



# Written submission to the Health and Social Care and Sport Committee's Inquiry into the Covid-19 outbreak on health and social care in Wales

## Introduction

- The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance patient care. We support nearly 1000 members in Wales and nearly 30,000 members in the UK and internationally by improving their skills and knowledge, facilitating research and developing policy and guidance.
- Throughout the course of the COVID-19 pandemic, we have been determined in our efforts to ensure that surgeons and surgical teams are supported in delivering vital patient care and are not exposed to unnecessary risk.
- With this in mind, we welcome the opportunity to provide evidence to the Health and Social Care and Sport Committee's inquiry into the Covid-19 outbreak on health and social care in Wales.

### **Key recommendations:**

1. Long waits for planned surgery have a range of negative impacts on patients. Welsh Government and Health Boards should urgently consider what measures can be put in place to support patients while they wait for surgery.
2. COVID-19 has had a detrimental effect on the psychological wellbeing of NHS staff working under huge pressure. Support for the mental health and wellbeing for NHS staff must be considered a priority.
3. Over the coming months and years, every opportunity must be taken to support surgical trainees to gain experience and training time and complete their training.
4. To protect patients and enable urgent surgery to continue through the pandemic, COVID light sites should be established at pace across Wales. These should be planned strategically and collaboratively across Health Board boundaries to ensure a consistent, transparent approach and equity of access for patients.
5. Health Boards should start planning now for the recovery of surgical services in Wales. Resuming surgery must be a national priority. It is key both to the health of the nation, and our wider economic health.

6. Welsh Government should urgently develop a strategy to eliminate the waiting list backlog supported by sustained investment to increase the baseline capacity of the health service.
7. The Welsh Government should establish a national elective surgery recovery taskforce, to strategically plan for the recovery of elective surgical services in Wales.
8. Welsh Government should publish monthly elective surgery activity levels for Health Boards in Wales, to encourage the restoration of surgical activity.
9. Use of capacity in the independent sector should be maximised. These should be not as an alternative to, but in addition to NHS hospitals in Wales. This access should be equitable across Health Boards.

### **Waiting times in Wales**

- A huge waiting list for treatment has built up in Wales under the pandemic, many of which are for elective procedures. The latest available data shows 231,022 patients waiting more than 36 weeks to start treatment in November 2020. This compares to 22,879 in November 2019. There are now 529,269 in total waiting for treatment in Wales, the highest number since records began<sup>1</sup>.
- These are staggering figures. For many patients, a corrective operation is the best way to relieve debilitating pain and get people back up on their feet, back to work and enjoying life again.
- Restoring elective services in the context of COVID-19 represents one of the most complex challenges that the NHS in Wales has ever faced. The scale of the task should not be underestimated.
- A huge 'hidden waiting list' has built up over the past year in Wales. With referrals for treatment significantly down during the pandemic, as with England<sup>2</sup>, the 'real' waiting list for treatment could be far higher. Welsh Government should share their projections of what this might mean for waiting times in Wales.
- We understand of course that COVID makes it impossible for elective surgery to keep pace with demand right now. Throughout the pandemic, we have advocated prioritising surgery for those most in need. We worked with the NHS to establish prioritisation guidance, looking at the clinical position of each patient and determining the urgency of the treatment. We placed patients into five 'tiers', with the most urgent – life-saving – operations continuing, and other patients categorised by how long their treatment could safely be delayed<sup>3</sup>.
- However, a significant elective surgery backlog already existed in Wales prior to the pandemic, so an already parlous situation has deteriorated much further.
- The roll-out of a vaccine across the UK will offer some cause for optimism, but it will still be many months before we feel its full effect. In the meanwhile, the NHS is in the midst of an incredibly challenging winter.

<sup>1</sup> <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks-treatmentfunction>

<sup>2</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/non-covid-19-nhs-care-during-the-pandemic>

<sup>3</sup> [https://fssa.org.uk/userfiles/pages/files/covid19/prioritisation\\_master\\_30\\_12\\_20.pdf](https://fssa.org.uk/userfiles/pages/files/covid19/prioritisation_master_30_12_20.pdf)

### The impact on patients

- It is important to remember that long waits for elective care can have a range of negative impacts on patients. The common themes are pain, psychological distress, fears around deterioration in health, threats to employment and loss of income, and increasing lack of trust in care providers. This contributes to an overwhelmingly negative picture of life described at its worst as being 'on hold' or in a 'no man's land'.
- Prolonged waits for surgery also risk further deterioration in patients' condition, which can mean more complex surgery than being required, and there will sadly be some instances where patients die while waiting for a procedure.
- **Welsh Government and Health Boards should urgently consider what measures can be put in place to support patients while they wait for surgery.**

### Workforce

- Surgeons, their teams and colleagues across the health service in Wales have shown dedication and extraordinary hard work during the COVID-19 pandemic.
- However, the feedback from our members is that the pandemic has left NHS staff from a wide range of roles exhausted, burnt-out and traumatised.
- **COVID-19 has had a detrimental effect on the psychological wellbeing of NHS staff working under huge pressure. Support for the mental health and wellbeing for NHS staff must be considered a priority.**
- Our guidance, "[Supporting wellbeing of surgeons and surgical teams during COVID -19 and beyond](#)" offers advice on how to spot when something is wrong and what healthcare managers can do to support staff.
- Over the coming months it will be important to continue to be prepared for an unstable workforce related to fatigue, illness or social issues.
- An expansion of the workforce will be necessary to recover surgical services. We cannot rely solely on recently retired staff to address the backlog. In addition, we need to bolster training and make better use of the range of professionals that form a surgical team.
- Furthermore, although consideration should be given to extending hours of elective surgery and operating at weekends, staff should not exceed recommended weekly working hours. Instead, modified hours should enable flexible working, and less than full time working for members of surgical teams.
- It is important to note that surgical training has been severely affected by the pandemic and there is a risk of a lost generation of surgical trainees. Getting elective operations up and running again is essential to the future of the surgical workforce, as limited elective activity has been identified as one of the key barriers to enabling trainees to access appropriate time in theatre.
- **Over the coming months and years, every opportunity must be taken to support surgical trainees to gain experience and training time and complete their training.**

### COVID light sites

- We have consistently been calling for COVID-light sites to be established at pace across Wales so that patients requiring cancer, urgent and planned surgery can be treated safely. No site can be considered completely COVID free, by this we mean a hospital site where only patients and staff who have self-isolated and been tested negative for COVID-19, are allowed to enter.

- Although all Health Boards do now have ‘green’ or COVID light pathways in place, as demonstrated by the experience of this winter when COVID admissions increase, these are not sufficient to protect surgical services, staff and patients.
- Establishing COVID-light areas was a real challenge across Wales. Our survey of surgeons in Wales conducted in September 2020 showed that 30% of respondents were unable to access such facilities<sup>4</sup>.
- **There is an urgent need for COVID- light sites, planned strategically and collaboratively across Health Board boundaries to ensure a consistent, transparent approach and equity of access for patients in Wales.**
- The sites need to work alongside regular testing for asymptomatic front-line staff and patients.

#### Planning for a more resilient system

- **Health Boards should start planning now for the recovery of surgical services in Wales. Resuming surgery must be a national priority. It is key both to the health of the nation, and our wider economic health. Welsh Government should urgently develop a strategy to eliminate the waiting list backlog supported by sustained investment to increase the baseline capacity of the health service.**
- **Urgent consideration should also be given by Welsh Government to the establishment of a national elective surgery recovery taskforce to strategically plan for the recovery of elective surgical services in Wales.**
- **The use of capacity in the independent sector should be maximised, along with scheduling modifications to increase hospital capacity. These should be not as an alternative to, but in addition to NHS hospitals in Wales.**
- When we emerge from the pandemic, we must look at how to build a more resilient health system. This entails reviewing the organisation of surgical services and committing to a strategic plan for the recovery of elective surgical services in Wales. This plan will need sustained investment in staff and bed capacity, along with support for new models of care such as surgical hubs.
- The pandemic has shown that working across local health systems is key to delivering better services and improved patient outcomes. Health Boards in Wales should work together to provide “mutual aid” at times of extreme pressure, so that surgery can continue. There are examples of this working well in England, where by collaborating, Trusts have been able to designate a hospital as a surgical hub so that high priority elective procedures can continue. In London, system-level working has been crucial to establishing an elective recovery programme which utilises certain hospitals across the capital as hubs for specified types of surgical procedure.
- While the surgical hubs model is not a “one-size-fits-all” solution, it is a useful approach for some geographies, and for some surgical specialties. Surgical hubs may be the product of the pandemic, but they are also a useful approach to tackling the elective backlog in Wales, if they are properly supported.
- We are keen that a spirit of co-operation in Wales is nurtured, to retain the benefits of these developments and establish an approach to delivering surgical services which has patients’ timely access to surgery at its core. The suspension of elective procedures at the start of the pandemic was not a one-off event in Wales. Surgery has been suspended during previous winters due to the impact of other infectious diseases such as flu and norovirus. In future, the use of models such as surgical hubs can help maintain planned

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<sup>4</sup> <https://www.rcseng.ac.uk/coronavirus/protecting-surgery-through-a-second-wave/>

surgery through “normal” winters. The coordination involved means that it is best managed at system-level.

- We saw how collaboration between clinicians and organisations during 2020 was key to keeping services going through the pandemic. Perversely, the crisis proved to be an effective force for breaking down institutional and cultural barriers. We must retain and nurture this culture of collaboration to create a more integrated system in Wales, which makes smarter use of resources. To do so entails planning services on a population footprint that runs well beyond a single hospital or Health Board. Although changes to structures have a short-term cost because of the disruption brought about by change, over the longer term, if done well, they bring benefits to taxpayers in more efficient use of resources, and benefits to patients in improved access to high quality services.
- However, there will be the opportunity to learn the lessons from this challenge for the future of surgical practice. We should consider how the system can adapt, including by taking advantage of new innovative surgical technologies, implementing speedy testing, supporting surgeons and perioperative clinical professionals and reconfiguring care pathways.

### Activity targets

- In England, stretching targets were set by NHS England for Trusts to restore elective activity levels by 80% by the end of September and 90% by the end of October 2020<sup>5</sup>. This provided a huge incentive and direction to the health service to restore surgical services over the summer, once the first wave of COVID had dissipated.
- In Wales, no equivalent activity target was set. After a significant reduction in provision of surgery during the ‘first wave’ of the pandemic, the feedback from our members in Wales was that the recovery of elective surgery services was patchy and inconsistent, with activity levels significantly diminished even up to December. This was reinforced by the results of our September survey of surgeons, which showed that, in some specialties, only just over a third of surgeons in Wales saw elective services back up and running<sup>6</sup>.
- As we plan for the recovery of surgical services once again, we need to ensure that planning is done strategically across Health Board boundaries to ensure equity of access to surgical services for patients.
- **Welsh Government should publish monthly elective surgery activity levels for Health Boards in Wales, to encourage the restoration of surgical activity.**

### Managing elective services during the pandemic

- Our guidance, ‘[Managing elective surgery during the surges and continuing pressures of COVID-19](#)’ provides a series of recommendations for managing elective surgical services during the COVID-19 pandemic, that can be adapted to support local decision making. We would urge Welsh Government and Health Boards in Wales to consider this guidance to manage elective surgical services over the coming months. It is structured under five main areas:
  1. Local cooperation for the coordination of resources and surgical care
    - Delivery of elective services on a networked basis, via an interconnected system of providers

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<sup>5</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

<sup>6</sup> <https://www.rcseng.ac.uk/coronavirus/protecting-surgery-through-a-second-wave/>



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- Avoiding meeting the demand of local surges by resorting to crisis measures, and engaging in early local and regional cooperation to protect essential resources for elective surgical pathways
  - Weekly forecasting of COVID-19 demand on capacity and resources as a baseline for determining the ability to add non-COVID-19 cases
2. COVID-light sites and extended services
- Use of COVID-light sites and physical pathways within and across hospitals, with segregation of both staff and patients from COVID-19 environments
  - Extension of core hours of service (including availability of staff, facilities and resources) during the week and at the weekend as a way of securing additional capacity and more balanced staffing levels throughout busy periods. Staff should not exceed recommended weekly working hours.
3. What hospitals and healthcare managers can do to support staff, including:
- Establishment of a multidisciplinary prioritisation committee and a prioritisation strategy that meets the needs of patients while making optimal use of existing facilities for elective cases. This includes:
    - a proposed approach for prioritising patients and for a phased increase of operating theatre availability
    - flexible planning on a weekly basis
    - use of day-case facilities
    - using local or regional anaesthesia where such options exist
    - using a lighter team for simpler procedures
    - ensuring length of stay is kept at optimum levels
    - use of facilities in the independent sector
4. Workforce
- Revision of job plans to allow more time spent in the operating theatre
  - Flexible working patterns across extended working days and weeks
5. Testing and PPE
- Twice-weekly testing for asymptomatic staff and patient testing 24–72 hours before surgery
  - Adequate staff training on proper use of personal protective equipment (PPE), including donning and doffing