

**Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol**

**Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group**



**Llywodraeth Cymru
Welsh Government**

Chair, Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

12 August 2020

Dear Dr Lloyd

I am writing further to the correspondence you have received from the Royal College of GPs in respect of the recent Welsh Government evidence session. I thought it would be helpful to provide some comments in the light of this correspondence and confirm that I have discussed the issues raised with both the Royal College of GPs and the BMA.

You will recall during the course of the evidence session I was responding to a question about patient activity through the pandemic response and impact on patients and, as I have previously done both in committee and publicly, I was outlining some of the national activity figures we have reviewed across the system. As I indicated it is clear that there has been a reduction in patient activity through the period of the pandemic response, most visibly at the peak of the response through March, April and May. We have seen however some recovery of patient activity in a number of different settings and there has been an overall increase in activity in all settings over recent weeks towards (but not yet at) more normal levels. This is true of areas such as cancer referrals, A&E attendances, emergency admissions and planned activity. We have been focused as I outlined on maintaining essential services and more recently looking to reset some of the more routine areas of activity, again across a range of healthcare settings.

I am pleased that we have very good relationships in Wales with the representative bodies of our NHS staff, including professional bodies such as the Royal Colleges and they have been involved in our processes and influenced actions including our priorities for operational frameworks in our pandemic response. Having spoken to both the Royal College of GPs and the BMA, I am concerned that my comments out of context would have inadvertently linked my activity comments to a reflection on GP workload. I have been able to clarify to them both on behalf of their members that I am very aware of the extraordinary response that has been provided by primary care to maintain services and access right through the response, although inevitably there have been some limitations particularly during the peak weeks. In fact I covered this point in my broader evidence. However, I would like to be explicit

to the committee that the activity I was using, whether reduced A&E attendances or primary care activity, will not necessarily reflect how busy a service or department is having to work, whether in hospital or in primary care settings. Staff are having to make many changes to normal access that has significant implications for working practices and GP practices have worked very hard to ensure actions and activities are in place that support access but protect staff and patients. This includes the impact on time and activity in respect of safety measures such as PPE. This experience has been developing and changing over recent weeks to increase the services offered across primary care, including those that have been transformed and being provided through different routes such as remote consultations. I would be grateful if you could ensure that this is clear to committee members further to the session I attended.

I have agreed that we will undertake some work collectively across the system to ensure that our central reporting can take account of different practices and shifts of settings, so that for example remote consultations can be accommodated or described in our reporting figures whether in GP practices or in outpatients. This is such a major change in providing services at scale that the reporting process will inevitably lag behind the proper change of service. The Royal College of GPs has specifically offered to work alongside Welsh Government to support the transparency of the workload of practices including in respect of the COVID19 response. Not all of these pressures would be captured by our traditional measures. At the same time I would wish to ensure that data collection methods in primary care are done as easily as possible and without undue bureaucracy.

I want to reiterate my appreciation and dedication to GPs and their teams across Wales. The response from practices in the delivery of that workload has seen many positive outcomes; such as increased MDT working, more complex caseloads and greater collaboration with other practices (as RCGP highlighted in *General practice in the post Covid world*, July 2020). There has also been a significant shift of working with technology to promote more remote working with patients, that have seen benefits to clinical teams and patients. Maintaining the momentum of delivering for patients through innovative ways of working will be an important factor in developing what becomes normal service post COVID19.

I trust this letter clarifies my position with respect to comments about activity levels.

Yours sincerely



Dr Andrew Goodall

Copied to:
The Royal College of GP's
BMA
The Minister for Health and Social Services
The Deputy Minister for Health and Social Services