

Unit 2: A Level Health & Social Care

2.2.3 Similarities and differences in provision between Wales and other parts of the UK

WALES

The legal framework for improving the well-being of people who need care and support in Wales is the **Social Services and Well-being (Wales) Act 2014** and the **Well-being of Future Generations (Wales) Act 2015**

How is NHS (Wales) organised?

NHS (Wales) is organised into 7 local health boards, most with a district hospital (except Powys) who commission and provide health care services for their local area. Each health board has autonomy and decides provision on local health needs. Scotland is organised in the same way as Wales.

Trusts: There are 3 NHS (Wales) Trusts in addition to Local Health Boards – The Welsh Ambulance Trust, Velindre NHS Trust (cancer care) and Public Health Wales.

Who is responsible for monitoring quality in NHS (Wales)? **NHS (Wales) Delivery Unit** monitors and manages performance, quality and delivery of services. NHS (Wales) is regulated by the Healthcare Inspectorate Wales. **1000 Lives Wales** seeks to improve sustainable person-centred care, improving quality, capacity and capability in NHS (Wales). Legislation to support is **Regulation and Inspection of Social Care (Wales) Act 2016** and **Wales Health and Care Standards framework 2015**.

Systems of redress: Citizen Voice Body and Community Health Councils represent people's views in health and social care.

Planning systems: Wales works on a planning-based approach when putting together integrated medium-term plans. Longer term plans (10 years) are legislated through **Well-being of Future Generations (Wales) Act 2015** and **Healthier Wales framework**.

Partnership working: Prudent Healthcare (Wales) places integrated, partnership working at the centre of its work in encouraging patients to focus on their own health and wellbeing.

Other differences: Free prescriptions in Wales, **Flying Doctor** scheme (faster transfer of critically ill/injured patients to hospital by air or fast car, patients treated by critical care teams including blood and plasma, at the scene) **1000 Lives** initiative (saving more lives for cancer patients by rapid identification and referral, reducing infections and reducing surgical complications). Wales has a discretionary charging policy for personal care for council services that are not free. Direct payments scheme can be used UK wide.

OTHER PARTS OF THE UK

The legal framework for improving the well-being of people who need care and support in England is the **Care Act 2014** and the **Health and Social Care Act 2012**

How is NHS England organised?

There are approximately 200 **Clinical Commissioning Groups** (following the Health and Social Care Act 2012) who identify local health needs and buy services ranging from GP services to 3rd sector provision. Some local health authorities have devolved responsibility over local health issues. In Northern Ireland there is one single **Health Service Executive**.

Trusts: There are 84 foundation trusts and 17 acute specialist trusts within NHS England. These trusts have stronger local influence.

Who is responsible for monitoring quality in NHS (England)? The **Care Quality Commission** inspects the quality of care provided in the NHS (England), together with **NHS Improvement** overseeing trusts, there is more intervention than Wales. The **Health Workforce** regulates quality in Scotland and the **Regulation and Improvement Authority** in Northern Ireland.

Systems of redress: Healthwatch (England), Scottish Health Council (Scotland), Patient and Client Council (NI) represent people's views.

Planning systems: England works on a market-based system to fund services. The **2014 NHS 5 year Forward View** focusses on planning for preventative health and giving patients more control over their own care plus models for joined up care and services.

Partnership working: STPs (sustainable and transformation partnerships) aim to strengthen community services and integrate them around the needs of the patient. This means that the care systems are more accountable.

Other differences: Patient Choice – patients have more choice over types of treatment and the types of hospitals in which to receive care (can include private hospitals on the NHS). Some **new drugs** more available in England than in Wales. Scotland has **no** charging policy for personal care, while NI does not charge over 75s for personal care. Direct payments scheme can be used UK wide.