

**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

09 March 2018

Dear Mr Ramsay

NHS Waiting Times for Elective Care in Wales and Orthopaedic Services

Following the update provided in August 2017, I am now providing a further six monthly update.

In relation to waiting times, the Welsh Government has invested a further £50 million in 2017/18 to help health boards to build on the progress made over the last two years and to further reduce the number of patients waiting over 36 weeks, those waiting over eight weeks for diagnostics and those waiting over 14 weeks for therapy services by the end of March. The plans submitted by health boards show that the number of people waiting over 36 weeks could show improvement on the March 2017 figures. Health Boards must also respond to the demand for unscheduled care, which is significantly affected by winter weather – in common with the rest of the UK, we have seen increases in pressure during recent weeks. Emergency patients must take precedence and there has been some short term impact on elective core activity. I am confident that health boards will be in a better position in March 2018 than they were in March 2017.

If this level of performance is achieved, the over 36 week position at the end of March 2018 will be the best performance since May 2013. In addition, improvements will be seen in both diagnostic and therapy waiting times by the end of March. Again, if health boards meet their planned additional activity, the end of March position for diagnostics will be the best since June 2009 and the therapy position will be the best since September 2011. I have made my expectations clear to health board chief executives that I do not want to see a deterioration in performance from April and that improvements will need to continue into the new financial year.

On other aspects of the original report into waiting times that were still outstanding; the rules and definitions regarding how to manage a patient on a referral to treatment pathway have



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been shared with the NHS and amendments now made following feedback. The 1000 Lives programme has been working on the refresh to the *Guide to Good Practice - outpatients* and this is due to be published by the end of March.

Moving on to orthopaedics; demand and capacity management remains a key part of the Welsh Orthopaedic Board, and is reported on a monthly basis by health boards. The data metrics are now uploaded onto an online platform that encourages transparency and openness of data, though there are still challenges with regard to the reporting of sub-speciality data and the robustness of the data. However, a detailed analysis of the demand and capacity challenges has been produced and shared with NHS Chief Executives; this clearly articulates the demand / activity challenge in this area. Health boards have been directed to address this in their Integrated Medium Term Plans (IMTPs), supported by regional working. A revised analysis will be produced in July and discussed with NHS Chief Executives.

In September 2017, the Planned Care Programme established a short term focus upon service change activity by redesigning follow up appointments. The Welsh Orthopaedic Board agreed that for orthopaedics, the area which would have the greatest impact on capacity would be the reduction of major joint follow up appointments. There are approximately 2,400 follow up appointments per month across Wales, and a demand and activity gap of approximately 500 outpatient appointments per month. There is increasing evidence and clinical consensus that the majority of these patients do not need further follow up face to face appointments and this is demonstrated through high Did Not Attend (DNA) rates in some health boards (those appointments are over one year). These are expected to be aligned and clearly presented in health boards IMTP planning.

Health boards are expected to deliver the total impact from this activity by December 2018, with reductions being seen each month from April. The modelling is based on the redesign approach introduced in Cardiff & Vale University Health Board, where 90% of hip and knee patients did not require a follow up appointment. The implementation of Patient Reported Outcome Measures (PROMs), and virtual clinics is pivotal to the successful implementation of this activity.

The PROMs, Patient Reported Experience Measures (PREMs) and Efficiency programme which was established to progress the collection of patient reported outcome and experience measures across NHS Wales has made significant progress over recent months. The at-home solution is currently live in four health boards, with a number of tools available that span different specialities; expansions into new collection areas are also increasing. There are some implementation risks locally that health boards are working through to ensure the desired reduction in follow ups. In recognising that this is an ambitious programme that requires a longer timeframe to deliver the benefits anticipated at start up, we are also taking steps to better align the programme with the Value Based healthcare work.

In September 2017, a formal Welsh Health Circular was issued providing guidance for the establishment of a Clinical Musculoskeletal Assessment and Treatment Service (CMATs). This should be the default service and first point of contact for all General Practitioners (GP's), Consultant, Allied Health Professional (AHP), Accident & Emergency (A&E) referrals for assessment and treatment of musculoskeletal (MSK) related pain and conditions that are not rheumatological, urgent suspected cancer or emergency cases.

A baseline assessment against the data metrics was taken from December 2017. Progress against these metrics will form a regular agenda item at the Welsh Orthopaedic Board and

is expected to have an impact on the referral pathways for orthopaedic conditions across Wales. The next orthopaedic board to be held in March 2018 will receive a progress report on the metrics.

In January 2018, the National Planned Care Programme Board agreed that hips and knees would be the next sub speciality areas to undergo a value costing exercise, delivered by the Directors of Finance.

I trust this letter provides you with the assurance you require that progress continues to be made.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Andrew Goodall', written in a cursive style.

Dr Andrew Goodall