified the three key elements that helped create the NHS:

- Comprehensiveness, within available resources;
- Universal access, based on need; and
- Services given free at the point of delivery.

In addition to the initial three principles identified above, eight further principles were formulated:

- A shared responsibility for health between the people of Wales and the NHS;
- A service that values people ;
- Getting the best from the resources available;
- A need to ensure health is reflected in all policies;
- Minimising the effects of disadvantage on access and outcome;
- A high quality service that maximises patient safety;
- Patient and public accountability; and
- Achieving continuous performance improvement across all dimensions of healthcare.

This total of eleven principles was presented to the Minister. The Commission offered to identify the necessary mechanisms to promote the principles and remove barriers to their application.

It was also recognised that the integration between healthcare and social services may be affected if these principles are not applied equally to social services.

Paper 2: The Commission's key messages to ensure it remains true to Bevan's principles and achieves its objectives in the contemporary climate.

This paper identified ways in which the Bevan Commission could advise the Minister on whether the previously-identified defining principles of the NHS were being adhered to during the significant reforms of NHS Wales.

The Commission identified its role as:

- Scrutinise, debate and discuss the relevance of emerging health issues and ideas from a disinterested perspective;
- Assess opportunities for speedier improvements in health and social care provision;
- Evaluate and utilise relevant best international practice;
- Advise the Minister on how to ensure that the reformed NHS Wales remains true to Bevan's principles and values;

- Provide support for the goal and aspirations laid out in ‘One Wales’;
- Rebalance and refine the health and social care system within Wales as appropriate, ensuring the patient is the focus of healthcare;
- Advocate the notion of the citizenship-based model of public service provision; and
- Help the Minister achieve the vision to:
 - Establish a “world-class” healthcare service in Wales, through an integrated system of healthcare delivery; and
 - Ensure that the “citizenship” model for public services is applied.

Paper 3: Informing Healthcare and information technology in the NHS

This paper summarised discussions following a presentation given by Dr Gwyn Thomas, Chief Executive of Informing Healthcare, to the Bevan Commission about the significant progress which has been made in Wales and the formidable practical and strategic elements that remained to be addressed.

The Commission identified the following issues regarding information use in NHS Wales:

- **Enabling the Healthcare Strategy** - Information technology must be an integral part of reorganisation, in terms of investment and priorities for deployment;
- **Sustained Investment** - the NHS should move in annual increments to a position where 4% of the total NHS budget is spent on information technology systems. The best use of current investment would mean pooling all national and local informatics resources;
- **Leadership and Engagement** - Engaging with clinicians and patients to understand their requirements is essential if the best, most useful information systems and services are to be designed and delivered; and
- **Workforce Development** - There is a shortage of Informatics staff and investment needs to be made in professional training, recruitment and retention.

Paper 4: Sustainable futures

This paper summarises a presentation given by Clive Bates, Director General for Sustainable Futures at the Welsh Assembly Government. The following points were made regarding sustainability:

- The objective of sustainable development is well-being and quality of life (not just, as is often defined, environmental protection);
- Sustainability ‘involves tough choices and realignments’;
- It involves a trade-off between spending on today's priorities and 'invest to save' in the future;
- Integration is a key feature – integration is defined as finding the best, most cost effective way to intervene. This may mean reprioritising resources across system boundaries, as some key influences on better health exist outside the healthcare system; and
- It involves citizen engagement, and citizen choice as to what money is spent on, and where.

Paper 5: A need to ensure health is reflected in all policies

Dr Tony Jewell, Chief Medical Officer, Welsh Assembly Government presented to the Bevan Commission on the Welsh Assembly Government strategy *Our Healthy Future*. This presentation was well received by the Bevan Commission and prompted the genesis of this paper. One of the eleven Bevan Commission Principles was ‘to ensure health is reflected in all policies’. This recognises that population health is not merely due to the actions of the health service, but determined to a large extent by societal and economic factors, such as living conditions. ‘Health’ is therefore influenced by policies and actions beyond the health sector.

In Wales, well over half the government budget is spent in areas other than health services. However, very little is done to maximise the health impact of that spending.

Unless the general level of health among the people of Wales improves, the NHS will not be able to cope with the increased financial burden of treatment or the volume of need.

Without deliberate emphasis on prioritising health in all policies, government actions could undermine the attempts to reduce the burden on the NHS.

Paper 6: A Visible Hand: Information as an incentive for excellence in healthcare in Wales.

The move in NHS Wales away from a quasi-market to collective, planned provision has implications for the performance and practice of NHS organisations. In contrast to Adam Smith's famous 'Invisible Hand' economic theory, the 'planned economy' is a 'Visible Hand' that guides the strategic allocation of resources to meet needs.

Information is crucial to the success of the 'Visible Hand', as needs have to be accurately identified, and the mechanisms to meet them must be transparent and fair.

A difficulty in planned economies is maintaining quality and value for money. Without the 'market' to drive these two elements of service provision, alternative incentives are needed to achieve these elements, instil desirable behaviour and provide confidence to government, planners, patients and the public.

It was suggested in this paper that some alternative incentives could be found in reliable and transparent information.

Paper 7: The NHS contribution to health other than through healthcare services.

In addition to seeing 'health' feature in all government policies, the NHS can contribute to wider aims of government through influencing and working with other policy areas.

The NHS is one of the biggest employers, land-owners and purchasers in Wales. Strategic use of this economic muscle can deeply impact communities, reducing health inequalities as much by providing meaningful employment to disadvantaged members of society, as any 'healthcare' initiative.

The NHS operates as a "major business" in virtually every locality throughout Wales, and is therefore well-placed to tackle social inequalities and addressing regeneration through investing in staff and assets, the purchase of services, and the development and regeneration of local economies. It can use its power better to strengthen the economy, create jobs, support marginalised groups, reduce waste and reduce avoidable transportation of goods from other areas.

Paper 8: The first year of the Bevan Commission

This paper summarises the development of the Bevan Commission Principles, and the definition of what 'world class' healthcare would look like. It also highlighted the following weaknesses in the current system:

- Fragmented and disorganised out-of-hospital care makes navigation difficult for the citizen and professional alike;
- Inaccessible health records result in limited exchange of information between different parts of the system;
- Lack of a robust and consistent governance framework, making it difficult to establish clear lines of accountability; and
- Service availability and quality are highly dependent on location of residence.

Many of these issues relate to integration of care, particularly primary care with the rest of NHS Wales.

In addition, close links with the *1000 Lives Campaign* (continuing now as the national programme *1000 Lives Plus*), introduced discussion about reducing **harm, waste** and **variation**. Addressing these would improve the patient experience; meet the concerns of clinicians and managers; and focus closely on how best to use resources to drive up quality.

White Paper

Accelerating best practice: Minimising waste, harm and variation

This white paper was written to capture key learning points at seminars hosted by Public Health Wales, which addressed the questions “If quality and patient safety are the priorities in an organisation, what does this look like?” and “How do we embed improvement in healthcare services?”

Key conclusions of the White Paper include:

- Quality can only be achieved if clear leadership is given from the very top in a healthcare organisation, and built into its structures, values, practices and business processes;
- Quality improvement can be successfully achieved by addressing three key areas of activity: reducing waste, harm and variation;
- Quality is achievable right across a healthcare organisation and has a significant impact in terms of lowering costs and increasing social equity (as well as staff morale and public confidence in the service);
- Quality should not be a victim of changing times (e.g. the current recession) – in fact difficult times are an opportunity to accelerate the pace of change and a justification for trying new strategies to improve quality;
- Primacy must be given to patients, to make them the number one priority;
- Getting ‘value for money’ is a legitimate measure of quality for healthcare organisations;
- Improving access, e.g. by reducing waiting lists is not a political point - reducing pain and anxiety are real life concerns; and
- Transformation will come to Wales when all staff are engaged in improving their own work and the system they work in.