

NHS Wales Waiting times – termly monitoring report

Y Pwyllgor Iechyd a Gofal Cymdeithasol | 17 Gorffennaf 2024
Health and Social Care Committee | 17 July 2024

Introduction

This is the Committee's **sixth monitoring report** of NHS Wales planned care recovery targets, which were set in April 2022. The recovery targets to reduce waiting times for people in Wales include:

- No one waiting longer than a year for their first outpatient appointment **by the end of 2022**.
- Eliminate the number of people waiting longer than two years in most specialities **by March 2023**.
- Eliminate the number of people waiting longer than one year in most specialities **by Spring 2025**.
- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions **by Spring 2024**.
- Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026 (with an interim recovery target to meet the single cancer pathway within 62 days for 70% of people **by March 2023**).

The statistics used in this briefing are taken from the Welsh Government's NHS activity and performance summary: April and May 2024 and StatsWales.



Further information:

- Waiting times data are published monthly on the [StatsWales website](#) with a two-month lag.
- Previous monitoring reports are available on the [Committee's website](#).
- A link to [Ministerial summit reports](#) relating to orthopaedics, ophthalmology, ENT and cancer are published on [the Welsh Government website](#).
- Digital Health and Care Wales (DHCW) now publishes a [secondary care dashboard](#) which provides data on outpatients appointments, inpatient admissions and day case activity undertaken in Wales.

N.B. The number of patient pathways is **not the same as the number of individual patients**, because some people have multiple open pathways. More information is available in the Welsh Government's Chief Statistician's blog.

The Welsh Government's [statistical update](#) reports that in April 2024, when there were just over 775,000 open patient pathways, there were about 602,900 individual patients on treatment waiting lists in Wales, **the highest figure on record**.

Overview

Despite the Welsh Government setting five recovery targets, the first three have not been achieved by NHS Wales. In April 2024:

- The number of patient pathways increased from just under 768,900 to just over **775,000**. This is the **highest figure on record**.
- Patient pathways waiting longer than one year for their **first outpatient appointment** increased to **65,100**. This means the planned care recovery target to eliminate these waits by the end of 2022 **was not met**.
- Just under **21,300** patient pathways were waiting more than **two years** for treatment (the first increase from the previous month after falling for twenty-four consecutive months). The target was for this to be achieved by March 2023 but this still **hasn't been met**. About **148,200** patient pathways were waiting more than **one year** for treatment.
- For **diagnostic services**, patient pathways waiting increased to just over **108,100**. The number waiting longer than 8 weeks (the target for maximum wait) increased to just under **40,100**. This means the planned care recovery target to eliminate waits of more than 8 weeks for diagnostic tests by March 2024 **was not met**.
- For **therapies***, there were just over **56,300** patient pathways waiting. The number waiting longer than 14 weeks (the target maximum wait) was just under **5,300**. This means the planned care recovery target to eliminate waits of more than 14 weeks for therapies by March 2024 **was not met**.
- Performance against the 62 day **single cancer pathway target** decreased to **53.8%**. The target is for at least 75% of patients to start treatment within 62 days of first being suspected of cancer. The planned care recovery plan established a new target of 80% to be reached by 2026.

The **median time waiting to start treatment** had generally been around 10 weeks pre pandemic. This increased during the Covid-19 pandemic and peaked at a record high of 29 weeks in October 2020. In April 2024, the median waiting time was 22 weeks.

*Changes to data collection mean figures for April are not directly comparable with the previous month

Recovery target 1: First outpatient appointments

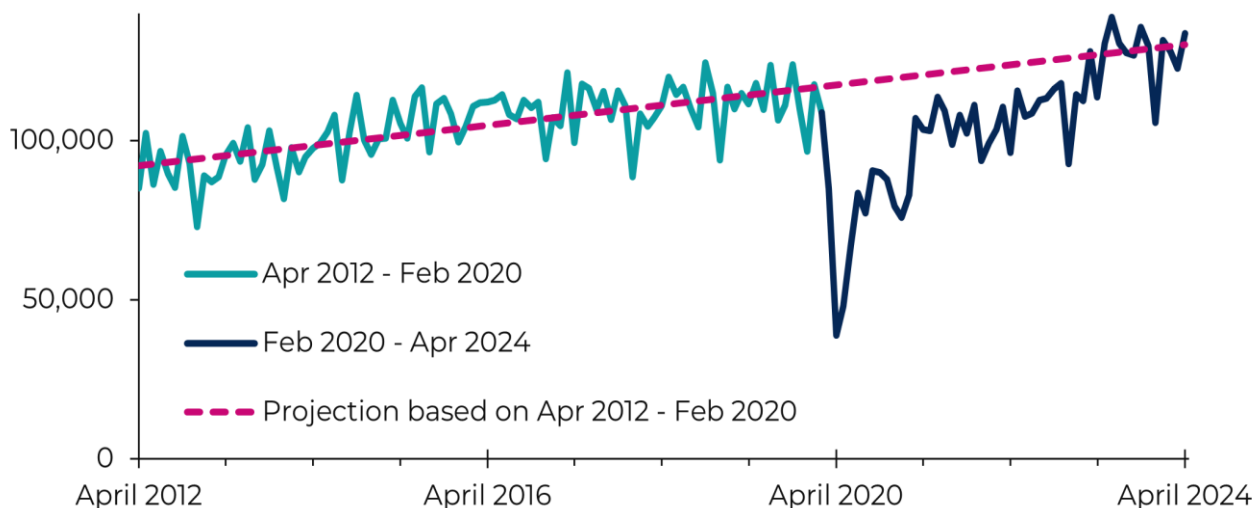
Recovery plan target 1: No patients to be waiting longer than a year for their first outpatient appointment by the end of 2022

In April 2024, the number of patient pathways waiting longer than one year for their **first outpatient appointment** increased to just under **65,100** (a 6.6% increase compared to the previous month).

The planned care recovery plan target that no-one waits more than a year for their first outpatient appointment **by the end of 2022** was not met. The revised target **by the end of 2023** was not achieved either.

The Health Secretary has previously said this is due to a significant increase in **referrals** for first outpatient appointments following the Covid-19 pandemic. However, referrals data on StatsWales shows that while referrals have gone up, they have increased in line with the long term trend.

Figure 1: Referrals



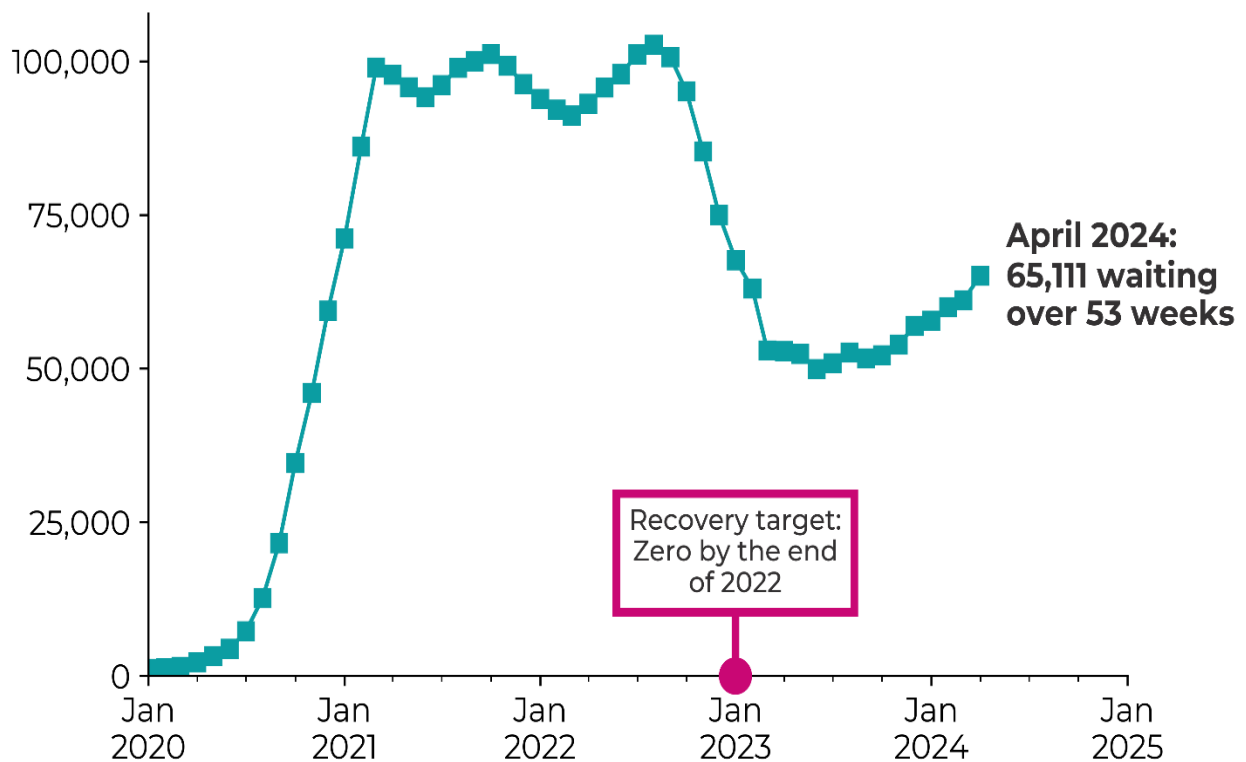
Source: StatsWales, [Referrals by treatment function and month](#)

An average of 4,454 referrals for first outpatient appointments were made per day in April 2024. This is **an increase of 12.6%** (499 more referrals per day on average) compared to March 2024, and an increase of 17.5% compared to April 2023. It's the **second highest figure on record**.

Among the Local Health Boards, the highest number of patient pathways waiting more than one year per 100,000 of the population, adjusted by population size, was in **Cwm Taf Morgannwg UHB** (3,342) and the lowest in **Swansea Bay UHB**, where there are now no pathways waiting more than a year for their first appointment. Swansea Bay UHB is the only health board in Wales to have achieved the first recovery target.

(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).

Figure 2: Number of patient pathways waiting over 53 weeks for their first outpatient appointment



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Based on the available data and the current trend of increasing waits, it's unclear when the recovery target to eliminate one-year waits for a first outpatient appointment will be achieved.

Recovery target 2: Two-year waiting targets

Recovery plan target 2: Eliminate the number of people waiting longer than two years to start treatment in most specialties by March 2023

The planned care recovery plan established a target to eliminate **two-year waits in most specialties by March 2023**. The target was not met by March 2023 and has still not been achieved.

In April 2024, just under **21,300** patient pathways were waiting more than two years to start treatment. This number is 3.2% higher than the previous month.

Adjusted by population, the most patient pathways waiting more than two years for treatment was in **Betsi Cadwaladr UHB** (1,320 per 100,000) and the fewest waiting more than two years was in **Hywel Dda UHB** (390 per 100,000). *(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).*

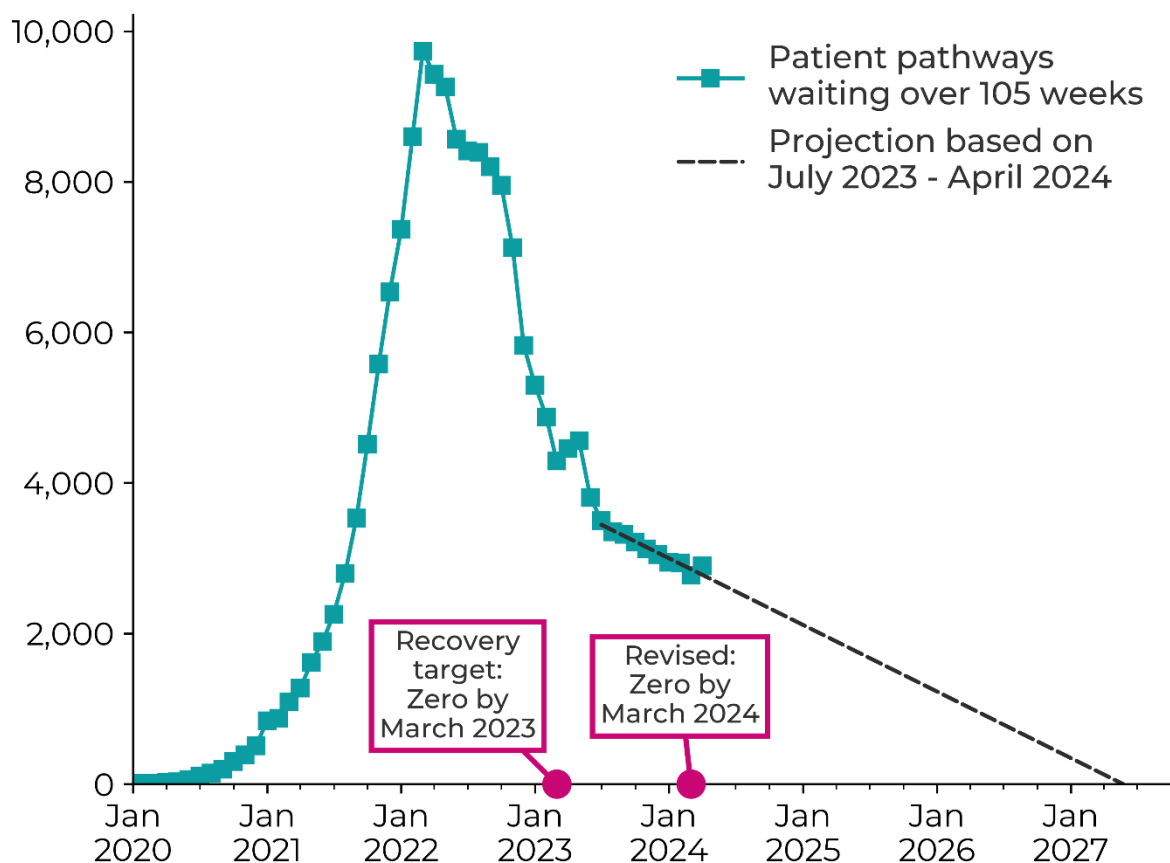
‘Most’ refers to all specialties **excluding seven** recognised as exceptionally challenging. These are Dermatology, General Surgery, Ophthalmology, Urology, Gynaecology, Orthopaedics and Ear, Nose and Throat. Over 80% of patient pathways waiting more than one or two years to start treatment are attributed to these seven exceptionally challenging specialties.

In April 2024, there were still **a further 14 specialties** with patient pathways waiting more than two years to start treatment (in addition to the seven exceptionally challenging specialties).

A **projection** using data from July 2023 to April 2024 shows that at the current rate of progress (i.e. if the rate of progress since July 2023 is sustained), the recovery target to eliminate two year waits in ‘most’ specialties **will not be fulfilled until around May 2027**.

The Health Secretary **previously warned** that people should prepare for a long recovery period. She emphasised that Vaughan Gething, the First Minister and former Health Minister, had clearly stated that clearing the backlog following the Covid-19 pandemic would take a minimum of five years.

Figure 3: Number of patient pathways waiting over 105 weeks to start treatment in most specialities (excluding the seven recognised as exceptionally challenging) and projection based on July 2023 to April 2024.



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Recovery Target 3: One-year waiting targets

Recovery target 3: Eliminate the number of people waiting longer than one year to start treatment in most specialties by Spring 2025

The recovery plan for planned care set a target to eliminate the backlog of patients waiting more than **one year** to start treatment in ‘most’ specialties **by spring 2025**.

In April 2024, about **148,200** patient pathways were waiting more than one year, which was 3.2% higher than the previous month.

When adjusted for population, **Cardiff and Vale UHB** had the highest number of patient pathways waiting over a year (6,231), while **Swansea Bay UHB** had the fewest (3,274). *(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).*

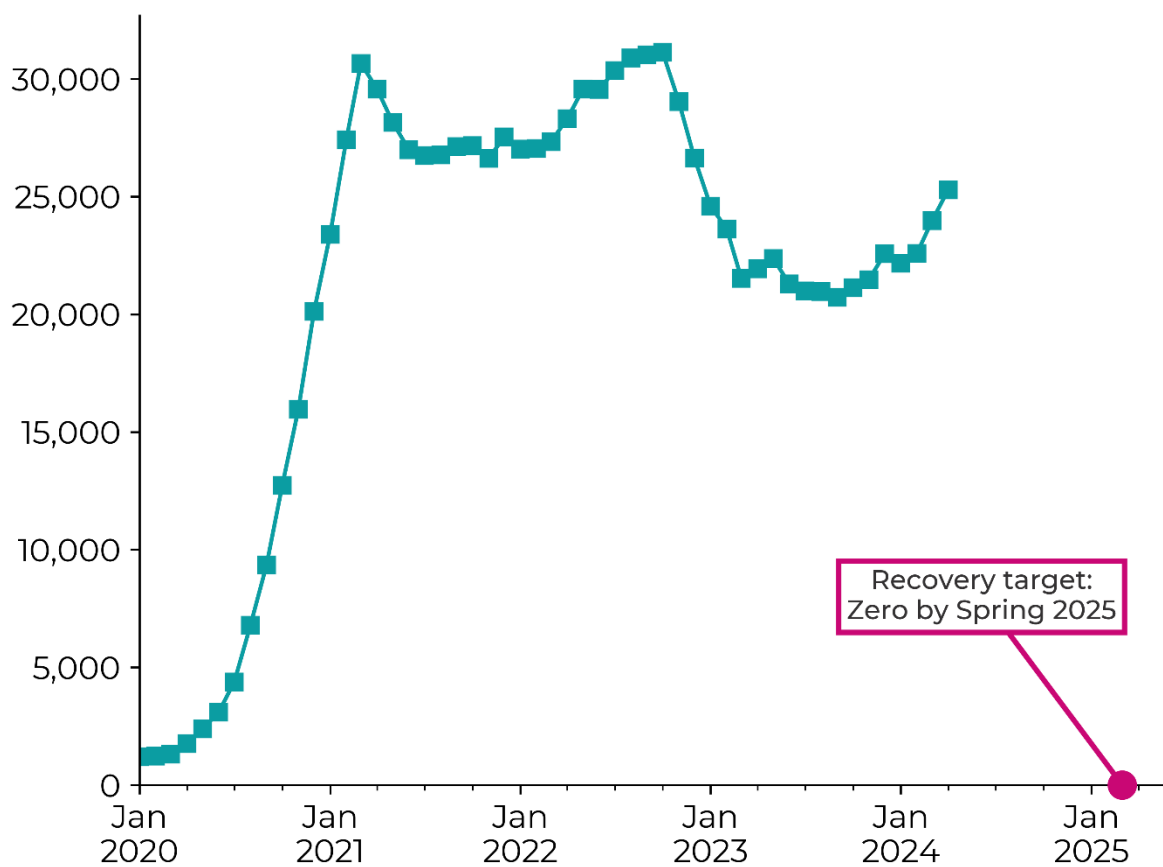
Certain specialties, excluding the seven exceptionally challenging specialties, had a higher than average percentage of their pathways waiting over a year to begin treatment. These included clinical immunology and allergy (47% of its 2,200 pathways), orthodontics (33% of its 3,700 pathways), and general medicine (22% of its 10,500 pathways).

Clinical Immunology and allergy focuses on diagnosing and managing diseases related to the immune system from common allergies and asthma to more complex disorders. Orthodontics involves the correction of teeth and jaw alignment. General medicine covers a wide range of acute and chronic conditions.

Based on the available data and the current trend of increasing waits, it’s unclear when the recovery target to eliminate one-year waits will be achieved.

The aim is for all health boards to meet this target by spring (March) 2025.

Figure 4: Number of patient pathways waiting over 53 weeks to start treatment in most specialties (excluding the seven recognised as exceptionally challenging)



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

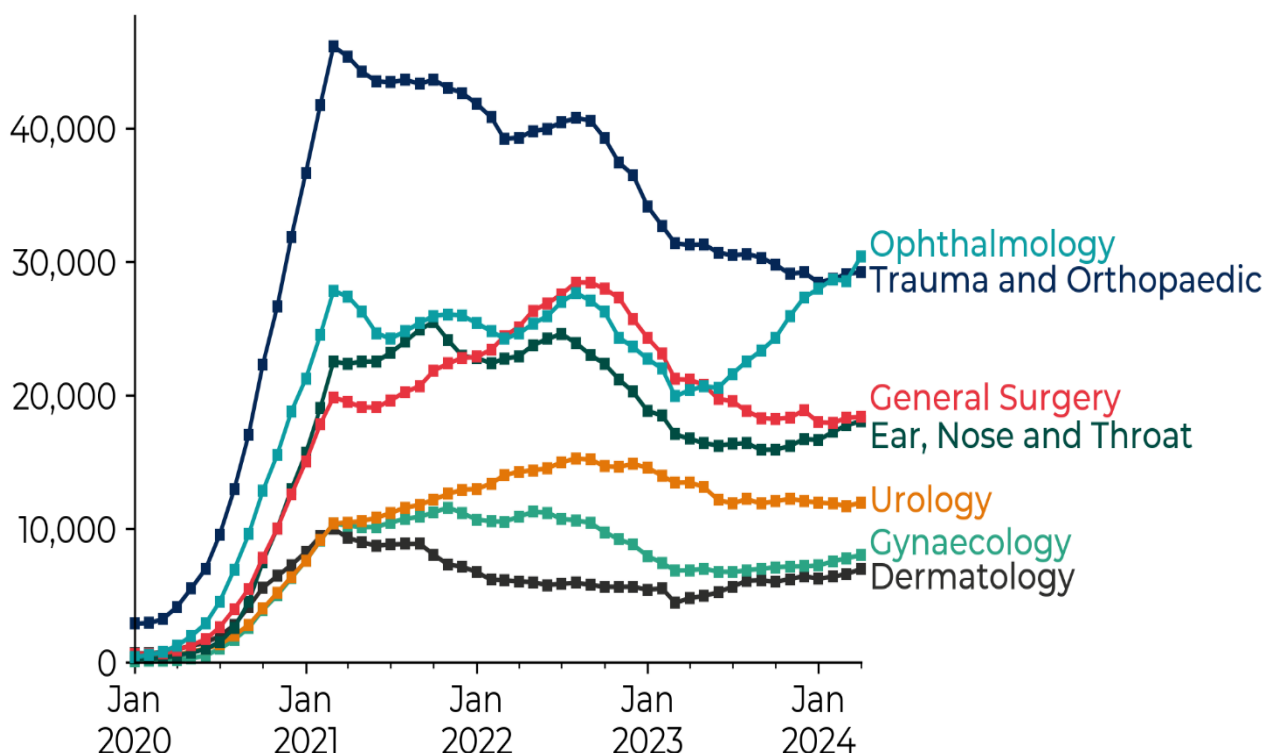
“Exceptionally challenging” specialties

There are **seven specialties** recognised as “exceptionally challenging” by the Welsh Government that are not included in the recovery target for eliminating one year and two year waits. These include Trauma and Orthopaedics, Dermatology, General Surgery, Ophthalmology, Urology, Gynaecology and Ear, Nose, and Throat (ENT).

The specific reasons for their challenges are not explicitly mentioned in the Welsh Government’s **planned care recovery plan**, but it is noted that these specialties had large numbers waiting prior to the Covid-19 pandemic.

In April 2024, 30,374 patient pathways were waiting over one year (53 weeks) for ophthalmology treatment and 29,198 for trauma and orthopaedic treatment. Each of these specialties have more patient pathways waiting over one year (53 weeks) than the 25,287 pathways included in recovery target three.

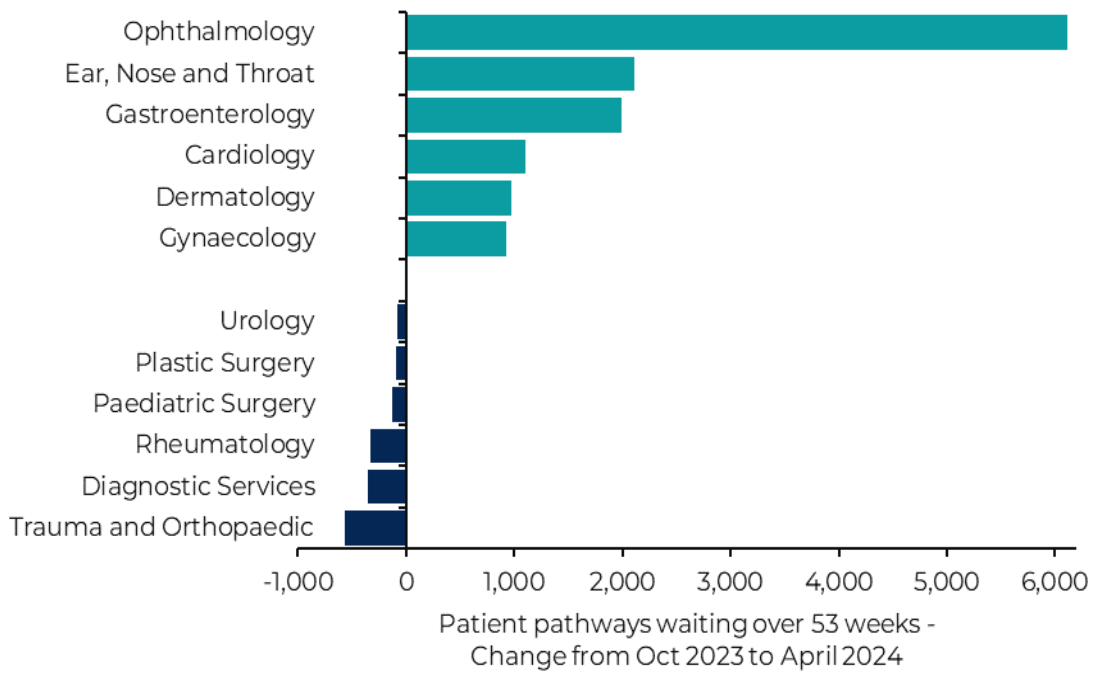
Figure 5: Number of patient pathways waiting over 53 weeks to start treatment in the seven specialties recognised as exceptionally challenging



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Figure 6 below shows the five specialties with the biggest increases in the number of patient pathways over the last 6 months and the five with the biggest decreases. This covers most of the ‘exceptionally challenging’ specialties.

Figure 6: Six largest increases and six largest decreases in the number of patient pathways waiting over 53 weeks to start treatment, by specialty; six months from October 2023 to April 2024



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Gynaecology: The Committee has identified women’s health as one of its strategic priorities this Senedd term.

The data illustrates significant delays in gynaecology treatment that surpass many other medical specialties. There are substantial numbers of women facing prolonged waits for gynaecological services, including diagnostic tests, therapies, and surgeries.

In April 2024, over 50,105 patient pathways were waiting for NHS gynaecology treatments. Gynaecology waiting lists have seen some of the largest increases among the medical specialties, with a 92% rise in pre-pandemic waiting lists. Furthermore, there are geographical disparities in gynaecology waiting times across Wales, creating a postcode lottery where some areas have significantly longer waits than others.

A spotlight on the Ophthalmology waiting list

Figure 6 (above) shows that the biggest increase over the last 6 months in the number of patient pathways waiting over one year (53 weeks) was in ophthalmology. It has the highest number of patient pathways waiting and also the highest number of patient pathways waiting over 53 weeks.

The [RNIB Cymru](#) emphasise the urgency in addressing these long waits as delays can lead to worsening of existing eye conditions, permanent sight loss, or even blindness. They say early detection and treatment are key in managing most ophthalmological conditions.

Scale of the problem

- In April 2024, [there were over 104,000 patient pathways](#) in Wales waiting for an ophthalmology appointment. This equates to around 13% of the total patient pathways waiting for treatment.
- The [average waiting time for a first outpatient appointment in ophthalmology](#) based on the median wait) ranges from 11 weeks in Powys THB to 47 weeks in Cardiff and Vale UHB.
- Some patients will wait less than the average waiting time and some will wait longer. For example, in Aneurin Bevan UHB 10% of people are waiting 87 weeks or more for a first outpatient appointment following their referral being received by the hospital. This figure is 94 weeks in Cardiff and the Vale UHB and 93 weeks in Cwm Taf Morgannwg UHB.
- According to [RNIB Cymru](#), ophthalmology clinics see around 11% of all outpatient appointments.
- [The Royal College of Ophthalmologists say](#) this demand is expected to rise by 40% over the next 20 years due to conditions such as glaucoma (a condition causing optic nerve damage, often leading to vision loss), macular degeneration (age-related deterioration of the retina), cataracts (clouding of the eye's lens, causing blurred vision and potential vision loss), and diabetic retinopathy (a diabetes complication damaging eye blood vessels).

Responding to the high ophthalmology waiting lists

The Welsh Government and health boards have taken several steps to address the high ophthalmology waits including:

- **Eye Care Measures:** Introduced in 2019, patients are assigned a "Health Risk Factor" to prioritise those at greatest risk of irreversible sight loss. It's reported that less than half (48.6%) of high-risk patients are seen within their clinically safe target date, indicating the need for better implementation and awareness.

Eye Care Measure data (i.e. Patients waiting for an ophthalmology outpatient appointment) is published monthly on StatsWales. In April 2024, the total number of patient pathways, assessed as Health Risk Factor R1, waiting for an outpatient appointment was 155,453.

- **NHS Wales University Eye Care Centre:** This new facility opened at the School of Optometry and Vision Science in Cardiff to improve access to eye care, with a focus on training optometrists to handle a wider variety of cases. This centre aims to treat an additional 2,700 patients annually.
- **New Surgical Theatres and Clinics:** Cardiff and the Vale UHB and Swansea Bay UHB have opened new theatres dedicated to cataract surgeries to help increase treatment capacity and community clinics have been set up in Cwm Taf Morgannwg UHB and Hywel Dda UHB to reduce hospital visits and provide care closer to home.
- **Optometry Contract Reforms:** This has focused on the expansion of primary care optometry services to reduce the burden on hospitals.

Recovery target 4: Diagnostic testing and therapy interventions

Ambition 4: Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring (March) 2024

There is a **long term upward trend** in patient pathways waiting for diagnostic and therapy services. **All health boards** have patient pathways waiting more than the target time for diagnostics (8 weeks) and therapy services (14 weeks).

In April 2024, there was an increase in patient pathways waiting for **diagnostics** to just over **108,100**. Diagnostic tests include blood tests, imaging studies, endoscopy, biopsy, and electrocardiogram etc. The number of patient pathways waiting longer than **8 weeks** (the target maximum wait) was just under **40,100**. This means the planned care recovery target to eliminate waits of more than 8 weeks by March 2024 was not met.

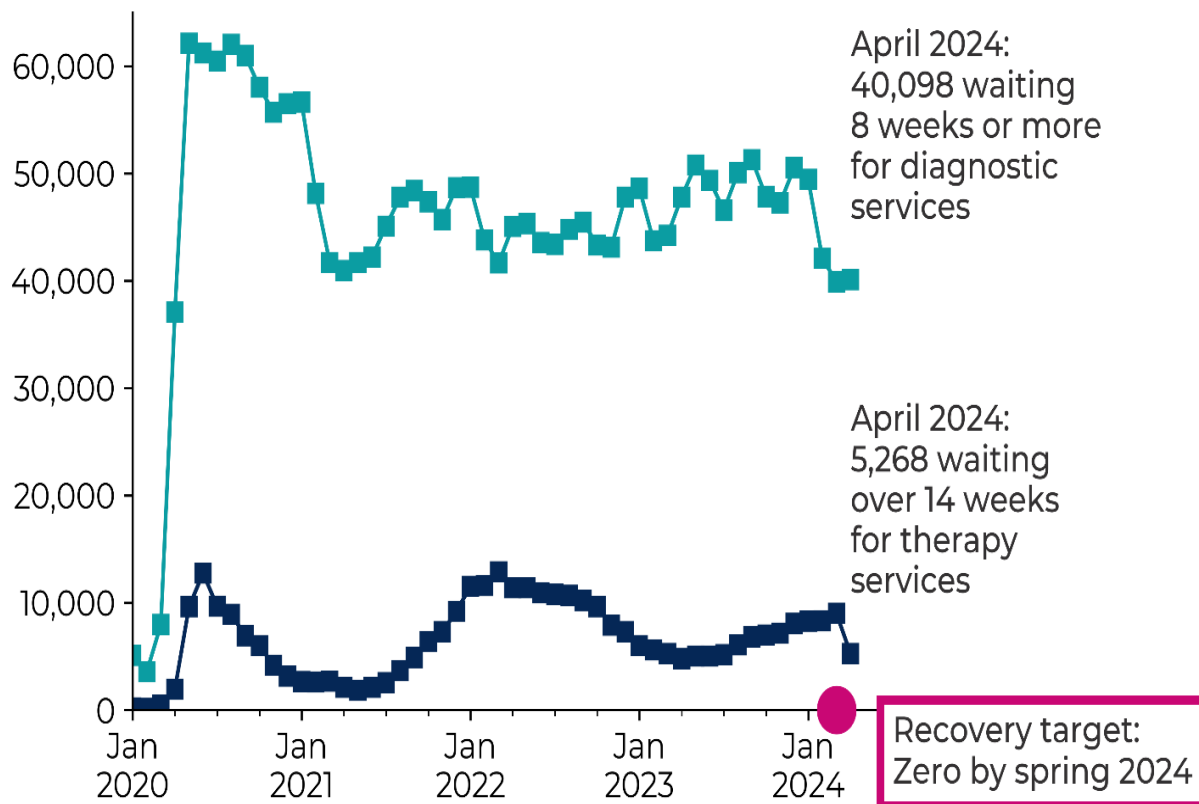
The number of patient pathways waiting for **therapies** was just under **56,300**. Therapy interventions include psychotherapy, radiation therapy, surgery and occupational therapy etc. The number waiting longer than **14 weeks** (the target maximum wait) was **5,300**. This means the planned care recovery target to eliminate waits of more than 14 weeks by March 2024 was not met.

The highest number of diagnostic pathways waiting more than the target time per 100,000 population was in **Cardiff and Vale UHB** (2,934) and the highest number of therapies was in **Hywel Dda UHB** (422).

The lowest number of diagnostic pathways waiting more than the target time per 100,000 population was in **Aneurin Bevan UHB** (667) and the lowest number of therapies was in **Swansea Bay** where there is no one waiting longer than 8 weeks. *(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).*

N.B The Welsh Government **has made changes** to the way the data for therapies pathways is collected, specifically audiology and weight management pathways have been removed from the therapies data. This means it isn't possible to measure the change compared to March (though the Welsh Government estimates that there was a small increase in waits between March and April).

Figure 7: Number of patient pathways waiting 8 weeks or more for diagnostic services and over 14 weeks for therapy services



Source: StatsWales, [Diagnostic and therapy services waiting times by month](#)

Recovery target 5: Cancer waiting times

Ambition 5: Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026

The planned care recovery plan established a target to increase compliance with the Single Cancer Pathway (SCP) (i.e. diagnosis and first definitive treatment for cancer will be undertaken within 62 days) from 75% to **80% by 2026**.

Performance against the SCP 62-day target was significantly below the target at **53.8%**. This was 6.7 percentage points lower than the previous month.

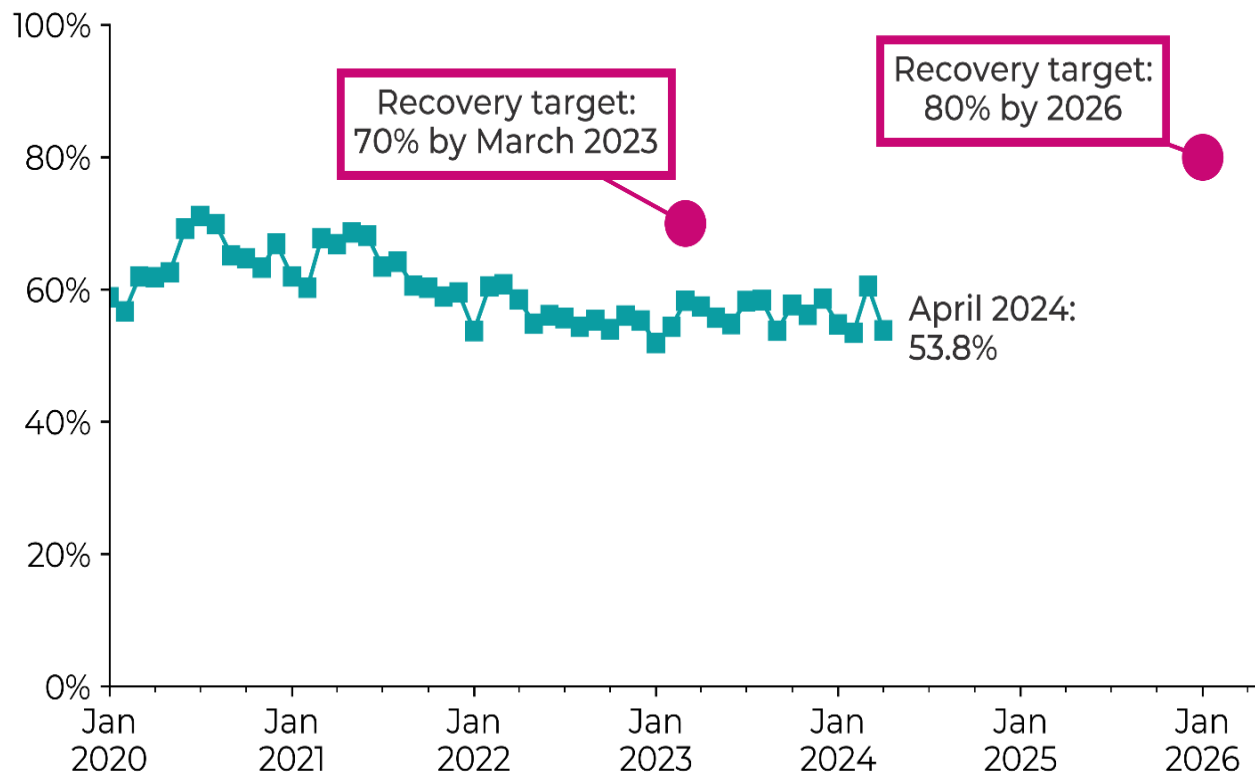
The SCP target **measures diagnosis and first definitive treatment**. It aims to ensure that patients with symptoms or suspected cancer receive prompt assessment. This means they should be seen by a specialist or undergo diagnostic tests **within 2 weeks**. Once a cancer diagnosis has been confirmed, the focus of the SCP target turns to the time taken to start appropriate treatment. These **two elements** make up the **62-day target**.

With regards to **new suspected cancer patient pathways**, the data shows that **17,138** patient pathways were opened in April following a new suspicion of cancer. The number of **closed patient pathways** was **13,773**, meaning the patient was informed they did not have cancer. This means that more patients were coming onto the waiting list than were being treated/ removed from the waiting list.

In April, **1,800** patient pathways were newly diagnosed with cancer and started their first definitive treatment in the month (this was an increase of 10.2% compared to the previous month).

Adjusted by population, the highest proportion of pathways starting their first definitive treatment within 62 days was in **Cardiff and Vale UHB** (63.7%) and the lowest was in **Hywel Dda UHB** (43.0%). *(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).*

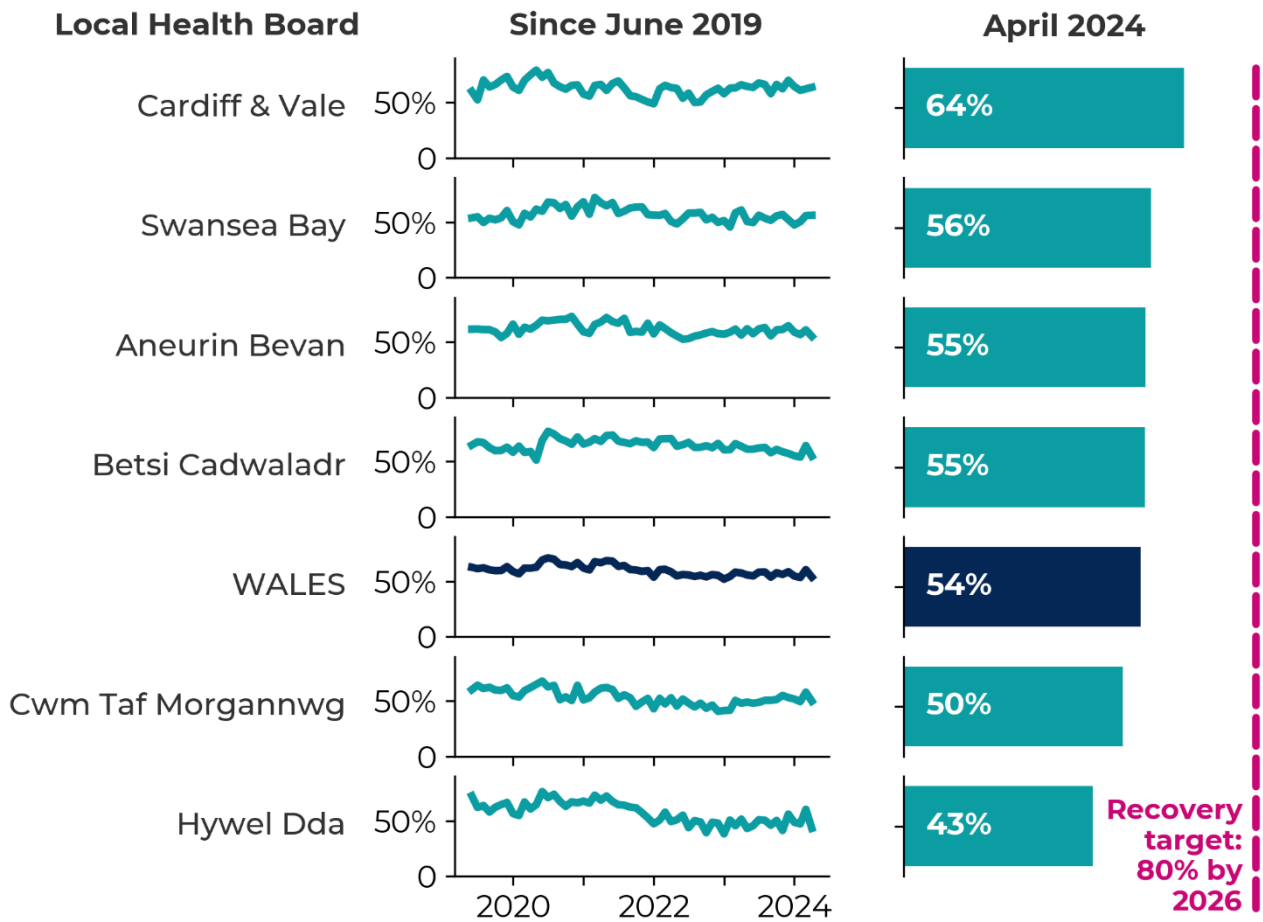
Figure 8: Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected



Source: StatsWales, Suspected cancer pathway (closed pathways): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month

The graph below shows the same data broken by health board. Of the six health boards that provide cancer treatment, none made substantial progress towards the 80% target in the last two years. Data for April 2024 shows that the percentage of people who started their first definitive treatment within 62 days from the point cancer was first suspected ranged from 43% in Hywel Dda to 64% in Cardiff and Vale.

Figure 9: Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected, by Local Health Board

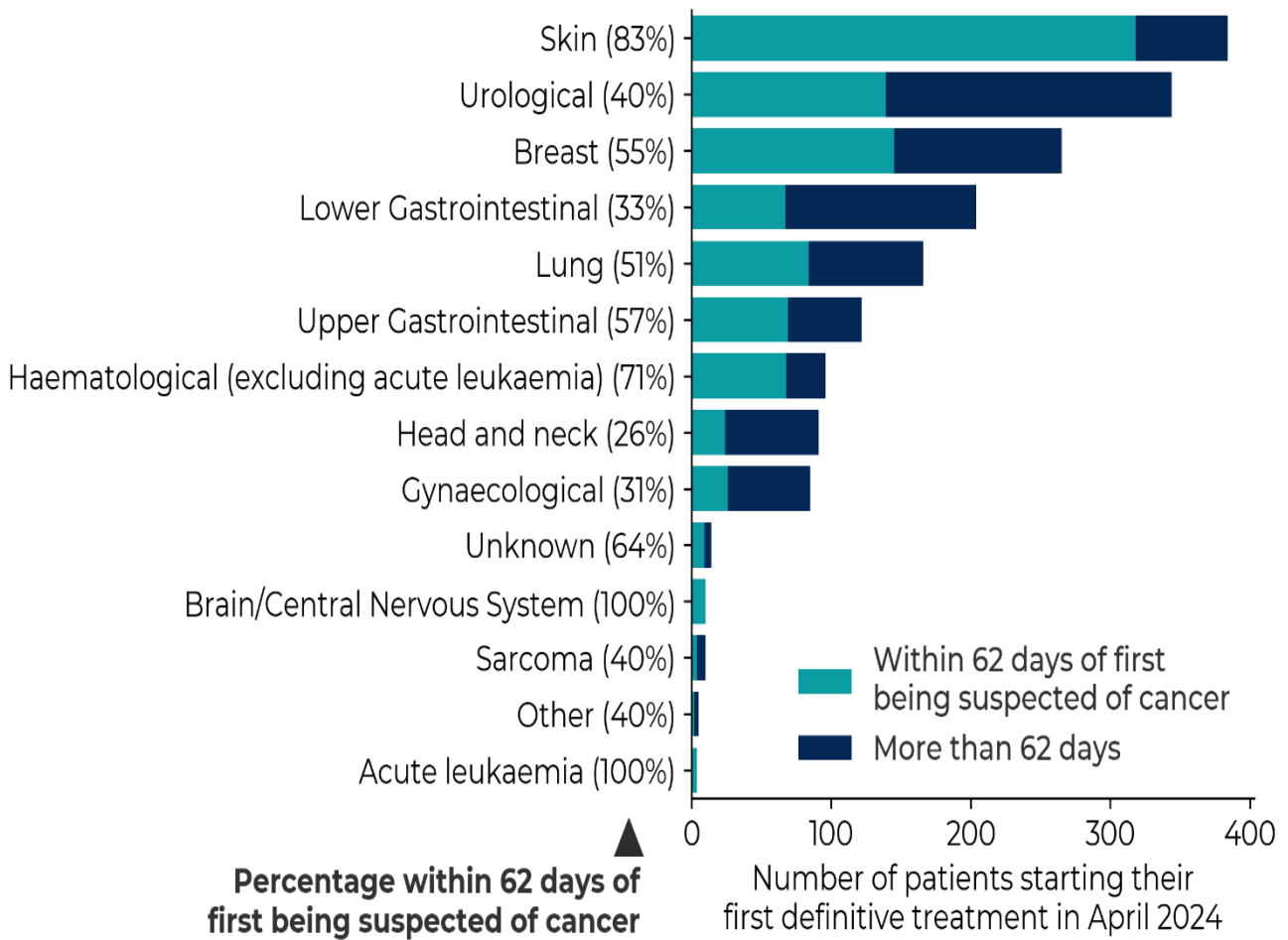


Source: StatsWales, Suspected cancer pathway (closed pathways): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month

Statistics are also available by cancer tumour site.

The April 2024 data shows that head and neck (26%), gynaecological (31%) and lower gastrointestinal (33%) treatments have the smallest proportion of patient pathways starting their first definitive treatment within 62 days. This means that a lower percentage of patients with one of these types of cancer are beginning their treatment within the timeframe (62 days).

Figure 10: Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected tumour site.



Source: StatsWales, Suspected cancer pathway (closed pathways): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month

Across Health Boards, there are some examples of the recovery target being met for individual tumour sites. In April 2024, the most notable of these were.

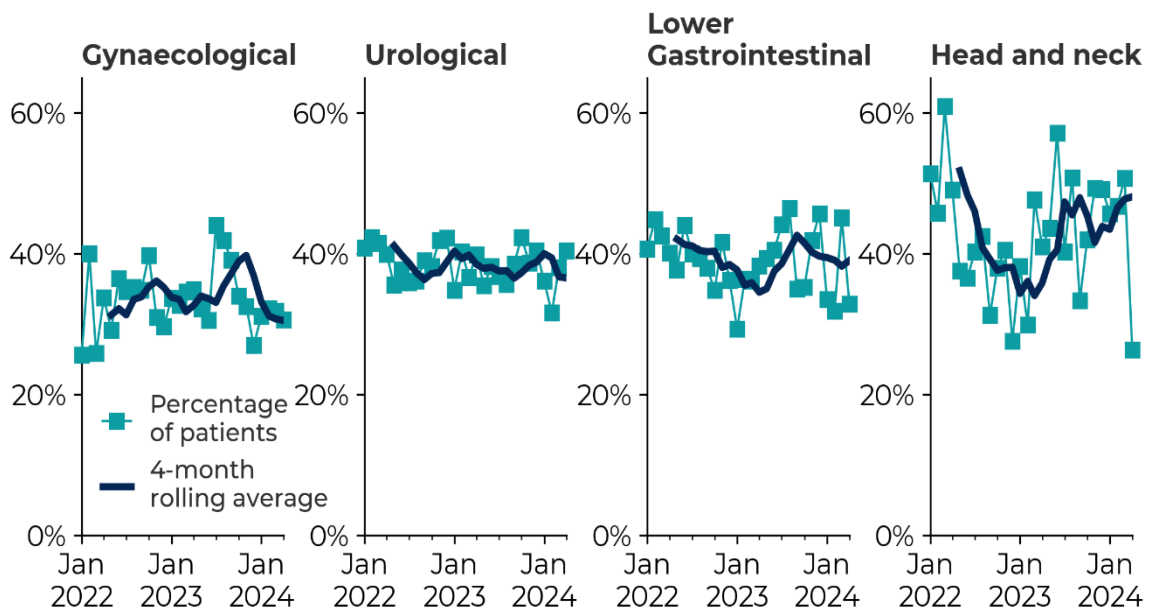
- Skin cancer - in all health boards except Betsi Cadwaladr UHB
- Upper gastrointestinal cancer in Betsi Cadwaladr UHB only
- Haematological cancer (excluding acute leukaemia) in Betsi Cadwaladr UHB and Cardiff & Vale UHBs.

Other examples are available but they only refer to Health Board / tumour site combinations where fewer than 5 patients were treated in April 2024.

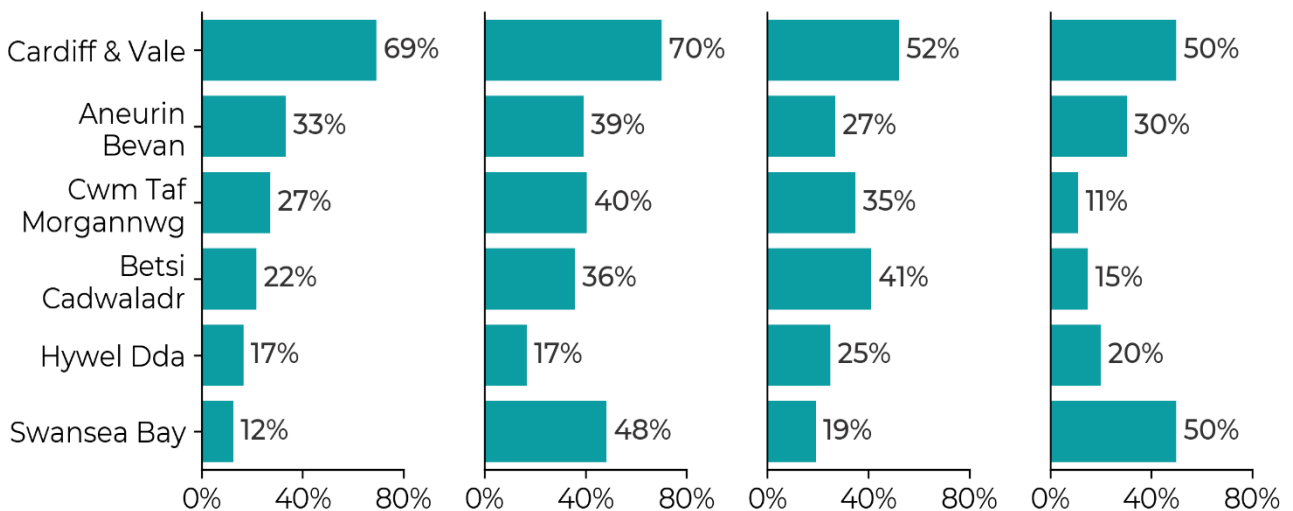
A national cancer intervention has been introduced (by the NHS Wales Executive and Welsh Government), which is focused on the some of the worst performing tumour sites: gynaecological cancers, urology and lower gastrointestinal (lower GI).

The graph below shows the performance towards the 80% target for these three tumour sites. In addition, treatment of head and neck tumours has also had a low performance.

Figure 11: Percentage of people who started their first definitive treatment within 62 days from the point cancer was first suspected, by Local Health Board for selected tumour sites



April 2024:



Audit Wales is undertaking a review of the strategic approach to improving the timeliness of cancer diagnosis and treatment, due to report in September 2024.

Annex A Paediatric waiting times

The Royal College of Paediatrics and Child Health (RCPCH)'s report "Worried and Waiting: A Review of Paediatric Waiting Times in Wales", highlighted that, the overall number of paediatric pathways waiting increased in Wales by 62.3% from 7,096 to 11,514 from November 2016 to November 2023. This rise was greater than in trauma and orthopaedics (52.6%), ENT (57.4%), and rheumatology (6.7%)¹. Paediatric waits peaked in May 2023 and have been slowly recovering since.

The report highlights several key issues related to paediatric healthcare services in Wales. It notes that there are "a significant number of children and young people on waiting lists in Wales", and that "many treatments and interventions must be administered within specific age or developmental stages".

Key Issues (identified in the RCPCH's report)

Long Waiting Times:

- There has been a significant increase in paediatric waiting times in Wales, with a 62.3% rise in ongoing paediatric waits from 7,096 in November 2016 to 11,514 in November 2023.
- The target for 95% of patients to wait less than 26 weeks has not been met since February 2020.
- There is a notable increase in long waits, with 1,203 children waiting over 36 weeks as of November 2023, a stark contrast from just 2 in November 2016.

Impact on Children:

- Delayed treatment for children can severely affect their development, communication skills, social development, educational outcomes, and mental well-being.
- Vulnerable families are disproportionately affected, exacerbating health inequalities.

Regional Variations:

- There are significant regional differences in paediatric waiting times. For instance, Swansea Bay University Health Board reduced waiting times by 51%, while Cwm Taf Morgannwg University Health Board saw a 26% increase.

COVID-19 Recovery Plan:

- The Welsh Government's targets to reduce two-year waits by March 2023 were not met. As of November 2023, 6,785 under 18-year-olds were waiting over a year for treatment, and 1,229 were waiting over two years.

RCPCH's Report Recommendations

The RCPCH set out the following recommendations:

- **Child Health Workforce:** There is a need to review and expand the child health workforce, ensuring it is capable of delivering safe and effective care. This includes a comprehensive review by Health Education and Improvement Wales (HEIW) and the development of a strategy to attract and retain child health professionals.
- **Improved Data Collection:** Better collection, sharing, and utilisation of child health data are essential to understand and address the pressures on paediatric services. This includes disaggregating data by paediatric specialty and investing in digital health records.
- **Addressing Health Inequalities:** Poverty significantly impacts children's health in Wales. The Welsh Government should promptly deliver a monitoring framework for the Child Poverty Strategy and develop a cross-government plan to address child health inequalities.
- **Age-Appropriate Care:** Ensuring children aged 16-18 receive appropriate care and do not fall between services. This includes reviewing and implementing age-appropriate care guidance and ensuring seamless transitions between paediatric and adult services.

The report highlights the urgent need for investment in the child health workforce, improvement in data quality, and a focus on prevention and tackling health inequalities. It calls for better communication and support for children and young people during their wait for treatment.

Annex B ‘Waiting well’ – Response

As well as addressing the NHS waiting times backlog, the Committee has previously called on the Welsh Government to support patients to ‘wait well’.

The [Committee’s report, “Waiting well? The impact of the waiting times backlog on people in Wales”](#) (April 2022) highlights the severe impact of Covid-19 on already lengthy waiting times for healthcare services in Wales, stressing the urgent need for robust action plans to address the backlog. It underscores the importance of not just returning to pre-pandemic conditions but transforming services sustainably to better meet patient needs and reduce health inequalities.

A central theme in the report is the necessity of supporting patients during their wait through improved communication, self-management resources, and initiatives like the Waiting Well support service. Recommendations focus on enhancing awareness, accountability, and the effective use of resources to improve patient outcomes.

Overall, the report calls for a comprehensive, patient-centred approach to tackle the challenges in the healthcare system. The Committee made 27 recommendations.

In its [response](#) to the report, the Welsh Government said it had made a clear commitment to improving communication and supporting people while waiting in its [national planned care recovery plan \(Recommendation 1\)](#). In her [update letter](#) (June 2024), the Health Secretary states:

The Welsh Government is supporting health boards to implement new approaches to move from passive waiting to opportunities to pro-actively prepare for treatment, actively supporting people while they wait.

The Health Secretary refers to the Welsh Government’s [3Ps Policy: Promote, prevent and prepare for planned care](#), which it launched in August 2023. The Health Secretary says it was co-produced with health and social services leads, third sector and patient representative groups.

The document covers most of the issues highlighted in the Committee’s report around empowering patients to manage their conditions, providing accessible support and information, optimising health and well-being while waiting for

planned care services, the promotion of healthy behaviours, and clearer communication on average waiting times.

The Welsh Government allocated £6.65m from the planned care transformation fund between 2023-24 to 2025-26 to enable health boards to develop a single point of contact service and improve communication about waiting times.

The Health Secretary's [update](#) identifies a number of areas of progress including:

- To support improved communication, national data on waiting times by speciality at each health board is now available on the national 111 platform [NHS 111 Wales - Planned Care](#). This provides average waiting times and an estimated longest wait (based on people waiting on the last 10% of a pathway). While it cannot tell individuals their own person waiting time, it does provide more timely information about waits and the variances across speciality and health boards. The website also has links to sign post individuals to digital information on how they can be supported to stay well while they wait. The site also has links for carers.
- The Health Secretary says she has worked with all health boards to implement a single point of contact to support people waiting for planned care, based on the lessons learned from Hywel Dda University Health Board's waiting list support service. The Health Secretary says all health boards will have a waiting well single point of contact service by summer 2024. She lists a number of successful outcomes from the Hywel Dda UHB evaluation:
 - Primary care has reported fewer people returning for appointments relating to their secondary care pathway wait.
 - Average length of stay has reduced by two days.
 - People reported improved lifestyle choices, including engagement with smoking cessation and weight loss programmes.
 - Satisfaction with the service is positive and complaints relating to waiting times have fallen by 25%.
 - The number of last minutes postponement of procedures because someone is not fit for treatment has reduced by 33%.

Senedd Research has also published an article '[Empowering Patients: A Resource for Senedd Members Supporting Constituents on NHS Waiting Lists](#)'.

Annex C Regional working - response

In addition to the variation in waiting times by specialty, Members previously raised concerns about the disparity in waiting times across different health boards. The length of time a patient waits for treatment can vary depending on their location in Wales, which could potentially exacerbate health inequalities in terms of healthcare access.

The Committee wrote to the Chief Executive of NHS Wales to inquire about how the NHS Executive is promoting regional collaboration as a strategy to help health boards tackle long waiting times and equalise waiting times across all health boards. A response was received in June 2024.

The response highlighted three key areas for regional development that the NHS Executive is supporting. These include regional cancer services, with a particular focus on treatment methods for cancer in areas where services are fragile, regional diagnostic services, and regional treatments in orthopaedics and ophthalmology services.