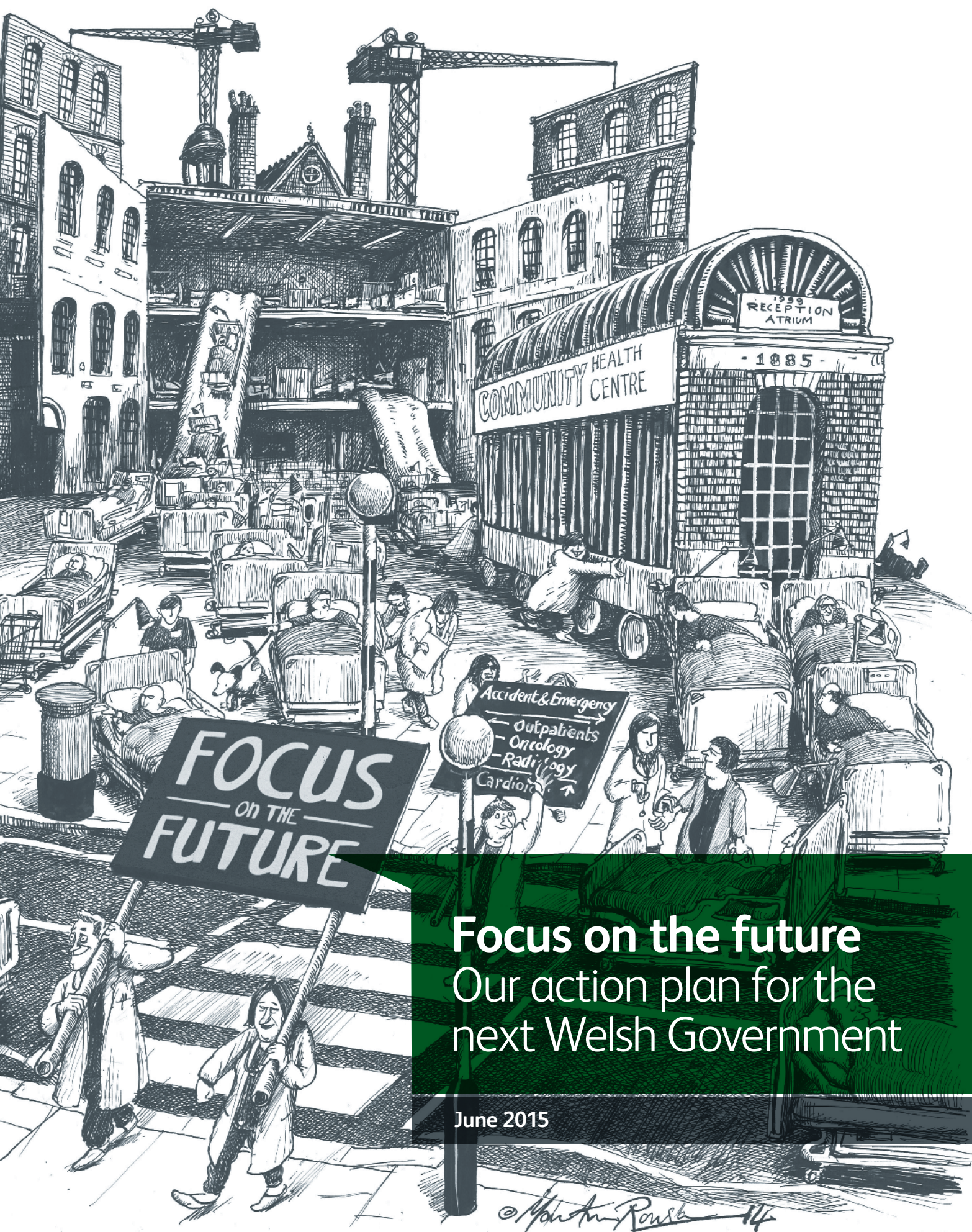




Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)



Focus on the future

Our action plan for the
next Welsh Government

June 2015

Foreword

The next National Assembly for Wales election will take place in May 2016, and it is already clear that health policy will play a central role in the campaigns of all political parties. The Royal College of Physicians (RCP) believes that this debate must be depoliticised. It is the responsibility of every healthcare professional to lead improvements in care, supported by politicians and managers. Any future changes to care must be patient centred, evidence based and clinically led.

This will require a huge culture change. The NHS is a complicated and bureaucratic system in which outpatients can spend hours waiting for a 5-minute appointment with their consultant, only to be told that the test results are not back yet. Every admissions unit in Wales is overflowing, yet some patients can spend weeks on wards waiting to be transferred home, or into community care. The system is not currently organised around the patient – the patient is expected to fit in with the needs of the NHS.

This is why physicians in Wales are calling on the next Welsh Government to put the patient at the centre of care. We are asking all political parties to support the Future Hospital model and to help clinicians work with patients to ensure excellent care.

Delivering the future hospital

In 2013, the RCP's independent Future Hospital Commission proposed a radical model for the future of health services.¹ This important vision set out how hospital services can adapt to meet the needs of patients, now and in the future. The RCP is working directly with individual hospitals, health boards and clinicians to develop this vision and achieve real change across health and social care. Politicians can support us by promoting the Future Hospital model in national and local discussions about the design of health services, and by removing barriers to its delivery.

In 2014, the RCP published *Rising to the challenge: Improving acute care, meeting patients' needs in Wales*,² which interprets the Future Hospital vision for the Welsh health service. Through our 'local conversation' visits to hospitals across Wales, we have gathered numerous case studies where fellows and members are driving forward the Future Hospital vision and improving patient care. The need for change is clear; health professionals must now be given the freedom to innovate. It is time for politicians, health boards and NHS trusts to listen to clinicians and allow them to lead.

Dr Alan Rees
RCP vice president for Wales



The RCP's action plan for the next Welsh Government

The RCP calls on all political parties in Wales to commit to our four-point action plan for the next Welsh Government.

1 Implement a new patient-centred approach to NHS change

Change must be patient centred, clinically led and evidence based, and must not be about cutting costs alone. Reconfiguration should be based on the Future Hospital model of care, in which care comes to the patient and is coordinated around their needs.

2 Invest now in the Welsh NHS to ensure good care in the future

Our hospitals are under-resourced and under pressure – an increase in funding is needed. Health boards and politicians must support clinicians to develop innovative solutions to the challenges facing the NHS, especially in rural and remote areas. A renewed focus should be placed on developing models of integrated care and improving the experience of frail patients and their families.

3 Focus on developing and supporting the medical workforce

It is time for a national medical workforce and training plan for Wales, including a new strategic approach to recruitment. Junior doctors and medical students must be encouraged to stay in Wales with new training pathways, improved workload and more clinical leadership opportunities.

4 Reduce health inequalities and improve public health

Politicians and government must show national leadership on public health. Legislation should be used where there is evidence to support its use, including standardised packaging for tobacco products, a minimum unit price for alcohol of 50p per unit, and exploring the use of taxes on sugary soft drinks to help combat obesity.

1 Implement a new patient-centred approach to NHS change

The RCP supports a model of care that promotes health and wellbeing, values patient experience and is coordinated around patients' medical and support needs. Safe, effective care should be organised around the patient and make it easier for hospitals, GPs and social care teams to work together rather than separately.

Change must be patient centred and evidence based. Clinicians must be listened to and allowed to lead. Health boards and NHS trusts must commit to using the Future Hospital model when redesigning medical specialist care. Service redesign must take a whole-system approach – the NHS can no longer look at individual services in isolation. Decision-makers must consider whether their plans work effectively with acute and critical care medicine, as well as primary care and community services.

We call on the next Welsh Government to:

- **Publicly support the patient-centred Future Hospital model in manifestos and during the first days of the next Welsh Government.** The Welsh Government should promote the patient-centred Future Hospital model as a template for clinically led service redesign. The Department of Health and Social Services should talk to local health and social care services about how they are embedding Future Hospital principles. Health planners should support clinicians by removing barriers to delivering the future hospital. The RCP will continue to work directly with health boards and clinicians by sharing good practice from Future Hospital partners across the UK.
- **Commit to working with physicians to redesign acute and specialist medical services.** Reconfiguration must be patient centred, clinically led and evidence based. It must not be about cutting costs alone. Hospital services must be redesigned using a whole-system approach and secondary care clinicians should be at the very centre of this service planning. According to local context, hospitals and health boards should establish the role of chief of medicine, supported by a chief registrar, providing a direct clinical link between management, physicians and trainees.
- **Develop a long-term plan for the future of the Welsh health service.** The Welsh Government should show national leadership and use long-term planning to create stability and support transformation. This will require real investment in the Together for Health agenda,³ especially in clinical delivery plans. All spending decisions should be underpinned by a long-term objective to increase investment in new models of integrated health and social care.

- **Promote informed public debate on local health service redesign, nationally and locally.** Politicians in all parties have a real responsibility to support clinically led, evidence-based change that will deliver better care for patients. Health boards and the Welsh Government must ensure that change is genuinely led by patients and clinicians, and not presented as a 'done deal' at a late stage in the planning process.
- **Establish a national programme for sharing good practice.** The Welsh Government must support new networks for sharing good practice across the system. This will improve patient care, increase efficiency and support informed local variation. One example is the RCP Future Hospital Partners' Network, which aims to link together healthcare professionals across the UK in order to promote collaboration and innovative practice.
- **Promote clinical leadership and clinically led quality improvement projects.** The next Welsh Government should provide public and financial support for professionally led quality improvement projects and leadership work. Such schemes drive up quality and have the potential to transform the NHS in Wales.
- **Focus on patient experience, recovery and self-management.** The Welsh Government and health boards should make recovery and self-management central to all policies. Patient experience should be a priority for all health and care services. The Welsh Government should invest in community services, with the long-term aim of a 7-day social care system that works effectively at weekends. Patients must be supported to leave hospital and move into primary or community care as soon as possible after hospital admission. Good practice should be shared at national level and promoted in national policy.
- **Commit to a new e-health strategy that clearly references the need for electronic patient-centred records based on an approved common national standard.**⁴ Electronic records should focus on the individual patient, and not on their disease, intervention or the context of care. Achieving this long-term Welsh Government goal would improve patient care, reduce unnecessary duplication of care, and enable the development of more sophisticated ways of measuring outcomes. Integrated patient records and information systems should be accessible 7 days a week to patients, carers, clinicians and professionals in primary care-, community- and hospital-based settings, and social services.

People aged 65 years and over now make up almost one-fifth of the population of Wales, or around 563,000 people.⁵ This number is projected to increase by around 181,000 between 2010 and 2026.⁶ One-third of the adult population, or around 800,000 people, have at least one chronic condition⁶ and Wales has the highest rates of long-term limiting illness in the UK.⁷

2 Invest now in the Welsh NHS to ensure good care in the future

It is time to invest in patient care. Our hospitals are under-resourced and under pressure. A significant increase in funding is needed to prevent a crisis in the NHS. Healthcare costs are rising, and improved efficiency and reconfiguration will not deliver the savings that we need to balance the books.

We also need to remove barriers to patient-centred care. This includes transformation funding to support the move to new models of integrated care, particularly specialist healthcare provided in the community. Supporting patients to recover and manage their conditions must be a priority in all policies. Health boards and local authorities must work together more effectively to provide high-quality patient care across all services. Integrated, standardised patient records must aid the collection of accurate information and data to improve care.

We call on the next Welsh Government to:

➤ **Increase health service funding.** The Nuffield Trust estimates that there could be an unprecedented funding gap of £2.5 billion by 2025/26 in Wales.⁸ The level of funding for the health service is a political choice and has an impact on the level of care available to patients. However, the Welsh Government must promote innovative models of integration and introduce shared budgets that establish shared outcomes across the local health and care sector. Spending money on the old system will not change anything in the long term; health boards must invest in prevention and treatment of chronic conditions and allow clinicians to innovate.

Increasing specialisation inevitably tends to result in more and more hospital services being concentrated onto fewer and fewer hospital sites that, in turn, tend to be set within the larger towns and cities of Wales. For rural communities, this has the effect of driving many hospital services out of long-standing local hospitals, placing them many miles away.⁹

Between 2012–13 and 2013–14, the total number of NHS beds in Wales fell by 254 (2%) to 11,241. Over the 10 years from 2003–04 to 2013–14, the total number of NHS beds fell by 2,968 (21%) and their occupancy rate increased from 83.0% to 85.9%.¹⁰

➤ **Establish a transformation fund for new models of care.**

The Welsh Government should set up a transformation fund to support new ways of delivering services. Additional financial support will keep necessary services going while new models of care are developed. The fund should be available to every health board to drive the move towards models of care that will lead to more efficient, integrated care in the future.

➤ **Commit to investing in rural and remote healthcare services.**

The Welsh Government should invest in all hospitals with an acute take, including rural and remote hospitals, to ensure patient safety. The RCP welcomes the work of the Mid-Wales Health Collaborative, and has committed to supporting physicians working in rural and remote parts of Wales. When looking at service redesign, politicians and health boards should consider the specific catchment area of a hospital and take into account issues such as geography, tourism, transport, population need, and access to social care and rehabilitation. One size will not fit all, and patients and clinicians must be allowed to lead change. An all-Wales emergency transport plan should be a priority and the Welsh Government should invest in rolling out telemedicine projects, such as the RCP Future Hospital CARTREF programme, which is being led by clinicians and patients in north Wales.

➤ **Commit to a maximum bed occupancy rate of 85%.**

Current bed occupancy rates are often >90% and investment is needed to change this. When hospital beds are scarce and staff are stretched, patients are often moved between wards without clinical need. Every bed move increases the length of stay – it disorients patients and upsets patients' family members. Patients should be able to receive care in the place where their needs can best be met – not in the only available bed.

➤ **Remove barriers to timely access to specialist diagnosis and treatment.**

Patients who need specialist medical care should get it promptly: delays in access to expert care cause harm. The Welsh Government should renew focus on bringing down outpatient waiting lists across all specialties and invest substantial resource in clinical delivery plans to ensure that targets are met. We support the development of 'intelligent targets', but only where these are clinically led.

In general hospital settings, people aged 65 years and over currently account for 70% of the total number of bed days. An increasing number of patients are older and frail, and around 25% of inpatients have a diagnosis of dementia.¹¹

➤ **Develop a national plan to improve care for frail, older patients with complex needs.** We need to focus particular attention on improving health and social care for the frail, older patient. Our reliance on hospital admission for this group of patients is having a huge impact on our emergency departments and our medical assessment units, on ambulance waiting times, and on the flow of patients through our hospitals. A national strategy to target and proactively plan care for this group of patients will encourage joined-up thinking and share best practice.

• **Invest in new and innovative ways of improving frailty care in the community,** such as the Frail Older Person's Advice and Liaison (FOPAL) service in Cardiff and the Gwent Frailty Programme in Torfaen. Clinically led programmes like these should be rolled out nationally as soon as possible; we need to keep frail patients out of hospital in the first place if possible. Primary and community care professionals must be supported by hospital specialists to provide proactive and coordinated care for these patients.

• **Promote and encourage comprehensive geriatric assessment (CGA),** a model of care that is expert, multidisciplinary, informed by regular assessment and led by a single health or social care professional in a case management capacity. CGA has been shown to improve outcomes for frail older people in hospitals and in other community settings.¹² Hospitals should use frailty charts to identify those at risk, so that we can manage more care in the community.

➤ **Commit to national action to support improvements in end-of-life care.** In 2013, 57% of deaths were in hospital, 23% at home, 14% in care homes and 6% elsewhere (including hospices). In Wales, the proportion of deaths in hospital is significantly higher than England.¹³ It is estimated that 75% of the 32,000 people who die in Wales each year will need some form of palliative care, yet only 17% receive specialist palliative care. This drops to 5% if cancer is taken out of the equation.¹⁴ The provision of palliative care in hospitals for those in the final days of their life must be improved and national action taken to standardise its delivery across health boards. The Welsh Government should invest substantially in palliative transition services for young adults and adolescents. Clinical audits to ensure continued improvement in the care of dying patients should be supported and promoted at national level, and the provision of care for the dying should be monitored by Healthcare Inspectorate Wales.

3 Focus on developing and supporting the medical workforce

Good care in the future depends on good training now. Medical education and training must be prioritised when designing health services. The Welsh Government must work with NHS bodies and the Wales Deanery to develop a national medical workforce and training strategy which ensures that staff are deployed and trained effectively, now and in the future.

Workforce planning must be a key priority during the entire process of service reconfiguration. Internal medicine must be valued and urgent action taken to ensure that more physicians contribute to the acute take. Trainee and medical undergraduate numbers must be increased, and junior doctors and medical students must be supported and encouraged to stay in Wales by offering them innovative new training pathways, an improved workload, and more opportunities to take part in clinical leadership and quality improvement programmes.

We call on the next Welsh Government to:

➤ **Develop a national medical workforce and training strategy.** Good care in the future depends on good training now. Service planners must make medical education and training a priority when designing health services. Health boards should review existing service planning arrangements to ensure that they do not threaten the sustainability of the medical workforce, especially in rural and remote areas.

➤ **Show national leadership on the balance between service and training.** The Welsh Government, health boards and the Wales Deanery must acknowledge the delicate balance between service needs and training issues. Every hospital in Wales depends on its trainees and there are huge implications when a unit loses its training status. Physicians working in rural and remote hospitals should be supported by colleagues working in other hospitals, not only with service provision, but also with teaching time. Hospitals across Wales should work as a collection of formal, structured alliances operating hub-and-spoke, or integrated care, networks. Politicians must show national leadership and support innovative solutions to keep these units sustainable.

➤ **Focus on addressing recruitment and training challenges,** particularly in north and west Wales. The number of medical undergraduate and core medical training (CMT) posts in Wales should be increased. Rota changes should allow trainees to work within the same teams for a block of time, to improve continuity of care and enhance training and learning on the job. For those hospitals with poor trainee feedback, CMT roles should be timetabled to ensure clinic time and dedicated teaching time.

‘I thoroughly enjoy my work, but my first 6 months in a rural hospital has given me very little clinical training. It has not prepared me for the MRCP(UK) Part 2 Clinical Examination (PACES) or my future work as a registrar.’ Junior doctor in Wales

- **Improve the support available to junior doctors in rural areas.** The rota gaps in many smaller, rural hospitals in Wales can result in isolated working for junior doctors. They also mean that there is not enough face-to-face consultant teaching time for some trainees. Training pathways specialising in rural and remote healthcare should be developed in Wales and advertised across the UK to encourage the best trainees to apply. To recognise how healthcare will change in the coming years, these rural training jobs should be built around the integrated patient journey, and made more attractive through new opportunities to gain postgraduate qualifications or formal experience in service improvement or leadership roles.
- **Encourage health boards to implement the Future Hospital workforce model.** Hospitals should move towards a 7-day consultant presence – this will require a more even distribution of the acute take between the medical specialties, as well as an increase in the number of internal and acute physicians working in Wales. Integrated working and shared outcomes with health and social care partners should be the norm; physicians and medical teams should spend part of their time working in the community.
- **Legislate on safe staffing levels.** The RCP has supported safe nursing staffing legislation in the National Assembly for Wales, and we would support this legislation being extended to other health professionals, where appropriate. Nursing and medical staffing data must be made publicly available and easily accessible, and should be displayed in every ward on a daily basis.

In Wales, 85% of hospital consultants say that there are times when they feel as though they are working under excessive pressure, and almost half say this happens often or always. Almost two in three consultants tell us that they often or always find themselves doing jobs that would previously have been done by a junior doctor.¹⁵

- **Ensure that future changes to medical training are reflective of the needs of patients.** In the future, we will need more doctors with general medical skills to care for the increasing numbers of patients coming to hospital with multiple medical conditions, particularly frail older patients. However, training a good doctor who can provide generalist care as well as specialist expertise will require adequate time. This is why the RCP supports the expansion of general medicine, the dual accreditation of physicians at Certificate of Specialty Training (CST) level, and an increase of flexibility in training, and we urge action in these areas. We will oppose any shortening of training time for physicians, which would compromise both the quality and the safety of care.
- **Develop and embed other clinical roles into the Future Hospital model in Wales.** Excellent patient care depends on cohesive, organised and well-resourced team working. Staff and associate specialist grade posts in Welsh hospitals should be encouraged, and these doctors should be supported in their career progression. The roles of advanced nurse practitioner and physician associate should be developed as core members of the clinical team. However, any increase in staffing numbers for these posts should not be at the expense of consultant expansion.
- **Invest in research and innovation, locally and nationally.** There should be national investment in innovation and new technologies, which have the potential to revolutionise care and to position Wales as a world leader. Academic research should be considered when planning and delivering health services. All health boards should receive a regular report of research activity, and hospitals should be publicly supported to build a culture of research and allow their staff time out of service for research. Mandatory reporting of research findings should be established to share intelligence. Patients should be given the opportunity to participate in ongoing research activity and should also be involved in setting research priorities.
- **Make staff health and wellbeing a national priority.** The Welsh Government should invest in the health and wellbeing of its NHS workforce by implementing National Institute for Health and Care Excellence (NICE) public health guidance for employers on obesity, smoking cessation, physical activity, mental wellbeing and the management of long-term sickness. Staff engagement and wellbeing are associated with improved patient care and better patient experience.^{16–19} The Welsh Government should consider staff health and wellbeing as part of the proposed national medical workforce and training strategy, and promote national sharing of good practice on staff health and wellbeing.

4 Reduce health inequalities and improve public health

We need to build a health and care system that focuses on preventing ill health and promoting wellness, rather than just treating illness. Physicians and medical teams have a key role to play, not only in managing ill health, but also in supporting people to lead healthier lives. Harnessing the skills and expertise of hospital doctors across the system can help to build a healthier future for individuals, communities and the UK.

Politicians and government must show national leadership on public health. Legislation should be used where there is evidence to support its use. This includes introducing standardised packaging for cigarettes to reduce the harm caused by smoking, introducing a minimum unit price for alcohol of 50p per unit to reduce alcohol-related harm, and exploring the use of taxes on sugary soft drinks to help combat obesity.

We call on the next Welsh Government to:

Show leadership on public health and inequality

- > **Commit to independent and authoritative leadership in public health** by giving public health professionals the independence, authority and resources to make a difference.
- > **Introduce a duty on all ministers to consider the health impact of all government policies**, with a specific focus on the potential impact on access to healthcare and disparity in health outcomes.
- > **Support new measures to promote better care for vulnerable people at national level.** This should include measures to promote parity of esteem between physical and mental health, and services that are sensitive to the needs of people with learning difficulties.
- > **Lobby the UK Government to reinvest a proportion of tobacco and alcohol duty, as well as VAT on soft drinks, fast food and confectionery, in public health promotion.** Both the UK and Welsh Governments should also explore the use of taxes on unhealthy foods, including sugary soft drinks.
- > **Introduce a public health licensing objective** that gives local authorities the power to consider public health when making licensing and planning decisions, including alcohol licensing and planning for food outlets.

There are high levels of poverty and health inequality in Wales: 680,000 people live in low-income households.²⁰ Research shows that people in the lowest socio-economic groups have a life expectancy that is 7 years shorter, and live with 17 more years of ill health, than those in the highest groups.²¹ In Wales, 21% of adults smoke, and 58% of adults and 34% of children are overweight or obese.²²

Take national action on obesity

- > **Implement the All Wales Obesity Pathway in full as a matter of urgency.** Health boards must invest in multidisciplinary, clinically led level 3 weight management services across Wales.
- > **Develop a cross-governmental obesity strategy with a cross-governmental lead.** Obesity puts patients at high risk of developing conditions such as diabetes, high blood pressure and stroke. It costs the Welsh NHS over £73 million a year²³ and, without action to develop level 3 and 4 obesity services, hospital admissions will continue to rise.
- > **Lobby the UK Government to set maximum limits on levels of fat, salt and sugar in food marketed substantially to children.** Diets high in fat, salt and sugar, and low in fruit and vegetables, can result in obesity and heart disease. 5.5% of all cancers in the UK are linked to excess body weight.²⁴
- > **Place the promotion of physical activity at the centre of public health policy** with new, easily understandable recommended levels of physical activity and a new national ambition. This should include joined-up activity on the Active Travel Bill, public health programmes, and legislation on public health and the wellbeing of future generations.

Take national action on tobacco

- > **Place a renewed focus on meeting the aims of the Welsh Government Tobacco Control Action Plan**, especially the target to reduce adult smoking levels to 16% by 2020.
- > **Introduce standardised packaging for tobacco products and a ban on smoking in cars when children are present** as soon as possible, in conjunction with the UK Government.
- > **Support the 'Smokefree Spaces' campaign** by ensuring that all spaces in Wales where children and young people congregate – such as school gates, beaches and parks – are smoke free. This should form part of all future planning across Wales.
- > **Take action to help young people stop smoking** by funding youth-specific smoking cessation and prevention services.

Currently 21% of adults in Wales smoke²⁵ and it is estimated that 14,500 young people in Wales take up smoking each year.²⁶ Smoking accounts for approximately 5,450 deaths every year in Wales,²⁷ and evidence suggests that the smoking rate is higher in the most deprived parts of the country.²⁸

- **Implement effective regulation of e-cigarettes**, including a ban on the sale of e-cigarettes to people aged under 18. We also call for measures to prevent marketing to children and non-smokers, and the regulation of e-cigarette products to guarantee quality standards and protect consumers.
- **Tackle illegal tobacco in Wales** by investing in a Wales-wide public awareness campaign and partnership enforcement work.
- **Ensure that all pharmacies across Wales offer advanced smoking cessation level 3 services.** All pharmacies are expected to offer healthy lifestyle advice to smokers and/or to take part in national or local health promotion campaigns. This is agreed on a local health board basis, which means that delivery of these services is inconsistent across Wales and some areas have no level 3 pharmacy provision at all.

Take national action on alcohol and substance misuse

- **Implement a statutory minimum unit price for alcohol of 50p per unit.** The heaviest drinkers currently pay only 33p per unit of alcohol, with some high-strength ciders costing the equivalent of only 6p per unit. The impact of minimum unit pricing on low-risk drinkers is negligible – the average low-risk drinker already pays around £1 per unit of alcohol.²⁹
- **Invest in integrated alcohol and substance misuse treatment and prevention services.** These should be established urgently where there are service gaps, and existing services should be integrated across primary, secondary and community care, local authorities and public health teams.
- **Implement the Welsh Government liver disease delivery plan in full**, supported by the necessary funding.
- **Conduct a major review of licensing legislation.** Where possible, the Welsh Government should introduce restrictions on alcohol availability, independent regulation for alcohol promotion, a reduction in the drink-driving limit and a public health licensing objective.
- **Call for the alcohol duty escalator to be reinstated.** The alcohol duty escalator was scrapped by the UK Government in 2014 following intense lobbying by the alcohol industry. At a time when the NHS is under increasing pressure from preventable alcohol-related admissions, and the cost of excess alcohol to NHS in Wales is around £70 million per year,³⁰ scrapping the alcohol duty escalator will cost the Treasury over £1.5 billion over 5 years.


Making the future hospital a reality in Wales

In September 2013 the Future Hospital Commission, set up by the RCP, set out a radical new vision for the future of health services.¹ The Future Hospital model aims to deliver:

- **high-quality, 7-day care** for all who need it
- **expert coordination of care** for patients with a range of medical and support needs
- **rapid access to specialist care** when it is needed
- **continuity of care** for all patients, including when they enter or leave hospital
- **strong teams** that provide effective, compassionate care, and support and develop staff
- **good relationships** between teams working across health and social care.

How will the future hospital work?

Care will come to patients, when and where they need it. Teams from across health and social care will work together to coordinate care around patients' medical and support needs. Teams that care for people with a medical illness will come together within the hospital – from the emergency department and acute and intensive care beds, through to general and specialist wards. This will not stop at the hospital door: specialist medical teams will work closely with GPs, mental health and social care teams. Specialist medical care will not be limited to patients in labelled specialist wards or those admitted to hospital. Medical teams will spend time working in the community; primary and social care teams will have greater involvement when patients are in hospital. By supporting each other, professionals will be better able to support patients. >>>



<<< Patients will be swiftly assessed and supported to recover, in hospital and at home. Patients will be reviewed by a senior doctor as soon as possible when they arrive in hospital. This will help patients return home on the same day if they do not need to stay in hospital (with ongoing support if they need it) or to move swiftly to the best bed for them. Patients who are in hospital will be moved between beds and wards as little as possible. Care for patients with multiple conditions will be coordinated by a named doctor, who will pull in other teams when needed. Health professionals will be supported to reflect on their own performance, focus on helping patients to recover, and empower patients to make informed decisions about their care. Patient experience will be valued as highly as clinical outcome.

Management structures will focus on coordination of care, patient experience and recovery. A senior doctor will take lead responsibility for making sure that hospitals deliver this coordinated approach to care. Teams will work in the interest of patients, with common goals and shared outcomes, supported by management structures that make working together easier than working apart. The information that we keep about patients' needs will be based on common standards, so it can be better accessed and understood by both patients and the professionals who support them. Patients with more than one complex or lifelong condition – including frail older people – will be at the centre of medical training.

How can we take forward the future hospital?

There will not be a one-size-fits-all model across communities. The Future Hospital model provides a template for local service design. Patients, professionals, politicians and communities should come together to adapt the model so that it meets their needs and circumstances. The RCP is now working with individual hospitals, local health boards and patients to put the Future Hospital model into practice. As this work progresses, we will need national and local action and support to promote change and remove barriers to delivering this innovative, patient-centred model of care.

How can the RCP help?

Influencing change in Wales

This RCP four-point action plan follows the publication of *Rising to the challenge*, which sets out our vision for acute care and the Future Hospital model in Wales.² Through our policy development, our work with patients, and our 'local conversation' visits to hospitals to meet physicians, trainees and health board managers, we are working to achieve real change across hospitals and the wider health and social care sector in Wales.

Setting standards for clinical care and health services

The RCP sets standards for a wide range of medical services, and works directly with healthcare teams to improve the quality of care that they provide for patients. From our innovative clinical audits to recent groundbreaking reports on asthma and end-of-life care, all our work is based on evidence and driven by what patients need. Patients are involved in all our work. They help us develop expert guidance on topics from patient experience and shared decision-making to standards for patient records. Through our Future Hospital Programme, we are driving changes to the way that the health service is organised, nationally and locally. Our network of 30,000 members allows us not just to lead debate, but to change the way that healthcare is delivered on the ground.

Delivering education and training

The UK has one of the best systems of medical education and training in the world, with the RCP at its forefront. Our focus on excellence in education helps physicians to deliver the highest standards of patient care. We work collaboratively to set the curricula for specialist doctors in training, and assess them to make sure they are able to provide the care that patients deserve. We support doctors to lead and to share their knowledge with the next generation of doctors. We provide leadership to the medical profession, working with our members and patients to define what it means to be a good doctor.

Public health and research

Drawing on the expertise of leaders in their field, the RCP offers evidence-based recommendations for addressing the major public health challenges that we face. Our ambition is to support people to lead healthier lives – whether through our coordination of the Alcohol Health Alliance, the knowledge of our Tobacco Advisory Group, or influential reports on obesity and health inequalities. We also promote research, so that the next generation of patients has access to innovative new treatments.

The RCP can provide expert advice to government, health boards, trusts and policymakers. If you would like more information on any of our work, email wales@rcplondon.ac.uk

Get involved

On the RCP website, you can read about existing examples of innovative practice and listen to doctors talking about how they achieved change in their hospital. You can also inform the RCP's work in Wales by sending us your comments, ideas and examples of good practice.

To help shape the future of medical care in Wales, visit:
www.rcplondon.ac.uk/wales

To tell us what you think, or for more information, email:
wales@rcplondon.ac.uk

About us

The RCP aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 30,000 members worldwide, including 1,100 in Wales, work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

Involving patients and carers at every step, the RCP works to ensure that physicians are educated and trained to provide high-quality care. We audit and accredit clinical services, and provide resources for our members to assess their own services. We work with other health organisations to enhance the quality of medical care, and promote research and innovation. We also promote evidence-based policies to government to encourage healthy lifestyles and reduce illness from preventable causes.

Working in partnership with our faculties, specialist societies and other medical royal colleges on issues ranging from clinical education and training to health policy, we present a powerful and unified voice to improve health and healthcare.

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