

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 81

**Ymateb gan: | Response from: Coleg Brenhinol Llawfeddygon Lloegr |
Royal College of Surgeons of England**



Submission to the Welsh Senedd Health and Social Care Committee Priorities for the Sixth Senedd

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.

- A huge waiting list for treatment and surgical treatment has built up in Wales under the COVID-19 pandemic. The latest available data show 233,210 patients waiting more than 36 weeks to start hospital treatment in June 2021. This compares to 13,267 in June 2019. There are now 624,909 patients in total waiting for hospital treatment in Wales, the highest number since records began¹. To put these figures in context, this is equivalent to around 1 in 5 of the Welsh population on waiting list. The longest waits are patients waiting for hip and knee replacements, gallbladder removals and hernia operations. Some may be unable to work, or carry out day-to-day tasks while they wait for their operation.
- Restoring planned surgical 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. Resuming surgical services in Wales is key both to the health of the nation and our wider economic health. It must be a national priority for the Welsh Government and the sixth Senedd. We believe it would be a significant oversight for the Committee not to consider the waiting times backlog as part of their forward work programme. Of note, the House of Commons' Health and Social Care Select Committee are already conducting an inquiry into '[Clearing the backlog caused by the pandemic](#)'.
- A significant planned surgery backlog already existed in Wales prior to the pandemic, so an already parlous situation has deteriorated much further. Some surgical specialties and some geographical parts of Wales have been particularly badly affected. In Wales, as with other parts of the UK, surgical activity has dropped due to reduced theatre access, staff shortages and infection control measures reducing theatre throughput.
- Furthermore, referrals for treatment from primary care have dropped significantly, a large number of patients waiting on outpatient waiting lists and people are still not presenting to primary care, so a huge 'hidden waiting list' will have built up over the past year in Wales. As with England², experts predict the 'real' waiting list for treatment is far higher. We need to urgently understand what this might mean for the number of patients waiting in Wales.
- It is important to recognise that 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. Long waits for planned 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. Prolonged waits for surgery also risk further deterioration in patients' condition, which can mean more complex and expensive surgery than being required, and there will sadly be some instances where patients die while waiting for a procedure.

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

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

- There is a clear evidence of the risks to surgical patients if COVID is contracted perioperatively, including a greater risk of mortality and pulmonary complications³ ⁴. For some time, the College has been calling for COVID-light surgical hubs to be established at pace across Wales so that patients requiring cancer, urgent and planned surgery can be treated as safely as possible. The surgical hub model would ensure patients can access surgical services in a safe, sustainable way.
- Although all Health Boards now have ‘green’ or COVID light pathways in place, when COVID admissions increase, these are not sufficient to protect surgical services, staff and patients. Furthermore, the suspension of planned procedures during the pandemic is not a one-off event in Wales. Surgery has been suspended during previous winters due to winter pressures and the impact of other infectious diseases such as flu and norovirus. 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.
- Once again, rates of community transmission and hospital admissions are currently increasing, with approximately 30% Welsh ITU beds currently occupied by patients with COVID. In order to reduce current waiting lists and address the predicted increase in undiagnosed activity, we need to see a sustained increase in activity to above 2019 levels.
- It is worth noting that England and Northern Ireland have already taken significant steps and announced substantial investment to reconfigure and restore surgical services to address the waiting times backlog. Our concern is that there is a real risk of Wales slipping behind in ensuring patients have safe and timely access to surgery across a range of specialties.
- In March 2021, we published our [Action Plan](#) which outlined nine recommendations for the recovery of surgical services in Wales. We have been urging Welsh Government to implement these recommendations as a matter of urgency.
- We would urge the Health and Social Care Committee to consider the waiting times backlog as part of their forward work programme. We believe any inquiry should consider:
 - Modelling by Health Boards and Welsh Government to project the scale of the waiting times backlog across Wales and a timescale for waiting times returning to pre-pandemic levels.
 - Support Health Boards have in place for patients across a range of conditions while waiting for surgery.
 - Understanding Health Boards’ current and projected surgical activity levels across all specialties.
 - Scrutinising Welsh Government and Health Boards’ plans for sustained investment to increase the baseline capacity of the health service, including:
 - the number of beds
 - investment in surgical workforce roles
 - use of capacity in the independent sector
 - scheduling modifications to increase hospital capacity
 - Scrutinising measures Health Boards have in place to ensure equitable access to safe surgery for patients through the provision of COVID-light surgical hubs.

³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31182-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31182-X/fulltext)

⁴ <https://doi.org/10.1111/anae.15458>

- Understanding Welsh Government and Health Boards' plans for more resilient models of surgical care that can better withstand future pandemics, winter and flu outbreaks.
- Measures Health Boards have in place to support the mental health and wellbeing of NHS staff.
- We would urge the Committee to consider an inquiry into waiting times in Wales as part of their forward work programme and would be happy to support this work in whatever way we can.