

Bundle Stakeholder Reference Group 16 May 2019

Agenda attachments

00. Draft SRG Agenda 16 May 2019.docx

- 1 PART 1: ITEMS FOR DISCUSSION
- 1.1 Welcome and Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest
- 1.4 Minutes and Matters Arising from the SRG meeting on 27 March 2019
 - 04 - Unconfirmed Minutes of SRG Meeting 27 March 2019.docx
- 1.5 Feedback from Board: To receive feedback from the Board meeting on March 2019
 - 05 - Agenda from UHB Board Meeting 28 March 2019.pdf
- 1.6 Prehabilitation to Rehabilitation
 - 06. Prehab to Rehab SRGmeetingMay2019 final.ppt
- 1.7 Tertiary Services Plan
 - 07 - Tertiary Services Plan Presentation SRG.pptx
- 2 Part 2: Items to be received and noted for information by the Stakeholder Reference Group
- 2.1 Next Meeting of SRG: 9.30-12pm, 24th July 2019, Seminar Room, Hafan y Coed, University Hospital of Llandough

CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
9.30 – 12.00pm on Thursday 16 May 2019
Nant Fawr 1, ground floor, Woodland House, Mae y Coed Road, Cardiff,
CF14 4HH

AGENDA

PART 1: ITEMS FOR DISCUSSION		
1 9.30am	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
PART 1: ITEMS FOR DISCUSSION		
4 9.35am (5 mins)	Minutes and Matters Arising from the SRG meeting on 27 March 2019	Chair
5 9.40am (10 mins)	Feedback from Board <i>To receive feedback from the Board meeting of 28 March 2019</i>	Nicola Foreman, Director of Corporate Governance
Deliver Outcomes that Matter to People		
6 9.50am (60 mins)	Prehabilitation to Rehabilitation <i>To discuss proposals to improve surgical outcomes through a multi-faceted programme aimed at optimising the health and fitness of patients prior to surgery</i>	Rachael Barlow National Lead, Enhanced Recovery, Prehabilitation and Optimisation Daniela Bridgman Project Manager
10.50am	10 minute COMFORT BREAK	
Our Service Priorities		
7 11.00am (50 mins)	Tertiary Services Plan <i>To discuss the development of a UHB Tertiary Services Strategic Plan for services provided on a regional or highly specialised basis and to explore how we engage stakeholders</i>	Ian Langfield Corporate Planning Manager
Sustainability		
	No items	
Culture and Values		
	No items	
PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP		
1	Next Meeting of SRG 9.30 – 12pm 24 July 2019 Seminar Room, Hafan Y Coed, University Hospital of Llandough	



**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 27 MARCH 2019, SEMINAR ROOM,
HAFAN Y COED, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

Richard Thomas	Care & Repair Cardiff and the Vale (Chair)
Duncan Azzopardi	Cardiff University
Posy Akande	Carer (items SRG 19/18 onwards)
Mark Cadman	WAST
Sarah Capstick	Cardiff Third Sector Council (items SRG 19/18 onwards)
Paula Martyn	Independent Care Sector
Geoffrey Simpson	One Voice Wales (items SRG 19/18 onwards)

In Attendance:

Mike Bailey	Digital Transformation Lead, UHB (item SRG 19/20 only)
Abigail Harris	Director of Strategic Planning, UHB
Wendy Orrey	Cardiff and Vale Community Health Council
Angela Hughes	Assistant Director of Patient Experience, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB

Apologies:

Garry Davies	WAST
Suzanne Duval	Diverse Cymru
Liz Fussell	UHB Volunteer
Ben Gray	Vale of Glamorgan Council
Linda Pritchard	Glamorgan Voluntary Service

Secretariat:

Gareth Lloyd

SRG 19/14 WELCOME AND INTRODUCTIONS

The Chair introduced and welcomed Duncan Azzopardi and Mark Cadman to the Group.

SRG 19/15 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Marie Davies, Nikki Foreman and Keithley Wilkinson.

SRG 19/16 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 19/17 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 JANUARY 2019

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 January 2019.

Adult Thoracic Surgery

Abigail Harris reminded the SRG that the UHB Board had approved recommendations regarding the establishment of the single centre for Adult Thoracic Surgery subject to further work particularly regarding cover for the Major Trauma Centre. Since the SRG's previous meeting, a considerable amount of work had been undertaken on the workforce model and staff rotas and further consideration had also been given to the transport issues associated with the model. Cardiff and Vale residents would only have to travel to Morriston for their operations and pre-operative assessments, with outpatient appointments being held in their own areas. The Community Health Council had arranged two public meetings to discuss the mitigating actions aimed at addressing the concerns that had been raised during the public consultation. These meetings would be held on 8th and 11th April. It was agreed that further details of these meetings would be emailed to SRG members.

Action: Wendy Orrey/Gareth Lloyd

Sustainable Travel and Clean Air

Abigail Harris informed the SRG that the UHB had endorsed the Cardiff Public Services Board's Healthy Travel Charter and would publish its own Sustainable Travel Plan, hopefully by the end of 2019. In addition bids had been submitted to the UHB Health Charity seeking funding to pilot a park and ride for the UHL site, a shuttle between UHL and UHW and extending the hours of operation of the UHW Park and Ride service and increasing the frequency during its current operating hours.

Abigail Harris explained that the patient car parking spaces at UHW were currently 4 hour stay with an option of extending this by a further four hours. However there were still problems with UHB staff and students using these patient parking spaces so the UHB would shortly be decreasing the extension period to 2 hours thereby reducing the overall maximum stay to 6 hours.

It was agreed that the draft Sustainable Travel Plan would be brought to the SRG.

Action: Abigail Harris/Gareth Lloyd

SRG 19/18 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 31 January 2019.

Abigail Harris drew the SRG's attention to some specific items.

Integrated Medium Term Plan (IMTP)

The UHB had submitted its IMTP to Welsh Government (WG). The Plan indicates a commitment to a balanced financial plan for 2020/21 but this would necessitate circa £30 million savings during 2019/20. WG was seeking further assurances from the UHB that these savings would be achieved. 2019/20 would therefore be particularly challenging for the UHB. The UHB would have to rationalize its estate and accelerate the pace at which it is changing the way it delivers services. Investment would be limited to a few essentials and initiatives funded via either the Integrated Care Fund or Transformation Fund although it should be noted that the latter was limited to two years' funding.

Abigail Harris reported that she understood that the Minister for Health and Social Services would make a formal announcement on whether the UHB's IMTP had been approved by the end March 2019.

It was agreed that a link to the UHB would be emailed to SRG members

Action: Gareth Lloyd

SRG 19/19 MID-POINT REVIEW: SHAPING OUR FUTURE WELLBEING

Abigail Harris reminded the SRG that the UHB's ten year Shaping Our Future Wellbeing Strategy had been developed following comprehensive engagement with service users and other stakeholders. It would reach its mid-way point during 2019/20 and it was timely therefore to review the four core principles for change and the ten strategic objectives to ensure they remain appropriate.

The SRG was then asked to consider three specific questions:

1. In your relationships with the UHB do you see evidence that the strategy is underpinning our approach to the delivery of services?
2. Do you have suggestions for how we can further embed the strategy in our partnership arrangements?
3. When we review the Strategy do you have specific suggestions on how we ensure the strategic objectives continue to remain appropriate?

The SRG made a number of observations.

- There is evidence of the Strategy underpinning the delivery of UHB services.
- There is increased openness and willingness to share information with patients and an understanding that if patients are provided with information they are better equipped to manage their own care
- There is a need to ensure patients are kept informed about their care and how systems and care pathways work.
- Good communication is vital and the UHB should publicise positive feedback and patient experiences.
- There is growing evidence that individuals are more receptive to taking more responsibility for their own health and wellbeing following a health scare. This is an opportunity that the UHB should seize.
- The joint UHB/Cardiff University Research and Development Office is a good example of how the two organisations can work together.
- The UHBs pharmacy students have been ‘buddied’ up with UHB volunteers and this has improved their communication skills. The concept will be rolled out to other areas.
- Engagement with the third sector has improved; much of this has been driven by Transformation funding which is limited to two years.
- It would be helpful to measure the impact of service changes on life expectancy
- Outcome measures are essential. Abigail Harris explained that when the Strategy was produced it had been acknowledged that it was not underpinned by a set of measures. The UHB was part of a Learning Alliance with Canterbury District Health Board in New Zealand. Colleagues from Canterbury had advised the UHB that key to the success of the Strategy would be good data and metrics so that the impact of service changes can be monitored. Although there are a plethora of indicators many are process rather than outcome measures and the UHB was therefore looking to supplement these. For instance, it is acknowledged that the best way for individuals to improve their health is to quit smoking. The UHB meets all its targets in reducing the prevalence of smoking but these need to be supplemented with more specific targets relating to, for example, reducing the prevalence amongst pregnant women and in certain communities.

It was agreed that the new measures be presented to a future meeting of the SRG.

Action: Abigail Harris

Angela Hughes informed the SRG that the UHB had reviewed its patient questionnaires. It was agreed that the data that would be obtained from responses would be brought back to the SRG in due course.

Action: Angela Hughes

Concern was expressed that it was frequently difficult to contact agencies and GP surgeries. Abigail Harris reported that she understood that WG's new General Medical Services contract would contain new access requirements.

SRG 19/20 PATIENT KNOWS BEST

The SRG **RECEIVED** a demonstration of the 'Patient Knows Best' (PKB) portal from Mike Bailey.

The SRG was informed that the UHB had purchased the software that day. There would be a phased roll out commencing with the Gastroenterology and Ear, Nose and Throat specialities. As specialities come on line, initially, a small number of patients will be selected by consultants. Once they are signed up and any issues resolved, several communication routes will be deployed:

- Clinicians will recommend to patients
- standard letters sent to patients will contain a footer informing them of the availability of PKB.
- Self-service terminals will be deployed
- Local reception staff will be on-hand to help

In due course there would also be an email publicity campaign.

SRG members were asked for their views on:

- whether PKB was appropriate;
- how patients could be encouraged to sign up to PKB;
- how the UHB should communicate about the existence and benefits of PKB; and
- the type of questions that patients might have about PKB.
- How PKB could help in a care home setting
- How PKB could help the ambulance service

The SRG then discussed PKB.

- The benefits to patients appear clear.
- PKB shows respect for patients by providing them with information about their health/care.
- In some cases the only social interaction patients have is with health care professionals. Mike Bailey explained that PKB would not replace personal contact but was an alternative option for patients.
- Patients who have successfully used PKB would be invaluable in promoting the benefits of the system.
- There must be adequate data security mechanisms. Mike Bailey assured the SRG that PKB has successfully undertaken the CAV IG process. All data was encrypted and the data security was at least as good as that of CAV. The contract covers the fact that data must not be sold on or shared without consent.
- Would it be available to children? Mike Bailey reported that teenagers with diabetes were a big potential user group. Also that parents can access PKB records on behalf of young children.
- Is there assurance with regard to the company's ongoing viability and its ability to scale up and continue to provide the level of technical support required? The SRG was informed that although the company was quite 'lean' its recruitment seems successful and the IT is scaleable.
- The system should include informative error messages to prompt users when they have not completed a submission.
- The company's website does not do the system justice. Seeing the demonstration was very compelling.
- An online video demonstration on how to use the system would be more helpful than an online user manual.

In response to an enquiry Mike Bailey explained that PKB would not be replacing the 'My Health Online' system offered by some GP practices. PKB was initially just for secondary and tertiary care although it could in time be extended to primary care.

It was noted that care homes would be interested in PKB. It was agreed that Paula Martyn would provide Mike Bailey with contact details.

Action: Paula Martyn

It was agreed that Mike Bailey should contact Innovate Trust about access for those with learning disabilities. Sarah Capstick agreed to provide him with contact details.

Action: Sarah Capstick/Mike Bailey

It was agreed that Mike Bailey would provide the SRG with an update on PKB roll out in about six months' time.

SRG 19/21 BREXIT

Abigail Harris provided the SRG with an update

- The UHB had been asked to plan for a 'reasonable worst case scenario' in the event of a 'no deal' Brexit. Many of the issues were national issues and were being addressed on a UK wide basis.
- The UHB has not seen a mass exodus of staff from the European Union (EU) and is sending out a message of support to these staff.
- The UHB was supporting people to comply with the EU Settlement Scheme and sign-posting people to the appropriate guidance and further support provided by local authorities.
- There has been a drop off in people from the EU countries applying for jobs within the UHB and it is likely that in future the UHB will have to look further afield to recruit.
- The UHB would continue recognise EU clinical qualifications (subject to national guidance that was awaited).
- The UHB relies a lot of its goods and services from the EU. There is a whole set of UK Government measures in place to guarantee continuity of supply e.g. central stockpiling.
- Radioisotopes have an extremely short shelf life and there are business continuity plans in place to fly in supplies if required.
- Food shortages are not anticipated although there might be a limited availability of some fruit and vegetable produced in Europe.
- Community cohesion could be affected but South Wales Police have plans in place to deal with any civil disturbances.
- Abigail Harris chaired the NHS and Social Services Senior Responsible Officers Group for Brexit. The group had identified that the majority of the risks identified had been rated as green, with a few amber.
- The most vulnerable organisations were the smaller social care providers. The SRG was informed that this sector was working extremely closely with WG, local government and the health sector to mitigate any risks.
- The UHB had been granted no additional capacity to plan for Brexit so colleagues had been diverted from other tasks. Fortunately there had been no recent major incidents which would have put a further strain on what was a limited staffing resource.

SRG 19/22 ANY OTHER BUSINESS

SRG Membership

Anne Wei informed the SRG that two new members had been nominated. Shayne Hembrow and Sam Austin had been nominated to provide a housing perspective and the children and young persons' third sector respectively.

'Shaping Our Future Outpatients'

Abigail Harris reported that the UHB had recently given a presentation to the CHC on 'Shaping Our Future Outpatients'. The presentation contained more detail than the presentation which the SRG had received at its meeting in January 2019. It was agreed that the presentation be sent to SRG members for information

Action: Gareth Lloyd

SRG 19/23 NEXT MEETING OF SRG

The date of the next meeting has been changed to 9.30am-12pm on Thursday 16th May 2019, venue to be confirmed.

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD
BOARD MEETING**

Held on 28 March 2019 at 1.00pm

BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH

AGENDA

Feedback from Canterbury Visit		
1	Welcome & Introductions	Maria Battle
2	Apologies for Absence	Maria Battle
3	Declarations of Interest	Maria Battle
4	Minutes of the Committee Meeting held on 31 January 2019	Maria Battle
5	Action Log – 31 January 2019	Maria Battle
6	Chairs Action taken since last meeting	Maria Battle
7	Items for Review and Assurance	
7.1	Chairs Report	Maria Battle
7.2	Chief Executive Report	Len Richards
7.3	Quality Safety and Experience Report	Ruth Walker
7.4	Performance Report	Sharon Hopkins
7.5	Board Assurance Framework 2018/19	Nicola Foreman
7.6	Cancer Performance	Caroline Bird
7.7	Cluster IG Framework	Sharon Hopkins
7.8	Winter Resilience Programme	Sharon Hopkins
8	Items for Approval/Ratification	
8.1	Annual Review of Standing Orders	Nicola Foreman
8.2	Committee Terms of Reference and Work Plans for 2019-20	Nicola Foreman
8.3	Report of the Director of Corporate Governance	Nicola Foreman
8.4	Annual Report of the Director of Public Health https://sway.office.com/6QLeWnDIJVFgqoCx	Fiona Kinghorn
8.5	UHB Research and Development – Strategy Implementation Plan	Graham Shortland
8.6	Committee Minutes: <ul style="list-style-type: none"> i. Audit Committee – December 2018 ii. Mental Health Legislation Committee – October 2018 iii. Quality, Safety and Experience Committee – December 2018 iv. Finance Committee – January 2019 v. Strategy and Delivery Committee – January 2019 vi. Charitable Funds Committee – December 2018 	Committee Chairs John Union Charles Janczewski Susan Elsmore John Union Charles Janczewski Akmal Hanuk

8.7	Advisory Group Minutes:	
	<ul style="list-style-type: none"> i. Stakeholder Reference Group – January 2019 ii. Local Partnership Forum – February 2019 	Richard Thomas Martin Driscoll
9	Items for Noting and Information	
9.1	Wales Audit Office Structured Assessment 2018	Nicola Foreman
9.2	Wales Audit Office Annual Report 2018	Nicola Foreman
9.3	Public Accounts Committee Closure Report	Nicola Foreman
9.4	Reports from Committee and Advisory Group Chairs since January to bring to the attention of the Board: <ul style="list-style-type: none"> i. Audit Committee – February 2019 ii. Mental Health Legislation Committee – February 2019 iii. Quality, Safety and Experience Committee – February 2019 iv. Finance Committee – February 2019 v. Strategy and Delivery Committee – March 2019 vi. Charitable Funds Committee – March 2019 vii. Health and Safety – 22 January 2019 viii. Stakeholder Reference Group – January 2019 ix. Local Partnership Forum – February 2019 	John Union Charles Janczewski Susan Elsmore John Union Charles Janczewski Akmal Hanuk Michael Imperato Richard Thomas Martin Driscoll
10	Agenda for Private Meeting:	
10.1	Costs and Savings of Woodland House	Abigail Harris
10.2	New Dialysis Unit Name	Graham Shortland
10.3	Out of Hours / Hospital at Night	Graham Shortland
11	Review of the Meeting	Maria Battle
12	Date and time of next Meeting	
	Thursday, 30 May 2019 at 1.00pm Boardroom, Llandough Hospital	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

Optimising Cancer Outcomes



**Dr Rachael Barlow,
Lead, Enhanced Recovery, Prehabilitation and
Optimisation,
Rachael.barlow2@wales.nhs.uk/barlowr1@cf.ac.uk**

Marathon des Sables



Marathon de Cancer



**Continues for weeks, months
For some.....years**



Optimisation of Cancer Treatments

Treatments are becoming very sophisticated however their efficacy is affected by general health status:

- Existing health issues
- Nutrition
- Fitness levels
- Psychosocial wellbeing

What we Know

- Less 'fit' patients are more likely to die
- Less 'fit' patients have a more complicated recovery
- Fitness affects outcomes of cancer patients
- 'Teachable moment' - opportunity to embed sustained changes in health behaviour

Need to improve
cancer outcomes in
Wales

Surgery is still the
main hope for a cure
for people diagnosed
with solid cancers

Improving access to surgery

What makes a person eligible for surgery?

1. Stage of cancer at diagnosis

- 55% of patients with early stage disease (I-II) undergo surgery

2. Overall health status

- Risk of surgery
- Risk of anaesthetic

Many patients have combined treatments across CAV and Velindre

Velindre

Surgery

Velindre



Prehabilitation and Optimisation

Our Cancer Patients do not just have Cancer symptoms

Many patients have co-morbidities and lifestyle factors including:

- Anaemia
- Glycaemia
- Diabetes
- Smoking
- Alcoholism
- Frailty
- Blood Pressure

Cancellations and Delays in Treatment

- 10-20% of all operations are cancelled for clinical reasons
- 10-20% cancelled for poor preparation
- Plus – delays for postoperative treatment because of prolonged post-operative recovery
- If we emulate the models currently running in Southampton, we can reduce length of stay

What Impacts Cancer Outcomes?

Pre-treatment Risk

Modifiable

Acquired

Innate

Lifestyle

Cardiomyopathy

Fitness

Emotional resilience

Comorbidity

Age

Gender

Genetic

Health literacy

Smoking

Alcohol

Nutrition

Activity

IHD, COPD, AF, anaemia

Prehabilitation



Time Scale for Prehab

- Although there is no consensus on the optimal duration of prehabilitation, previous studies have identified four weeks as sufficient time to modify behaviour to improve physical function before colorectal surgery.

Chen BP, Awasthi R, Sweet SN, et al. Four-week prehabilitation program is sufficient to modify exercise behaviors and improve preoperative functional walking capacity in patients with colorectal cancer. Support Care Cancer 2017;25:33-40.

When to Start Prehab?

- Mindful that stage migration in lung cancer can happen at 54 days so the prehabilitation needs to be timely and not hold up treatment in any way
- 1st point of contact in healthcare system?
- Optimisation whilst decisions being made pre-treatment

About 8-10 people in every 100 referrals will receive a cancer diagnosis requiring treatment. However they all have the opportunity to benefit from being signposted to well being opportunities – and hopefully spread the word to others! Across Cardiff and Vale this equates to 16,000+ people per annum.

Maximising Opportunities for Well-being

Awareness Campaign

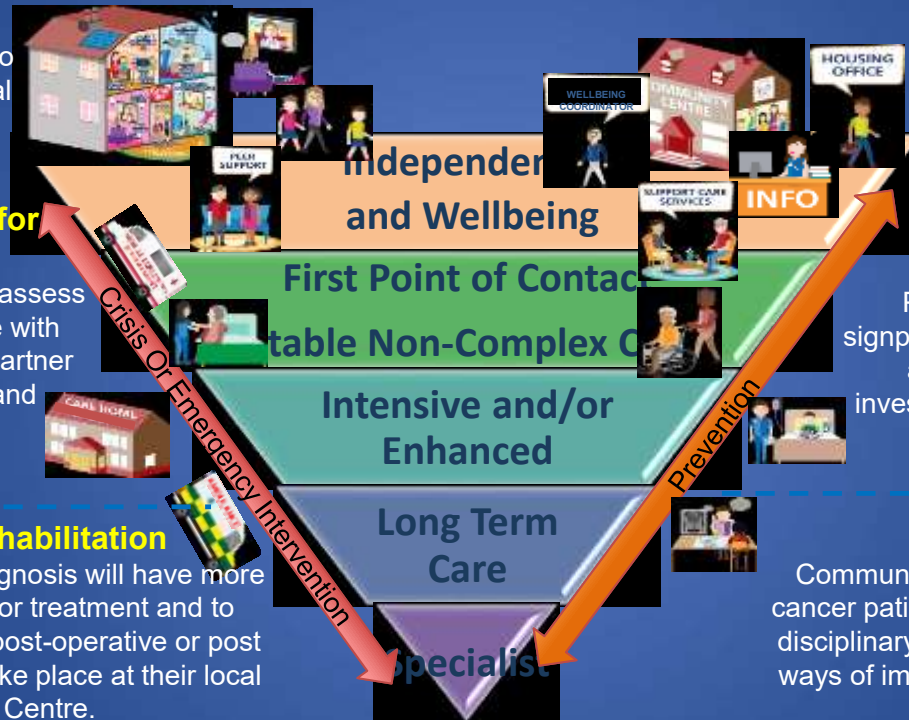
A communications strategy to raise awareness of our initiative to the public and across the regional workforce.

Maximising Opportunities for Wellbeing Bundle

An assessment tool used by GPs to assess the general health status of people with suspected cancer and signpost to partner services for information, advice and support.

Community-based Prehabilitation

People with a confirmed cancer diagnosis will have more intensive support in preparation for treatment and to maximise opportunity for effective post-operative or post cancer recovery. This is likely to take place at their local Health and Wellbeing Centre.



Prehabilitation during the investigation phase

People with suspected cancer will be signposted to partner services for information, advice and care support whilst initial investigations take place at their local Health and Wellbeing Centre.

Wellbeing Schools

Community-based, interactive sessions where cancer patients can meet together with their multi-disciplinary teams or personal mentors to identify ways of improving their surgical / cancer journey.

Enhanced Recovery after Surgery

Training and support for staff to implement evidence-based practice to reduce post-operative length of stay and recovery timescales.

The Voice of Our Citizens

We propose working together with individuals to identify strength based approaches to build resilient communities. We will provide seamless care and support as a whole family response, recognising that there is an impact on their network of family members, carers and friendship groups.



Specialist medical practitioner



Wyn's GP



Wyn



Bill , a member of the community



Third sector provider



Staff trainer

Wyn's personal mentor



- Wyn is a married retired steel worker.
- Their family live in England.
- Wyn's dog Elsie died about 6 months ago, since this he's not walked as much.
- Trying to stop smoking
- He has a history of asthma, type II diabetes and high blood pressure.
- Since giving up work Wyn has lost touch with work mates

Communication

Current Experience...

- Previously worked in the steel industry and sees his fading health as part of aging and there's little he can do to help himself as he slowly becoming less active.
- He has a history of asthma, type II diabetes and high blood pressure. He recently tried to stop smoking but struggled.



Future Experience...

- Feels his health is his responsibility and wants to do what he can to keep himself.
- Understands the importance of eating well and tries to eat 5 portions of fruit and vegetables every day.
- Attends his GP and Practice nurse regularly for check ups for his asthma, diabetes and high blood pressure

Wellbeing Bundle

Current Experience...

- Wyn attends his GP for a cough he has had for several weeks.
- He's lost 2 stone due to anxiety, he hides his emotions from his wife but he is very frightened. He has not slept properly for several months.
- He wants to stop smoking but can't at the moment due to his stress levels.
- He believes he has to conserve his energy levels by resting.
- GP refers Wyn for investigation. He has not discussed the link with Wyn between his history of asthma, type II diabetes and high blood pressure as he does not want to burden him.



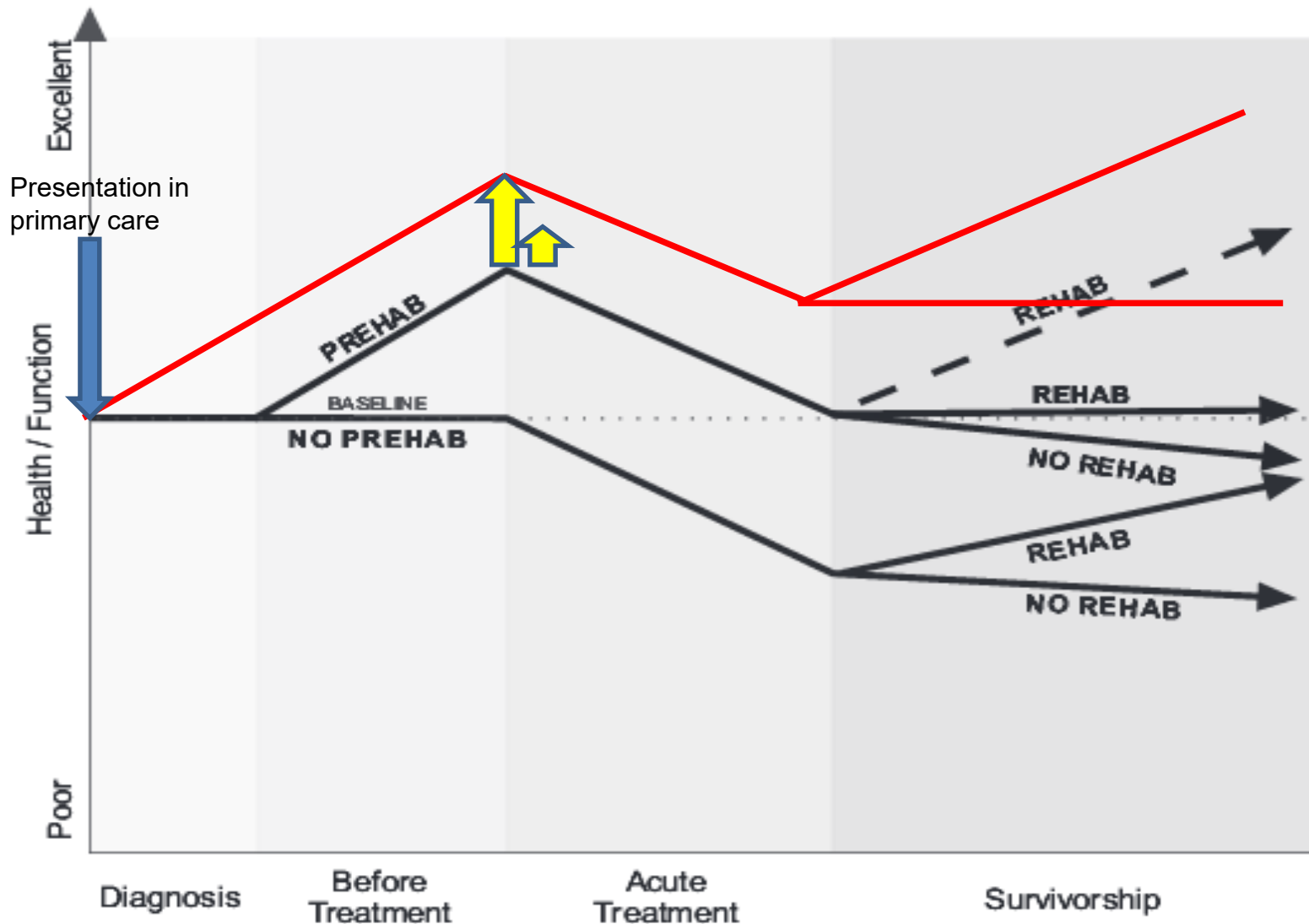
Future Experience...

- Wyn's GP refers him explaining cancer needs to be ruled out.

A few days later

- Wyn attends his nearest Wellbeing Hub where he has his health, social, welfare and housing needs discussed.
- A pharmacist checks his medications and provides advice on lifestyle and health.
- He has a full range of blood tests
- He is given ideas to increase his activity and exercise levels.
- He is given basic dietary advice and started on nutritional supplements
- He is enrolled on a local walking group, national exercise referral scheme, smoking cessation team, alcohol advice team etc.
- He is also given mindfulness advice to aid his anxiety.

Opportunities for Optimisation



Primary Care Optimisation Bundle

Cancer Diagnosis

- People presenting with cancer symptoms have multiple health and social needs
- The bundle allows early detection and signposting for remedial interventions to increase chance of curative treatment which may be too high risk otherwise such as fitness, nutrition and mental health.
- It will also flag up anaemia, cardiovascular disease, frailty, respiratory disease, diabetes ensuring remedial intervention ahead of any incurring treatment, to prevent any delays or cancelled treatments.

Not Diagnosed with Cancer

- At this vulnerable time when people are choosing to engage with health services with worrying symptoms, we consider they may be more receptive to tackling some of these issues and detrimental behaviours.
- We will sign post these people to existing services such as smoking cessation, alcohol support, nutrition services, national exercise referral scheme, welfare support, social prescribing etc.
- We will also review prescribed medication, screen for morbidity and optimise existing comorbidity.

Prehabilitation During Investigation

Current Experience

- Wyn undergoes investigation into potential lung cancer. This will take several weeks and his anxiety increased causing him to lose sleep. He's lost more weight and is eating very little. He feels out of control.



Future Experience

- The hospital team contacts Wyn and explains what is found.
- He is booked into the next available appointment in his local wellbeing hub.
- He will receive prehab in line with his needs to improve his health status. This will include (supported by Patient Knows Best™)
 - Structured exercise programme, self management; group
 - Nutritional advice tailored to his needs,
 - Emotional support
 - Continuous medical optimisation started in primary care.
 - Inspiratory muscle training
- He will also be able to see a social worker or welfare officer if needed.

Patient Mentor Scheme

Community-based, interactive sessions where cancer patients can meet together with their multi-disciplinary teams or personal mentors to identify ways of improving their surgical / cancer journey.



Future Experience

- Wyn is invited to his local wellbeing school and agrees to attend.
- He meets with other patients in the same situation as him, he swaps phone numbers with Bill who lives in Wyn's local area.
- Wyn is reminded what he needs to do to recover well after his operation. He has opportunity to ask questions
- He is given practical advice to allow him to prepare after he is discharged home – he knows when he will be coming in and approx. discharged.
- He is able to consent to any research trials that he may be eligible to take part in.
- Wyn is given a patient mentor, someone who has been through the same operation as him for support
- He is given a date of surgery and also asked to book into preoperative assessment clinic.



Mr Philip Jones



To Finish.....

- Things are changing in cancer care/treatments
- Not enough to give treatment
- Need to look at patient as a whole and address other health issues which can affect short and long term survival
- Enhanced recovery is an umbrella term
- Prehab will redesign the face of cancer care!
- Thankyou for your patience...!

Questions...

- Does the model make sense?
- What is needed to make the model work?
- How can we work with partners to make it work?
- Is there anything missing from the model?
- What could be the key challenges in implementing the model?

Developing a Tertiary Services Strategic Plan for Cardiff and Vale UHB

Ian Langfield

Corporate Planning Manager, Planning

Tertiary Services

- Most of the health and wellbeing (primary and secondary care) services provided in Wales, are planned and delivered locally by Health Boards i.e. Health Boards have a dual role as commissioners and providers of these services.
- Tertiary services or specialised services are planned nationally by the Welsh Health Specialised Services Committee (WHSSC) i.e. WHSSC undertakes the commissioning role, and the Health Boards undertake the provider role
- Specialised services are defined as:
"...services provided in a relatively small number of centres and requiring planning at a population of >1million (WHSSC)"
- Tertiary services are often delivered as part of a care pathway – with referrals from primary or secondary care services across Wales.

Cardiff and Vale UHB Tertiary Services

- There are 80+ distinct services with a planning population greater than 1 million
- Mixture of commissioners and commissioning arrangements
- Catchment areas range from:
 - Regional (South East Wales – pop 1.4 million),
 - Supraregional (South and West Wales, and South Powys – pop 2.3 million)
 - National (Wales – pop 3.1 million)
- One highly specialised service for UK
- Over half of the services are accessed by children
- Some tertiary services are delivered in partnership with other Health Boards / NHS Trusts

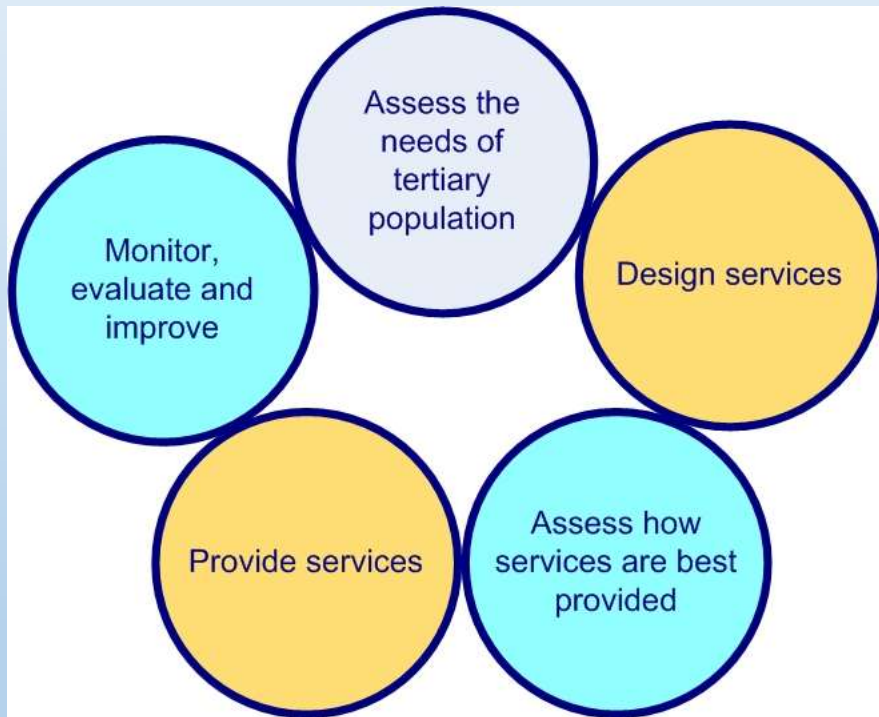
Shaping Our Future Wellbeing Strategy



"Each service priority will be designed to work across traditional boundaries of social, voluntary, community, primary, secondary and **tertiary**"

"To successfully provide sustainable hospital care in our region the UHB will work with other Health Boards and Trusts to design and deliver safe, effective hospital care. Operating within a network of hospitals, the University Hospital of Wales will act as a regional centre providing **tertiary**, specialist and complex care for a local, regional and national population"

Key Questions



To improve our understanding about our tertiary services and plan for the future, we need to understand:

- What services are we providing – scope, resources, sustainability, etc.?
- What are the commissioning arrangements?
- What are the impacts of future developments on service delivery and patients?
- Who are our patients?
- What's important to our patients?

Finally:

- What is our vision for tertiary services?

Tertiary Services delivered by Cardiff

Specialist Cancer Surgery Liver surgery Severe Intestinal Failure Surgery Upper GI Surgery Vascular Surgery Cochlear Implant Service / Bone Anchored Hearing Aids Service Specialist Critical Care (General) Cardiac Critical Care Cardiovascular Surgery Thoracic Surgery Specialised Cardiology inc. Interventional Cardiology, Cardiac Electrophysiology BMT Neurosurgery Neurology Specialised Neurology Neurorehabilitation Spinal rehabilitation Kidney Transplant Major Trauma Centre Inherited Bleeding Disorders Neurophysiology Wheelchairs EAT (AAC, EC) EAT (FES) Prosthetics Orbital prosthetics Clinical Immunology Specialised Allergy Service Sickle Cell and Thalassaemia Centre Haematological Malignancy Paediatric Neurosurgery Welsh Gender Team	Cystic fibrosis Severe Intestinal Failure (HPN) Paediatric specialist infectious diseases Neuroendocrine Tumours Neuroradiology (Interventional) All Wales Medical Genetics Laboratory Service Radio-Pharmacy Neuroradiology (Diagnostic) Neuropathology National Acute Porphyria Service Inherited Metabolic Disorders Neonatal Surgery Neonatal intensive care Neonatal high dependency care Paediatric Surgery Paediatric Trauma and Orthopaedic Surgery Paediatric ENT surgery Paediatric Malignant Haematology and Oncology Paediatric endocrinology Paediatric rheumatology Paediatric Neurology Paediatric Urology Paediatric Gastroenterology Paediatric HPN Paediatric Respiratory Medicine including Cystic Fibrosis Paediatric Neurorehabilitation Paediatric Cardiology Fetal Cardiology Paediatric Intensive Care Fetal medicine Paediatric Nephrology Endometriosis Neuropsychiatry	Chronic Renal Failure - no Renal Replacement Therapy Head and Neck Surgery Paediatric Anaesthetics All Wales Medical Genetics Clinical Service Teenage Cancer Trust - Teenage and Young Adult Service REU (Specialised seating, Design and Manufacture, Gait) Orthotics Vascular Malformation Restorative Dentistry Cleft Lip and Palate CAD CAM 3D Printing Pancreas Transplant Chronic Renal Failure - with Renal Replacement Therapy Paediatric Benign Haematology Secondary Care Allergy Service Thrombotic Thrombocytopenic Purpura (TTP) Adult Congenital Heart Disease Renal Surgery (Vascular Access Surgery) Audio vestibular Medicine Paediatric Radiology Specialised Urological Surgery - including Minimally Invasive Robotic Urological Surgery, Specialist Cancer Surgery, and Reconstructive Urological Surgery. Pelvic floor and incontinence services Gynaecology services for Transgender patients Highly Specialist Adult (and teenagers) Gynaecological cancer Surgery Services for Females with gynaecological malignancy Acute Kidney Injury
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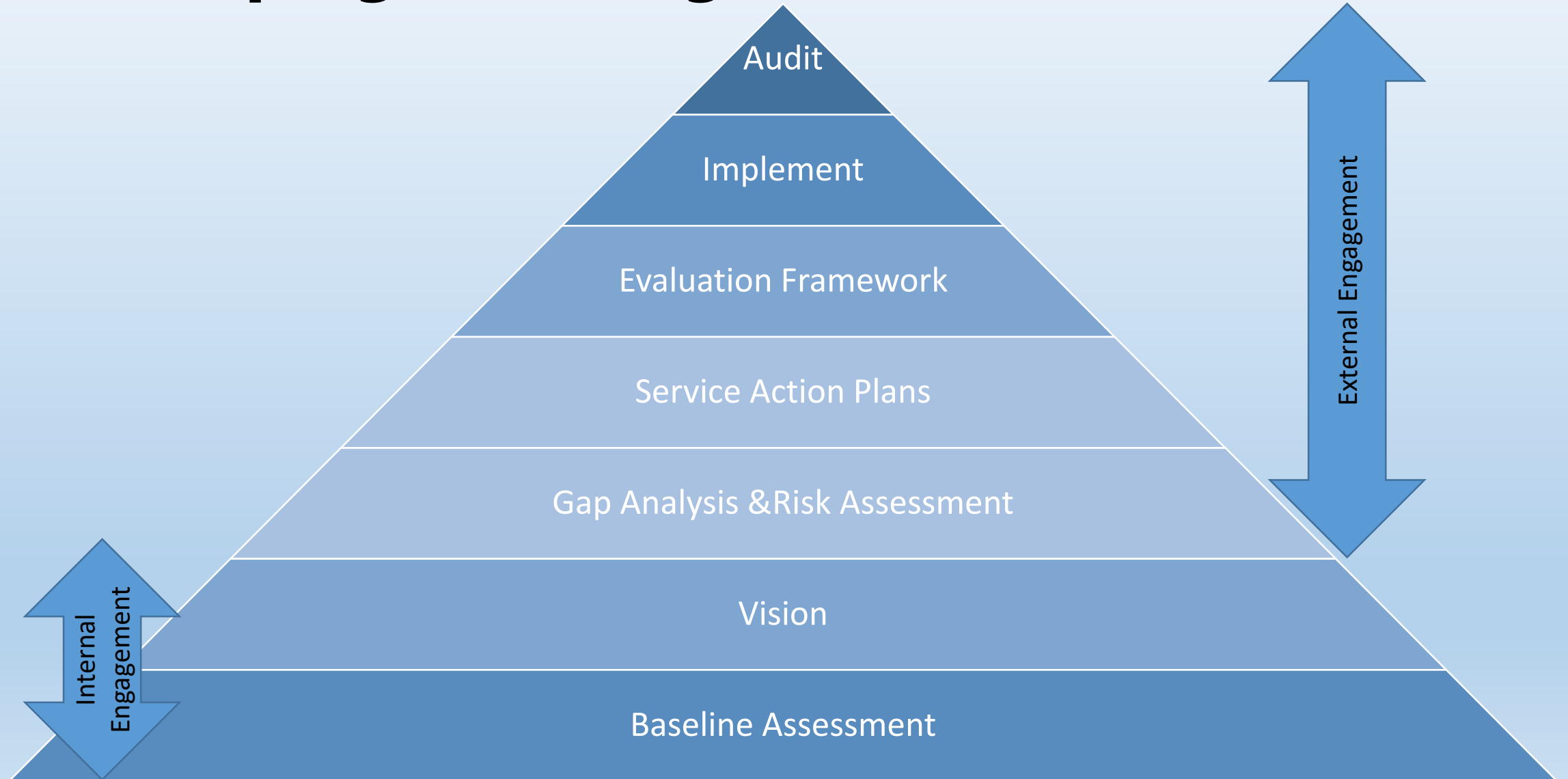
Tertiary Service Locations



Tertiary Services Commissioners

• WHSSC	-	53
• Health Boards	-	31
• Mixed	-	1
• NHS England	-	1
• Not commissioned	-	1

Developing a Strategic Plan



Building a Vision

The vision for tertiary services should:

1. Describe the UHBs ambition for specialised services
2. Reference the UHBs role within the NHS Wales integrated health economy
3. Explain the impact of the vision
4. Be relatable to members of the public

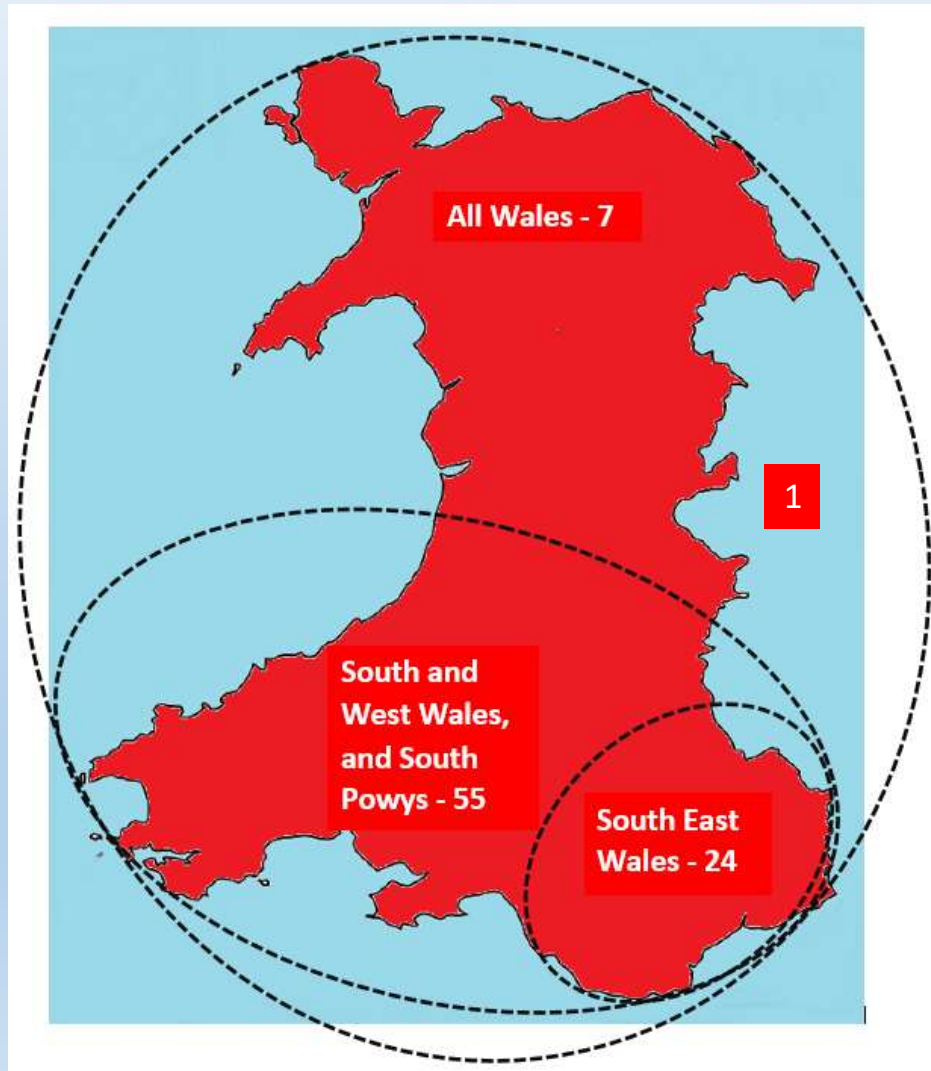
Vision - Example

"Working in partnership to advance the delivery of specialised (tertiary) health care within Wales, and across the UK. Delivering high quality outcomes that matter to people through research, innovation, and skilled clinical practice, and developing the NHS workforce to meet and respond to the challenges of the future."

Next Steps

- Complete baseline assessment
- Population analysis – high level assessment of the population accessing UHB tertiary services
 - Horizon scanning – internal (Clinical Boards) external (Professional societies and Royal Colleges)
- Develop vision – Clinical Boards / Executive Team
- Develop engagement strategy to inform development of strategy
- Commence engagement

Population accessing UHB Tertiary Services



All Wales (3,092,100)

- All Wales Medical Genetics Clinical Service
- Orbital Prosthetics
- Neuropsychiatry
- etc.

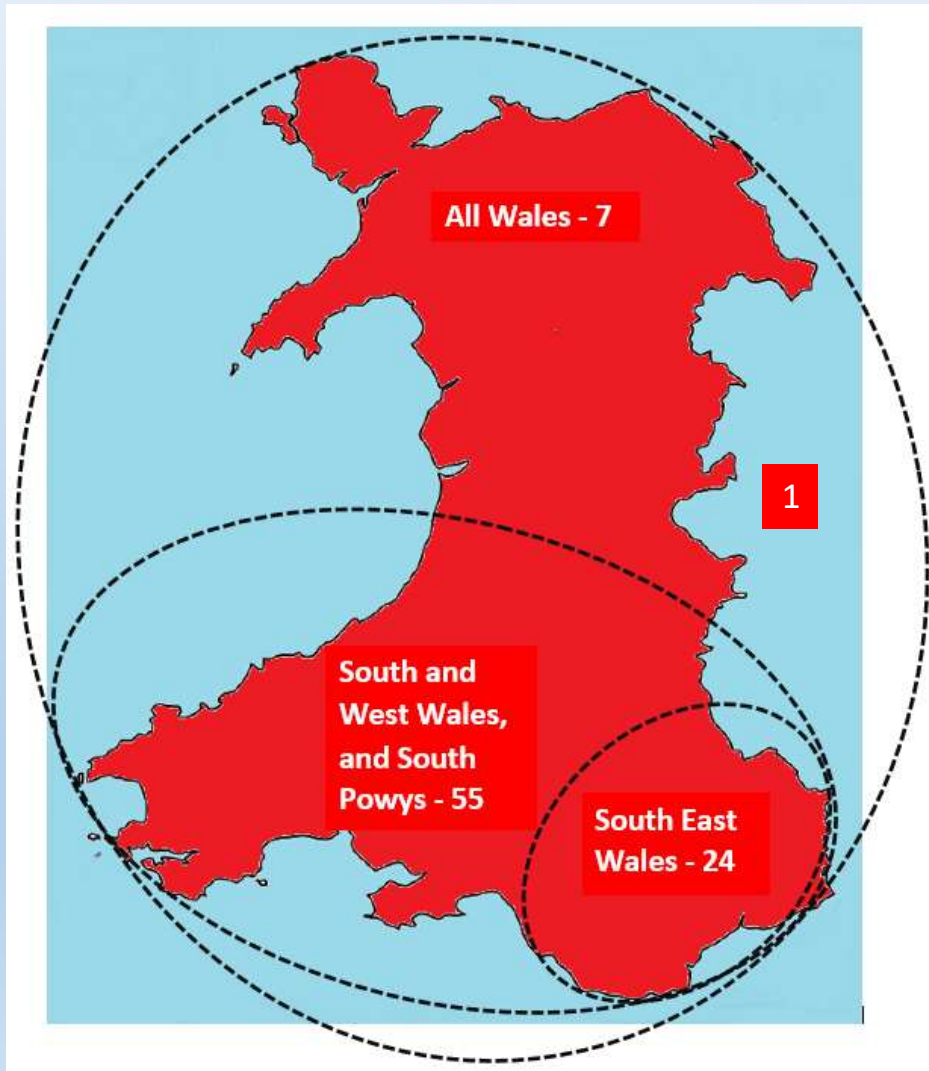
South and West Wales, and South Powys (2,331,750)

- Clinical Immunology
- Cystic Fibrosis
- Neurosurgery
- etc.

South East Wales (1,358,400)

- Cardiac Surgery
- Specialised Neurology
- Vascular Surgery
- etc.

The Engagement Challenge



- As a provider we need to engage with all of our patients to ensure that the services continue to deliver the high quality outcomes that matter to them.
- As services are delivered as part of a care pathway, we need to engage through a collaborative approach with other stakeholders – Health Boards, NHS Trusts, and WHSSC.
- We need to understand:
 - Where they live
 - How they access our services
 - Their outcomes and experience
 - What is important to them

Discussion

- How should we engage with patients using the UHB tertiary services?
- What questions should we ask?
- Who should lead the engagement?