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 42

Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Betsi Cadwaladr | Betsi Cadwaladr University Health Board

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Evidence Submission for the Senedd Consultation on the 'Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment' (Health and Social Care Committee Inquiry)

13th January 2022

Organisational Context

Betsi Cadwaladr University Health Board is responsible for improving the health of the population of North Wales and securing appropriate provision of high quality healthcare.

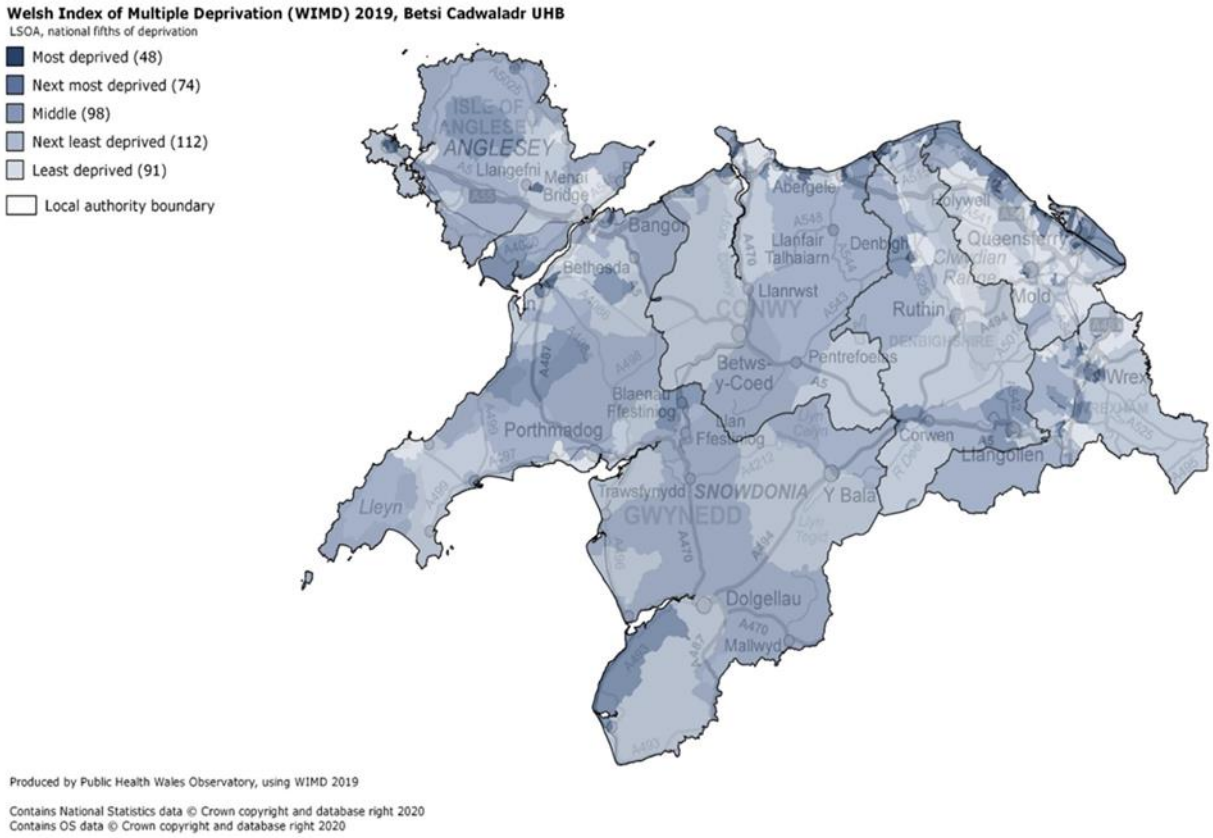
Population

The population of North Wales is approximately 700,000 and is spread across the six Local Authorities of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

The table below shows the age profile of the population within the Health Board area compared to the Welsh population as a whole. This indicates a higher than average proportion of the population who are elderly (65+) and very elderly (85+). The age profile of the population is particularly relevant in some high volume services where there are significant waiting times issues such as orthopaedics and ophthalmology.

Age group	BCUHB (%)	Wales (%)
0-15	17.6	17.8
16-64	59.0	61.2
65+	23.4	21.1
85+	3.1	2.7

BCUHB has some of the most deprived areas in Wales, with 12% of the North Wales population living in the most deprived fifth of communities in Wales. Three of the top 10 most deprived wards in Wales, as measured by the Welsh Index of Multiple Deprivation (WIMD) lie in North Wales. The graphic below shows the relative deprivation in communities in North Wales, including the most deprived -



Responding to the Consultation Questions

The following section provides responses to the questions set out in the consultation.

1. Backlogs and Waiting Times

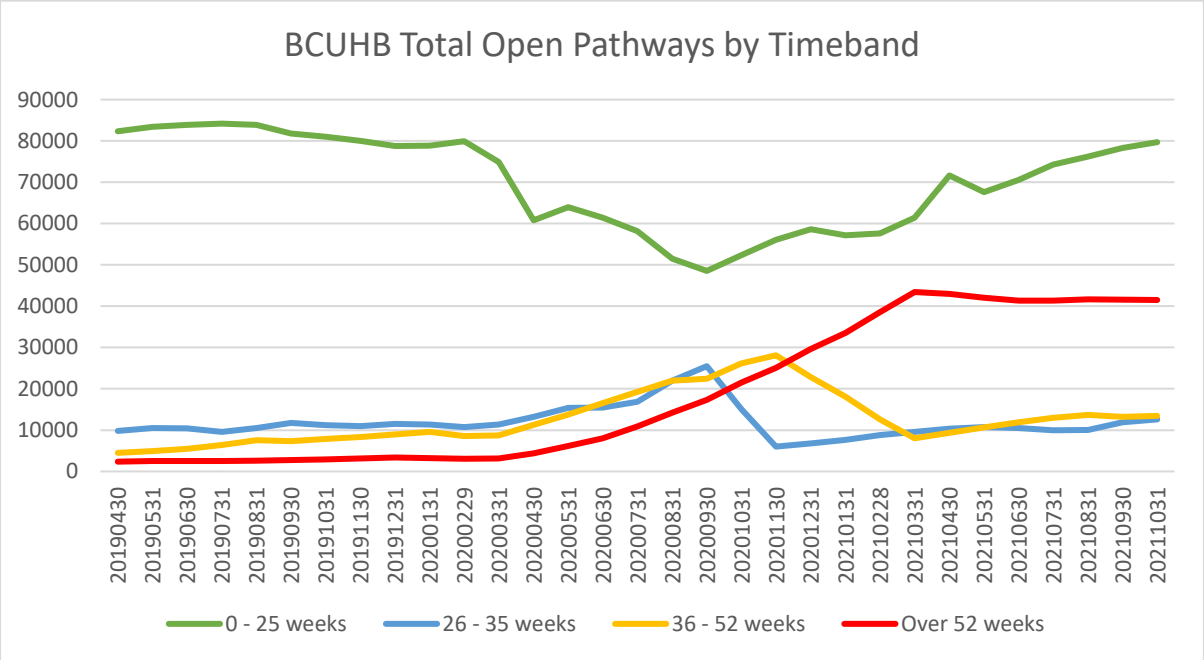
The table below provides a high level summary of the waiting list profile across North Wales and compares the pre-pandemic position (2019) to the position at the end of 2020 and the current position. This profile includes all patients waiting on the referral to treatment pathway, including diagnostics and therapies.

Date of census	0-25 weeks	26-35 weeks	36-51 weeks	52+weeks	Total
31/12/19	78,775	8,196	8.987	3,391	99,349
31/12/20	46,995	4,843	22,851	29,632	104,321
19/12/21	78,749	14, 778	13,986	40,897	148,410

As may be seen, there has been an increase of 49,061 people in the total number of patients waiting since December 2019. This is consistent with the pattern of growth observed across Wales. The number of people waiting over 36 weeks has increased by 42,505.

The data shows that there was a significant waiting list immediately prior to the pandemic occurring. This waiting list has however grown considerably during the pandemic period. The moderate increase between 2019 and 2020 and the reduction in the lower waiting time cohorts in this period reflect the reduction in outpatient referrals received during the first phase of the pandemic.

Movements in the number of patients in each waiting time band is shown in the graph below. This shows the relatively stable position pre-pandemic, the impact of the reduction in referrals in the period from March 2020 to September 2020 and the sharp rise in the longest waiters (over 52 weeks) which has arisen due to the loss of planned care capacity during the pandemic. This loss of capacity arose due to significant pressures on inpatient beds caused by unscheduled care activity, redeployment of staff to other services and changes to infection prevention measures such as the introduction of greater bed spacing leading to a loss of beds.



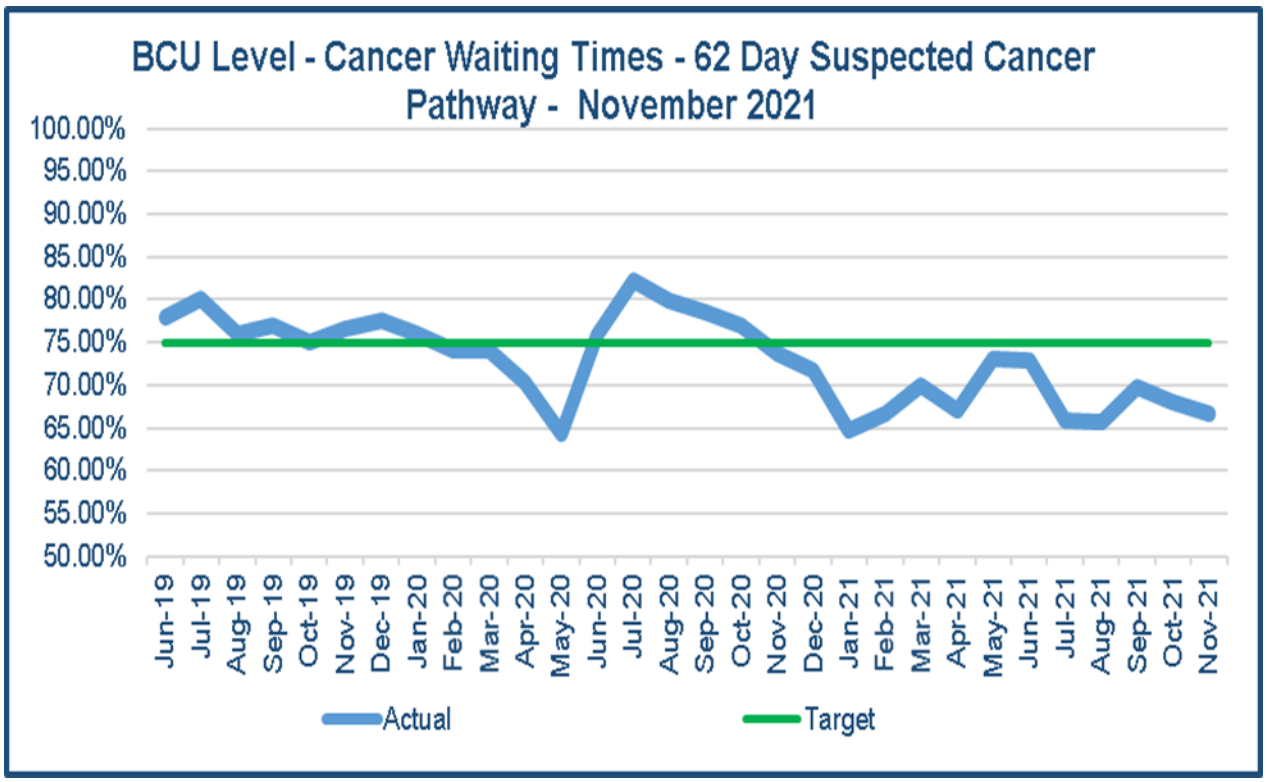
Within these overall numbers, there are particular specialities where high numbers of long waiters are observed. Within North Wales these specialties are those shown in the table below –

Speciality	Total Waiting list Size	Numbers waiting over 36 weeks	Numbers waiting over 52 weeks
Orthopaedics	19,822	2,069	10,032
General Surgery	18,717	2,109	5,475
Urology	10,010	1,341	3,781
ENT	12,002	1,207	5,064
Ophthalmology	18,822	2,166	6,480
Dermatology	7,181	420	1,610
Gynaecology	7,530	857	1,795

Waiting times tend to be longer in specialities which may be affected by higher levels of emergency demand, in specialities which require access to specialised beds, or where recruitment of permanent or locum staff is particularly challenging. These factors impact differently in each specialty, for example orthopaedics faces the dual challenges of growth in referrals and limited access to beds, especially in light of the specific infection prevention requirements that apply to this specialty. Ophthalmology, however is primarily influenced by significant long term demand growth linked to the age profile of the population.

In all areas of service there is evidence of suppressed demand in 2020 i.e. patients not being referred to services at the same rate as existed prior to the pandemic. This was particularly true in relation to cancer, with referrals down by 20% throughout the pandemic but now restored to 2019 levels. As the patients who did not present during the pandemic are referred, the impact of their delay in terms of the progression of their disease and the treatments required in response to this is becoming evident. This is changing the complexity of workload within cancer services and this will need to be addressed as part of the recovery plans.

Performance of cancer services against the single cancer pathway standard from 2019 to date is set out in the chart below –



This indicates a reduction in performance against the waiting time standard in the early months of the pandemic with recovery in the summer of 2020, however this was influenced by a reduced number of referrals as referenced earlier. The performance achieved reflects the Health Board's determination to prioritise cancer treatment, and compares favourably with other parts of Wales however, with demand returning to 2019 levels the performance standard has not been maintained.

The Health Board is particularly conscious that some patients with cancer are not referred for treatment on the recognised cancer pathway, and may only be finally diagnosed after routine assessment. This hidden cohort is of concern, and is a key component of the validation process described below. The Health Board has established pathways for patients with "vague symptoms" to aid the early identification of cancer. It should also be noted that some cancer patients may present via ED should their condition deteriorate and are therefore unknown until the point of diagnosis.

2. Supporting patients whilst they are waiting

There are examples across North Wales where the Health Board works in partnership with other organisations to support patients on waiting lists. Some of these focus on practical issues such as pain management, diet or exercise whilst others have a broader aspect to support mental health and wellbeing for example outdoor activities such as walking, or indoor, for example yoga.

Early in 2021/22, the expectation was that planned care activities would rise as the pressures of the pandemic eased and waiting times would begin to stabilise and then improve. This has not proven to be the case and the latest escalation in COVID-19

pressures has signalled a need to have a more structured approach to supporting patients whilst they wait. The Health Board will be addressing this need as part of its overall recovery programme for planned care.

In January 2022 the Health Board will commence work with a technology partner to establish a home based prehabilitation programme for orthopaedic patients with an initial focus on knee arthroplasty. The programme will focus on the longest waiters (52 weeks +) and provide support to enable self management in the home environment, including education and exercise programmes.

3. Capacity and resources

Ensuring access to services for patients who are waiting will require significant additional capacity, both in terms of facilities and more importantly staff.

Prior to the pandemic, maintaining a static position in waiting times relied upon additional activity being undertaken year on year over and above routine activity levels. During the pandemic, we have seen the number of patients experiencing long waiting times grow significantly, as detailed in section 1 above. In order to address this backlog and be in a position to maintain waiting times at an appropriate standard, significant additional capacity will be required.

The requirements for individual specialties vary. In ophthalmology, for example, where the vast majority of surgery is undertaken on a day case basis and there is available additional capacity to be commissioned through independent providers. If it were possible to continue to commission a similar level of additional activity as in 2021/22 (400 cases a month) then this could enable the backlog to be removed in approximately 18 months.

In orthopaedics, which is the most challenging area to address, the position is more complex. This involves major surgery undertaken on an inpatient basis, with specific infection prevention measures required to maintain patient safety. In addition, orthopaedic services suffer particularly from cancellations due to winter pressures and the requirement to make beds available for medical patients. The number of patients waiting in November 2021 was approximately 6,500 which equates to 3 years worth of normal activity. As a result, improving the waiting times in this specialty on a sustainable basis requires a significant change in our approach, establishing additional protected capacity. Our proposals for Regional Treatment Centres as set out below are designed to provide a robust and sustainable solution to this challenge.

Plans have been put in place to deliver additional activity during 2021/22, however the long term solution requires this to be complimented by new ways of working to ensure optimum use of the resource available. A number of approaches are being adopted.

a) Treating more patients

Where possible, additional activity has been undertaken through additional operating lists and outpatient clinics at weekends throughout the year. The plans set by the Health Board at the beginning of the year have however been impacted by the need to redeploy staff in response to COVID pressures, unscheduled care demands leading to shortages of inpatient beds and heightened infection prevention measures. This has reduced the impact of this additional activity on waiting times. The Health Board is investing significant additional resources to improve unscheduled care performance and thereby reduce demand on beds, however this alone will not generate the capacity required to enable sufficient additional activity to be undertaken.

Additional activity is also being delivered by bringing independent providers and their staff into our hospitals at weekends. This avoids issues associated with additional travel for patients, but activity is limited to outpatients and day cases, as inpatient bed capacity is not available due to pandemic pressures.

Finally, additional activity has been provided by contracting with other NHS and independent sector providers, and involves sending patients, with their consent, to other hospitals, mainly for surgery. This has proved successful, for example in orthopaedics where 100 patients per month are being treated (mainly with joint replacements) in Birkenhead. In ophthalmology, 400 cataract patients are being treated each month at a hospital in the Wirral. The choice of specialty has been driven by available capacity, which has been very restricted to date, however there are more positive indications emerging regarding future capacity which could assist in increasing activity further. This additional capacity has primarily been targeted to enable the longest waiting patients to be treated.

b)_Providing healthcare to people in new ways

A number of initiatives have been implemented which allow people needing advice, care or treatment to access this in innovative ways. These initiatives are not suitable for all groups of people, but are highly effective as a package of options:

- Advice and Guidance – where GPs seek advice from consultants within a structured system, and based on the advice received, provide ongoing care to people from their GP surgery in the community, thereby avoiding unnecessary attendance in a hospital clinic. This includes technology based solutions such as Consultant Connect.
- Patient Initiated Follow-Ups (PIFU) – where patients (usually post-operatively) are given advice which enables them to choose to only attend a clinic if certain symptoms are identified or they have concerns. This puts the person in control of their healthcare and reduces the demand for outpatient appointments and releases capacity to see new patients.

- See on Symptom (SoS) – patients are given advice about how to manage their condition with an escalation to enable them to seek advice from a trusted professional if and when symptoms present themselves. This is typically used to manage long term conditions.
- Virtual clinics – the continuation of the trend started in the pandemic to provide prompt care closer to or at home by telephone and video consultations. This is not only more convenient for patients but reduces infection risk and therefore footfall in hospitals and also has sustainability benefits.
- A range of triage services – e.g. the musculoskeletal system – which supports alternative clinical care before referral for surgery is considered, thereby avoiding that course of action in many cases.

c) Keeping in touch with patients

As part of our commitment to keeping in touch with patients, we have been in touch to find out if patients still feel they need their treatment and whether their symptoms have changed. This has followed a two stage model which is recognised as good practice across the NHS. Where a change in symptoms is reported, we are arranging for a remote clinical review to ensure patients are treated according to the most up to date view of their clinical urgency. This validation of the waiting list is an important part of any organisation's approach to managing a long waiting list.

d) Service transformation / pathway redesign

Continuous improvement in the design and operation of clinical pathways is a principle which the Health Board has embraced, recognising the need for change, whether at a local level or as a part of a wider NHS Wales set of initiatives. As an example, the Orthopaedic Service is about to embark on a national GIRFT (Get It Right First Time) initiative, which is designed to reduce duplication in patient pathways, thereby releasing time to treat more patients. An example of a local initiative involves the urology service exploring options which will allow nurse specialists to undertake routine surgery, thereby releasing consultants' time and enabling them to focus on more complex procedures.

e) Development of Regional Treatment Centres (RTCs)

The medium to long term solution to the recovery of planned care in North Wales is a combination of all of the above approaches, with some services delivered in separate, purpose built facilities. A detailed case is being finalised prior to presentation to Welsh Government which would, if agreed

bring much needed additional capacity to North Wales to significantly reduce the numbers of patients waiting.

These facilities will provide outpatient, diagnostic and day case services, and some inpatient care. They will have the benefit of being protected from emergency pressures on inpatient beds and the associated infection prevention risks. Planning for the Regional Treatment Centres is moving at pace and the additional ring-fenced capacity is intended to be operational from 2023, subject to agreement by Welsh Government.

In parallel to this development, there will be a wholescale review of patient pathways to ensure that the each process meets patient requirements in the most cost and time effective way.

Achieving the increase in capacity described above is dependent upon the supply of a suitably skilled multi-professional clinical workforce. There are currently challenges in recruiting staff in a number of disciplines, notably medicine and nursing. Strategic developments such as the RTCs offer an opportunity to enhance the attractiveness of roles and aid staff retention. Enhancing clinical training though partnerships with local Universities and the development of the North Wales Medical & Health Sciences School will be critical to the establishment of robust, sustainable clinical services in the longer term. To aid the transition to these new services, models including insourcing of staff and blended delivery with Health Board staff are being explored with potential RTC providers.

4) Prioritisation

In determining which services to concentrate upon whilst reducing the backlog, the Health Board has focussed on the following priorities –

- Cancer services and surgery
- Early diagnostics, particularly endoscopy and imaging given their vital role in cancer diagnosis
- Services where potential clinical risk and harm has been identified
- Services where insourcing and outsourcing capacity exists

Patient selection for treatment is according to clinical prioritisation, based upon national guidance. Using this approach means that patients invited for surgery reflect a balance between those with the most urgent clinical need and those who have waited the longest. In order to ensure that the right patients have access to surgery, regardless of where they live in North Wales, capacity is being used flexibly across the Health Board area. This enables clinical prioritisation across the whole population, rather than maintaining separate and differential waiting lists for each hospital.

5) Information and communication

The Health Board recognises that patients can often feel unsupported whilst they are on long waiting lists and the absence of information regarding likely waiting time to treatment can exacerbate this. A number of initiatives are underway to provide greater support where this is required, as detailed below:

- Validation – the approach described earlier is continuing and offers a point of contact with patients and the opportunity to pick up on changes in condition.
- Communication – a communication strategy is being developed to help keep patients more informed regarding their waiting time. This is particularly important given the current context, with the surge in COVID-19 cases resulting in further delays in planned care recovery. This strategy will include the extended use of social media, as well as more traditional communication channels.
- Working with third sector organisations – more effective engagement with third sector organisations is being explored to maximise the benefits that can be gained through partnership with the sector. One example is work with the Red Cross, who can provide either face to face or virtual support in terms of counselling or advice, and in many cases practical help.
- There are also many examples across North Wales, where BCUHB works in partnership with other organisations to support patients on waiting lists. Some focus on practical issues – pain management, diet or exercise – while others have a broader aspect to support mental health – e.g. outdoor activities, such as walking, or indoor, like yoga. Enhancing the availability of information to patients regarding services in their area can enable effective support to be accessed whilst waiting for their treatment.

6) Welsh Government support

Welsh Government has provided significant financial support to Health Boards during 2021/22 and the recently announced budget indicates continuation of this support, which is critical to enable the planned care recovery programme to deliver effectively.

Welsh Government has been extremely supportive of the developing plans for the creation of Regional Treatment Centres in North Wales. Particular support has been offered to the exploration of innovative solutions that avoid the need for significant NHS capital investment, which is a potential rate limiting factor. Innovative revenue based solutions are being explored to bring this capacity onstream at the earliest opportunity.

In addition to the provision of resources, there are a number of national programmes, supported by Welsh Government, which are assisting in the redesign of patient pathways leading to optimal use of resources. Examples include eye care and urology outpatients, where good practice from around Wales and beyond is brought together and shared to support organisations in delivering service transformation and improvement.

The current situation with COVID-19 is resulting in further adverse impacts upon the delivery of planned care, which will give rise to the need to re-set recovery programmes. Close working with Welsh Government will be required in the coming months to re-affirm future delivery plans and timescales in the light of experience gained in 2021/22.