

Proposed investment by Welsh Government to strengthen and improve the National Health Protection Service (NHPS) operated by Public Health Wales

Requirement of PHW to provide microbiological laboratory services

1. A key statutory function of PHW since its establishment has been to provide to (or in relation to) the NHS in Wales, and manage: microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases.
2. Since 2009, PHW staff operating with LHB employees and in LHB settings have discharged PHW's duty to provide and manage these microbiological laboratory services whose key purposes include:
 - (i) Contributing to the surveillance of infectious diseases,
 - (ii) Providing support to the investigation of local outbreaks, and
 - (iii) Giving specialist advice to clinicians on antimicrobial prescribing and infection control in both primary care and community settings.

Summary of current challenges in providing microbiological laboratory services

3. Because of a lack of annual investment: the services cannot utilise new testing technologies and robotics. In addition to the lack of access to rapid testing, there are 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.

Fragility in the context of Ebola Virus Disease, NOVICHOK incident, AMR etc.

4. International and domestic events have demonstrated fragilities in the respective national health protection services operating within the UK which the responsible authorities in all four nations are seeking to address.
5. Welsh Government has signed up to the UK AMR Action Plan (2019-2024) but LHBs do not have the key professionals in place to support HCAI prevention and antimicrobial stewardship across community health and social care.
6. The earlier Carter review in England of pathology services which include microbiological laboratories had demonstrated the need to invest in new technology, co-location of premises, workforce etc. to create a fit for purposes service and generate savings to NHS England of £200 M by 2020-2021.
7. Further to senior officials being contacted by NHS consultants, officials were invited in July 2018 to a presentation given by a PHW consultant to PHW executive directors about the fragility of the service in Wales. The need to strengthen and improve (what is now called) the NHPS was accepted by parties presented and has initiated action over the last 12 months.

PHW Strategic Plan 2019-2022

8. The NHPS is listed as the first of three key themes whose 5 fold purpose builds on the role of microbiological laboratories to also include prevention of the spread of infection across the health community and wider community.

9. Working with WG and Local Health Boards, PHW has committed to producing in relation to the NHPS:
 - (i) 2019/20: In outline, a Business Case for the National Health Protection produced with stakeholder involvement, and a Statement of expected benefits.
 - (ii) 2020/21: With stakeholder involvement, developing a new national commissioning model and producing an Options appraisal and Business Case.
10. Identifies a change to the revenue plan, in line with the PHW Grant Allocation letter issued by officials in December 2019 that the ring fenced sum of £1.1 million is being allocated by PHW to the NHPS in 2019/20.

FURTHER INVESTMENT REQUIRED

Other partners – Local Health Boards

11. At present LHBs have not been engaged by officials on the specific question of the funding required by each LHB. In a letter sent by Andrew Goodall to NHS Chief Executives, in February 2019, the fragility of the NHPS and the nature of WG's investment in the service. Further to which, a workshop led by the CMO and CNO was held in May 2019 and attended by NHS leads.
12. As an alternative to seeking a voluntary contribution, there is the option of top slicing from the budget for each LHB given their partner status in resourcing.

Proposed WG investment and the 2019 Pathology Statement of Intent

13. The Statement recognizes that effective diagnostic services are essential to the prevention and management of infectious disease, and identifies the need for: new and developing technology, informatics, work force development, estates etc. In doing so, it reflects the changes brought about in England by the Carter Review and need for upfront investment to result in savings.

Existing investment by Welsh Government relating to NHPS

14. The Welsh Government had already agreed to invest £1m in capital funding in 2018-19 to automate the microbiology laboratory services across Wales, and through the commitment to the continue the development of the Pathogen Genomics Unit in 2019-20 (£1.066m). This is separate to the ring fenced allocation of £1.1m revenue funding to PHW.

Gap in capital and revenue funding for NHPS – please see Annex

15. This still leaves investment needed to: (a) Achieve a reconfigured and rationalised microbiology service within PHW which will provide rapid testing in all acute hospitals and more specialist testing in centralised laboratories. (b) Enable PHW to proceed with recruiting the identified specialist staff (the £1.1m ring-fenced in their core allocation for 2019/20 will cover their initial investment but full year costs and longer term staff costs means this cost increases considerably over the next few years and PHW cannot recruit until they receive guarantees about longer term resourcing). (c) Enable LHBs to recruit health protection nursing and antimicrobial stewardship resource for the community. The Annex sets out the costs.

Appendix - Summary of costs for 2019/20 – 2022/23

Theme	Detail	2019/20 (£ ,000)		2020/21 (£ ,000)		2021/22 (£ ,000)		2022/23 (£,000)	
		Revenue	Capital	Revenue	Capital	Revenue	Capital	Revenue	Capital
Laboratory Infrastructure	Transition resource for reconfiguration of laboratory services	400		400					
	Resource for re-location of Cardiff laboratory to suitable accommodation				1,500		2,500		
Diagnostic developments	Resource for rapid molecular diagnostics in each acute hospital (x16)	250		1,000		2,000	100	3,200	50
	Resource for cold service molecular diagnostics in 3 laboratories			1,000		1,500		1,500	
	Resource for sustaining and developing Pathogen Genomics service	1,066		1,101		1,190		1,190	
	Dedicated procurement resource for Infection Services			50		50		50	
Prevention Developments and Skilled Workforce	Enhanced specialist workforce	1,357		2,600		3,334		3,409	
	health protection nursing and antimicrobial stewardship resource in the community setting	311		1,245		1,245		1,245	
	Support for AMR & HCAI Reduction	122		186		186		186	
	Enhanced Field/Hospital epidemiologist capacity	221		388		388		388	
	New multi-disciplinary training programme			150		200		200	
TOTAL (£ ,000)		3,727	0	8,120	1,500	10,093	2,600	11,368	50
Less current investment (WG funding for Pathogen Genomics, PHW current vacancies and ring-fenced core allocation).		2,384		2,697		2,697		2,697	
FUNDING GAP		1,343		5,423		7,396		8,671	