

# Prudent Healthcare

## Securing Health and Well-being for Future Generations

Public and professionals are **EQUAL PARTNERS** through **CO-PRODUCTION**



**CARE FOR** those with the greatest health need **FIRST**



Do only **WHAT IS NEEDED**



and do **NO HARM**

Reduce **INAPPROPRIATE VARIATION**



through **EVIDENCE-BASED** approaches

[www.prudenthealthcare.wales](http://www.prudenthealthcare.wales)

# Prudent Healthcare

## Securing Health and Well-being for Future Generations

Focusing collective national action around 3 main areas

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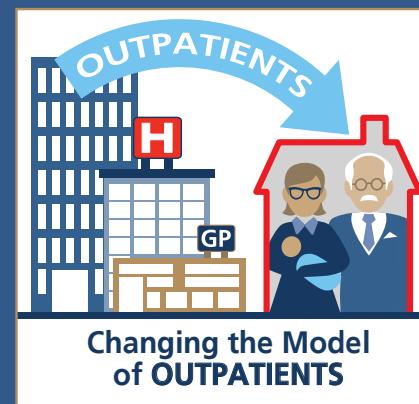
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Reducing unnecessary and inappropriate, tests, treatments and prescriptions, and ensuring people are able to make informed decisions about the care they receive.



Radically changing the outpatient model, making it easier to get specialist advice in primary care settings.



Developing strong public service partnerships and integration to provide the right care, in the right place, at the right time.

Empowering & enabling 3 main groups of people



The public doing their bit to look after their health and wellbeing, with services concentrating on what matters to them.



Empowering health & care professionals to support patients and the public to make shared decisions about their health.



Creating the necessary conditions to encourage a system-wide focus on value and outcomes.

# What's this document about?

**This is the latest phase of work to stimulate and progress debate, momentum and action around the concept of prudent healthcare in Wales. Prudent healthcare describes the distinctive way of shaping the Welsh NHS to ensure it is always adding value, contributes to improved outcomes and is sustainable.**

The principles of prudent healthcare are:

- Achieve health and well-being with the public, patients and professionals as equal partners through co-production.
- Care for those with the greatest health need first, making the most effective use of all skills and resources.
- Do only what is needed, no more, no less; and do no harm.
- Reduce inappropriate variation using evidence based practices consistently and transparently.

While the prudent healthcare principles are applicable to all public services in Wales, this action plan is aimed primarily at NHS organisations and describes work to be carried out with partners at a national and organisational level over the course of the

next year. The prudent healthcare principles can have a significant impact on the health and well-being of people living in Wales by reshaping health services and rebalancing the relationship between individuals and health professionals. There are three groups of people – the public, professionals and public service leaders - who will be central to making these and other changes happen.

This document is not the definitive 'how to' guide for making prudent healthcare happen because such a guide would miss the point. The prudent healthcare principles need to underpin everything that is done in the Welsh NHS and challenge every board, clinician and patient to think daily about the things they can change and improve to secure better health and well-being.

There will be many other examples of prudent healthcare in practice happening; the principles will underpin the development of services in every part of Wales and they will help shape conversations and consultations in every branch of practice between patient and practitioner.

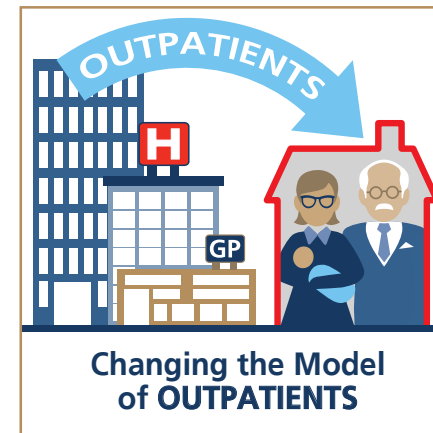
# Where can prudent healthcare have a big impact?

## Focusing collective national action around three main areas

The debate and discussion around prudent healthcare in the last few months has identified three priority areas for action. These have been chosen because they touch the lives of many people and because coordinated action taken at both a national level and by all organisations will have a significant impact on the way health services, in particular, are delivered and provided in Wales.



**ACTION 1**



**ACTION 2**



**ACTION 3**

## ACTION 1: Appropriate tests, treatments, and medications



### a) Why?

When people come into contact with the Welsh NHS, they want to know they are receiving the care and support which not only gives them the best immediate outcomes but also contributes to their longer-term health and well-being. However, there is growing evidence that too many people undergo tests and receive treatments and medications, which have little clinical benefit and, by doing little good, can lead to physical or psychological harm. In the US, an estimated \$5bn of medicines are thrown away unused every year and 30% of all medical spending is unnecessary and does not add value in care.

Quite certainly, investing time, energy and money in activity of little value restricts the health service's ability to invest in new, cutting-edge and evidence-based practices. Wales is not alone in facing this challenge; the British Medical Journal's '*Too Much Medicine*' campaign has cast an international spotlight on these issues,

documenting evidence of over-medication, over-diagnosis and over-testing. Work being undertaken in Wales places the NHS at the forefront of an international movement to ensure every test, procedure and medication makes a positive contribution to people's health and secures the principle of doing no harm.

### b) Actions to be taken over the next 12 months

- The Academy of Medical Royal Colleges in Wales, together with Public Health Wales and the Board of Community Health Councils, will develop the Choosing Wisely campaign for Wales. This will help clinicians and the public to make effective choices about tests, treatments and procedures based on best evidence. The campaign forms part of a global initiative and builds on the success of the Choosing Wisely movement in the US and Canada. The first clinical and public guides will be published in summer 2016;

## ACTION 1: Appropriate tests, treatments, and medications

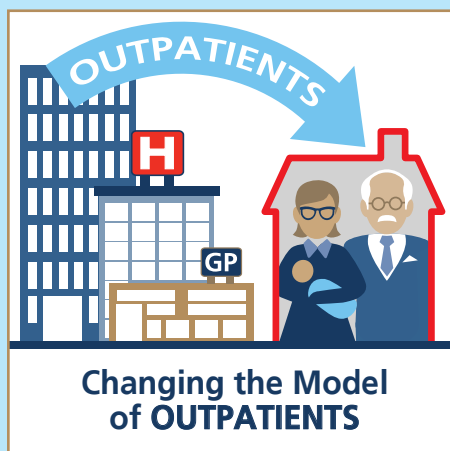
“The NHS as we all know is now in enormous difficulty, in a state of huge challenge with great financial constraints as are health systems around the world, and we need clear thinking, courage and leadership. And I think if anywhere can get things right, Wales – the cradle of the NHS - can do it. It’s important to feel that [prudent healthcare] is part of a movement around the world, and genuinely it is. The BMJ’s Too Much Medicine campaign is one journal working on that; in America, Jama Internal Medicine has the Less Is More campaign; and of course there is Choosing Wisely...and it’s wonderful that Wales is signing up to this. This has to be a whole system approach, and with the strength of Wales behind it, it’s sure to succeed.”

Dr Fiona Godlee, British Medical Journal speaking at the Prudent Healthcare conference July 2015

### b) Actions to be taken over the next 12 months

- A clinician and patient-led programme will be developed to reduce the rate of inappropriate antibiotic prescribing in Wales. In the majority of Wales, the rates of prescribing are significantly higher than the UK average. This programme will be overseen by the Prudent Prescribing Implementation Group and adopted throughout Wales. It will ensure the NHS and the public are contributing to the global fight against antimicrobial resistance;
- The Prudent Prescribing Implementation Group will lead a review looking at what changes can be made to the repeat prescription system across Wales to reduce unnecessary and inappropriate prescriptions. The group will also develop ways of helping people make better and informed choices about how and when they request repeat prescriptions, which will improve the take-up of prescription medicines and reduce waste;
- The 1000 Lives Improvement programme will develop a Wales-wide quality improvement approach to reduce inappropriate variation in clinical practice across Wales, for example rates of routine surgical procedures or patterns of prescribing where the variation cannot be explained by clinical need.

## ACTION 2: Changing the model of outpatients



### a) Why?

Approximately 3.1 Million outpatient appointments were provided by the NHS in Wales last year – the equivalent of one per citizen of Wales. A third related to just three specialties – trauma and orthopaedics, ophthalmology and general surgery. However, not all outpatient appointments had a useful clinical purpose and many could have been carried out in other healthcare settings, closer to people's homes. Outpatient departments also face a number of other issues. Unwell people who have to attend multiple clinics report that to be a difficult experience to manage. Staff find that working in a high volume low clinical value setting promotes little job satisfaction. The sheer number of routine contacts make it difficult for secondary care to respond promptly to requests from primary care. All this makes outpatients ripe for radical reform.

Concerted national and local action will be taken over the next 12 months to change the model for outpatients, making immediate improvements to existing services and substantially changing delivery models.

### b) Action to be taken over the next 12 months

- A national project will be set up to radically change the outpatient model, ensuring it is easier to access specialist advice to support decision-making in primary care. The early priorities will be to:
  - Support the rapid implementation of the national planned care implementation plans in all NHS organisations for orthopaedics, ENT, urology and eye care. In eye care, for example, new community-based assessment and treatment service for wet age-related macular degeneration (AMD) will be piloted in four areas of Wales, making it more convenient for people to access the right care, in the right place, at the right time. The service will be delivered in the community by optometrists and nurses, overseen by an ophthalmologist.

“ Having endured eczema all of my life I was referred last September to Glangwili for Phototherapy treatment. I was unable to finish the treatment due solely to the fact that I live in the Northern extremities of Ceredigion. My treatment required two 2 minute sessions per week. I was expected to travel 125 miles on each visit, taking several hours. I felt this was totally unacceptable. Whilst eczema and psoriasis are not life threatening conditions, they reduce a person's quality of life considerably and for me a regular session of phototherapy for around 2 minutes did have remarkable benefits.

Extract from the  
Mid Wales Healthcare Study (2014)

## ACTION 2: Changing the model of outpatients

“Over the past six months, we have started to collect patient outcomes in our Parkinson outpatient disease clinic, focusing on the outcomes that matter to patients and their carers. The process of implementing this work has highlighted the importance of close collaboration between clinicians, managers, and patients to ensuring healthcare is designed to secure improved experience and better outcomes. Focusing on outcomes gives us all a common currency and language to think about the improvements we are going to make and a sense of urgency to get things done. The process has enabled us to begin thinking together about the clinic environment, the staffing we need and whether this is the best way to meet the diverse needs of all of our patients.”

Dr Sally Lewis, GP and Value Based Care lead, Aneurin Bevan University Health Board

### b) Action to be taken over the next 12 months

- This will allow patients to be seen faster and closer to home and free up more time for hospital-based consultants and ophthalmologists to manage the most clinically complex cases. The service is a powerful example of the prudent healthcare concept of only do what only you can do in action;
- In the context of the joint governmental, NHS Wales and ADSS Cymru digital health and social care strategy for Wales, support the completion and roll out of projects designed to improve digital connectivity and the availability of electronic advice using the Efficiency Through Technology fund. The fund will provide £10m investment over the next 12 months;
  - Support the Mid Wales Healthcare Collaborative’s programme to develop telehealth programmes. This is underpinned by a £250,000 Welsh Government investment in technology – also from the Efficiency Through Technology Fund – to improve access to specialist advice in rural areas, without people needing to travel long distances;
  - Roll out new, tested outpatient models, such as Betsi Cadwaladr University Health Board’s CARTREF initiative. CARTREF has provided more convenient follow-up appointments in community-based clinics; GP clinics for frail patients and unscheduled care access via video link to senior staff in acute medicine and care of the elderly;
  - Clinically-led peer review will be a key feature of the outpatients reform project, starting with those specialties handling the largest volumes of outpatient appointments and using outcomes to focus on what we want to achieve. The peer review will help secure the prudent healthcare principle of reducing variation through evidence based practice.

## ACTION 3: Working together to improve healthcare



“ Prudent healthcare has to be about doing what is right to make a difference for people. It can't be about determining what is provided on the basis of a label like continuing healthcare or an organisations structure or budget groups. ”

Ruth Crowder, Wales College of Occupational Therapists

### a) Why?

It is clear that prudent healthcare will not happen by the actions of NHS Wales alone. To secure best value from the resources we invest in healthcare in Wales and the best outcomes for people in Wales, we have to move away from an NHS which simply treats the symptoms of diseases – a national sickness service – to a system which tackles the underlying causes of disease and works to prevent ill health from occurring – a truly national health service.

To do this, the NHS must work in partnership with other public sector organisations, the third sector and industry. Through the principle of co-production, prudent healthcare requires organisations to concentrate on what matters to individuals – to create and achieve person-centred care will require meaningful integration, with boundaries within and between organisations becoming seamless. All services must also ensure staff with the most appropriate skills are able to provide care and support to the right people, in the right place, at the right time.

### b) Actions to be taken over the next 12 months

- The 1000 Lives Improvement programme will create a national public service task force – involving health, housing and voluntary sector organisations – to change the way the falls programme is delivered across Wales. The task force will identify what works and consider how the programme can be strengthened to prevent falls and, when they occur, reduce admissions to hospital settings;
- The Social Services and Well-being (Wales) Act 2014 comes into force in April 2016. Part nine of the Act creates new regional partnership boards at a health board level to drive the integration of health and social services. Statutory and third sector organisations will work collaboratively through these boards, will improve the outcomes and well-being of people, and improve the effectiveness and efficiency of service delivery;

## ACTION 3: Working together to improve healthcare

“ Prudent healthcare is about designing a great system aimed at creating public value – an open system that anyone with an offer and a desire can contribute to. It is not only about those on the public service payroll, it’s about all of us and the contributions we can make if we are prepared to engage. Where we sit and what we are called is less important than what we can offer; prudent healthcare is a vocational public service calling. ”

Paul Matthews, chief executive,  
Monmouthshire Council

### b) Action to be taken in the next 12 months

- The £50m Intermediate Care Fund in 2016-17, will develop services to support older people, particularly the frail and elderly, to maintain their independence in their own homes, or return home quickly from hospital, by preventing unnecessary hospital or care home admissions and delays in discharge wherever possible;
- A quality improvement programme will be developed to support primary care, which is designed to identify the innovative approaches to integrate services being advanced by the 64 primary care clusters in Wales and adopt them more widely. The initial focus will be on workforce models; identifying community assets, working with communities, and increasing the focus on self care (where appropriate);
- A review of legislation, guidance, policies and performance measures to ensure they are making an optimal contribution, focusing on the prudent healthcare principle of equity, to support people with learning disabilities access healthcare, social care, wider support and appropriate housing;
- The follow-on strategic framework to *More than just words* will help ensure there is more consistent planning to Welsh-language services so Welsh speakers are able to communicate with service providers in their own language. This will nurture relationships between people and professionals

# Who can make prudent healthcare happen?

## Empowering and enabling three groups of people

Empowering and enabling the public, professionals and public service leaders will be key to making prudent healthcare part of everyday services. In each section, we have outlined some of the key actions which will be taken over the next 12 months in Wales to empower and enable each group to make prudent healthcare happen.



## Empowering and enabling... PUBLIC



“ We need passion and belief today to help save our NHS. It is everybody’s favourite organisation, we all believe in it, and it must not die. And it’s not just the health experts that will save it. It’s me, my children, my grandchildren, my neighbours, my community, my friends. ”

Gillian Clarke National Poet For Wales speaking at the Prudent Healthcare conference July 2015

### a) Why are the public important to making prudent healthcare happen?

If prudent healthcare is going to happen, we need a new generation of prudent patients and a prudent public. Prudent healthcare is as much about what we can do as individuals to look after our health and well-being as it is about designing public services to respond to the impact of ill health and prevent illness occurring.

The NHS in Wales is free at the point of need but it is not free of responsibility – we all have a responsibility to look after our own health and well-being, supported by the health service, statutory public services and voluntary services.

The day-to-day choices we make, whether that’s what we eat or drink; whether we smoke; how much alcohol we drink or how much exercise we do, have an impact on our long-term health and well-being. Poor lifestyle choices can contribute to obesity, a number of different types of cancers, heart disease, diabetes and stroke. Every year, the NHS in Wales treats thousands of people for problems which could have been prevented.

But prudent healthcare isn’t just about supporting the public to lead healthier lifestyles and preventing ill health at an individual or population level; it is about supporting people to choose the right type of care they need when they are ill or injured and ensuring people can access the right information and advice at the right time.

The NHS is a large and complicated system, which can often mean when people are ill they reach for the easiest or most familiar front door – their GP surgery or A&E department – sometimes regardless of whether this will provide the most appropriate care for their needs. Prudent healthcare encourages people to consider what care they need, including whether they can look after themselves (self care), and to use the most appropriate service for their clinical need, not the nearest or most familiar.

## Empowering and enabling... PUBLIC

“ How are we going to sell it to the over-anxious mother? The patient demanding antibiotics for a cold? The late night drunk injured in a brawl? The people queuing at A&E because they can't get an appointment with a GP? The frequent 999er calling ambulances for fun? Language is the key to making prudent healthcare work.

We need to understand what our story is and tell it in simple truthful language. Sharing it is the answer to get all of us working together. We need to tell ourselves the story of hope and energy and what we all as one people can achieve. ”

Gillian Clarke National Poet For Wales speaking at the Prudent Healthcare conference July 2015

The Choose Well campaign and the NHS Direct Wales service helps people to select what service they need. The Welsh Ambulance Service's clinical response model, which was launched in October 2015, is based on similar principles.

People in Wales can and are already making different choices about how they access information and advice about health and health services. For example, the latest available information about NHS Direct Wales, show there were 300,000 calls to the telephone helpline in 2014-15 and more than 4.5 million visits to the website.

Finally, prudent healthcare puts people at the centre of decisions about their own health. Instead of clinicians making all the decisions about treatment, these are shared decisions between practitioner and patient – this is an important part of co-production.

## Healthy Lifestyles Reduce The Risks

Five behaviours:



non-smoking

regular exercise

alcohol consumption within the guidelines



Maintaining a healthy BMI



A diet containing the recommended daily intake of fruits and vegetables

Partaking in 4 or 5 of these healthy behaviours can reduce the risk of:



(Coepnilly Cohort Study - 2010)

## Empowering and enabling... PUBLIC

“ What co-production means in practice is acknowledging that everyone is an expert in their own life, everyone has something to contribute, and that enabling people to support each other builds strong, resilient communities, strengthening the relationship between citizens and service providers and improving the outcomes for everyone.

Traditionally, service providers ask the ‘tick-box’ questions: what do you need; what are you eligible for; how do you fit into the system?

With co-production, the questions become a conversation: what does a good life look like for you; what strengths can we build on; and how can we work with you to achieve your goals? It’s not about fitting people into pre-determined services, but about empowering people to contribute to achieving the outcomes that matter to them. ”

Ruth Dineen, Co-production Wales

### b) Actions to be taken over the next 12 months

- A national information campaign will be developed to help the public understand the important role they can play in improving their health and the services offered by the NHS;
- The Making Prudent Healthcare Happen website will be refreshed to allow people to give feedback about services which are doing a good job. This will give other people and services ideas about where they could improve things;
- There will be an opportunity for members of the public to get involved in projects being advanced by a team of people helping the NHS and people to work better together to improve health and well-being;
- The publication of simple information which makes clear the advantages and disadvantages of different tests, treatments, and medications, such as through the Choosing Wisely Wales campaign;
- The co-production network will be further developed. This aims to place the co-production principle at the heart of public services, communities and the lives of citizens in Wales;
- A new deal between the NHS in Wales and the public, based on each partner agreeing to play their part to improve health and well-being, will be developed.

## Empowering and enabling... PROFESSIONALS



“ All of us working in the NHS strive to provide the best appropriate care according to need. Sometimes this doesn't happen for a variety of reasons. These reasons might be related to working conditions, organisational issues, workforce skills and numbers or patient issues. Often these can be overcome without making life more difficult for anyone. We should not be expected to work harder but we are prepared to work smarter. We must be open to change and we should expect and demand to be involved in planning change.”

Dr Paul Myres, GP and Chair of the Academy of Medical Royal Colleges Wales

### a) Why are professionals important to making prudent healthcare happen?

Healthcare professionals are best placed to support patients and the public to make shared decisions about their health and, where necessary, take action to improve health and well-being. However, increasing demands on their time, system constraints and limited space to think about how things could be done differently can result in experiences which do not match either the professional's or the patient's expectations.

Over the past two years, feedback from clinicians in Wales has been that empowering professionals genuinely to follow the prudent healthcare principles will be central to making it a reality. There are already many examples of this happening in practice but it can often be difficult to share and perpetuate good practice and ideas within health boards and across Wales.

## Empowering and enabling... PROFESSIONALS

“ Prudent healthcare will help us improve the experience and effectiveness of healthcare for clinicians as well as patients. As clinicians, we should regularly question the need for the things we do every day and consider whether there are actions we need to take that we don't always do currently. We need to be more open, treat patients as partners and experts in their own lives and use our expertise to support out patients and the public to be involved in decisions about their care and take responsibility for their own health. We should expect the professional associations and NHS systems to support us in that. ”

Dr Paul Myres, GP and Chair of the Academy of Medical Royal Colleges Wales

### b) Actions to be taken over the next 12 months

- A set of information and engagement materials, developed with clinicians, which will explain what prudent healthcare is; how it can be described and explained to others; how it can be put into practice and the difference it could make;
- A range of video examples, which capture examples of prudent healthcare in practice, will be developed together with other practical tools, which healthcare professionals – and the public – can use to help better understand and make prudent healthcare happen in clinical practice;
- Support for learning and development will be available through the annual appraisal process to enable healthcare professionals to more effectively engage in making prudent healthcare happen;
- A skills and career escalator will be developed to help deliver the prudent healthcare concept of only-do-what-only-you-can-do. New roles and access routes will be developed, which will mean that professionals will work at the top of their clinical competency levels through new team approaches to the delivery of patient care.

## Empowering and enabling... PUBLIC SERVICE LEADERS



“As leaders in the NHS we must ensure that our organisational culture, systems and processes are fit to rise to the prudent healthcare challenge. We have a duty to ensure that we properly listen to our patients and the wider community; that we enable our staff to cut through the complexity of our Health Boards and Trusts to deliver the right care, first time; and that that every pound of public money is spent wisely on the NHS.”

– Allison Williams, chief executive, Cwm Taf University Health Board on behalf of NHS Wales chief executives and chairs

### a) Why are you important to making prudent healthcare happen?

It has been argued that the integrated system of health and care in Wales should ensure best quality; patient outcomes and value are always at the heart of decisions about services.

However, we know that this is not always the case. Sometimes the way things are done has not kept pace with changing expectations and needs. There are also a number of things which could be done at the all-Wales level, through service planning and how we measure success, which will help to ensure decisions we make lead to services that make the maximum contribution to improved health and well-being.

Leaders, managers, and staff with a key role in designing the systems within which professionals and members of the public operate, are central to making prudent healthcare happen. There are things that could be done to help ensure prudent healthcare is always the Welsh NHS way of thinking about how we design, manage and deliver services.

### b) Actions to be taken over the next 12 months

- The NHS Wales Planning framework, and associated arrangements, will be enhanced to help ensure the system focuses on those things which add the most value. This will include placing value at the centre of plan assessment and approval arrangements;
- The performance management arrangements will be rebalanced to place a greater focus on outcomes rather than process measurements and encourage innovation, including prevention and primary care. The system will be increasingly measured in a way which informs and drives a prudent healthcare approach. This will build on the pilot of the clinical response model at the Welsh Ambulance Service and the introduction of ambulance quality indicators;
- The development and use of international outcomes-based benchmarking systems to inform and drive change;

## Empowering and enabling... PUBLIC SERVICE LEADERS

“ We know that demand is growing and that resources, both in terms of skilled staff and money, will continue to be a challenge. However, we have a unique opportunity in Wales to truly realise the benefit of working in an integrated healthcare system – to break down the barriers between primary and secondary care and use all of our resources to best effect in the interest of great patient care.

Prudent healthcare provides us with a framework and a set of principles to re-cast the relationship between our patients, staff and NHS Leaders so that we all play our part in shaping the services for the future.”

Allison Williams, chief executive, Cwm Taf University Health Board on behalf of NHS Wales chief executives and chairs

### b) Actions to be taken over the next 12 months

- The three clinically-led national programmes, which have prudent healthcare at their heart, will continue to be national priorities for all NHS organisations:
  - **Primary care** – Continuing the reform set out in our primary care plan and investing in the development of primary care clusters to better match services to need;
  - **Planned care** – Implementing plans for orthopaedics, ophthalmology, ENT and urology. A strong feature of the programme will be improving the way health boards understand and manage the demand for, and capacity of, services;
  - **Unscheduled care** – A refreshed approach to ensure this complex system works seamlessly to provide the right patient-centred response, by the right clinician, at the right time to optimise outcomes. Priorities for 2016-17 will include: developing care standards for each step of the unscheduled journey, focused on improved experience, outcomes and value for money; and
- advancing an all-Wales collaborative commissioning approach to procuring services from the independent care sector to improve service access, experience and reduced delayed transfers of care.
- The Welsh NHS, working with academic partners, will develop a skills escalator that provides alternative access routes to healthcare professional training – for example training and qualification pathways to support healthcare support workers to become nurses;
- The publication of the NHS workforce review, led by David Jenkins, which covers:
  - The wider application of those models of service delivery at the forefront of integrating health and social care;
  - The workforce with the right staff and skill mix to meet future demands on the NHS;
  - The long-term strategic direction for pay and reward for those currently covered by the UK Agenda for Change contract terms and conditions.

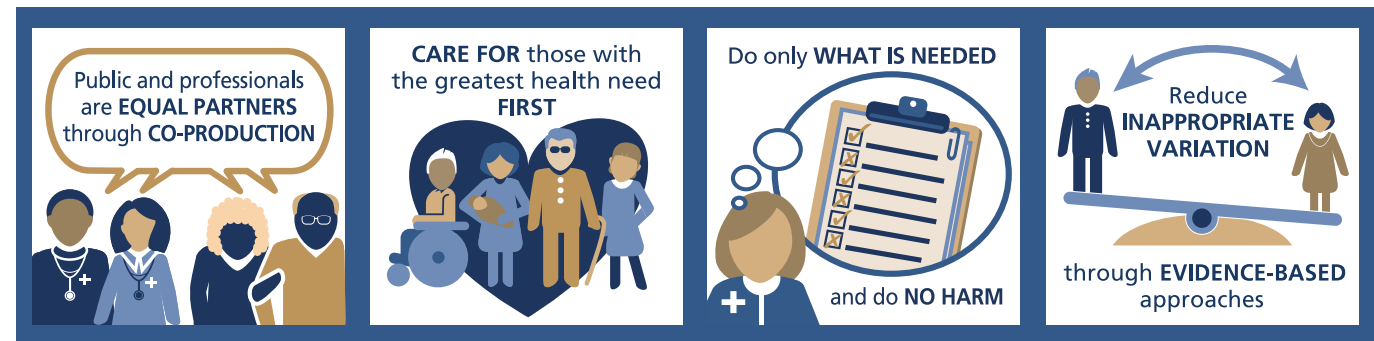
# Evolution of prudent healthcare

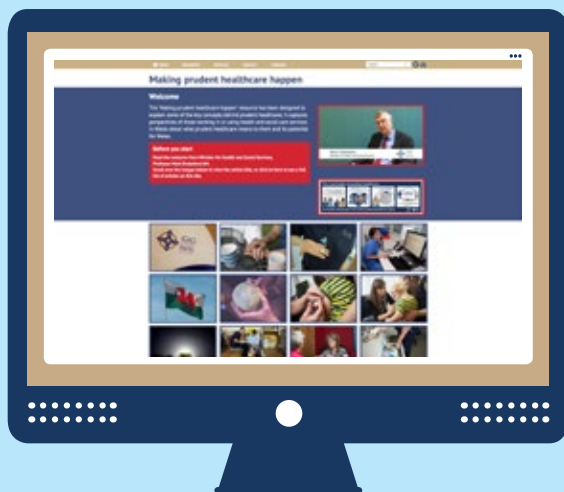
“ By Prudent Healthcare we mean healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients. ”

Simply Prudent Healthcare, Bevan Commission, 2013

Prudent healthcare started in autumn of 2013 when the Bevan Commission submitted a report to the Minister for Health and Social Services called *Simply Prudent Healthcare*. It considered how Wales could make the most effective use of the available resources to ensure the consistent and high-quality delivery of services.

In a speech to the Welsh NHS Confederation conference in January 2014, the Minister endorsed the concept of prudent healthcare and called for a year of engagement around the principles underpinning it, including practical testing. Over the course of 2014, testing occurred in defined clinical and treatment areas.





Many people with an interest in using prudent healthcare to promote health and well-being also wrote essays and held debates about where it could have an impact and what needed to happen. The essays were published on the Making Prudent Healthcare Happen website [www.prudenthealthcare.wales](http://www.prudenthealthcare.wales).

The Bevan Commission continued to refine its thinking around the concept before submitting final advice to the Minister in the autumn, defining the four prudent healthcare principles set out at the start of this document.

The related prudent healthcare concept of only-do-what-only-you-can-do – no professional routinely providing a service which does not require their level of ability or expertise remains a powerful one, especially in planning the prudent health and social care workforce for the future.

The Minister for Health and Social Services used his 2015 Welsh NHS Confederation speech to call for movement from debate to action, asking the NHS in Wales to respond

through their integrated medium-term plans and setting out priority actions in:

- Primary care;
- Workforce and organisational development;
- Remodelling the relationship between the citizen and the provider (coproduction);
- Over-diagnosis and over-treatment, with an initial focus on end-of-life care.

Progress in these areas and others followed and was highlighted at the first international prudent healthcare summit held in July 2015. In addition to the First Minister's call for prudent public services, the editor of the *British Medical Journal* and key figures from Wales highlighted how prudent healthcare could contribute to shaping the future of the Welsh NHS.

The Minister for Health and Social Services committed to developing a national action plan – this document. This is the result of an engagement process over the past six months involving a range of public service organisations.

# Senior leadership support

**“ We are committed to making sure the principles underpinning prudent healthcare guide our distinctively Welsh way to ensure NHS Wales not only survives but thrives in the 21st century, whilst staying true to its founding principles.**

**We share a strong sense of responsibility to ensure that we have a sustainable health system to serve current and future generations. We are not alone as a nation in seeking to redesign health and social care and prevent ill health; many countries face the same challenges and are keen to learn more about our prudent healthcare approach.**

**We have a vision of what to do; founded on the most important part of health care – a trusted relationship between the public and professionals, with both playing an equal part in achieving better health outcomes, better quality of care and better value. No single person has all the answers; prudent healthcare offers us a way of building the future together.**

**We have made a strong start by growing the conversations and seeing action emerge in many different ways. The actions set out here will enable yet more opportunities to get involved and we urge everyone to think about what they can do to take prudent healthcare further into their daily practice. ”**

*Dr Ruth Hussey, Chief Medical Officer and  
Dr Andrew Goodall, Chief Executive Officer of NHS Wales*



# Minister for Health and Social Services support

**Prudent healthcare transcends all sorts of boundaries – it is not solely confined to the health service; the agenda puts Wales at the vanguard of an international movement and the principles are truly apolitical.**

At one level this is not an 'easy' agenda – it deals with concepts which we can all readily accept whilst not being able to articulate in a straight forward way at another. To any 'doubters' I say simply is there one single thing in this document with which you would not wholeheartedly agree?

Our health services are under pressure; the people who work in the health service feel that pressure absolutely every day. But as the First Minister for Wales said when addressing the international summit on prudent healthcare, just as in other tough times, such as post-war Britain, people used the creativity and imagination that they had available to them to make sure that out of the difficulties that they experienced that something better would come. So today, in the challenges we face, I believe that the prudent healthcare movement

gives us an opportunity to recreate, reinvent and reimagine that most important of all our public services for the future here in Wales.



The actions outlined within this document come from those that have played a significant role in the prudent healthcare movement over the past couple of years. Perhaps some of the most significant relate to the new bargain, which must be struck with the people of Wales if the NHS is to continue to thrive in and beyond these times of austerity. Prudent healthcare needs prudent patients, if we are to have a sustainable health and care system for Wales for children and our children's children, which is true to the spirit of the NHS that Aneurin Bevan created and fit for the 21<sup>st</sup> century.

The NHS and social care are here to help us in our time of need but with that comes a responsibility to use its resources wisely. The NHS is free from charge but not free from obligation. This is the new bargain in this ongoing age of austerity - it is the bargain of co-production at an individual and population level.

At an individual level, the health professional and patient must work together, rather than the patient putting their health problem in the hand of the nurse, GP or consultant. The conversation we have with patients cannot always open with the question 'What can I do for you?' as though the encounter is one in which the health service takes onto its own shoulders the whole of the responsibility for that encounter. The actions in this document, including the Choosing Wisely and public information campaigns, will make a significant contribution to changing the conversations that take place.

On a population level, the new bargain means that everyone accepts responsibility for their own health and a responsibility for managing demand on the NHS while

the Welsh Government helps create an environment where it is easier to make healthier decisions while also safeguarding an NHS which remains firm to Bevan's founding principles of universality, equity and free at the point of delivery. There are several actions within this document addressing this, including making it easier for people to work together to improve healthcare, radical action to improve high volume services like outpatients; and redesigning planning and performance management arrangements to always concentrate on value.

Of course this document does not cover everything – it is not an exhaustive list of all we need to do to make prudent healthcare happen in Wales. These actions will make an important contribution to helping us work together to design a future for our health service which is in line with the founding principles of the NHS here in Wales but reinvented to meet the very different challenges that we face in 2016 just as it was invented in the years after 1945.

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