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A Report into The Effectiveness of the Current Structure of NHS Wales

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Abstract

This report explores the management structure of the National Health Service (NHS) Wales which consists of seven health boards and three trusts. The report then evaluates the positive and negative aspects of the current structure of Hywel dda University Health Board, NHS Wales structure, demand in nurses and doctors, nursing student's funding and highlighted where money could be saved within NHS Wales. Funding in NHS Wales is discussed in the report which highlights that the organisation receives 6 Billion pounds per year from the Welsh Assembly for Wales (Welsh government, 2019). Findings from the report identified, since 2007's free prescription approval, distributed prescriptions figures have risen by fifty percent (Smith, 2018). The report found that there is a lack of nurses and doctors which has resulted in spending 23.45 million pounds in agency staff (Welsh Government, 2019). A demand in staff has resulted in longer waiting time in hospitals which has had an impact on patients (Broadcasting Corporation News, 2018). Four recommendations are included in the report to improve and develop patient care and finance for NHS Wales.

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Introduction

This report identifies the current structure of NHS Wales and its effectiveness. This report highlights the management structure, who the health board consists of and the chain of command within Hywel Dda University Health Board. It will provide information on the seven health boards and three trusts which makes up NHS Wales. This report will discuss where NHS funding come from, how much Welsh government funding is spent on the NHS and where it gets distributed to. Recommendations are to follow.

Health in Wales (2019) explains that NHS Wales provides healthcare to more than three million people who live in Wales. NHS Wales' key principle is that good health care should be accessible to all. NHS Wales (2019) supplies services which includes but not limited to, smoking discontinuance, antenatal screening, routine treatments for coughs and colds, open heart surgery, accident and emergency treatment and end-of-life care. NHS Direct Wales (2019) demonstrates that the organisation consists of seven health boards and three trusts. Health boards are responsible within their area for delivering, planning and funding primary care, community care and hospital care (NHS Direct Wales, 2019).

Seven Health Boards include:

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan Health Board
- Betsi Cadwaladr University Health Board
- Cardiff & Vale University Health Board
- Cwm Taf Health Board
- Hywel Dda Health Board
- Powys Teaching Health Board

Three trusts consist of:

- Welsh Ambulance services NHS trust (2019) supplies services for emergencies
- Public Health Wales (2018) protects and improves health and wellbeing and reduces health inequalities for people in Wales
- Velindre NHS trust (2019) offers specialist services in cancer care and a range of national support services

All three trusts provide services across the whole of wales compared to health boards which supplies services within their district.

Management structure within NHS Wales

The Welsh NHS Confederation (2019) explains the role of The Welsh Assembly for Wales and welsh government as they gather information from the minister of health

and social services. House of Commons (2015) demonstrates that the minister is assisted with decision making by the national advisory board before discharging their functions to the national delivery group, 22 local authorities including social services and health and social services directorate general. House of Commons (2015) adds that the national delivery group and health and social services directorate general are responsible for reporting down the chain of command to the seven health boards and three trusts. From this stage, GP One (2019) identifies that the local health boards proceed and channel down through community services, primary care which includes GP practice cluster networks, secondary services and Welsh health specialised services which includes tertiary services.

Management Structure of Hywel Dda University Health Board (Hywel Dda)

Through the organisation's Chief Executive, Hywel Dda (2019) is formally liable to the Minister for Health and Social Services for the completion of its functions and for meeting legal financial tasks. The chief executive of each health board conveys and discusses decisions from meetings with directors and board members (The Welsh Assembly for Wales, 2018). Hywel Dda (2019) consists of independent members, non-voting and voting board members.

Voting health board members within Hywel Dda include:

- Chief Executive
- Deputy Chief Executive
- Director of therapies and health science
- Executive Medical Director and Director of planning, performance and commissioning
- Director of workforce and organisational development
- Director of nursing, quality and patient experience
- Director of finance
- Director of public health

Non- voting board members within Hywel Dda include:

- Board Secretary
- Director of partnerships and corporate services
- Turnaround Director
- Director of primary care, community and long-term care
- Transformation Director

Independent members within Hywel Dda include:

- Interim chair
- Interim vice chair
- Independent member- Local government
- Independent member- Information and technology
- Independent member- Finance specialists
- Independent member- University
- Independent member- Trade unions
- Independent member- Community
- Independent member- Third sector

Hywel Dda (2019) has nine thousand members of staff in an area of 383,000 people. The health board is responsible for the health services people use in the local community and assigns some of its responsibilities to committees which include Audit Committee, Charitable Funds Committee, Integrated Governance Committee,

Mental Health Act Powers of Discharge Committee, Quality and Safety Committee, Remuneration and Terms of Service Committee, Strategy and Planning Committee.

Hywel Dda (2019) consists of four general hospitals, four-teen health centres, eight community hospitals, comprehensive mental health services, residences and offices. Hywel Dda is responsible for planning, funding and the delivering of:

- Primary care services - GPs, pharmacies, dentists and optometrists
- Hospital services for inpatients and outpatients
- Community services, including those provided through community health centres and mental health services.

Where funding comes from and what influences it

The National Health Service of Wales (NHS Wales) is publicly funded which provides healthcare to some of 3 million people. NHS Wales is primarily funded from general taxation with a minor proportion raised through national insurance contributions (NHS Wales, 2019). Negotiations between Westminster and the Welsh Government result in the sum received by NHS Wales per year. Welsh government (2019) calculate and receive 14.5 billion pounds per year. In 2018-2019, 6 billion pounds of this fund had been distributed to NHS Wales to provide health care and social services around the country (Welsh government, 2019). From this stage, Sarah Dickins (2015) clarifies that funds are distributed between seven health boards and three trusts which make up NHS Wales. Stats Wales (2013) demonstrates that the 6 billion pounds pays for staff wages and salaries, prescribed drugs/appliances, premises, dental, public health, social services, CAFCASS and health central.

Hywel Dda (2019) was allocated 800 million pounds to spend on health care and services in 2018 but managed to over spend on their budget by 50 million. British Broadcasting Corporation News (2018) explains that one of the reasons that Hywel Dda over spent on their budget was due to temporary staff and relying on agency staff. This resulted in over spending 23.45 million pounds alone.

Welsh Government (2018) demonstrated where the funding was distributed to, which includes:

- 500 million pounds on prescription drugs and appliances.
- 2,800 million pounds is spent of staff.
- 122 million pounds is spent on premises.
- 170 million pounds spent on dental
- 158 million pounds spent on public health
- 200 million pounds spent of social services.
- 9.6 million pounds on CAFCASS
- 228 million pounds spent on health central.

Evaluation of Current Structure

The structure of the seven health boards represents the interests of the public in health service in their community. This positively gives people in their district a voice towards their local NHS Wales and health services (GP One, 2019). Hywel Dda (2019) respects that people in their district want more community-based centres, however Hywel Dda health board spent fifty million pounds alone over budget before attaining this goal.

A positive aspect of the health boards and NHS Wales' structure is that they are looking for the best interest for the public and finance. Owain Clarke (2018) interviews and transcribed that the Minister of health understands and recognises that pouring more money in the NHS will not solve the issues due to a growing population and more people living with cronic conditions, therefore strategies must be in place.

It is noticed that there are many directors within Hywel Dda health board, however each director specialises in different aspects of health (Hywel Dda, 2019). The management structure is seen to be clear as who is responsible and liable within Hywel Dda and the directors below them. The seven health boards ascertain board performance through regular evaluations. However, Jones, Lankshear and Kelly (2016) state that the data acknowledged by boards are not always appropriate, timely or fit for purpose. Schaffer et al. (2016) comments that health boards are over spending their budget which displays a negative effect on NHS Wales as they are not reaching targets.

British Broadcasting Corporation News (2018) reveals that there is a shortage of nurses and doctors within NHS Wales which impacts greatly on patient care and finance. Paw (2008) clarifies that there are not enough general doctors in wales which has resulted in departments in local communities closing and concludes that patients having to travel. Paw (2008) further adds that less general doctors result in longer waiting time. Welsh Government (2019) reveals due to the shortage of nurses and doctors, NHS Wales spent 23.45 million pounds on agency staff in 2018. Welsh Government (2019) state that they are trying to resolve this issue.

University of South Wales (2019) acknowledges that NHS Funding have released a scheme that pays for up and coming nurses to study at university. This scheme is a positive aspect for the Welsh NHS workforce as it details that when nurses qualify, they must work within Wales for two years. This provides security for NHS Wales' staffing ratios and levels.

Smith (2018) exposes that five-hundred million pounds per year is being spent on prescribed drugs and appliances, which has risen by fifty percent since 2007's free prescription approval.

Duffy (2018) discloses in Cardiff centre alone, ten thousand walking aids are being distributed a year, yet forty percent are not returned. This costs the NHS Wales more money as forty percent needs to be repurchased. It is recognised that the NHS asks for the equipment back but it is seen that it does not change the results of how many are returned. A negative aspect of the NHS structure is that management recognise the issues that results in the health boards spending more money but seem to not tighten the strings on funds in regards to smaller issues (Duffy, 2018).

Conclusion

This report has looked at the structure of NHS Wales which includes the seven health boards and three trusts, the management structure and chain of command from Welsh government to directors of Hywel Dda health board. This report identified the structure of Hywel Dda health board and who the board consists of, which includes voting members, non-voting members and independent members. It then went on to discuss, that NHS funds come from general taxation which then gets distributed from England Government to Welsh Government. It identified where and how much money gets distributed from Welsh government to Hywel Dda health board. It highlighted that half of the Welsh Assembly funding goes towards NHS Wales which calculates to over six billion pounds per year. The report also discusses how much funding was spent in different categories. It found the positive and negative aspects of NHS Wales structure, Hywel Dda structure, demand of nurses and doctors, nursing student's funding and highlighted where money could be saved within NHS Wales. Recommendations are to follow.

Recommendations

Firstly, due to eight-hundred million pounds spent on prescriptions and appliances, it is recommended that NHS Wales only issue the right amount of drugs for each patient. It is seen that patients for example are given a large cream container to be applied for a certain area of the body, however it is not all used and is thrown away. Patients and private businesses like care homes get rid of unused and unwanted drugs each month which results in excess spending which could be avoided. All patients prescribed drugs should reuse their containers to prevent wastage and money (University of London, 2010).

Another recommendation for NHS Wales would be to charge patients with a fine of the cost of the equipment which has not been returned. Duffy (2018) states that Cardiff centre alone dispenses ten thousand walking aids each year yet nearly five thousand are not returned. In Cardiff centre alone over one-hundred and twelve thousand pounds was spent on this issue of repurchasing walking aids (Duffy, 2018). Millions of pounds can be saved if NHS Wales utilise and implement the fine recommendation across Wales.

The Health Foundation (2018) details that one in four students withdraw from the nursing degree. It is recommended that students who do not complete the nursing degree course and have taken the NHS Funding scheme, should be responsible for repaying the fees back. Students who withdraw from the course results in NHS Wales wasting money on students who have not benefited the system by graduating and working in Wales as a nurse. As NHS Wales have a shortage of nurses and doctors, this is a recommendation for future development to improve the spending, finance and staffing ratios within the organisation.

Finally, as people and older adults are living longer it can be a recommendation that patients are treated at their home along with hospitals. This can result in less infections being spread in hospitals, patients at ease in their own home, less stress on the hospital workforce and a saving of forty-four thousand pounds per bed a year in hospital (Dickins, 2015).

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