

Giving everyone a voice

Supporting the NHS Wales Executive
and strategic clinical networks to work
in partnership with the third sector

Discussion paper

October 2023



Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)

‘Don’t wait to be told. This framework is
your permission to act.’

National clinical framework: a learning health and care system

Welsh government, March 2021

‘When you plan improvements or changes, ask the people using the services. Talk to the people. Managers get nervous about asking. They worry that expectations won’t be met or demands undeliverable. Don’t worry, the public are much more sensible than you think ... and if they do want something you can’t deliver, no better time to explain yourself than at the beginning.’

‘Start with [the patient] and work backwards.’

Ask them

Institute of Health and Social Care Management, August 2023

Background and context

On 4 May 2023, more than 60 people joined a workshop with national clinical leads and network managers hosted by the Welsh royal colleges and professional bodies (RCAP) group, set up to discuss the aims and objectives of the first year of the new NHS Wales Executive and its strategic clinical networks (SCNs). A huge thanks to Mark Dickinson, director of networks and planning at the Executive, who introduced the agenda and closed the workshop.

The aim of this workshop was to bring together those who would be involved in the clinical networks and national programmes to:

- > understand how the third sector can contribute in a meaningful way to the work of SCNs
- > discuss how the SCNs can contribute to health board planning processes
- > begin the process of sharing good practice between established and newer networks
- > consider what a successful first year for the NHS Wales Executive might look like.

Ultimately, we wanted to explore the role of the third sector, royal colleges and professional bodies in supporting clinical leaders to build effective SCNs that can hold health boards to account in planning and delivering high-quality services.

Our April 2023 discussion paper, *Driving change together*, recommends that the Executive should:

- > **share leadership responsibilities** – ensure that new national networks are led by clinicians working with third sector representatives
- > **give everyone a voice** – develop a partnership approach to third sector and patient involvement in the NHS
- > **ensure that no health condition is left behind** – implement consistent governance arrangements and comprehensive programme support across all networks
- > **recognise that knowledge is power** – publish service specifications and local treatment pathways online in a central hub, making the patient journey easier to understand
- > **learn from Senedd committees** – publish work plans and meeting papers online in an accessible, open and transparent way.

Driving change together discussed the importance of the first of these five recommendations: the **sharing of leadership responsibilities**. We called on every SCN and national programme in the Executive to have a leadership group that includes a network director/manager, a clinical lead and a third sector lead. We discussed how the third sector can add a tremendous amount of value to the work of NHS Wales. Not only do many of our organisations deliver people-facing services, but we also develop policy ideas and recommendations that are based on good practice and can be shared more widely. We represent many thousands of patients, families and health and care professionals across Wales. We can support NHS organisations to improve clinical standards and address wider strategic pressures by working in partnership with clinicians and listening to the voice of lived experience.

This paper explores the second of our original recommendations in more detail: **giving everyone a voice** in running the NHS.

Recommendations

The Welsh government should:

- > demonstrate a real and visible commitment to the ‘health in all policies’ approach by introducing health impact assessments as soon as possible
- > create an innovation fund within the Executive that allows the funding of relatively low-cost, high-level strategically important national projects
- > publish progress against the recommendations of the [parliamentary review of health and social care in Wales](#), and the actions in [A healthier Wales](#) and [A healthier Wales Two years on](#)
- > engage the people of Wales in a [national conversation](#) to co-produce a refreshed vision for the future of health and care services, taking a collaborative, regional approach to service design and delivery where appropriate
- > regularly monitor and evaluate the success of the NHS Executive over the next 3 years to determine whether it is delivering the vision of [A healthier Wales](#)
- > work with partners to develop a set of performance metrics to improve accountability and commission an independent evaluation of the Executive’s activity after 5 years.

The NHS Wales Executive should:

- > map and explain the new NHS Wales system in a clear and accessible way, including how it will work with the new National Office for Social Care, regional partnership boards and other relevant bodies
- > address inconsistent decision-making across the Executive and develop a strategic vision that all networks and programmes can sign up to
- > encourage SCN leadership groups to follow the toolkit advice on partnership working contained within this paper
- > create an online, open access information hub where service specifications, local treatment pathways, implementation plans, meeting papers and calls for evidence can be published in one place for all networks and programmes
- > communicate with health boards, NHS trusts, external stakeholders and the public what its role is and how it will improve health outcomes.

Strategic clinical networks should:

Work with ... external partners

- > develop a genuine partnership approach to service design
- > enable the involvement of a diverse range of voices by building inclusive and multiprofessional communities of practice, with funded session time for health professionals working across both primary and secondary care
- > support and facilitate the third sector to provide added value.

Work with ... the wider NHS

- > prioritise good relationships with health boards and NHS trusts
- > clarify how the new Executive will manage the performance of delivery bodies, given the current governance arrangements for NHS Wales
- > commit to evolution, not revolution.

Work with ... each other

- > identify cross-cutting areas of work that affect the work of all SCNs
- > consider how SCNs will interact and work effectively with national programmes and boards, as well as other directorates in the NHS Executive
- > establish an all-Wales clinical networks forum.

Workshop findings

Key themes

During the workshop on 4 May 2023, we identified three key areas for networks to consider:

Partnership working

- Third sector organisations bring innovation, expertise, experience and resources to the table, offering a strategic perspective and a collaborative approach.

System working

- Networks should have primary and community care representation, moving away from a specialist approach to planning and delivering services in a more balanced way.

Joint working

- Shared programmes of work will not happen by accident. Networks and national programmes should agree common themes and areas of interest and proactively seek to work collaboratively with each other and with third sector organisations.

‘The Executive will provide strong leadership and strategic direction enabling, supporting and directing when necessary, the NHS in Wales to transform services, in line with national priorities and standards by strengthening national leadership and support for quality improvement, providing more central direction to ensure a consistent and equitable approach to national and regional planning based on outcomes, and enabling stronger performance management arrangements, including the capacity to challenge and support organisations that are not operating as expected.’ – [Welsh government mandate to NHS Wales Executive 2023–24](#)

Next steps

Networks working with ... external partners

- > **Develop a genuine partnership approach to service design:** Alongside a managerial lead, clinical leads will be expected to take the initiative – working with colleagues to set priorities, develop new ways of working and articulate a national vision for the future of their network. They should improve accountability by reaching out to independent policy expertise and lived experience and inviting the third sector onto network boards and leadership teams.

Voluntary, community and social enterprise (VCSE) organisations bring innovation, expertise, experience and resources to the table.

‘The third sector is not just about facilitating the patient voice. We can do so much more. We bring expertise to the table and can be a trusted partner for delivery and decision-making. With a relationship based on respect, we can muck in together and drive things forward. It’s about honesty, openness and coming together as a community.’ – third sector lead

- > **Enable the involvement of a diverse range of voices by building inclusive and multiprofessional communities of practice, with funded session time for health professionals working across both primary and secondary care:** SCN leadership groups should make it easy for smaller patient groups and the wider clinical community to be part of their work, feed into priority setting and work plans, and influence decisions. New pieces of work should be published with a public-facing call for evidence in the way that Senedd committees do.

Clinical networks and national programmes should publish their forward work plans online. Information about how to engage with individual pieces of work (eg quality statements, service specifications) as well as the contact details of leadership groups, clinical reference groups and task-and-finish groups should be accessible, open and transparent. External stakeholders and organisations should be able to choose freely how and when they engage with specific pieces of work. Meeting papers should be published ahead of time and shared with all network members, then made available online following the meeting. – *Driving change together*

- > **Support and facilitate the third sector to provide added value:** Many external organisations deliver services and fund staff for the NHS and social care. Others carry out audits or manage accreditation programmes. Many organisations are well placed to advocate for, facilitate and support the involvement of those with lived experience – which will be particularly important as the SCNs begin designing patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) to monitor the effectiveness of services. External organisations can provide valuable expertise and capacity in a time of financial uncertainty and staff shortages.

The third sector should not be excluded from the room; it should be a voice at the table, bringing a different perspective.

‘Implementation is often the most difficult part of what we do, and a lot of that is due to workforce shortages which are only likely to get worse. The third sector is potentially a beneficial untapped resource: for workforce, for ideas, for service design. How bold are we? The bolder we are, the greater the potential.’ – clinical lead

Networks working with ... the wider NHS

- > **Prioritise good relationships with NHS delivery bodies:** SCNs should aim to influence health board and trust planning processes. An early priority should be to reach out to NHS senior leaders (including directors of planning, finance and workforce) to build relationships based on trust and mutual respect. National strategies and policies will achieve nothing if they are not owned by the corporate and clinical teams that fund and deliver them. The SCNs will sit in a space between the Welsh government and NHS Wales and must use their place in the system to assess and monitor the progress of integrated medium-term plans (IMTPs). Health board and trust medical directors must recognise the importance of these leadership roles and ensure protected time for clinicians who take up national roles.

‘A consistent nationally led approach is so valued by clinicians. It enables us to challenge our health boards to deliver appropriate services.’ – clinical lead

- > **Clarify how the new Executive will manage the performance of delivery bodies, given the current governance arrangements for NHS Wales:** Health boards are corporate bodies in their own right. The NHS Executive should set out exactly how and what powers it has to 'direct' service change, and its leadership should work with health boards and trusts to consider what 'providing more central direction' might look like in practical terms. The Welsh government should consider how the NHS Wales planning framework is currently used by health boards and trusts, what improvements could be made to the planning process to ensure consistent and collaborative delivery of data-driven national priorities, and how accountability could be improved. How does the system measure whether IMTPs have been delivered in an effective way that improves patient and population outcomes?

'There's so much duplication of effort with the IMTPs; they're often more like strategies – or shopping lists – than detailed delivery plans. The Executive could facilitate working with health boards to make their jobs easier, introduce more consistency and reduce variation in service planning.' – clinical lead

'We need to think about how the networks could feed into the IMTP process in a collective approach to setting priorities. How can we use data, peer review, audit and research to inform delivery plans, drive performance and improve accountability?' – clinical lead

- > **Commit to evolution, not revolution:** There should be no 'rip and replace' approach to establishing the new SCNs, especially where there are lessons to be learned from successful legacy initiatives and programmes that can be developed and embedded in the new structures.

Networks working with ... each other

- > **Identify cross-cutting areas of work that affect the work of all SCNs:** Themes such as prevention, inequalities, integrated care, data collection and digital health are not disease or condition specific. SCNs should designate named leads on their network boards who collaborate with each other and third sector partners to tackle these 'wicked problems'. Sharing experiences and lessons learned across SCNs will be crucial to wider system change.

'We need to influence the system to create change and deliver better patient outcomes. This means creating clinical authority around cross-cutting themes; nobody's going to create that for us. We need a unified voice and better relationships with decision-makers.' – clinical lead

- > **Consider how strategic clinical networks will interact and work effectively with national programmes and boards:** The national programmes of work for primary care, planned care, urgent care and mental health, which sit elsewhere in the NHS Executive, must work effectively and in collaboration with the SCNs. (This applies equally to any other programmes of work that involve a wide community of health and care professionals working in different specialties – eg the end-of-life programme board.) This should not be left to chance; it will not happen without proactive measures. The Executive should establish and embed processes that change culture and behaviour.

‘About once a week, I encounter pieces of work by other national programmes or networks that have direct relevance to my specialty, about which I had hitherto known nothing. People are very willing to find ways to align the work, but the connections are not happening automatically. The risk is that we duplicate work, or even pull actively in different directions.’ – clinical lead

- > **Establish an all-Wales clinical networks forum:** There should be regular quarterly meetings of all the national clinical leads, network managers and third sector leads to share updates, intelligence and best practice. The forum should consider where networks could work together on projects (ie cross-cutting, cross-condition areas of work eg prehabilitation, end of life, informatics). In the first year of the Executive, a pilot project should be led by a task-and-finish group and informed by an open and transparent evidence-gathering process, reporting by the summer of 2024, both with findings and with lessons learned from the process. This all-Wales forum should also agree (through a process of negotiation) a set of priorities for the SCNs, to which all networks can sign up.

Glossary

IMTP	integrated medium-term plan
NCF	national clinical framework
ODN	operational delivery network
OECD	Organization for Economic Co-operation and Development
PREMs	patient-reported experience measures
PROMs	patient-reported outcome measures
RCAP	royal colleges and professional bodies
SCN	strategic clinical network

The new system in a nutshell

The **NHS Wales Executive** is a new, national support function, established on 1 April 2023 and made up of the NHS Wales Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative. Its key purpose is to drive improvements in the quality and safety of care to achieve better, fairer healthcare outcomes for the people of Wales. The new directorates are:

- > Networks and planning (formerly NHS Wales Collaborative)
- > Financial planning and delivery (formerly NHS Finance Delivery Unit)
- > Performance and assurance (formerly NHS Delivery Unit)
- > Quality improvement and patient safety (formerly Improvement Cymru)

Two national programmes have already joined the NHS Executive:

- > Strategic mental health programme
- > Planned care programme

Two other national programmes will join the NHS Executive in 2023–24:

- > Strategic programme for primary care
- > National programme for urgent emergency care ([six goals](#))

The **national clinical framework** is a [vision for the strategic and local development of NHS clinical services](#), drawing on value-based and prudent healthcare principles with data/digital as a key enabler.

Quality statements are [intended to set out what high-quality clinical services should look like](#). They should help to focus the planning of healthcare services according to clinical pathways and allow the NHS to monitor outcomes and improve performance. The Welsh government expects health boards and trusts to respond to quality statements through local planning arrangements.

National strategic clinical networks will provide a clinically led and informed, evidence-based national perspective, by bringing clinicians and other stakeholders together to develop nationally consistent principles/pathways of care and metrics for monitoring, reporting and escalating issues where necessary. They will replace national implementation groups and the funding associated with their work will be absorbed into the NHS Executive.

Implementation networks will be time limited and established by an SCN to provide clinical and managerial leadership and support the implementation of specific new pathways and/or models of care across organisational boundaries (nationally or regionally). They will work closely with provider organisations and may result in new operational delivery networks.

Operational delivery networks will take a whole-system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway.

Communities of practice will act in an advisory capacity to the overarching national strategic clinical network in the development and sharing of pathways, standards and general guidance on good practice.

For more detail, see [Developing clinical networks to support the implementation of the NCF](#)

Strategic clinical networks		Quality statements*	
1	Cancer	1	<u>Heart conditions</u>
2	Cardiovascular conditions	2	<u>Stroke</u>
3	Child health	3	<u>Care of the critically ill</u>
4	Critical care, trauma and emergency medicine	4	<u>Cancer</u>
5	Diabetes	5	<u>Women and girls' health</u>
6	Gastrointestinal conditions	6	<u>Palliative and end-of-life care</u>
7	Infectious disease	7	<u>Kidney disease</u>
8	Maternity and neonatal services	8	<u>Respiratory disease</u>
9	Musculoskeletal conditions and orthopaedics	9	<u>Neurological conditions</u>
10	Neurological conditions	10	<u>Liver disease</u>
11	Respiratory conditions	11	<u>Diabetes</u>
12	Women's health	12	<u>Vascular services</u>
		13	<u>Musculoskeletal conditions</u>

*At least three more quality statements – frailty, major trauma, and care in the emergency department – are in development. There may be others in the future, including one for rehabilitation services. Other action plans (especially those operating in a UK context – including the [rare diseases action plan 2022–2026](#) and the [donation and transplantation plan 2022–2026](#)) will also be an important part of the new system, and the NHS Executive should consider how to position these plans alongside quality statements and what the implementation arrangements will look like.

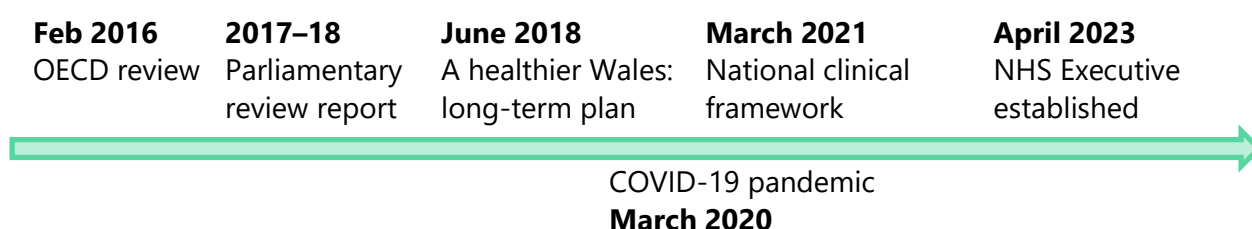
Illustrative example of configuration adapted from *Developing clinical networks*, NHS Wales Executive

Strategic network	Implementation network	Operational delivery network	Community of practice
Cancer	Single cancer pathway		
	Rapid diagnostics service for cancer		
Cardiovascular	Heart failure pathways	Vascular ODN Stroke ODN	
	Acute coronary syndrome pathway		
	Comprehensive regional stroke services		
Musculoskeletal	Orthopaedic surgery	Orthopaedic ODN	
	Persistent pain		
Neurological conditions			
Diabetes			
Respiratory			
Mental health conditions			
Neonatal and maternity		Neonatal service	
Infectious diseases			
Gastrointestinal	Liver disease		
	Inflammatory bowel disease		
Critical care, trauma and emergency medicine	Critical care	Major trauma	
Women's health			
Child health	Rare diseases		

How did we get here?

The national clinical framework (NCF) was published in March 2021. This was a commitment in A healthier Wales, the Welsh government's 2018 long-term plan for health and social care, which was itself the government's response to A revolution from within, the report of the 2017 parliamentary review of health and social care in Wales – a piece of work that had partly been triggered by the 2016 OECD review of health care quality for Wales, which found that 'while local autonomy and innovation is encouraged, [health boards] do not appear to have sufficient institutional and technical capacity to drive meaningful innovation and quality gains. A **stronger central guiding hand** is now needed to play a more prescriptive role.'

The purpose of the NCF is to 'set out [the government's] strategic approach to delivering high quality health and social care services which meet the needs of people across Wales [including] how specialist services and hospital-based services should be provided, and the skills and technologies needed to support them.' It identifies four key enablers: clinical networks, national programmes, workforce strategy and digital strategy.



Between March 2021 and March 2023, the Welsh government and the NHS Collaborative began work to establish a new Executive to deliver the NCF. In the meantime, clinical leads and implementation groups began working on a suite of quality statements that would underpin the work of the new clinical networks.

Early in 2023, the NHS Collaborative published a set of recommendations centred around the establishment of a new consistent suite of national strategic clinical networks. On 1 April 2023, the Executive came into being. On 18 July 2023, the NHS Wales deputy chief executive wrote to the NHS Executive national director, networks and planning to formally confirm financial allocations to support the networks, and also to outline associated delegation of accountabilities. This allowed the start of an organisational change process with NHS staff and clinical leaders until August.

The new national clinical lead roles are likely to look very different from previous iterations. They will be expected to reach out to the wider clinical and professional community and engage with communities of lived experience, as well as working across SCNs to spread learning and collaborate on shared priorities. Legacy arrangements (implementation groups, network boards etc) will continue to run until the new SCNs are formally established. The Executive should provide access to training, adopt good practice guidance and offer business and project support to all networks.

'The role of clinical networks in this framework is the facilitated bringing together of all the clinical communities, NHS partners and our patients to set out the high level, national pathway for the relevant service or condition ... Guided by a suite of quality statements, clinical networks will create consensus on high value, comprehensive clinical pathways based on evidence-based practice and coproduction. The networks will not duplicate the specific highly specialised standards set by professional bodies but apply them and fuse them together with the wider requirements of the pathway.'

'The network will play a vital part in monitoring the pathway and outcome data to support local benchmarking and accountability arrangements. This will be necessary to ensure that local delivery meets the standard and outcome expectations set in the national pathways and to encourage innovation, quality improvement and spread of good practice.

'The development of clinical networks with broad health and care professional representation will require strong representation and a recognition in job descriptions of those professionals. Significant time will need to be allowed for important work in relation to service planning and improvement.'

National clinical framework: A learning health and care system

The new Executive must work with the Welsh government and other sector partners to deliver existing strategies and action plans in full, including:

- > A healthier Wales: long term plan for health and social care
- > the health and care workforce strategy
- > the programme for transforming and modernising planned care
- > the national workforce implementation plan.

The Executive should work in partnership with the Welsh government to refresh the national vision for the future of health and care in Wales. We need a clear narrative and direction for the health service based on collaborative and cross-boundary regional working, and this should be co-produced and owned by all parts of the health and care system.

The Welsh government has established an NHS Wales accountability ministerial advisory group that will reflect on the current governance structures within NHS Wales. The independent group will be asked to explore how to drive improvements in performance and outcomes through clearer and more robust accountability, through escalation arrangements and through the provision of additional support, guidance and help to the service, reporting by 31 March 2024.

So what next?

The initial first tranche of SCNs is due to 'go live' on 1 October 2023, while others should be up and running in the first half of 2024. The priority of these networks should be to build constructive working relationships with:

- > wider clinical communities (including royal colleges and specialist societies)
- > third sector bodies, patient groups and grassroots organisations
- > health board leadership teams (eg medical directors, planning, public health)
- > regional partnership boards
- > local authorities and public service boards.

In many ways, the success of SCNs in implementing change will depend primarily on how effective these relationships are.

After an initial phase of identifying and engaging with key stakeholders, SCNs should set out their plans for their first year, the next 3–5 years, and where they want to be in 10 years. Taking quality statements (where they exist) as their baseline, SCNs should develop implementation plans by working with a wide variety of stakeholders from across the NHS, local government, wider clinical communities and the third sector.

For example:

- > on **service provision**, the Welsh government requires health boards to develop integrated medium-term plans (IMTPs). These are usually written during the autumn for sign-off the following spring. SCNs should actively engage with directors of planning from the summer onwards to ensure that national priorities are reflected in local plans.
- > on **health inequalities**, SCNs should work with the third sector and grassroots organisations to engage with hard-to-reach groups and ensure diversity of voice in its work.
- > on **data and insight**, SCNs should work closely with Digital Health and Care Wales and Health Education and Improvement Wales.
- > on **service standards, audits and accreditation**, SCNs should work with the royal colleges and other standard-setting bodies to ensure that they are designing high-quality services and pathways.
- > on **innovation and fresh thinking**, SCNs should work with as many partners as possible to develop compendia of best practice that can be shared across networks and specialties.

'There is still a long way to go before systems recognise that they do not hold the answers to many of the issues they face and that work with the communities they serve might be part of the answer ... Services will be more effective, more efficient and safer if users' voices are built into how they are designed, monitored and evaluated.

'If you want to understand why people are frequently readmitting to A&E, why co-ordination of care is not working or why people are struggling to access services then the answer is obvious – go and ask them for their help in designing services that will meet their needs.' – [The King's Fund](#)

The role of networks

Adapted from [research published by the King's Fund](#), we believe that SCNs should consider concentrating on the following five activities to support local delivery bodies (ie health boards/trusts) and national policymakers (ie Welsh government) to improve outcomes:

- > bringing stakeholders together for dialogue and collaboration
- > influencing change and bridging the gap between local and national priorities
- > hosting expertise at a regional level through wider communities of practice
- > incentivising and stimulating agreed outcomes using soft power and leadership skills
- > monitoring and evaluating outcomes through partnership working.

The third sector as system partners

We have identified three key principles, adapted from [work carried out by the King's Fund](#):

- > More equal partnership working is based on relationships. This is about building understanding, networks and connections that can support further system working.
- > There is no ideal starting place: we need to make current ways of working more inclusive. This means making small changes that lead to more systemic change based on trust.
- > This takes decisive action and leadership from all parties. The third sector should embrace a collaborative, not confrontational approach, and health system leaders should adopt a position of advocacy, proactively bringing in the third sector as valued partners.

Identify, engage, connect: A toolkit for partnership working

This toolkit has been produced to support **leadership groups** within the NHS Executive to work in partnership with patients, clinicians, those with lived experience and the wider third sector.

We welcome feedback on this toolkit and insight into the barriers to engagement. Please get in touch with us at Wales@rcp.ac.uk.

As well as seeking expertise from national groups and charities for specific health conditions, leadership groups should also ask for input from grassroots bodies representing marginalised communities and protected characteristics. This will help them to meet quality statement equality objectives.

Below we have provided a checklist of questions, followed by a list of useful organisations.

We do not expect you to be able to answer every question in this toolkit without help, which is why we've provided a useful list of organisations that might be able to support you to learn more about how your decisions might impact patients and marginalised groups. They are the experts in their own lives, which is why it's important to talk to them.

We also encourage you to contact us with any questions so that we might signpost you in the right direction: Wales@rcp.ac.uk.

How to use this toolkit

When setting out on any piece of work, ask yourself the questions below. Not all will be relevant to every project or programme, but we would encourage all leadership groups to work together (clinical leads, network managers and third sector representatives) to reflect on these questions before designing any project or communications plan.

This toolkit should be used to inform:

- > third sector and patient involvement in the work of the NHS Executive
- > clinical engagement with health and care professionals and communities of practice.

We also recommend that this toolkit is used:

- > during induction of clinical leads and network managers
- > while mapping key stakeholders for every piece of work
- > as part of the annual Executive mandate
- > woven into normal communications and processes.

Setting out a vision for your network

If you could achieve three things in this role over the next 3 years, what would they be? ☐

What's your immediate priority in post? ☐

How do you think you will juggle the political complexities in this role? ☐

What does co-production mean to you? How about value-based healthcare? ☐

Starting out on a new project

Have you identified the major charities working in your condition area? ☐

Have you considered the role of grassroots organisations? ☐

Is there a coalition of charities already working in this space (eg the [Wales Cancer Alliance](#))? ☐

Have you spoken to other NHS Executive programmes (primary care, mental health, planned care, urgent care), boards (eg end of life) and networks to identify shared themes? ☐

Is there a role for your implementation and operational delivery networks? ☐

Have you published a call for evidence on an online hub? ☐

Is there a role for industry or trade associations in this piece of work? ☐

Is there a role for academic institutions and research bodies (including [Health and Care Research Wales](#)) to support you in gathering evidence? ☐

Have you considered what data and digital support you will need? ☐

Have you considered whether social care should be involved, and how? ☐

Is there a role for regional partnership boards in this piece of work? ☐

How will you evaluate the work? Do you need to gather baseline data before you start implementing change? Have you considered talking to [Health Technology Wales](#)? ☐

Putting the patient at the centre

Have you spoken with [Llais](#), [Dewis](#), [infoengine](#) and/or the [WCVA](#)? ☐

Have you considered whether local patient panels could advise on implementation? ☐

Have you considered holding face-to-face coffee and capture sessions? ☐

Have you considered running online workshops or webinars? ☐

Have you considered issuing a questionnaire as part of a call to evidence? ☐

- Have you considered the impact of digital exclusion on your patient cohort? ☐
- Have you considered what impact this work will have on carers and families? ☐
- Have you considered what impact this work will have on reducing health inequalities? ☐
- Have you considered whether to carry out a [health impact assessment](#)? ☐
- Would an equality impact assessment be helpful? ☐
- Have you considered what impact this work will have on Welsh-speaking communities? ☐
- Have you considered the impact of this work on people living in remote and rural areas? ☐

Working with clinical colleagues

- Have you spoken to the relevant royal college(s) or professional bodies? ☐
- Have you identified any specialist societies that might have an interest? ☐
- Have you identified clinical leaders in a variety of professional groups to lead local change? ☐
- How will you bring the wider community of health and care professionals (allied health professionals, social care, primary care etc) in Wales with you on this journey? ☐

Making sure it happens

- Have you considered holding local or regional professional forums or workshops? ☐
- Have you considered how you will hold NHS delivery bodies to account? ☐
- Have you talked to key health board members and clinical directors? ☐
- Have you talked to health board planning teams? ☐
- Have you considered whether a regional approach is preferable (or even possible)? ☐
- How do you plan to gather and share multiprofessional evidence and knowledge? ☐
- How will you ensure the spread of good practice and innovation? ☐

Resources

The [Welsh NHS Confederation](#) is a national membership body that represents the seven local health boards, three NHS trusts, Health Education and Improvement Wales, and Digital Health and Care Wales. Follow them at [@WelshConfed](#).

The Welsh NHS Confederation convenes the [Health and Wellbeing Alliance](#) (HAWA), a group of over 70 organisations from across the NHS, local government, healthcare, social care, patient organisations and the professions. The HAWA has subgroups on health inequalities, mental health, social care, long COVID, the NCF, obesity, and climate and sustainability.

[Llais](#) is the independent statutory patient voice body established by the Welsh government in April 2023 to replace the seven community health councils. Follow them at [@Llais_Wales](#).

The [Wales Council for Voluntary Action](#) (WCVA) is the national membership body for voluntary organisations in Wales. It distributes funding, supports local voluntary councils and provides a network of support for thousands of voluntary organisations. Follow them at [@WCVACymru](#).

[Dewis Cymru](#) aims to provide advice about wellbeing, as well as information about over 6,000 local and national services. Follow them at [@dewiscymru](#).

[infoengine](#) is a directory of third sector (voluntary and community) services that provide information and support to people in Wales. It is provided by Third Sector Support Wales, a partnership of County Voluntary Councils and the WCVA. Follow them at [@infoengine1](#).

Get in touch

We encourage clinical leads, programme and network managers, and any other NHS Wales Executive staff to contact us for advice or support in using this toolkit.

Let us know how we can help: Wales@rcp.ac.uk.

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