

INTRODUCTION

1. A paper on the proposed model to strengthen the National Health Protection Service was presented to EDT on 27th November 2018. It was noted that investments already made were positive first steps but the model developed required significant additional investment and the whole system approach to strengthening the National Health Protection Service required agreement with the health boards and other trusts. It was agreed that wider engagement with health boards and trusts should take place before proposals to the Minister were finalised.
2. The Chief Medical Officer and Chief Nursing Officer hosted a workshop on 17th May 2019 with key representatives from each health board and trust to discuss the proposed model. At the workshop there was general recognition of the challenges described and general endorsement of the proposals including staffing models presented. Although the financing of the known gaps in funding for the proposed model was not specifically addressed many delegates commented that they had been to like events in recent years without any progress being made
3. A decision is now required whether to recommend to the Minister for Health that the strengthening of the National Health Protection Service is a Welsh Government priority and as such this service should be prioritised for investment each year up to 2022/23.

BACKGROUND

Summary of the challenges:

4. The current microbiology/infection services in Wales are fragile and are struggling to deliver on a day to day basis the prevention, early diagnosis and frontline support that professionals and the public require. As a result, avoidable admissions are adding to the pressure on hospitals and clinicians in many cases do not have access to the early diagnostics they require to guide early and effective treatment which in turn impacts on in-patient bed days.
5. The current microbiology laboratory estate cannot exploit the opportunity that new testing technologies and robotics can provide. In addition to the lack of access to rapid testing, there are some specific workforce/skill capacity challenges, the current workforce needs to be reskilled and redeployed and the service is unable to recruit to key professional leadership roles.
6. Welsh Government has signed up to the UK AMR Action Plan (2019-2024) but health boards do not have the key professionals in place to support HCAI prevention and antimicrobial stewardship across community health and social care.
7. Welsh Government has signed up to the elimination of a range of communicable diseases; Hep B and C as a significant public health threat by 2030, and the elimination of measles and rubella. There are also WHO elimination goals, such as the elimination of TB by 2035 which Welsh Government may wish to sign up to. There is a minimum resource requirement to make these ambitions a reality in Wales.

8. The importance of this can also be illustrated by the changing epidemiology of a range of communicable diseases (such as TB) and infections with increasing prevalence in vulnerable/hard to reach groups (for example substance misusers, offenders and the homeless).
9. Welsh Government is developing a Clean Air Plan for Wales and there is increasing expectations from LAs and other partners for expert professional and analytical support on improving air quality and reducing health risks from environmental exposures.
10. Health security has become a greater public health threat, professionals are not confident that they could at all times provide an effective response to high consequence infections as there are points on the patient care pathway that are single person dependant.

Where do we want to be?: A strengthened and improved National Health Protection Service

11. The establishment of a strengthened and improved National Health Protection Service can address the challenges faced now and in the next decade and deliver for Wales the prevention, management and control of both infections and environmental risks that is so necessary. In addition it will address the significant inequalities currently experienced by vulnerable/hard to reach groups (such as substance misusers, offenders, homeless etc.). This is consistent with the priorities identified in 'A Healthier Wales'. Key aspects include:

Prevention and early interventions

- Every hospital will have visible infection service specialist presence supporting clinicians on the ward and in the community working with staff to minimise infection risk and patient harm.
- Early, effective treatment and management of infection to reduce the impact on patients health and the risk of further transmission.
- Increase the focus of prevention in the community including reducing health inequalities through the provision of outreach service to hard to reach groups.
- Support for rapid response to outbreaks and incidents in the community.
- Targeted epidemiological support so that local intelligence can improve local actions plans and outcomes.
- Increased emphasis on prevention and promoting care in the community e.g. all health and social care settings have access to infection reduction support from a range of providers including dentists, community pharmacies and third sector services.
- Expert professional and analytical support to improve air quality and reduce health risks from environmental exposures

Comprehensive diagnostic testing

- A reconfigured microbiology laboratory establishment across Wales that is fit for purpose, value for money and delivering high quality diagnostic services supporting local care (these reconfigured microbiology services would not necessarily change current management arrangements):