

Cardiff and Vale Stakeholder Reference Group Meeting 23 November 2021

Tue 23 November 2021, 13:30 - 16:00

Microsoft Teams

Agenda

13:30 - 13:30 1. Welcome and Introductions
0 min
Sam Austin


13:30 - 13:30 2. Apologies for Absence
0 min
Sam Austin

13:30 - 13:35 3. Declarations of Interest
5 min
Sam Austin

13:35 - 13:40 4. Minutes and Matters Arising from the SRG Meeting on 29 September 2021
5 min
 Item 4 Unconfirmed Minutes of SRG Meeting 29 September 2021.pdf (7 pages)

13:40 - 13:50 5. Feedback from Board
10 min
Nicola Foreman

13:50 - 14:50 6. Making Effective Strategic Choices
60 min
Jon Watts
 Item 6 SRG_strategic Priorities v1.pdf (5 pages)

14:50 - 15:30 7. Modernising Spinal Services in South Wales
40 min
Ian Langfield & Iqroop Chopra
 Item 7 Modernising Spinal Services in South and West Wales - SRG Paper v2.pdf (8 pages)

15:30 - 15:30 8. Next Meeting of SRG
0 min
Sam Austin

Lloyd Jones
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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 29 SEPTEMBER 2021
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Duncan Innes	Cardiff Third Sector Council
Zoe King	Diverse Cymru
Linda Pritchard	Glamorgan Voluntary Services
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Carers Trust
Lani Tucker	Glamorgan Voluntary Services

In Attendance:

Nikki Foreman	Director of Corporate Governance, UHB
Sian Griffiths	Consultant, Public Health Wales
Abigail Harris	Executive Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Fiona Kinghorn	Executive Director of Public Health
Jon Watts	Head of Strategic Planning, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB

Apologies:

Mark Cadman	WAST
Jason Evans	South Wales Fire and Rescue
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Paula Martyn	Independent Care Sector
Geoffrey Simpson	One Voice Wales

Secretariat:

Gareth Lloyd, UHB

Observer:

Sian Taylor, UHB

SRG 21/37 WELCOME AND INTRODUCTIONS

The Chair welcomed Sian Taylor to the meeting as an observer. Sian has recently joined the UHB's Communications Team as Communications and Engagement Manager.

SRG 21/38 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

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SRG 21/39

DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/40

MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 22 JULY 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held

Recovery Planning - Waiting Times

Gareth Lloyd confirmed that information on waiting times for each of the Welsh Index of Multiple Deprivation ten deciles had been issued to SRG members.

Abigail Harris explained that the pandemic had not only created a significant backlog of individuals awaiting treatment but there was also a concern that there were a significant number of people who had not sought medical advice who also need treatment and who would eventually be referred. Another issue was that a number of the new working methodologies introduced in response to C-19 continued to impact on productivity. The UHB was working through how it could recover to pre-pandemic activity levels and reduce waiting lists as soon as possible. The UHB had sent Welsh Government (WG) a list of recovery schemes for which capital funding is required, including the procurement of mobile theatres for the UHW site. It was anticipated that these theatres would become operational shortly and would be used for cataract surgery. The UHB was also working with neighbouring UHBs on the pooling of under-utilised capacity and was continuing to utilise capacity in the private sector.

Len Richards, Chief Executive

The Chair confirmed that she had written to the outgoing Chief Executive on behalf of the SRG.

Shortened Version of Annual Plan

Jon Watts explained that a shortened version of the Annual Plan had not been circulated to the SRG as WG did not require UHBs to produce such a document. An easy read version of the 2022/25 Integrated Medium Term Plan (IMTP) would be produced.

SRG 21/41**FEEDBACK FROM BOARD**

Nikki Forman informed the SRG that Suzanne Rankin had been appointed as Chief Executive and would commence in post on 1 February 2022.

Nikki Foreman then drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 29 July 2021.

- Chair's Report -The District Nursing and Community Resource Teams were thanked for the wrap around care that they were providing
- Chief Executive's Report - .All members of staff are to be encouraged to participate in the 14,000 Voices Programme. The UHB and its NHS Wales partners had organised a Green Health Wales conference that took place on 29 June. The UHB and its partners had been awarded a Health Service Journal award in the regional C-19 response category for the construction and operation of the Dragon's Heart Hospital.
- Health Inspectorate Wales Annual Report – The Report identified that overall good standards of care had been offered across Wales during the pandemic.
- Corona Virus Report – In July cases and case rates were falling and positivity in the overarching population was also decreasing.
- Performance Report – The UHB had achieved 70% of its pre-pandemic planned care activity during the first quarter of 2021/22. Attendance in the Emergency Unit had reached 90% of its pre-pandemic levels. The Annual Financial Plan submitted to WG includes a break-even year end position. After three months the UHB had an operational surplus of £124k. Delivery of the Financial Plan includes a 2% (£16m) savings requirement.
- Patient Safety, Quality and Experience Report – In May and June the number of concerns had been 2,369 compared with 3,549 in March and April. Since the Board meeting a revised Quality Safety and Experience Framework has been issued followed by a robust engagement exercise.
- The Board agreed to issue a letter of support for the Programme Business Case for an All Wales PET (Positron Emission Tomography) Service.

SRG 21/42**HEALTH INEQUALITIES AND THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The SRG received a presentation from Fiona Kinghorn and Sian Griffiths on the Annual Report of the Director of Public Health 2020.

The Report focusses on how Cardiff and the Vale of Glamorgan can emerge positively from the pandemic with a spotlight on prevention and addressing the inequities exacerbated by the events of the past 18 months. It describes the impact of the pandemic on the population, identifies priority areas for attention and sets out a vision for future partnership working that will enable us to recover strongly and more fairly. The Report is divided into four chapters:

Chapter 1 – Epidemiology – the impact of C-19 pandemic on inequities in Cardiff and the Vale of Glamorgan

Chapter 2 – Children and young people – striving to support a generation's emotional well-being and mental health

Chapter 3 – Amplifying prevention

Chapter 4 – Ways of working through recovery.

The recommendations in each of these Chapters were outlined briefly to the SRG.

The SRG was then asked some specific questions

- How can the organisations and sectors you come from contribute to tackling inequities and prioritising prevention, as described in the recommendations of this report?
- How can we work together to achieve the vision described of meaningful engagement with communities?

The SRG raised a number of questions and made several observations

- Have services been identified which although not provided currently, are required? The SRG was advised that the Annual Report was a guide with recommendations rather than a comprehensive needs assessment. It would be for our strategic partnership groups, for example the RPB and PSBs to review the recommendations and identify any gaps in provision.
- Is there a problem with ethnic minorities not accessing existing services? The SRG was informed that the UHB continued to work with local communities to build confidence and encourage uptake in health services including vaccinations. Further engagement with communities is required in order to understand the issues that are important to them and develop services that are appropriate and accessible to them.
- It would be helpful for all partners to develop a joint prioritised action plan with priorities based on those actions that will provide maximum health benefit.
- The pandemic has forced organisations to work more collaboratively and the third sector has demonstrated that it can successfully deliver many services. It will be important not to lose this partnership working.

The SRG received a presentation from Jon Watts on the development of the UHB's IMTP 2022-2025

The SRG was reminded that it is a statutory requirement for UHBs to produce three-year IMTPs that are refreshed annually. This process was paused during the pandemic when the UHB was instead asked to produce Quarterly Plans. WG formal planning guidance was not anticipated until October but the indications were that UHBs would be asked to submit three-year IMTPs for 2022/25. The Minister has also written to UHBs outlining her priorities.

Jon Watts explained that the IMTP is a strategic level document of around 50 pages. It would describe the implementation of the Shaping Our Future Wellbeing Strategy and align with Ministerial priorities and the National Clinical Framework.

The SRG was then informed of the approach to the design of the IMTP 2022-25 and the underlying planning assumptions.

The SRG then discussed the presentation and raised a number of questions and made several observations

- Are there any significant differences between the Minister's and the UHB's priorities? Jon Watts re-assured the SRG that both sets of priorities were broadly aligned.
- Are there any areas of concern that the UHB will find difficult to address and should expectations therefore be managed? Jon Watts explained that a number of deliverables were within the UHB's own gift but acknowledged that others could not be delivered in isolation therefore collaboration and agreement with partners would be required. Abigail Harris suggested that one of the biggest challenges would be how to increase the proportion of funding that was invested in prevention and primary care services as opposed to acute hospital based services. The UHB would have to demonstrate how this shift could be achieved incrementally over time

Abigail Harris suggested that consideration be given to the SRG using a future meeting as a workshop session regarding the prioritisation of deliverables. It was agreed that further discussions were required regarding the format for a workshop.

Action: Abigail Harris/Jon Watts

It was agreed that an early draft of the IMTP will be shared with the SRG for discussion at its meeting in November.

Action: Jon Watts/Gareth Lloyd

It was agreed that Jon Watts and Angela Hughes discuss whether animation and other communication tools developed by the Patient Experience Team through learning from the pandemic could be used to assist with the IMTP communication and engagement activities.

Action: Jon Watts/Angela Hughes

SRG 21/44 STRATEGIC PROGRAMMES

Abigail Harris provided the SRG with a brief overview of the UHB's Strategic Programmes.

The SRG was informed that Q5 had been commissioned to work with the UHB as a 'critical friend' to help it take stock of its Shaping Our Future Wellbeing Strategy and what it needed to deliver over the next five years. The conclusion was that there should be differentiation between Strategic Programmes led by Executives and initiatives that Clinical Boards could lead.

The SRG then received a very brief overview of the four Strategic Programmes

- Shaping Our Future Community Care/@Home Programme
- Shaping Our Future Hospitals Programme
- Shaping Our Future Clinical Services Programme
- Shaping Our Future Population Health Programme

The SRG enquired about the timescale for UHW2. Abigail Harris explained that the timescale had slipped by a couple of months as there was now a new administration in WG. There had been an extremely constructive meeting with Andrew Goodall but the feedback from WG officials was that the Programme Business Case needs refining. WG did, however, recognise that UHW would not be fit for purpose moving forward and that to do nothing was not an option. A senior operational manager with vast experience of health care facilities across the UK and beyond had been appointed to work alongside the Shaping Our Future Hospitals Programme Director to help develop a suite of design and operational principles for the facility. They would commence in post during October and it would be helpful if they were invited to attend a future SRG meeting as part of work to consider service user experience and views. Angela Hughes suggested that Patient Experience could assist in developing these principles as the team and volunteers have a lot of knowledge of the little things that matter to patients and carers.

Abigail Harris explained that the UHW2 Programme Business Case included an explanation of how University Hospital Llandough would be utilised. The location of UHW2 would be considered during the next stage of the business case process. It would have to be located within Cardiff as 85% of the UHB's patient activity was Cardiff or Vale residents. There were few options within Cardiff with redevelopment of the existing site being one option.

In response to an enquiry Abigail Harris explained that she understood that the in-year deficits incurred by NHS providers in England during the pandemic had been written off but not their underlying deficits. This was the same as in Wales.

SRG 21/45 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm Tuesday 23 November 2021.

Strategic resource prioritisation- *developing a model that demonstrates value*

Stakeholder Reference Group

23 November 2021

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Background

Cardiff and Vale University Health Boards vision is to create a community where healthy life choice does not depend on who you are or where you live.

The UHB is now one of the largest NHS organisations in Europe and employs approximately 14,500 staff providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across South and Mid Wales for a range of specialties. Services provided cover;

Primary and community based services: GP practices, Dentists, Pharmacy and Optometry and a host of community led therapy services via community health teams.

Acute services through our two main University Hospitals and Children's Hospital: Providing unscheduled or emergency care. Elective care and specialist services to a wider population across Wales, including diagnostics and therapeutic services.

Public Health: Improving the health of our population and reducing inequalities. Providing preventative health care information and advice including access to health and well-being services.

Tertiary centre: we also serve a wider population across Wales and often the UK with specialist treatment and complex services such as neuro-surgery and cardiac services.

Corporate Services: Providing the support services required to run an integrated health system across Cardiff and Wales ensuring patient safety, governance, quality assurance, performance and excellent delivery of all services.

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The Challenge

In discharging the duties described the UHB spends around £1.4 billion every year. However, it remains well documented that the UHB, like nearly all other organisations across the Welsh and UK health system, are considered under funded.

With such vast sums of existing investment, and the calls for more, there is an increasing importance of 'value' (Public value and value based healthcare) and a call for both government and public bodies such as Health Boards to have a greater focus on the outcomes delivered for increasing amounts of taxpayers money.

Effective and robust understanding of the additional investment required across the organisation and the subsequent prioritisation of those investment needs becomes the first part of being able to demonstrate value.

Challenges in prioritising / assessing proposed service developments across an organisation the size and complexity of the UHB are obvious. How do you prioritise

A project manager to support the development of a South East Wales vascular network

v's

A cancer nurse to support the implementation of a South East Wales acute oncology network

v's

A piece of I.T software that supports virtual outpatient consultations

How do you understand if, for example, a proposal from a clinical board to deliver a 20% increase in the number of medical appointments it can see in a week for a very modest investment is going to translate into improved health outcomes for those patients? How do you understand if the extra appointments are improving the lives of those it serves? If you cant is value been demonstrated?

The challenge therefore becomes how to improve health board understanding and prioritisation of a diverse suite of service developments which it has brought to its attention from its clinicians and management team(s) so that they are all considered fairly and in the context of the contribution they will make to delivery of the Health Boards vision and therefore by extension offer 'value'.



Questions?

1. Instead of seeking to quantify 'the sum' of the inputs a service development requires against **v's** the outputs the UHB would expect to observe and then comparing those with a competing proposal should the UHB be seeking to define and understand what contribution / value the proposed scheme offers 'in between'?

By in-between we mean the schemes contribution to (for example)

- ❖ Patient safety
- ❖ 'Quality' of the service provided not just the blunt 'output'
- ❖ Service equity

2. Do the domains of shown on the next slide (Attractiveness, Achievability & Risk, Affordability) and the 'tests' within each of those domains begin to explore what the added value 'in between' could look like?

3. How could these be improved?

4. What does good look in terms of how this prioritisation framework is used?

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Attractiveness

Evidences a direct link to one or more of the UHBs 10 priorities **and/or**

Evidences direct contribution to improving population health **and/or**

Evidences a direct link to delivery of one or more operational objectives e.g. a 'target' **and/or**

Evidenced as a critical enabler for other agreed service developments to be able to progress as planned **and/or**

Represents an area of political interest.

Achievability and risk

Evidences Patient safety, quality / compliance issues – Health & safety, national accreditation, IPC etc **and/or**

Evidenced as having a direct impact on effectiveness of the UHBs infrastructure (digital, equipment, estate) **and/or**

Evidence that poor benchmarking indicators with other providers will be directly improved **and/or**

Evidence that benefits, measures, critical path for delivery of these benefits are clearly understood and demonstrate that desired outcomes are achievable.

Affordability

Evidence that reoccurring revenue has been secured and/or high degree of confidence that revenue will be secured **and/or**

Scheme is evidenced as revenue generating **and/or**

Evidence of 'spend to save' **and/or**

Evidence that necessary capital has been secured and/or high degree of confidence that revenue will be secured **and/or**

Evidence that the scheme is cost neutral



Modernising Spinal Services in South and West Wales

Introduction

This paper describes the work ongoing to modernise spinal services in South and West Wales, through the establishment of a network model for spinal surgery, underpinned by an Operational Delivery Network (ODN).

Spinal Disorders

There are a wide range of spinal disorders, some of which can result in significant life changing problems, such as paralysis, if patients are not diagnosed and receive timely and appropriate treatment.

The majority of patients will present to primary care, and will be managed either within primary or secondary care through a complex interaction of multidisciplinary pathways. A proportion of these patients will be referred into the spinal surgery centres for assessment for complex surgery (e.g. spinal deformity correction) or non-complex surgery (e.g. degenerative lumbar spinal decompressions).

A smaller but significant group of patients will be referred directly to spinal surgery services for management of highly time-critical, complex spinal surgical conditions, e.g. Cauda equina syndrome, spinal infection, intradural pathology, and metastatic spinal cord compression . Finally, patients with spinal trauma will require rapid access to emergency spinal surgery.

Across the UK, spinal disorders cost the NHS more than £1000 million per year. Whilst the majority of patients are managed within primary care, in South and West Wales approximately 50% of all musculoskeletal triage services activity is spinal disorder related and 2,000 patients per annum receive spinal surgical interventions.

There is no strategy for the commissioning or delivery of services for patients with spinal disorders across South and West Wales, and patient flows have been largely determined by historic demand. The absence of a commissioning strategy has had a profound effect on the orthopaedic spinal surgery services in particular, with a lack of clarity regarding the responsibilities of providers, across the entire pathway, for both elective and emergency spinal care. There have been a number of attempts to address this over the last ten years. Unfortunately, for a variety of reasons, none of these initiatives were successful.

Management of Spinal Disorders in South and West Wales

There are currently four services providing spinal surgery in South Wales:

- Morriston Spinal Unit
- Royal Gwent Orthopaedic spinal Unit
- UHW Orthopaedic spinal Unit
- UHW Neurosurgical Unit

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Spinal Surgery Project

Following discussion with the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) established a project to clarify the service model and patient pathways, and to identify the actions required to address gaps in the current system.

The Spinal Surgery Project was launched in October 2020, with the aim of developing recommendations for a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was submitted to the Project Board in March 2021. It concluded that there was a need for a clear strategy for delivering and commissioning spinal services, and recommended the development of a network model underpinned by an Operational Delivery Network (ODN) with the operational authority to:

1. Maintain and coordinate patient flow across the spinal surgery pathway.
2. Lead the development, and coordinate implementation and delivery of standards and pathways.
3. Promote and support cross-organisational and clinical multi-professional collaboration.

Rationale for Spinal Network Model

The size of the involved patient group within the scope of the proposed spinal network is significant and can only be effectively managed within a network structure.

- Low back pain is a common disorder, affecting around one-third of the UK adult population each year (NICE, 2009). Around 20% of people with low back pain will consult their GP about it. It constitutes one of the leading causes of disability in the UK, with nearly 119 million working days lost each year (BackCare 2001). It is one of the largest burdens on primary care which is the front end of most of the spinal pathways. With the appropriate support and treatment, the majority of patients can be managed effectively within primary care. However, with inappropriate and immature pathways, these disorders can result in permanent disability and otherwise avoidable escalation to secondary and tertiary care.
- The incidence of symptomatic spinal metastatic disease can be estimated at approximately 2000 patients per year in Wales. The majority of these patients will interface with one or more spinal pathways. The effectiveness of early identification through networked co-ordination has been demonstrated to significantly improve patient outcomes and be cost effective.

One of the unique characteristics of spinal disorders, is that the appropriate management of these disorders spans a wide range of disciplines, including General Practitioners, Physiotherapists, Rheumatologists, Pain Specialists, Neurosurgeons and Orthopaedic Spinal Surgeons.

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Whilst the multidisciplinary team provides clinical interface, only a networked approach can ensure a seamless journey for the patient by aligning and integrating parallel service specifications. Spinal disorders are time critical and cannot have any element of delay or inefficiency built into the system.

Spinal disorders represent a significant medical, social and economic problem because of the increasing incidence within the general population. There is a further impact on the ageing populations in South and West Wales, as the prevalence of spinal disorders increases with age. The prevalence of complex degenerative spinal disorder is increasing as is patient expectation. The spinal services must develop to reflect this but in a value based healthcare manner. This will be difficult to govern through a system without effective meaningful commissioner engagement, and a network to coordinate and transform spinal care across the South and West Wales.

The training of future Neuro and Orthopaedic spinal surgeons is becoming increasingly disaggregated from general Neurosurgery and Orthopaedics. The British Association of Spinal Surgeons has recently established a fellowship to facilitate combined curriculum-based spinal surgery training between neurosurgery and orthopaedic surgery. It is clear that the future model for training spinal surgeons will require rotation across networked spinal units, rather than within Orthopaedic and Neurosurgery departments. A network with the appropriate governance arrangements and operational authority will be necessary to promote and cultivate this concept to ensure South Wales builds on its already international renowned training programmes. This will ensure sustainability of the services.

Spinal Surgery Network Model

Under the network model, two regional networks will be established, with an Operational Delivery Network (ODN) overseeing the regions and coordinating patient pathways, from primary care through to surgery and rehabilitation, where appropriate.

Each regional network will comprise a spinal hub providing a 24/7 emergency service, complemented by Non Spinal Partner Hospitals (Hospitals with a medical /surgical take, but without any surgeons undertaking spinal surgery on site) and Spinal Partner Hospitals (Hospitals with Spinal Surgeons offering 'non-specialised' +/- 'specialised' spinal surgery and may offer an emergency service without a 24/7 emergency on-call).

In the South East the spinal hub would be based at University Hospital Wales, with spinal partners at University Hospital Llandough¹ and the Grange University Hospital (Annex 1)

In the South West the spinal hub would be based at Morriston Hospital, with Neath Port Talbot Hospital acting as the spinal partner (Annex 2)

In addition to the regional arrangements, there are three services delivered on a supraregional basis by the spinal hub in Cardiff and Vale (Annex 3). These services are:

- Paediatric spinal surgery – Noah's Ark Hospital
- Major trauma – University Hospital of Wales

¹ UHL is a temporary spinal partner, as the plan is to move all spinal surgery back to UHW.

- Spinal injury rehabilitation – University Hospital Llandough

This network model doesn't represent a change in service provision, but it does provide clarity on the role and remit of each organisation within the network. This arrangement is further enhanced by the establishment of the ODN, as this will promote and support a cross-organisational and clinical multi-professional collaborative approach to ensure the delivery of safe, effective and sustainable services.

The ODN will also provide a forum for engagement with all stakeholders, including commissioners, service users, and third sector organisations, and will lead the development and implementation of standards and pathways, across South and West Wales, to ensure equity of access to specialist resources and expertise.

The Spinal Services Operational Delivery Network

The aim is to establish the ODN on the 1st April 2022, with the commissioning responsibility being delegated from the Health Boards to the Welsh Health Specialised Services Committee.

WHSSC are in the process of developing a service specification for the ODN, which will determine its terms of reference. However, it is likely that the ODN core objectives will include the following:

- To maintain and coordinate patient flow across the spinal surgery pathway
- To lead the development, and coordinate implementation and delivery of standards and pathways
- To promote and support cross-organisational and clinical multi-professional collaboration
- To provide advice on future service provision to commissioners and providers, including the commissioning, delivery, designation of regional and supraregional services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments.
- To develop and implement an effective framework for monitoring quality and performance; and to establish a network-wide audit programme.

In the interim a shadow network has been set up to take forward the work necessary to develop and establish the ODN.

Questions for Stakeholder Reference Group

Our aim is to create a system which supports a cross-organisational and clinical multi-professional collaboration across the entire care pathway to ensure that all patients have equitable and timely access to services and treatments across the network.

As key stakeholders, we are keen to have your input as we take forward the development of the ODN. In particular, we would be very grateful for your views on the following:

- How can we establish effective engagement with service users i.e. patients with existing spinal disorders?

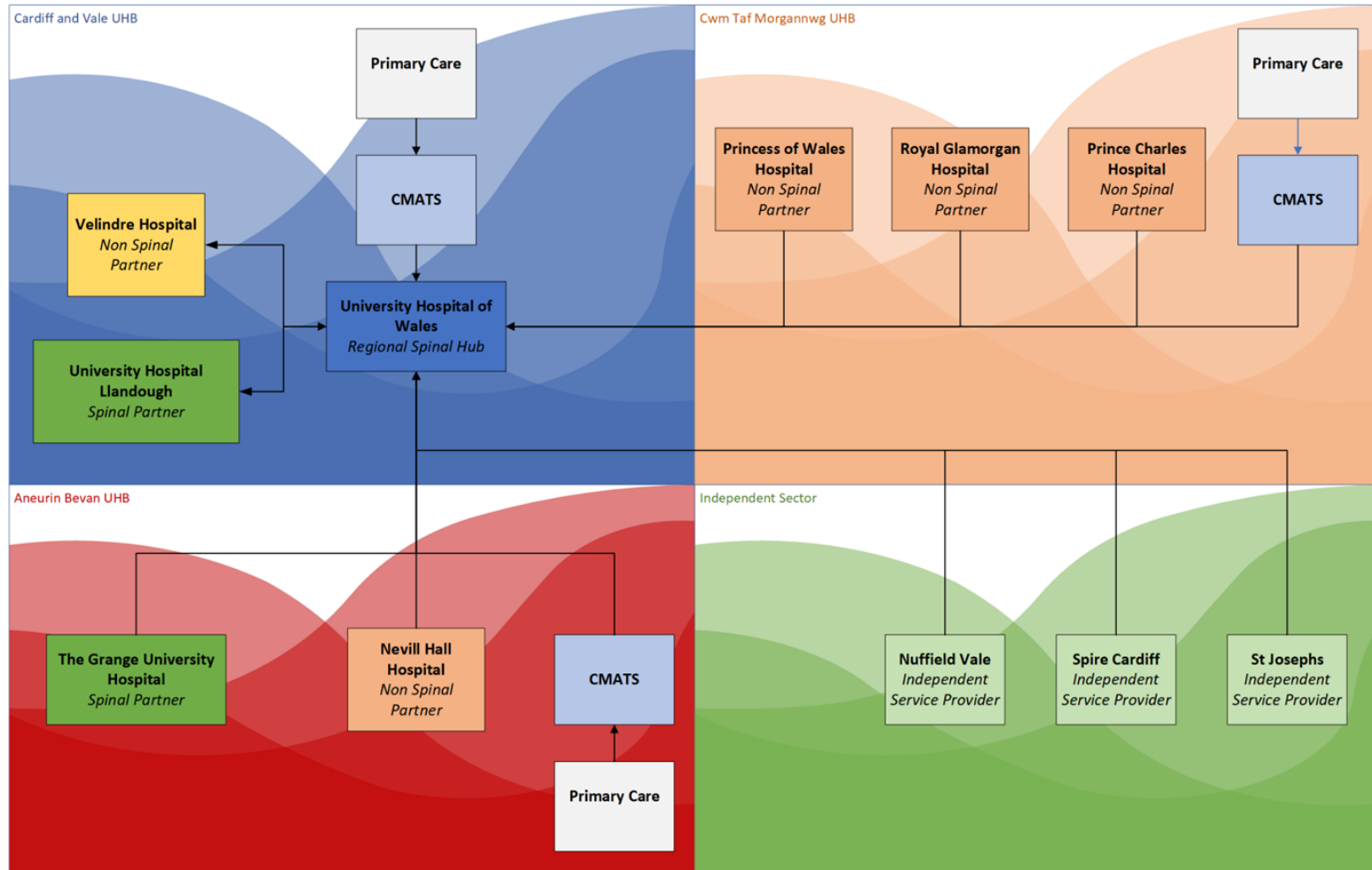
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- How do we develop experience and outcome measures for spinal surgery which are meaningful to service users?
- How do we promote public health and prevention interventions for common spinal disorders?

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Annex 1

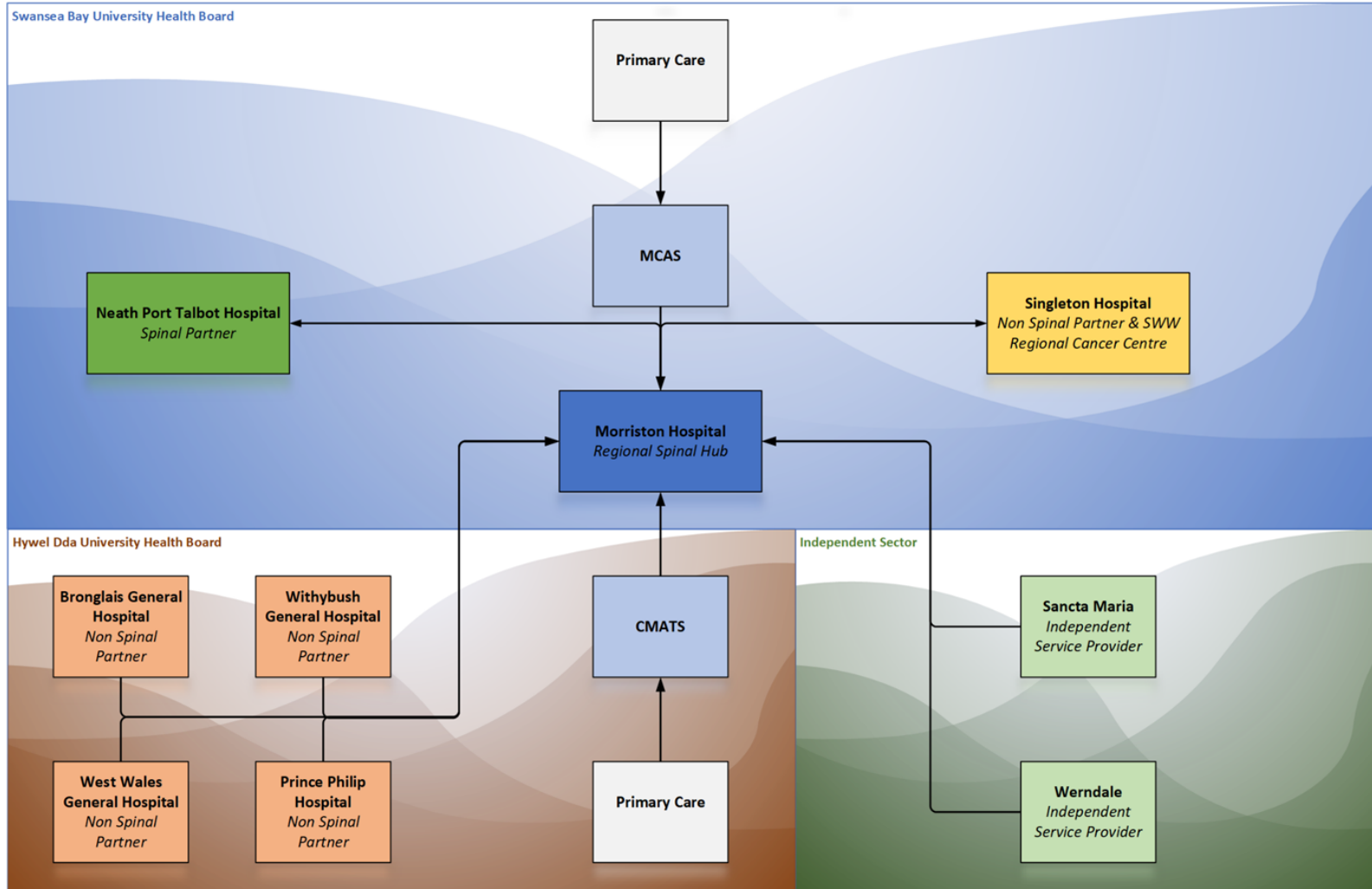
South East Wales Regional Spinal Network



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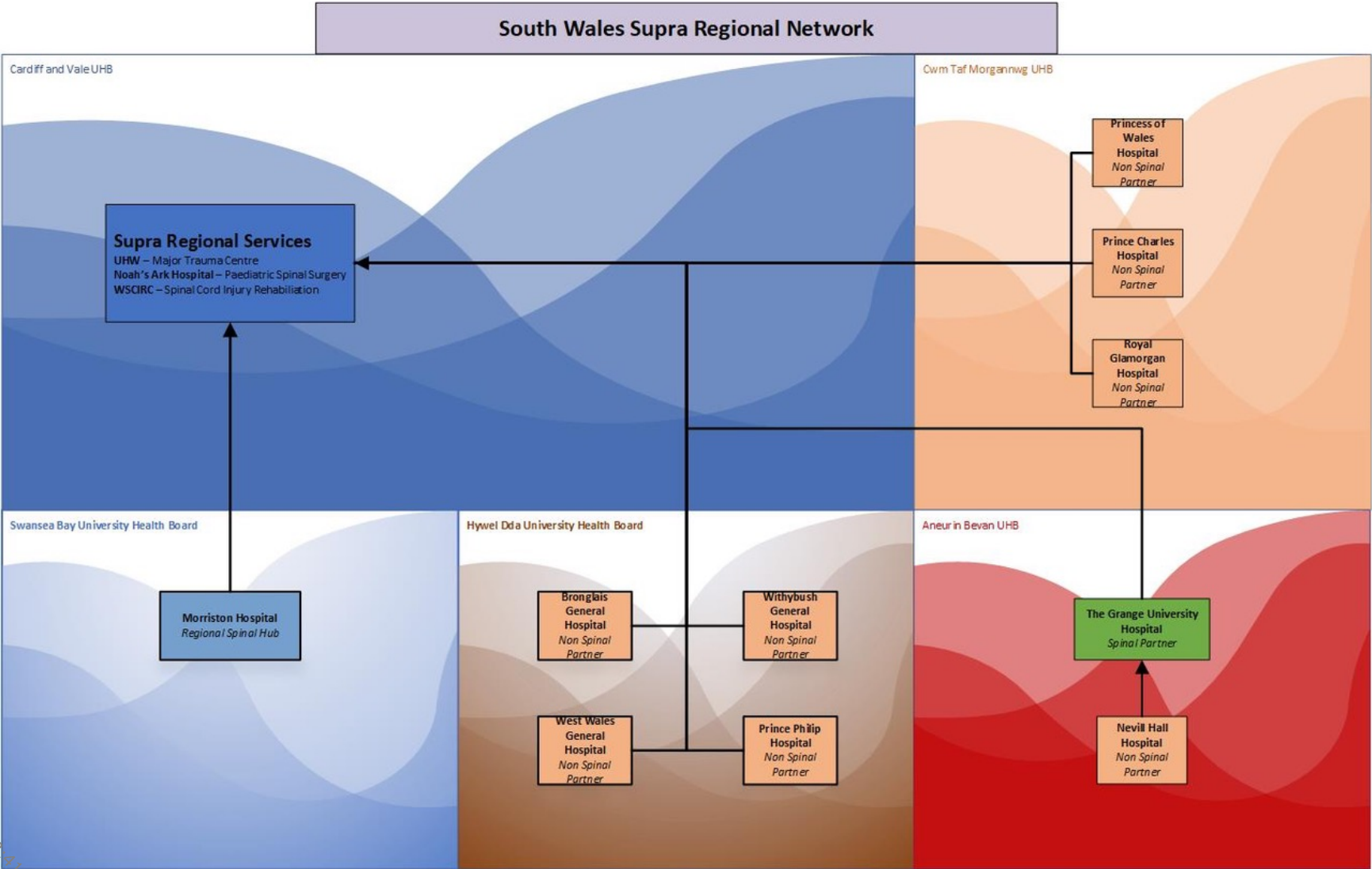
Annex 2

South West Wales Regional Spinal Network



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Annex 3



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