INTRODUCTION

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents around 7,500 members in Wales from every branch of the medical profession.

BMA Cymru Wales is pleased to provide a written response to the call for evidence issued by the panel undertaking the Welsh Government-commissioned Parliamentary Review of Health and Social Care in Wales.

We would also wish to thank the panel for the variety of opportunities that BMA Cymru Wales has been afforded to engage with this work so far. We particularly valued Dr Ruth Hussey’s attendance at recent meetings of BMA Welsh Council and BMA Welsh Consultants Committee, and for the time to give oral evidence on Thursday 4 May. This written response should therefore be seen to build on, and complement, our engagement with the review to date. Indeed, BMA Cymru Wales remains wholly committed to constructively engaging with this review as its work progresses, and we would be happy to supply further written or oral information if that would be helpful.

For us, the review represents a valuable opportunity to consider the current and future needs of health and social care in Wales; and to develop a clear long-term vision which is aligned to ambitious strategic workforce plans - designed to deliver positive, measurable and sustainable change.
METHODOLOGY OF THIS RESPONSE

Our response is provided in two parts.

Part 1 consists of an overview of what we see as the key issues that the Welsh Government, working with its partners, needs to address across health and social care services in Wales.

In addition, we have undertaken a survey of our members across Wales to ascertain their views in relation to the specific questions which have been posed by the review panel as part of the call for evidence. Due to the significant level of response, we are still working through the detailed analysis of the findings from this survey, however, it is apparent that a number of themes have emerged which reinforce the key issues identified in Part 1 of this response. To highlight this, we have used some of the individual responses to the survey in this section, and will share the detailed survey analysis with the review panel as soon as it is complete.

In part 2 we highlight a number of relevant evidence papers and responses which we have given to previous inquiries over the last two years. These provide potential solutions to the key challenges that are currently being faced across the NHS in Wales and should be regarded as an integral part of our submission to the Parliamentary Review. It is important to emphasise that these papers offer actions and recommendations to a number of the key areas identified in part 1 of this response and are included here in order to constructively inform, with a focus on finding solutions, the panels considerations.

RESPONSE

Part 1 – Key issues

We present below our views on what we see as the key issues upon which the Welsh Government needs to act to improve health and social care services in Wales over the next few years.

• A vision for NHS Wales and the ‘Wales Offer’

As a key priority, BMA Cymru Wales believes that the panel needs to recommend that the Welsh Government works with partners to develop a clear long-term strategic vision for the NHS and social care in Wales. We have previously set out our belief that a vision, which takes a whole systems approach, is very much needed. This was a prominent feature of our work leading up to the 2016 Assembly elections and part of the BMA Cymru Wales manifesto1, ‘What About Health? Three steps to a healthier nation’.

We believe that a vision for the NHS in Wales must highlight and promote what is distinct about the approach to health and social care in Wales – it should outline what Wales is able to offer individuals training or working in the NHS and in social care, and what that means for the delivery of care and promotion of wellbeing. We would urge the panel to consider this ‘Wales Offer’, the potential it has to attract individuals to a career in Wales, and its role in helping to retain our exiting highly skilled staff. Importantly, this would send strong signals to students, trainees and doctors that they are valued in Wales. We believe the points which follow in this response will help to inform the development of a vision and ‘Wales Offer’.

Along with our fellow healthcare professions we are committed to working proactively with government, health boards and other sectors to realise this vision.

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• **Workforce planning**

Recognising the significant workforce challenges that currently face the NHS in Wales, we call for the development of a credible workforce plan. This must deliver a whole-system strategic approach to workforce planning across primary, community, secondary and social care, coupled with action to ensure we have the right staff in the right place at the right time, clearly aligned to delivering the vision outlined by the Welsh Government. To support this, workforce planning should be dynamic, robust, transparent and pro-active, taking into account medical training requirements, the changing service demands and workforce composition.

We believe that medical workforce planning should not be done in isolation. Planning is also needed for non-medical health professionals, such as nursing and pharmacy, given the vital interdependent and complementary nature of different skills within the multidisciplinary team in providing effective patient care. Some good examples and ideas of utilising skill-mix are available in a number of primary care clusters, but unfortunately these roles are often affected by the short-termism of budgets and inadequate staff numbers to meet demand.

• **Tackle recruitment and retention challenges**

As part of the aforementioned workforce plan, BMA Cymru Wales believes that urgent action needs to be taken to ensure that we deal with recruitment and retention challenges in order to create a workforce that is fit for the future and capable of maintaining and delivering services in the wake of growing pressures which are leading to increased demand. Such pressures include our ageing population, advances in treatment and technologies, and an increasing prevalence of chronic disease. The Welsh Government’s recently published report, Future Trends 2017 provides some helpful considerations and projections, based on current trends, of the type of demands and pressures that the medical workforce (and others) will face in the future.

We see addressing the recruitment and retention challenges as the key issue to be tackled to place the NHS on an effective and sustainable footing – and consequentially for the safe, timely and effective delivery of care to patients. In the majority of the previous responses (summarised in Part 2 of this response, below) we have focused on addressing these challenges, which have become increasingly acute within the NHS in Wales. These include: unfilled training places; GP practice closures; long-term vacancies; ageing workforce; low morale; and excessive workload leading to burnout. These are not new phenomena, and we have been pressing for action by the Welsh Government and NHS employers for several years. Urgent action is required given that these problems are escalating, and have obvious ramifications for service provision and patient care.

The solutions to these challenges are clearly multi-factorial and you will see from the previous responses that we have considered and put forward a great number of solutions to these problems over recent years.

As a central part of the solution, we need to ensure that the provision of high quality undergraduate medical education, postgraduate training and continuing professional development is prioritised. Wales has a track record of working collaboratively on these areas and we feel it is important to maintain this approach. There is also a need to ensure that junior doctors are no longer relied upon for service delivery at the expense of their training, something that is becoming increasingly common in some locations and specialties due to the prevalence of significant and persistent rota gaps.

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In general practice the recruitment challenges are particularly severe, and the workforce is under considerable strain. There is a significant gap between the rising demand placed upon general practice, and its capacity to deliver. This undoubtedly contributes to more Welsh GPs suffering from burnout and leaving the profession early, thereby placing further strain on the remaining workforce and impairing the attraction of general practice as a career choice for trainees. With an increasing proportion of GPs nearing retirement age, this is a particular cause for concern in primary care. The recent incentive schemes for new trainee GPs in hard-to-recruit areas of Wales are welcome, but go only some way towards what is required to address these challenges.

We also feel there needs to be a proper understanding of what workforce vacancies currently exist, something which is clearly hampered by the lack of publication of meaningful data on vacancies since 2011. When we have obtained vacancy data though the use of Freedom of Information requests, the data we have received would appear to be highly inaccurate due to the use of what we see as fundamentally flawed definitions. For instance, we understand that vacancies are only counted as such when active processes to fill them have been unsuccessful, meaning that a vacant post may have remained empty for some time, but is not considered a vacancy until active - but unsuccessful - attempts have been made to recruit to it. This definition therefore is skewed towards under-reporting. There are also inconsistencies between different health boards and trusts in Wales in how they apply the definition of what constitutes a vacancy. We believe these issues must be addressed to aid with workforce planning, as we fail to understand how this can be effectively undertaken when employers and decision makers do not start with an accurate picture of what vacancies exist to begin with.

The Future Trends report has highlighted the importance of improving the collection and use of statistical information and data sources, it said: “Thinking insightfully and habitually for the long term does not always come very naturally; so there is much scope for us in Wales to take a collective lead in the intelligent use and interpretation of data sources to enable us to take that longer view”.

Further information regarding our views and recommended actions on how recruitment and retention challenges within the medical workforce in Wales can be tackled is contained within our response to the National Assembly for Wales Health and Social Care Committee inquiry into the GP workforce (which is attached as Appendix A to this response), our response to the National Assembly for Wales Health, Social Care and Sport Committee inquiry into the sustainability of the health and social care workforce (which is attached as Appendix B), and our response to the National Assembly for Wales Health, Social Care and Sport Committee inquiry into medical recruitment (which is attached as Appendix C).

Recruitment and retention is amongst the most significant of all concerns raised by respondents to our survey. Below are a selection of individual responses on this, ahead of the full analysis being completed and shared:

- “The biggest problem we face is not money. It is shortage of doctors. Welsh Government needs to significantly increase the number of medical students trained in Wales”
- “Making training attractive and providing a sensible work-life balance is key to improving [recruitment and retention]”
- “Posts should be made attractive with long term planning of how to recruit and retain staff particularly in difficult to recruit areas such as North Wales and reduce the reliance on locums”

• Improving the work environment and culture

We believe that doctors and other health professionals must feel that they are able to raise concerns about patient care without fear of reprisal; and in an environment where feedback is welcomed, listened to, and acted upon. There also needs to be more effective engagement with, and empowerment of,

health professionals. This should include: appropriate clinical input into decision-making and service
design, as well as the provision of time and space for doctors to innovate. A recent paper by the King’s
Fund, Caring to Change\(^4\), described compassionate leadership – which, it said, involves attending,
understanding, empathising and helping – as a core cultural value of the NHS, and explained how it can
stimulate a working environment that encourages people to find new and improved ways of doing things.

Today’s doctors have multiple roles: they are clinicians, leaders, teachers, managers and researchers.
High-quality patient care goes hand in hand with a highly motivated and committed medical workforce.
However, many BMA members report that they feel increasingly de-professionalised, repeatedly
devalued and worryingly isolated.

This points to the need to create an open, transparent and learning culture where both concerns and
ideas from staff, patients and their relatives are welcomed and considered which has been a priority for
BMA Welsh Council over recent years. In 2014 over 500 doctors in Wales responded to a BMA survey\(^5\),
with nearly 60% saying they had raised a concern in the previous three months and of those, more than
60% reported experiencing bullying or harassment as a result. Other findings were just as stark: 84.8%
reporting long-term unfilled staff vacancies in their workplace, and 69% agreed that staff in their unit
work longer hours than is best for patient care.

As a result of these findings, and due to mounting reports from members across Wales, BMA Cymru
Wales has undertaken a programme of work, with other partners, seeking to improve openness,
transparency and organisational learning cross the NHS. This has included working with the NHS
Confederation to measure and improve levels of medical engagement across Wales and securing the
agreement of the NHS Wales Core Principles\(^6\). These remain ongoing priorities as we believe that they
can make a real difference in improving the workplace environment, culture and delivery of care.

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**NHS Wales Core Principles**

People first - Improve our care - Wellbeing and prevention - Reflect and learn - Partnership team - Value all

The Principles have been developed to help and support NHS Wales staff.

They describe how we can work together to make sure that what we do, and how we do it, is underpinned by
a strong shared common sense of purpose. NHS Wales values all its staff - from Wales, the UK, EU and non EU
foreign nationals. The NHS is about people, working with people, to care for people. It’s what we do and why
we work here. We are under pressure to deliver more services, with better outcomes, while maintaining and
increasing quality with:

- significant financial challenge
- high levels of public expectation
- a population which is getting older and with increased levels of chronic conditions.

These Principles have been developed to help staff respond better to these demands. They will also help to re-
balance the way we work together. So we are less reliant on process, and are guided by these Principles when
applying policies and procedures.

Source: NHS Wales Core Principles, information leaflet sent to all staff, 2016

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\(^4\) King’s Fund Caring to Change 2017. Available at: [https://www.kingsfund.org.uk/publications/caring-change](https://www.kingsfund.org.uk/publications/caring-change)


\(^6\) NHS Wales Core Principles 2016. Available at: [http://www.wales.nhs.uk/nhswnswales/aboutus/thecoreprinciplesofnhswales](http://www.wales.nhs.uk/nhswnswales/aboutus/thecoreprinciplesofnhswales)
We feel strongly that further work is needed, with clear and strong patient-centred leadership, to deliver lasting improvements to the culture of NHS Wales. As a starting point the agreed NHS Wales Core Principles and the SAS Charter, which ensures that Staff and Associate Specialist (SAS) doctors and dentists in Wales are properly supported in the workplace and get the recognition they deserve, must be properly implemented and embedded into working practices by all NHS organisations in Wales, and be evaluated. Much good work, involving a variety of partners, has gone into developing these agreed documents but we see it as imperative that the actions within them are now delivered.

Easing workload pressures and making doctors feel valued should also be seen as key priorities. Doctors in both primary and secondary care are reporting workloads that are increasingly unmanageable – indeed this is the single most common issue raised with us by our GP members. Unnecessary bureaucracy also needs to be tackled across both primary and secondary care to lessen workplace pressures, freeing up doctors to spend more of their time delivering frontline care to patients.

We see improvements in the culture of NHS Wales as vital for making the working environment attractive for doctors to train, be employed and/or develop satisfying and lasting professional careers – these in turn are vital to dealing with ongoing recruitment and retention challenges. As one respondent to our survey put it:

“Lack of investment has caused crisis after crisis and I believe many of my colleagues whistle-blowed and then were bullied out of their posts and so we are lacking in experienced staff across the board. This has a knock on effect as no one wants to stay for long and so the staff turnover is huge”.

- **Primary and community care**

General practice is facing increasing and unprecedented pressures. As noted, there is a significant and growing gap between the demand placed upon it and its capacity. These pressures are not limited to one area. We believe there is a clear need for improved access; both for patients to primary care and consequently access for GPs in referring onwards to available secondary care services. This is of course largely dependent on appropriate resources being made available and addressing the manifest challenges that exist in relation to recruitment and retention of GPs.

GPs across Wales face significant sustainability challenges in the face of rising indemnity costs and other expenses, both individually and for the expanding multidisciplinary practice team. This scenario can be a barrier to effective cluster working and can be a particularly acute problem for smaller practices which are disproportionately affected by premises liabilities and other business risks.

We believe that the Welsh Government must manage these risks and workload issues to retain the flexibility, commitment and continuity that a contractor services model offers. This will mean balancing the risk and reward for younger doctors and those at the end of their careers, with supporting a variety of rewarding salaried and freelance roles within a contractor-led service much more geared towards providing opportunities for working at scale.

In terms of the organisation and focus of primary care, effective cluster working is seen as an important step forward by a number of our members. While we support the principle of cluster working, the pace of development and effective delivery across Wales is far from uniform. Cluster networks lack sufficient autonomy from health boards in both financial and strategic terms and are thus impeded from delivering

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intended goals such as workload reduction and transforming local services. Specifically on primary care clusters, Appendix D will be of interest to the panel.

We have previously advocated a number of solutions to the challenges currently being faced within general practice in Wales. These are contained within our report, ‘An urgent prescription for general practice in Wales’ which highlights the challenges faced by GPs, along with offering urgent solutions to Welsh Government to address these problems, including:

- capacity to see and spend time with patients
- increased practice funding
- more staff to support GPs; and
- less box ticking.

- Investment in health and social care services

Whilst we fully recognise that the Welsh Government does not always have the financial freedom it needs in order to address investment requirements in health and social care services to the extent it might wish to, we nonetheless recognise that services across the UK are suffering from years of underfunding despite rising patient demand. This is putting a heavy strain on services, meaning that the NHS is now failing too many patients too often with staff increasingly finding themselves working in impossible conditions.

In February 2017 the BMA published a report that presented NHS bed data from across the UK. The data demonstrates the increasing pressures on the system in each nation. BMA Cymru Wales also responded to the Inquiry by the Health, Social Care and Sport Committee into winter preparedness which considered capacity in health and social care; our response can be accessed on our website. The task for politicians, both in Wales and across the UK, is therefore to identify funding that can be made available in order to invest in sustainable solutions for the delivery of both health and social care services.

- Investment in information technology

As well as such investment contributing to adequate workforce provision, we recognise there also needs to be sufficient investment in IT systems to ensure they are fit for purpose, including to provide an effective interface between primary care, secondary care and social care. This interface is currently hampered by the fact that different systems in different sectors are all too often incompatible with each other. The report ‘Organising care at the NHS front line’ by the Kings Fund, focuses on this interface and also examines the, often poor, internal processes and systems within hospitals. In a series of essays from clinicians, and reflections from the authors, the report reveals the logistical barriers to delivering the best care for acutely ill medical patients across the NHS. The paper identifies a number of ways to tackle these problems which the panel may wish to consider.

Our members often report the need for improved IT systems in secondary care in particular; and that in primary care provision is relatively good, with strong relationships with NWIS ensuring patient data is secure with appropriate data access by colleagues in secondary care and pharmacy via the Welsh Clinical Portal. This is in addition to new developments with My Health Online 2 soon to be rolled out enabling safe and appropriate patient access to elements of their record amongst other benefits.

Indeed IT was one of the most obvious themes members raised in our survey. A few individual responses on information technology included:

- “better implementation of mobile IT in ward based environments to waste less time - a transition from paper patient notes to electronic formats”
- “I need the ability to put records onto a clinical portal so that referring doctors can read them... I need to be able to read scans and recordings made in other hospitals”
- “IT - it is so archaic and slow and not acceptable in this age of IT advances”

That said, of the examples of good practice and innovation which we asked for, the responses were often ones involving technology innovation. Two examples of this include:

- “There is an excellent database in Cardiff and the Vale called PARIS where patient information is held. All community health services input into it which allows hugely improved communication”
- “Teledermatology pre-screening of GP referrals is an excellent means of ensuring timely access to dermatology advice and triaging patient access to secondary care”

• Improve public education, public health and public involvement

Step 1 of our manifesto\(^{12}\) called for the people of Wales to be supported to live healthier lives, and make healthier lifestyle choices. We set out why doctors believe that in order to tackle the persistent inequalities in health, and to protect the most vulnerable in society, health and wellbeing implications need to be prioritised in all aspects policy making.

Empowering patients to take a greater role in their own care, including in the management of long-term conditions, can help relieve the pressure on over-stretched health services. An additional benefit can be derived from better education for patients to enable them to know when and how they should appropriately seek to access different services and which professionals are the most appropriate for them to see.

We also support the need for the adoption of new public health policies and interventions – including those currently being legislated for through the Public Health (Wales) Bill, on which we have worked hard to constructively provide input. We continue to press for more action to reduce the prevalence of smoking, the consumption of alcohol and obesity, as well as to promote greater levels of physical activity.

We are particularly pleased that the Welsh Government is now supporting our proposals for the statutory use of Health Impact Assessments in defined circumstances, in order to ensure that health considerations are brought further to the fore in the development of public policies, plans and programmes. We feel that there is scope for further public health interventions aimed at prevention, although we recognise that not all the levers to achieve this lie with the Welsh Government. Such

Interventions also need to be backed up by the greater use of an evidence-based approach to the
development of public health policies.

Individual responses to our survey highlighted a consensus on the importance of poor health and
wellbeing prevention, raised understanding of which services to access, and for increasing public health
awareness, examples include:

- “Provide better life chances for children and wellbeing education to improve their life choices”
- “Better education and expectation of patients re the use of A&E for minor ailments and non-
medical problems, particularly out-of-hours”
- “Encourage patients to do their bit for example engage in smoking cessation, exercise, maintain
a healthy weight”
- “Welsh Government needs to address with the public a need to increase self-care”

• Integration of health and social care

We support the need for greater integration of health and social care services. This is something we feel
is becoming increasingly pressing. As evidence in the Nuffield Trust’s report, ‘A decade of austerity in
Wales’, the population in Wales is continuing to age, with growing numbers of our elderly living with
significant, and often complex, health and social care needs. These pressures are likely to grow and
intensify and the evidence demonstrates the need for health and social care to work with a common aim
to address these challenges.

Greater integration would also help in dealing with gaps in provision between different services and
sectors, as well as tackling unreliable transitions from health to social care (or vice versa) which can often
result in duplication, delays and missed opportunities.

We do not feel, however, that the full integration of health and social care services (including of
structures and staff) is necessarily essential to achieve this. In our view, appropriate coordination may be
best achieved by creating long-term stability across the NHS and local authorities in Wales, thereby
enabling integrated care to become a priority without the necessity for further structural reorganisation.

We would also refer the panel to our response to NHS Wales workforce review undertaken by David
Jenkins which is attached as Appendix E to this response and which expands on the ways in which we
believe greater integration of health and social care and be achieved, how the individual should be the
organising principle for services, and outlines the unique role that doctors can play in supporting
successful integration.

A number of individual responses to our survey reinforce the importance that doctors place on close
working between health and social care, and for social care provision to be improved. A selection of
these include:

- “Improve social care provision through a combination of increased funding and better
organisation. This in itself will keep people out of hospitals and enable more rapid discharge for
those who are ready to leave hospital. This would save money overall by reducing expensive
hospital stays.”
- “The patient journey through health and social care should be a circle beginning and ending in a
patient’s home, with good communication and team working at each step.”
- “Social support often takes weeks to organise, which primarily appears to be related to under
resourcing of social care. This translates into poor patient flow in hospitals, leading to bed crises

in-wales-to-2025-26
Lack of social car support also results in unnecessary hospital attendances and admissions.”

The areas outlined above are those which BMA Cymru Wales identifies as being the key issues for Welsh Government, working with its partners, to address in order to improve the delivery of care to patients and to place health and social care on a more sustainable footing.

Part 2, below, seeks to highlight the specific recommendations and suggestions of tangible actions which we have offered to realise this.

**Part 2 – Relevant responses to recent inquiries**

As part of this current response, we would like the review panel to consider a number of earlier, but relevant, responses which we have submitted to previous inquiries in recent years covering various aspects of health service provision in Wales.

We would wish the review panel to note that we have made a number of suggestions and recommendations to the Welsh Government, National Assembly committees and other independent inquiries, outlining ways in which we believe that health service provision in Wales could be improved. In looking for solutions to key challenges, we believe that the panel will find these useful to consider as part of its deliberations and we would, of course, be happy to expand on any of these areas.

These earlier responses are therefore attached in full as appendices, with a summary outlined below:

**Appendix A – Response to the National Assembly for Wales Health and Social Care Committee inquiry into the GP workforce**

This response outlined what we see as the importance of accessible and well-resourced general practice for the delivery of good health outcomes to patients, and provided an overview of the demand and challenges facing general practice in Wales. In particular, it looked at the barriers to recruitment and retention and made a number of recommendations to address those. The response looked at the commissioning and delivery of medical training in supporting a sustainable GP workforce and, again, put forward a wide number of recommended actions on this, and on wider general practice sustainability.

The response should also be read in conjunction with our report, ‘An urgent prescription for general practice in Wales’.14

**Appendix B – Response to the National Assembly for Wales Health, Social Care and Sport Committee inquiry into the sustainability of the health and social care workforce**

This response highlighted the need to ensure that recommendations from previous inquiries, including the NHS Wales Workforce Review and the Health and Social Care Committee inquiry into the GP workforce, have been implemented and their effectiveness assessed. Amongst other issues, it also covered: the factors which we feel prevent Welsh Government and NHS employers in Wales from having an accurate picture of the current workforce, such as the current failure to publish meaningful data on vacancies; our concerns about the lack of a current strategic vision for the NHS in Wales; the severe challenges that currently exist within the primary care workforce in Wales; the need to better promote careers within the NHS amongst young people in Wales; the factors which could positively impact on

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recruitment and retention of doctors in Wales; and the particular need which we see to address recruitment and retention challenges in more rural areas, as well as within some of Wales’ more deprived communities.

Appendix C – Response to the National Assembly for Wales Health, Social Care and Sport Committee inquiry into medical recruitment

This response highlighted the need for the development of a strategic vision for the NHS in Wales to underpin effective workforce planning; concerns around the impact of an ageing workforce, with a greater proportion nearing retirement age; the particular need to invest in general practice; the need for reassurance and clarity regarding the impending impact of Brexit on the health and social care workforce given the significant number of EU nationals currently working in those sectors; the need to develop and promote Wales as a good place to undertake medical training; and issues that currently have a negative impact on Wales’ ability to retain medical staff.

Appendix D – Response to the National Assembly for Wales Health, Social Care and Sport Committee inquiry into primary care (focusing on clusters)

This paper outlined our views on primary care clusters and shared the varied experiences of our members in engaging in cluster working. It reiterated our support for the concept and principles of clusters, and outlined the benefits we feel that cluster working can have. We have long supported the concept of cluster working as it presents an opportunity to alleviate the endemic pressures of workload, recruitment and sustainability for general practice, in tandem with the delivery of relevant, timely and more holistic care through the greater use of multi-disciplinary teams and partnerships. The paper also set out the barriers which we perceive exist to effective cluster working, and concluded by putting forward recommendations based on the delivery of benefits to patients and patient outcomes.

Appendix E – Response to the NHS Wales workforce review undertaken by a review panel chaired by David Jenkins

This response considered the integration of health and social care, outlining the BMA’s view that the individual must be the organising principle for services and how the effective integration of health and social care can be realised, examining the central role of doctors in this. The response also looked at the future workforce and skill mix, with a focus on the need for improved data collection on the current medical workforce in Wales, including vacancy rates. It also outlined the impact of excessive and unmanageable workloads; the case for the establishment of a supportive and attractive working environment; our views on prudent healthcare; and our call for the development of a strategic vision for the NHS in Wales, together with our views on the medical workforce plan we believe is needed to deliver it. This response also made a number of recommendations on improvements which we believe can be delivered in these different areas, which we believe will be of interest to the panel.

Appendix F – Response to the Welsh Government Green Paper, ‘Our health, our health service’

This wide-ranging response served to highlight a number of views on how the NHS in Wales can be improved. These included ensuring that resources are provided when services are transferred from secondary care to primary or community care settings, and called for statutory health impact assessments as part of relevant policy- and decision-making by public bodies in Wales. This is now being delivered as part of the Public Health (Wales) Bill. The response also highlighted the need for improved engagement with frontline clinicians when undertaking service reviews and service reconfiguration within the NHS in Wales, and the need to foster a culture within the NHS in Wales in which staff feel able to raise patient safety concerns without fear of reprisal and with the confidence that those concerns will be addressed – including by exploring what legislative safeguards could be put in place. The response also covered: our suggestion that non-clinical managers should be subject to a system of regulation similar to that which exists for clinical staff; the need for improved clinical engagement; the need for improved
planning by health bodies in Wales, including for more effective workforce planning; and the need to promote a working environment in which all forms of harassment and bullying are viewed as unacceptable.