

Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P-VG-3198-19

Nick Ramsay, AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

11 September 2019

Dear Nick,

***PUBLIC ACCOUNTS COMMITTEE REPORT: MANAGEMENT OF FOLLOW UP
OUTPATIENTS ACROSS WALES - RESPONSE TO THE REPORT***

I have pleasure in enclosing a copy of the Welsh Ministers response to the above report which will be laid before the Table Office.

On behalf of the Cabinet, I would like to thank you and the Committee for the careful and considered way in which you undertook the investigation and produced the report.

The relevant Additional Accounting Officer will be pleased to provide any further information, explanation or detail if required, following this response.

Yours sincerely,

Vaughan Gething AC/AM

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Minister for Health and Social Services

Enclosure: Annex A

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Response to the Report of the National Assembly for Wales Public Accounts Committee Report on “Management of follow up outpatients across Wales”

Provided by: Minister for Health and Social Services

The Welsh Government welcomes the findings of the report and offers the following response to the 10 recommendations contained within it.

Recommendation 1. The Committee recommends that the Welsh Government sets out how the National Outpatient plan is based around the principles of prudent health care, and how the Health Boards will be accountable to the plan. We recommend that an implementation programme is drawn up to which sets out deliverables, which are SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound), against the plans objectives to prevent further deterioration against follow up outpatient targets

Accept – The National Outpatient Plan, currently being developed, will be based around the principles of prudent health care and will clearly articulate the roles of health boards in delivering this plan. This plan will include the vision for outpatients, key actions to deliver the vision including pathway transformation, clinical risks, outcomes, actions to reduce outpatient waiting lists and review those coming to harm, targets. This will set out the deliverables and milestones. The National Outpatient Plan will be issued in November 2019.

Recommendation 2. The Committee recommends the Welsh Government should review international best practice on performance data to ensure the targets and performance measures for Outpatients do not encourage gaming of the system and measure what clinically matters. The Welsh Government should ensure the new outpatient performance measures can be compared with other nations, are published regularly and have clear standards for what constitutes “good” performance

Accept – Welsh Government will commission research that will review international evidence on best practice performance data for outpatients. It will initially focus upon areas where there are high clinical risks such as urology and cardiology. The research will explore whether there are comparable outpatient measures. This work will be commissioned in September 2019 and is expected to report within 6 months.

Recommendation 3. The Committee recommends that the Welsh Government provide the Committee with evidence that all Health Boards are making the required improvements against the new targets for outpatient follow up services by early 2020, and with a clear action plan for improvement for those Health Boards not displaying improvement.

Accept – This action is already in place. Health plans have submitted plans for reduction in their follow up waiting lists with an agreed trajectory for March 2020.

These are reviewed and monitored at each outpatient steering group and at Welsh Government Quality and Delivery meetings with the health boards. Welsh Government will write to the Chair of the Committee with the requested information by the end of April 2020.

Recommendation 4. The Committee recommends that the Welsh Government clarifies with the Committee what the consequence will be for Health Boards which fail to meet the new outpatients' targets will be.

Accept – The Welsh Government will write to the Chair of the Committee with the requested information by the end of December 2019.

Recommendation 5. The Committee recommends that the Welsh Government provides the Committee with an update in early 2020 on progress made by all NHS bodies to ensure all patients in the follow up lists have an agreed review date, and sets out the actions to prevent large numbers being on the waiting list without agreed review dates.

Accept – Welsh Government will write to the Chair of the Committee with the requested information by the end of April 2020.

Recommendation 6. The Committee recommends the Welsh Government clarifies whether each health board has appropriately robust mechanisms to monitor and manage the clinical risks to patients waiting for a follow up outpatient appointment.

Accept – Welsh Government will clarify the processes in place to monitor clinical risk with all health boards and provide an update to the Chair of the Committee by the end of December 2019. Welsh Government will ask the NHS Delivery Unit to undertake a review of these processes in 2020.

Recommendation 7. The Committee recommends that the Welsh Government bring forward proposals for recording occasions when patients have come to harm as a result of waiting for a follow up outpatient appointment or treatment more generally. The information needs to be collated centrally on a Wales basis and published in an open and accessible format.

Accept – The Welsh Government will work with Medical Directors to establish how this might be achieved and the timescales for doing so. A decision will then be taken on implementation once options have been developed. This decision will be taken no later than December 2019.

Recommendation 8. The Committee recommends that the Welsh Government issues guidance to the Health Boards about sharing information with consultants on the numbers of patients on follow up outpatient lists without appointments booked.

Accept – The Welsh Government will work with Health Boards to establish how this might be achieved and the timescales for doing so. A decision will then be taken on implementation once options have been developed. This decision will be taken no later than December 2019.

Recommendation 9. The Committee recommends the Welsh Government establishes mechanisms that enables good practice to be shared more consistently across NHS bodies and which hold NHS bodies to account for the adoption of that good practice.

Accept – The Welsh Government, the Planned Care Programme and 1,000 Lives are already working together to encourage the spread of good practice. The Planned Care Programme and the Outpatient Steering Group have held three best practice collaboration events, and published an on-line compendium of good practice. This work will be continued and supplemented by a best practice implementation programme with each health board partnering with another to help embed best practice across NHS Wales. Health boards will be expected to incorporate best practice models within their service planning and IMTPs.

Recommendation 10. The Committee recommends that the Welsh Government should evaluate the approach undertaken in the development of the eye care services and consider adopting similar approaches across other specialisms, The Committee would welcome an update on this by July 2020.

Accept – The introduction of the new eye care measure was developed in response to concerns from clinicians about patients potentially coming to harm whilst on a waiting list. Implementation has been challenging for the system and a review of the implementation has already been undertaken by the Delivery Unit. This will be followed up in 2020. Welsh Government will work with other specialities, with a focus on those with the greatest clinical risk to consider the most appropriate measures. Welsh Government will write to the Chair of the Committee with the requested information by the end of July 2020.