How is healthcare in Wales structured?

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1. This briefing note provides an overview of how healthcare in Wales is structured. The note will cover:
   - the core values of healthcare in Wales
   - the organisational context
   - structures and responsibilities

Core values
2. Healthcare in Wales, like all the nations in the UK, ascribes to the core values and principles which have underlined the NHS since its inception. The healthcare system is:
   - Funded from general taxation and is on the whole delivered by public service providers with a relatively small private insurance market;
   - accessible, comprehensive and free at the point of use; and
   - based on a separation between primary and secondary care with general practice being the foundation of primary care.

3. In February 2016, the Health and Social Services Minister unveiled a new set of principles for all staff employed by the NHS in Wales. The principles were developed in partnership by the Welsh Government, NHS Wales Employers and trade unions, including the BMA. The principles are a foundation of how staff should work across NHS Wales, the principles are:
   - We put patients and users of our services first
   - We seek to improve our care
   - We focus on wellbeing and prevention
   - We reflect on our experiences and learn
   - We work in partnership and as a team
   - We value all who work for the NHS

Organisational context
4. The organisational context of the NHS in Wales is the focus on social care, public health, localism and a rejection of market-based reforms and the use of the private sector.
5. Wales, like Scotland and Northern Ireland, is focused on bureaucratic leavers for managing the NHS. Leavers such as performance management, targets, and standards. Bureaucratic leavers tend to focus on co-operation, integration and team working.
6. Since devolution in 1999, Wales has had two significant structural reconfigurations. In the first decade after devolution the Welsh Government abolished general practice fundholding, reconfigured health bodies to align the NHS with local government boundaries and experimented with creating a different form of health service commissioning. Then in 2009, a second reorganisation to the NHS happened. The reorganisation moved away from a system that mixed
market\(^1\) and bureaucratic leavers. It abolished the internal market and put an emphasis on local planning. The reorganisation aimed to focus on the patient and develop a system which would be simpler and more transparent.

**Structure and responsibilities**

7. Figure 1 sets out the current organisation of health and social care in Wales.

**Figure 1: Organisation of health and social care in Wales**

8. The Minister for Health and Social Services is directly responsible for the delivery of health services. The Minister is held to account by the National Assembly for Wales, and the Health and Social Care Committee, is on the whole, responsible for scrutinising the Minister’s work. The National Advisory Board provides the Minister with advice on setting NHS priorities. The Bevan Commission is not a formal part of the NHS in Wales, but it also provides Ministerial advice.

9. The Department of Health and Social Services has responsibility for both health and social care. The department sets out the Minister’s expectations of the NHS through frameworks and timelines. The Director General of the department is also the Chief Executive of the NHS in Wales.

10. There are seven local health boards (LHB). LHB are responsible for planning, designing, developing and securing delivery of primary, community, hospital and specialised services within the framework set out by the Minister. Boards of each of the LHB are appointed by and accountable to the Minister. In addition there are three all Wales NHS trusts – Velindre NHS Trust, the specialist cancer trust; the Welsh Ambulance Service Trust; and, Public Health Wales. Public Health Wales is responsible for the strategy and delivery of Welsh public health services at

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\(^1\) Market leavers such as pricing, competition, and contracts, which encourages competition, efficiency and responsiveness to patients.
national and local levels. LHBs and trusts use planning documents to respond to the Minister’s expectation for the NHS. This is usually done on a three year planning cycle.

11. There are 22 local authorities across Wales. Local authorities have responsibility for social care but are expected to work closely with health services to ensure integrated care.

12. There is a statutory requirement that LHBs and local authorities enter into formal partnership arrangements. This includes pooled budgets for improving the outcomes for patients in health and social care. This is done through public service boards (PSB). PSBs coordinate and produce integrated plans for health and social care in each local authority area. PSBs consist of local authorities, police, health services, third sector parties and a senior representative of the Welsh Government.

13. The Wales Health Specialised Service Committee carries out functions that are best discharged at a national level, although legally the duty of LHBs. For example mental health services.

14. There are 8 Community Health Councils that regulate and inspect NHS Wales. They act as the link between the planning and service delivered. Healthcare Inspectorate Wales also has the powers to inspect both NHS providers and independent healthcare organisations in Wales.

15. There are 64 GP cluster networks across Wales. These aim to work collaboratively together and with other partners, to meet patient needs as well as support the ongoing work of a locality network. GPs and practices are locally grouped into clusters by LHBs. Each cluster network serves between 30 and 50 thousand patients.

Further reading:


Welsh Government press release (22.02.16) Health Minister unveils new ‘Welsh Way’ of working in the NHS

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2 Previously known as local service boards until the Wellbeing of Future generations (Wales) Bill 2015