**Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth**

**This response was submitted to the Health and Social Care Committee consultation on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment**

**WT 23**

**Ymateb gan: | Response from: Iechyd Cyhoeddus Cymru | Public Health Wales**

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# PUBLIC HEALTH WALES' WRITTEN EVIDENCE ON THE IMPACT OF WAITING TIME BACKLOGS

## Submitted to Health and Social Care Committee

January 2022

# Health and Social Care Committee Submission

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## 1. Introduction

Public Health Wales is pleased to provide this written submission to the Health and Social Care Committee in relation to its inquiry into the impact of the waiting times backlog on people in Wales. The submission provides an assessment, from a public health perspective, of the key considerations associated with measures that would help manage the waiting times backlog and improve communication and information provision to people waiting for diagnosis or treatment. The information provided builds on our ongoing work to reduce harm from COVID-19 and other respiratory infections this winter, such as vaccination programmes and surveillance, thereby preventing further impacts on waiting time backlogs.

The NHS is experiencing a significant backlog in demand as a result of the ongoing COVID-19 pandemic[1]. This will have significant short and longer-term impacts on the health and well-being of the people of Wales and require a system-wide response. As a result, there is a need to provide clear information and support to patients waiting for diagnosis or treatment to help them maintain a level of well-being and manage any pain, discomfort or distress they may experience. Consideration should also be given to how Wales can take an equitable approach to address the challenges and impact of waiting times.

In addition, we need to simultaneously seek ways to reduce future demand on health and care services through a variety of prevention approaches. This will help limit the time the NHS in Wales is dealing with the current waiting list backlog as well as have longer-term benefits on service resilience. Linked to this, we have provided an overview of a recently published report by Public Health Wales on the impacts of winter of health and well-being, including services delivered by health and social care. This aims to support Wales in taking a longer-term preventative approach to reduce the impact of winter on health and well-being and care services.

The Committee inquiry is also seeking views on the value of communication activities associated with managing the waiting time backlog and supporting those waiting for care. Communication action can take a number of forms, be intended to reach a range of audiences, and have different purposes. Clarity on the desired outcome is essential to any communication activity.

Further detail on each of these key issues is provided in the subsequent sections of this response.

[1] StatsWales. Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks. Available at: Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks (gov.wales)

# 2. Prevention and demand management

## 2.1. Prevention opportunities

The waiting-times backlog faced by the NHS in Wales due to the ongoing COVID-19 pandemic is not static: new patients are added every day. How long the backlog takes to clear, and for normal service to resume, depends on both how the backlog itself is managed but also, simultaneously, on what steps can be taken to take the pressure off secondary care and help reduce future demand. Without both of these approaches working together, the current backlog is likely to take longer to clear and have a greater negative impact on the population. Inequalities in health have been exacerbated in Wales by the pandemic, and this is likely to worsen while the backlog remains (see section 3 for more information on equity considerations).

Approaches that could be considered include upscaling preventative interventions and providing extra support and capacity to social care and primary and community care services. This would also involve continuing efforts to address ongoing healthcare workforce challenges around training, recruitment and retention. Attracting and retaining staff is likely to be even more challenging post-pandemic, with many current staff reporting stress and burnout[2]. However, maintaining and increasing an appropriately staffed and skilled workforce is critical to a functioning health service and, therefore, recruiting people into healthcare careers that will prioritise their well-being and job satisfaction remains vital.

## 2.2. Winter pressures in Wales

In November 2019, Public Health Wales published '**Improving Winter Health and Well-being and Reducing Winter Pressures in Wales**'[3]. This report described the impact of winter and cold weather on health and well-being in Wales and the subsequent effects on health and care services, in a way that could inform strategic planning for the future.

The findings of the report were based on:

- International evidence of the primary and broader determinants of ill-health in winter
- Information on risk factors and vulnerable populations

[2] Gemine R, Davies GR, Tarrant S, et al. Factors associated with work-related burnout in NHS staff during COVID-19: a cross-sectional mixed methods study BMJ Open 2021;11:e042591. Available at: https://bmjopen.bmj.com/content/11/1/e042591

[3] Azam S, Jones T, Wood S, Bebbington E, Woodfine L and Bellis MA (2019). Improving winter health and well-being and reducing winter pressures. A preventative approach. Public Health Wales. Available at: https://phw.nhs.wales/news/winter-health-how-we-can-all-make-a-difference/report/

- Evidence-based solutions to reduce winter-related morbidity and mortality
- Insights from key stakeholders

The report provided a framework to support the adoption of a longer-term, preventative approach to reduce the impact of winter on health and well-being and care services. Illustrative extracts from the framework include:

- Strengthening preventative actions such as optimising public health improvement interventions, to support adoption and maintenance of healthy behaviours
- Health and care service interventions such as increased 'continuous preventative planning' and health literacy activity to support self-management in people with long term illnesses
- Community approaches such as work to strengthen resilience within local communities e.g. by increasing social networks; and
- Research priorities including identifying the impact of current approaches and opportunities for scaling up best practice

In recognition of the impact of COVID-19 on health and care services, Public Health Wales will be reviewing and updating this work to understand learning during the pandemic response, focusing on preventative measures to reduce pressures on services during winter months.

This report will be published with the aim of supporting planning for 2022-23 winter months.

## 2.3. Cancer screening services

Cancer screening is important in the early detection of cancer (secondary prevention). The pandemic resulted in the temporary pause of three cancer screening programmes - Breast Test Wales, Cervical Screening Wales and Bowel Screening Wales, resulting a backlog of activity. Services were resumed between June and August 2020. As of January 2022, the cervical screening and bowel screening programmes have been recovered fully, with no further delays in routine invitations being sent out. Increased programme activity is still underway with the breast screening programme, with an anticipated recovery period of 36-48 months.

## 2.4. Data and dashboard support

Referral to Treatment Time (RTT) data is provided on a monthly basis from NHS Wales organisations. This data is submitted to Welsh Government for review, analysis and publication on the StatsWales website. This site includes figures for the number of people currently waiting for diagnosis or treatment.

The NHS Wales Delivery Unit already produce a dashboard (including modelling) which is broken down by specialty and Health Board. Modelling work has also been undertaken to analyse likely impact of different scenarios, both are available for sharing from the Delivery Unit.

Public Health Wales will ensure that the evidence on how to mitigate the impact of waiting times is available to all who need it.

## 3. Equity considerations

Extended waiting times for diagnosis and treatment can take its toll on people's mental and physical health and well-being. When seeking how to most effectively manage the waiting time backlog caused by the ongoing pandemic, a public health perspective necessitates consideration of how to take an equitable approach that has long-term prevention built-in.

Healthcare needs are not equal across the population, and in Wales the greatest burden of disease is closely linked to socio-economic disadvantage. Data from 2015-2017 shows that life expectancy from birth in Wales consistently increases with decreasing deprivation, for both men and women[4]. In addition, the most recent data available from 2019 shows that a substantially larger proportion of avoidable deaths in Wales occurred in the most deprived areas compared with the least deprived areas[5]. Recent analysis on hospital utilisation conducted by Public Health Wales also reveals that people living in more deprived parts of Wales are more likely to require use of hospital services, especially in an emergency[6]. Consequently, any immediate or longer-term response to managing the waiting times backlog needs to take this into consideration to avoid generating further health inequity – by focusing on the determinants of health that are amenable to change, in a targeted way.

This is supported by recent analysis of the NHS waiting time backlog in England conducted by The King's Fund and Healthwatch England[7]. It found that patients living in deprived areas were nearly twice as likely to wait a year or more for planned treatment. They recommended that any approach to tackling the waiting list backlog "must include a strong focus on tackling health inequalities and avoid a one-size-fits-all approach".

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[4] PHOF 2017 Characteristics – Area by Public Health Wales Observatory. Available at: PHOF 2017 Characteristics - Area | Tableau Public

[5] Office for National Statistics. Socioeconomic inequalities in avoidable mortality in Wales: 2019 Avoidable mortality in Wales, using measures of multiple deprivation to measure socioeconomic inequalities. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/socioeconomicinequalitiesinavoidablemortalityinwales/2019

[6] Kadel R, Darlington O, Allen J, Bainham B, Masters R, Dyakova M, Bellis M (2021). Cost of Health Inequality to the NHS in Wales. Report 1 Cost Associated with Inequality in Hospital Service Utilisation to the NHS in Wales. Public Health Wales. Available at: https://phwwhocc.co.uk/wp-content/uploads/2021/12/costofhealthinequalitytothenhsreport1_december2021_eng.pdf

[7] People living in the poorest areas waiting longer for hospital treatment: The King's Fund and Healthwatch England share new analysis. September 2021. Available at: https://www.kingsfund.org.uk/press/press-releases/kings-fund-healthwatch-analysis-waiting-lists

In the short-term, waiting lists present a clear starting point for identifying individuals and groups thereof in the population who are in need of care. By using the information available within the healthcare system, we have the opportunity to prioritise and design tailored communications and service interventions to achieve optimum positive impact. This could include maintaining or improving individual's general health, helping to prepare them for forthcoming treatment (pre-habilitation to improve clinical outcomes), or to reduce health inequity.

In the longer-term, a critical element of responding to the increasing demand for healthcare should be 'precision prevention': action at an individual or (stratified) group level that enables increased recognition by individuals that they are co-creators of their own health. Digitally-enabled and behaviourally-informed health improvement interventions (including services, support and communications) could reflect the approach widely and effectively used elsewhere to connect people with services they want and need.

# 4. Communication approaches

## 4.1. Introduction

Communication activities may be considered as a component of the response to the current waiting times backlog. A number of factors need to be considered in adopting any communications approach, including:

- Clarity of objectives – the desired outcome
- Campaign effectiveness – of message, channel and reach
- Potential adverse or unintended outcomes

The section below provides further detail on each of these issues.

## 4.2. Clarity of objectives

A key element of any potential communications approach should include initial provision of transparent information on likely waiting times; general advice on maintaining well-being alongside condition-specific signs and symptoms to assess and respond to, and what that response should be. This simple form of communication is essential and should be via a range of targeted methods and channels, personalised to the individual and their condition/ reason for being on a waiting list, rather than via mass communication methods, to ensure reach.

In addition, consideration should be given to how individuals can be supported to maintain/improve their health status and reduce further deterioration or exacerbation of a condition while waiting for treatment. For example, there is good evidence that appropriate supervised physical activity and activities to promote mental well-being would be beneficial to

many surgical patients in this situation[8,9]. Providing access to commercial weight management services and considering increasing the capacity of services, such as the National Exercise Referral Programme (NERS), could assist some patients in reducing their risk and in managing pain, particularly in relation to musculoskeletal conditions. Musculoskeletal conditions, such as arthritis, osteoporosis and back pain, are the main causes of years lived with disability in Wales[10]. These conditions often co-exist with other health issues and research indicates that they are more prevalent in the most deprived populations. By the age of 65 years, almost 5 out of 10 people with a heart, lung or mental health problem also have a musculoskeletal condition[11].

Obesity is currently the leading risk factor for years of life lived with a disability and the third leading risk factor for years of life lost in Wales[12]. Obesity contributes significantly to ill health directly as an independent risk factor for cardiovascular diseases, diabetes and cancer and indirectly through the increase pain, disability and discomfort in musculoskeletal conditions. During the recent pandemic, obesity was identified as one of the main risk factors for a poor outcome from COVID-19[13]. Action to reduce individual risk by achieving or maintaining a healthy weight is a priority but an impact on immediate demand is less likely than in the medium to longer-term. In the short term, the primary benefit would be to those waiting for treatment for musculoskeletal disorders, where quality of life and pain management might be slightly improved if individuals are able to lose excess weight, although the evidence base for benefit is inconclusive[14]. For any benefit to be realised, individuals would need to lose a clinically significant amount of weight; usually 5 % of current weight sustained for 12 months.

Another example is providing additional smoking cessation support, whereby individuals on waiting lists are identified and provided with support

[8] Murphy SM, Edwards RT, Williams N, et al. An evaluation of the effectiveness and cost effectiveness of the National Exercise Referral Scheme in Wales, UK: a randomised controlled trial of a public health policy initiative. J Epidemiol Community Health 2012;66:745-753. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3402741/

[9] ; Geneen LJ, Moore RA, Clarke C, Martin D, Colvin LA, Smith BH. Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews. Cochrane Database Syst Rev 2017. Available at: https://pubmed.ncbi.nlm.nih.gov/28436583/

[10] Public Health Wales Observatory (2017). Health and its determinants in Wales: Informing strategic planning. Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/publication-documents/health-and-its-determinants-in-wales-2018/health-and-determinants-in-wales-report-eng-pdf/

[11] Musculoskeletal conditions and multimorbidity. Arthritis Research UK. Available at: https://www.versusarthritis.org/media/2078/msk-conditions-and-multimorbidity-report.pdf

[12] Public Health Wales Observatory (2017). Health and its determinants in Wales: Informing strategic planning. Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/publication-documents/health-and-its-determinants-in-wales-2018/health-and-determinants-in-wales-report-eng-pdf/

[13] Demeulemeester F, de Punder K, van Heijningen M, van Doesburg F. Obesity as a Risk Factor for Severe COVID-19 and Complications: A Review. Cells. 2021;10(4):933. Published 2021 Apr 17. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8073853/

[14] Robson E, Hodder RK, Kamper SJ, O'Brien KM et al. Effectiveness of Weight-Loss Interventions for **Re**ducing Pain and disability in People with common Musculoskeletal Disorders: A Systematic Review with Meta-Analysis. Journal of orthopaedic & Sports Physical Therapy 50-; 6, 319-333. Available at: https://www.jospt.org/doi/10.2519/jospt.2020.9041

tailored to their situation, as a part of their treatment pathway - in order to achieve clear, desirable behavioural change outcomes. There is good evidence that stopping smoking could help improve clinical outcomes of treatment. For example, smoking is associated with adverse outcomes following surgery, including delayed wound healing, infections, prolonged hospital stay and repeated admissions after surgery[15,16]. In cancer, smoking is linked to poorer treatment outcomes, including overall mortality through, for example, increased aggressiveness of cancer, increased treatment-related complications and increased risk of known tobacco-related health problems, such as cardiovascular and respiratory diseases and further cancers,[17]. It is also true that smoking is the most common cause of lung cancer in the UK[18], and more than a quarter of all cancer deaths in the UK can be attributed to smoking (including lung, oral, throat, bladder, kidney, pancreatic, stomach, liver and cervical cancers)[19]. Smoking also has strong links to health inequity. Therefore, supporting people to give up smoking before treatment offers both short and longer-term benefits to the individual patient and healthcare system.

These objectives may not require a 'stand-alone' communications plan but instead be embedded into the day-to-day interactions healthcare staff have with patients – in line with the 'Make Every Contact Count' approach[20].

## 4.3. Communication effectiveness

Mass media campaigns have a long history in public health, with effective programmes drawing on evidence from behavioural and communication sciences. There is a growing body of international knowledge on how to deliver mass communication activity that is more likely to be effective but there is much that is not fully understood, particularly in relation to the use of new media.

The National Institute of Health Research funded a major study into the use of the mass media to communicate public health messages in six topic

[15] Delgado-Rodriguez, M., Medina-Cuadros, M., Martinez-Gallego, G. and et al. (2003) A prospective study of tobacco smoking as a predictor of complications in general surgery. Infection Control and Hospital Epidemiology 24, 37-43. Available at: https://pubmed.ncbi.nlm.nih.gov/12558234/

[16] Theadom, A., Cropley, M. (2006) Effects of preoperative smoking cessation on the incidence and risk of intraoperative and postoperative complications in adult smokers: a systematic review. Tobacco Control 15(5), 352-358 Available at: https://tobaccocontrol.bmj.com/content/15/5/352.long

[17] Togawa K, Bhatti L, Tursan d'Espaignet E, Leon Roux M, Ullrich A, Ilbawi A, Varghese CV, Prasad M (2018). WHO tobacco knowledge summaries: tobacco and cancer treatment outcomes. World Health Organization. Available at: https://apps.who.int/iris/bitstream/handle/10665/273077/WHO-NMH-PND-TKS-18.1-eng.pdf

[18] ASH (2017) Smoking and cancer. Action on Smoking and Health. Available at: https://ash.org.uk/information-and-resources/fact-sheets/smoking-and-cancer/

[19] ASH (2016) Smoking and disease. Action on Smoking and Health. Available at: https://ash.org.uk/information-and-resources/fact-sheets/smoking-statistics-who-smokes-and-how-much/

[20] Public Health Wales. Make Every Contact Count. Available at: https://mecc.publichealthnetwork.cymru/en/about/

areas including diet and physical activity[21]. The review found that the use of mass media can be effective at increasing knowledge and awareness but that there is very little evidence of effectiveness on changing behaviour other than in some specific situations e.g. accessing help to quit smoking. One of the key findings of the review was that initiatives are more effective when they target specific and less complex behaviours.

The review also found some evidence of the importance of targeting messages, which are tailored to key audiences. This highlights the importance of basing any communication activity on detailed understanding of the target behaviour and the audience through insight work. Finally, the review highlighted the importance of mass communications work as a core component of a wider multi-faceted programme of work rather than stand-alone.

Any mass communication activity planned will need to have several phases and target very specific outcomes and will require considerable planning to ensure that it is likely to achieve a positive outcome.

## 4.4. Adverse and unintended outcomes

There is generally an assumption that health promotion activity, such as mass media communication campaigns, are at worst ineffective but essentially harmless. There are however a number of adverse or unintended consequences of such initiatives that should be considered carefully prior to a decision to act.

As an example, obesity has become a highly emotive issue and there is considerable concern about negative stereotyping and psychological harm that can arise as a result of poorly conducted mass media activity. A review of public health campaigns and obesity found that in addition to limited evidence of effectiveness, there are concerns about potential negative effects on body image, shape and size and on increasing negative media stereotyping and stigmatising of those who are overweight or obese[22].

[21] Stead M, Angus K, Langley T, Katikireddi SV, Hinds K, Hilton S, et al. Mass media to communicate public health messages in six health topic areas: a systematic review and other reviews of the evidence. Public Health Res 2019; 7(8). Available at: https://www.journalslibrary.nihr.ac.uk/phr/phr07080#/abstract

[22] Walls, H.L., Peeters, A., Proietto, J. *et al.* Public health campaigns and obesity - a critique. *BMC Public Health* 11, 136 (2011). Available at: https://doi.org/10.1186/1471-2458-11-136