Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
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Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Nick Ramsay AM
Chair
Public Accounts Committee

Our Ref: AG/MR/SB

19 December 2016

Dear Mr Ramsay

AGW Report into NHS Elective Waiting Times in Wales

Further to the request of 22 November sent to Martyn Rees for an update against the nine recommendations contained within the above report, please see attached response for Committee consideration prior to discussion at the PAC on 23 January 2017.

Yours sincerely

Dr Andrew Goodall

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Update on the Wales Audit Office recommendations contained within the report "NHS Waiting Times for Elective Care in Wales"

Recommendation 1
The Welsh Government has not formally reviewed its approach to managing waiting times in light of a sustained deterioration in performance and the challenges of real terms cuts to spending on health. However, with the introduction of a new planning framework, a Planned Care Programme and a range of prudent healthcare initiatives, there are positive signs of a clearer direction for elective care in an environment of austerity. While the Welsh Government is responsible for setting the overall direction, it is for health boards to plan and deliver sustainable and appropriate waiting times. The Welsh Government should therefore work with NHS bodies to: a) review and set out the principles, priorities and intended outcomes for elective care, within the context of the wider healthcare system: to include a fundamental review of current waiting times targets and whether they are an effective method to prioritise resources towards those most in need; b) develop a shared understanding of demand and capacity across the NHS and develop a realistic timeframe for reducing elective waiting times and the backlog of patients in line with any changes to the targets resulting from R1(a) above; and c) assess the costs, benefits and barriers related to adopting seven-day working across the elective care system.
On recommendation 1a, a new approach has been set out in the Planned Care Programme (PCP), based on emerging prudent healthcare principles. This will provide leadership to the NHS in reviewing and reinforcing principles and priorities for elective care, depending on clinical values, better use of the integrated care system in Wales, and a system of benchmarking cost and outcomes of procedures against top performing services. Developing a better understanding of the clinical needs of patients, will inform a review into the appropriateness of individual targets. While timeliness is an important measure of delivery it is recognised that this needs to be supported by the measurement of outcomes. Work has commenced on the development of orthopaedic patient reported outcomes (PROMS) and ophthalmology patient experience measures; these are two test areas from the planned care programme. By February 2017 all health boards will be able to report orthopaedic patient reported outcomes (PROMS), either through the nationally developed platform or through their local bespoke systems. This will provide them with data to start to analyses the effectiveness of their treatments. The PCP will utilise the national focus on pathways, providing specialty specific guidelines to optimise efficiency, cost, patient experience and outcomes. We will expect health boards to implement the national guidelines as appropriate.

As well as developing patient report outcomes and experience measures for treatment along the planned care pathway, to provide a quality context to support the current timeliness measure work has commenced on testing the appropriateness of the current 26 week target.

A Task and Finish group has been established with clinical and managerial members from WG and NHS, to propose a possible alternative to RTT for the measurement of ophthalmology. The group is expected to report their recommendations back to the Cabinet Secretary for Health Wellbeing and Sport by the end of March 2017.

This work will be used to test the concept of a generic waiting time target for all treatments.

On recommendation 1b, health boards have been working with colleagues in Welsh Government and the Delivery Unit to develop their understanding of capability for demand and capacity planning. We expect to see within the 3 year IMTPs and annual plans the proposed improvement plans to deliver reductions in breaches and to build their service delivery plans to deliver sustainable services so that demand and capacity are in balance.

With regard to recommendation 1c, we are working with health boards and trusts to assess, promote and where feasible, implement enhanced seven day services across all areas of the health system. In doing so, we are mindful that in describing seven day services, we have to be clear that this does not mean seven identical days of access or activity. Instead, it is access that ensures we both match available capacity and resources to population need.

In September 2015, through the Welsh Therapies Advisory Committee, a short guide was issued to the NHS to support planning and delivering seven day and extended working arrangements for therapy staff. The guidance was developed to reflect on the lessons learnt from the review of models across Wales. This provides a five-step model for health boards to evolve their local strategy for extending service coverage which can be used for any service, not just therapy services.

Seven day working and / or extended working is an expected approach as part of the NHS IMTP process. For planned care, we expect to see both short term flexible capacity development which may include seven day or extended hours working, but also to support sustainable service developments based on the assessment of need This advice forms part of the specific planned care guidance we provided as part of the national IMTP Planning Framework.

Recommendation 2

Our review found that aspects of the current design and operation of the outpatient system is not as efficient and patient focused as it could be. The Welsh Government and NHS bodies should work together to radically re-shape the outpatient system. In doing so, they should build on the prudent healthcare principles, to enable the emergence of a system that is based more on need, patients' own treatment preferences, use of technology and

which reduces the risk of over-treatment and an overreliance on hospital-based consultants to diagnose and advise on treatment.

Through the publication of the Prudent Healthcare document entitled – "Securing Health and Well-being for Future Generations" the need for changing the model of out-patients became a national project. Its initial purpose is to radically change the outpatient model, ensuring it is easier to access specialist advice to support decision- making in primary care.

At the start of 2016, a national joint programme across the NHS and Welsh Government was established, chaired by the CEO of Aneurin Bevan UHB. The work programme of the national group is to develop in two stages medium and long term goals inline with the WAO recommendation.

Areas of focus include:

- The four speciality areas of the planned care programme are supporting specific service redesign in referral management and the use of alternative management of referrals as part of their redesign for sustainable service models;
- The collection and sharing of learning from local outpatient redesign work across Wales and other areas such as England and Scotland. The aim is to develop a more consistent approach to redesign across the outpatient pathway;
- The commencement of engagement with the public in the development of a longer term vision for outpatient service redesign. In November 2016, the Cabinet Secretary for Health, Well-being and Sport launched a period of engagement with the public and clinicians across each health board to test and explore what is working well and what needs to change.

The medium term aspects of the programme will be run throughout 2017/18 supported by a national collaborative group to ensure learning is maximised across the health boards, supported by 1,000 lives.

The timeline for the more long term change in service redesign will be developed once the feedback from the public engagement exercise has been analysed and discussed, due to be completed by March 2017.

Recommendation 3

We found that in some cases, patients could be facing substantially longer waits if they cancel their appointments because they can find themselves going to the back of the queue. The Welsh Government should review RTT rules and the way in which they are interpreted and applied locally to ensure patients are not being treated unfairly as a result of current approaches to resetting patients' waiting time clocks.

A review of the current "Rules for managing referral to treatment waiting times" is being carried out, with a draft of the updated version out with the NHS for comments. This refresh, along with other work that has been carried out looking at communication with patients (see recommendation 5) and the

refresh of the Guide to Good Practice, will make clear the responsibilities of both health boards and patients. The revised rules make it clear to health boards how they should deal with patients who Could Not Attend appointments and those that Did Not Attend appointments, including what should happen to their waiting time clock. This is then explained to patients through the draft leaflet currently being tested in Betsi Cadwaladr health board.

Recommendation 4

Our local fieldwork has identified pockets of good and interesting practice and innovation across the NHS in Wales. The Welsh Government, through the PCP, should identify mechanisms to share interesting and good practice, in ways which enable frontline staff to share ideas and develop new approaches based on what works. This should include the use of statistical analysis to understand demand and plan capacity as set out in the 2005 NLIAH *A Guide to Good Practice*.

The Delivery Unit has continually identified and promoted good practice, specifically supporting the implementation of the focus on pathways to drive patient care, experience and efficiencies within the current systems.

The Guide to Good practice document is being revised to reflect the changes in the RTT guidance. An initial workshop took place on 5 December. The statistical analysis by the NHS to understand and plan capacity, as part of the planned care programme will also be incorporated as part of the refresh of the *Guide to Good Practice*. The first stage of the refresh will be issued March 2017. The second phase will be issued in March 2018; this will reflect the work undertaken in the redesign of outpatients and the developments following the release of the revised RTT guidance.

The examples collected and shared for the outpatient redesign project will also be used and reflected within the revised guidance. Through 1000 lives a national electronic platform for collecting and sharing god practice is being developed to support further collaboration

The Planned Care Programme has built on this work and provides a platform for the good practice examples to be shared across NHS Wales. It is aggregating good practice into national individual specialty plans, four of which have already been published – orthopaedics, ophthalmology, ENT and urology. These plans collate into one document all of the existing guidance and best practice for the delivery of services in Wales.

As part of its implementation, the PCP has established national speciality boards for each speciality which will support and monitor organisations delivery of the plan. Each of these speciality boards reports into the national planned care board.

The PCP also established three reference groups which reflected the three prudent aspects of the planned care programme; integrated care, best in class and clinical value prioritisation. These reference groups provide support

to ensure each service specific programme plan reflected these three areas of focus. They provide the PCP Board with authoritative and independent advice on service change.

Recommendation 5

A significant minority of patients in our survey were unaware of what would happen to them if they cancelled, did not attend or were unavailable for appointments. The Welsh Government and health boards should work together to better communicate with patients about their responsibilities, those of the different parts of the NHS and what they should expect when they are in the elective care system.

As highlighted in recommendation 3, a working group has been looking at how to improve communication with patients and to articulate to them what can be expected of them when waiting for appointments and treatment. This will also clearly explain the consequences of not attending appointments and not letting the health board know beforehand.

Betsi Cadwaladr University Health Board is currently trialling a patient information sheet to be provided in primary care when a patient is referred, which informs patients about the process and highlights their role and responsibilities along the pathway. This is part of a booking project and patient feedback on the information leaflet, as part of the wider project, is being collected.

The BCU version has been shared with other health boards to adapt to reflect local requirements. It is also expected that patient information needs will be covered and developed as part of the refresh of the *Guide to Good Practice* first part to be completed March 2017.

Recommendation 6

The Welsh Government publishes some data on waiting times, but it could provide more useful information to help support scrutiny and management of waiting times, as well as providing local information that would be more helpful for patients on a waiting list. The Welsh Government should therefore publish more detailed national and local information:

- publish waiting times at different parts of the patient pathway (component waits);
- reporting separately waiting times for urgent and routine cases, for both the closed and open pathway measure;
- publishing the data for the closed pathway measure which separates out admitted and non-admitted patients; and
- publishing median and 95th percentile waiting times.

We acknowledge that publishing more information about waiting times will be of benefit to patients, and we note the above possible examples of how we could enhance our current planned care reporting to the general public.

The burden of reporting and the benefits for patients have been assessed and the agreed changes have been actioned to address this recommendation Following the Knowledge and Analytical Services consultation 'Proposals concerning the publication of official statistics', additional information has been incorporated into the new quarterly publication for RTT. Information on median waiting time down to health board and also for specific treatment functions is available with commentary providing context. Component waiting times have also been published, showing the waiting times at different parts of the pathway. This can be seen in the most recent quarterly release: http://gov.wales/statistics-and-research/referral-to-treatment-times

We are not able to publish all of the data suggested in the recommendation. With regard to publishing data on waiting times for urgent and routine cases, this information is not currently collected and could be complex to collect and explain. A large percentage of 'urgents' are patients covered under the 62 day suspected cancer route, which is already reported and monitored separately.

An urgency of pathway can be applied at anytime by the consultant who receives and manages a patient pathway. If a patient is changed at treatment stage to urgent but was routine in their initial stages, the total wait could still be long but appropriate This level of reporting is not felt to be beneficial at this time.

Similarly, data on closed pathways split by admitted and non-admitted patients is not collected centrally.

It is recognised that publishing outpatient waiting times would prove useful for patients. We encourage this to be locally provided as waits will vary potentially by site and speciality. Local reporting will help to support referrers such as GPs to give expected waiting times to patients when referring for outpatients or diagnostics.

The eight week standard for diagnostic tests is collected and reported monthly and provides information on potential waits for this stage in a RTT pathway.

Recommendation 7

Many people we spoke to on our local fieldwork identified current IT systems as a barrier to improving services and managing patients, although it is unclear to what extent any problems lie with the systems themselves or the way they are being used. The Welsh Government should carry out a fundamental review of the ICT for managing patients across the patient pathway and how it is being used locally and develop actions to address any problems or concerns that are identified.

A national programme is in place that is developing a national standardised platform for delivering informatics support in the NHS, particularly supporting the patient journey across sectors and organisations.

To support the planned care pathway (RTT) there is a NHS user group for the

Welsh patient administration system (WPAS formally Myrddin). All health boards except Cardiff and Vale use the system; full implementation for all sites across Betsi Cadwaladr is currently ongoing. The user group is used to support updates to reflect the requirements of the service to deliver the required level of pathway management.

To support RTT pathway management and to reflect comments from users, a new view for health boards will be made available in 2017 to support monitoring of the patient pathway. It allows a view of the patient's pathway across all booking systems, including diagnostics and theatre systems. This will support the effective management and monitoring of the waiting times between the stages of the RTT pathway this is an area previously highlighted as a barrier to support active and ongoing validation of pathways.

A refresh of the eHealth and Care strategy has been developed. One of the first actions of the strategy work was to undertake an independent 'stocktake,' completed in 2014 and this has been used, along with extensive engagement, to inform the refreshed strategy.

Recommendation 8

Capacity within secondary care is a major barrier to reducing waiting times. Welsh hospitals have higher occupancy rates than comparators elsewhere in the UK and clinicians raised concerns about the lack of flexibility in the system to manage peaks and troughs in demand from emergency care in particular. The Welsh Government and NHS bodies should review the approach taken to planning inpatient capacity across NHS Wales, to enable the NHS to better manage variation in emergency admissions at the same time as delivering sufficient elective activity to sustain and improve performance.

We expect health boards to undertake full capacity and demand analysis as part of their IMTP process. Additional training will be provided to support local skills in this area to be undertaken by the Delivery Unit proposed skills academy being supported to develop NHS core skills for effective planning.

Sustainable capacity planning also forms part of the planned care programme work for each of the speciality plans. Each health board is required to identify their recurrent capacity gaps and provide their plans on how they will close the gaps in line with the national models highlighted within the specific plans.

Recommendation 9

Cancellations can result in inefficient use of NHS resources and cause frustration for patients. At present, the data on cancellations is incomplete and inconsistent, despite work by the Welsh Government to introduce an updated dataset. The only data that exists covers cancelled operations and health boards appear to be recording the reasons for cancellations differently. The Welsh Government and health boards should therefore work together to:

- ensure that there are comprehensive, agreed and understood definitions of cancellations, and the reasons for them across the entire waiting time pathway to include outpatients, diagnostics, pre-surgical assessment and treatment; and

• ensure that reliable and comparable data on cancellations (and the reasons for them) is collected and used locally and nationally to scrutinise performance and target improvement activities.
Rather than collecting data on the number of cancelled operations, health boards in Wales agreed to change the data collection to cover all postponed admitted procedures. This took into account the inconvenience that having a procedure postponed at short notice has on a patient's life. Over the last couple of years, a great deal of work has taken place with health boards to ensure there is a consistent way of measuring the number of postponed admitted procedures, and in February 2013, a DSCN was issued to health boards detailing the reporting requirements. The new data collection went live in April 2013. Despite some initial technical difficulties, all health boards are now submitting data in the correct format. Following the specific Welsh Audit office report on operating theatres published in March 2016, the Welsh Government and the NHS have been working together to review the use of national and locally theatre specific efficiency measures. A national task and finish group with the NHS has been established to explore a new set of national measures. One area already highlighted for development is the measurement of avoidable cancellations. Initial scoping work across the health boards is being undertaken and will be discussed at the next meeting in January 2017.