

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 16

Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Aneurin Bevan |  
Aneurin Bevan University Health Board

---





**Aneurin Bevan University Health Board (ABUHB) response to provide written evidence: the impact of the waiting times backlog and the effectiveness of the Welsh Government’s Health and Social Care Winter Plan 2021-2022**

**Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment**

*Backlogs and waiting times*

**1. What is the current position on backlogs and waiting times within your health board? How were trends in waiting times changing before the emergence of COVID-19, and what effect has COVID-19 had on waiting times?**

At the end of December 2021 there were 110,150 patients on a reportable RTT Open Pathway of which 34,265 were waiting over 36 weeks.

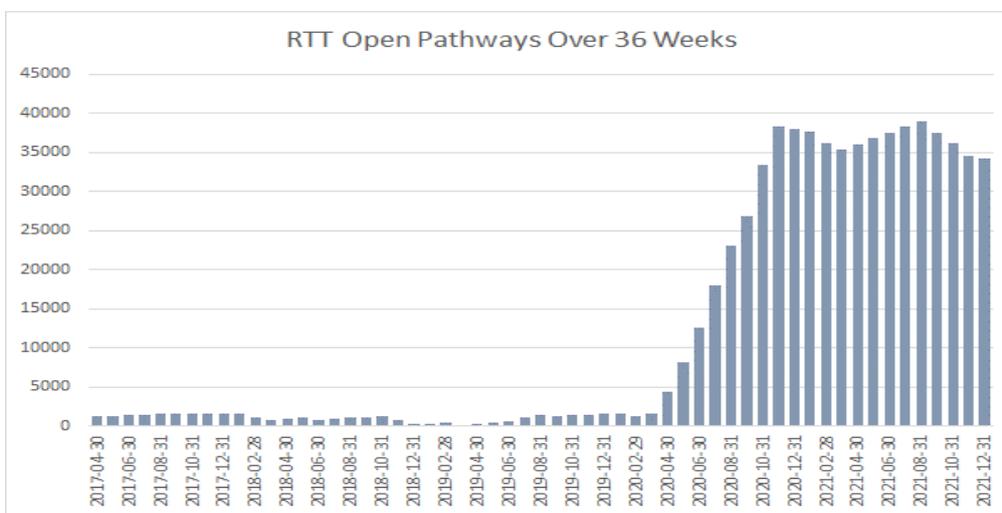
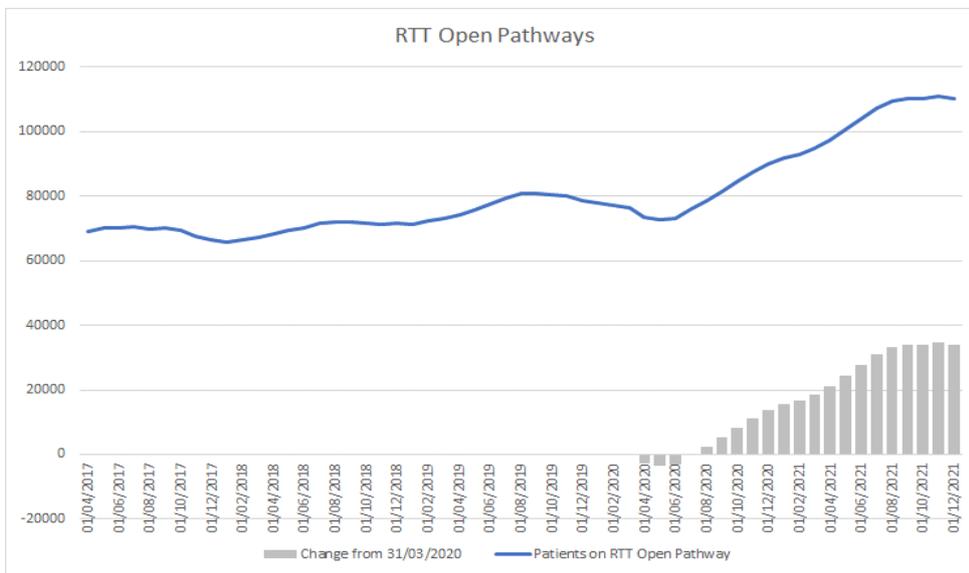
Provisional RTT Open Pathway Position as at 31/12/2021

Week Bands	1 Outpatient WL	2 Diagnostic	2 Therapy	3 Follow Up	4 Daycase WL	4 Inpatient WL	RTT Open Pathway
0 to 25 Weeks	45166	2487	144	3447	7879	2129	61252
26 to 35 Weeks	10172	780	44	951	1967	719	14633
36 to 51 Weeks	7918	516	45	304	1689	798	11270
Over 52Weeks	12730	830	130	852	4738	3715	22995
<b>Total</b>	<b>75986</b>	<b>4613</b>	<b>363</b>	<b>5554</b>	<b>16273</b>	<b>7361</b>	<b>110150</b>

An Increase in the number of patients on an ‘Open RTT Pathway’ was seen prior to COVID-19 with a 9% increase between March 2018 and 2019, and a further 4% to March 2020. Although an increase was seen in 2019/20, there was a downward trend in number of patients on a waiting list in the months prior to the impact of COVID-19.

The number of patients on an ‘Open RTT Pathway’ has increased by nearly 34 thousand (44%) between March 2020 and December 2021. The number on the waiting list was increasing, on average, by around 2,600 per month, however since September the increase has plateaued.

The Health Board were reporting 36 week breaches prior to COVID-19 with 1,630 patients waiting in excess of this in March 2020. The numbers waiting over 36 weeks reached 39,000 in August 2021, however since then the numbers have been reducing with 34,265 patients waiting at the end of December.



**2. What is the anticipated size of the backlog and the pent-up demand from patients who require diagnostics or treatment? Are patients having to wait longer for some specialities than others, and if so, why?**

There is variation in waiting times with patients waiting longer within Scheduled Care:

Provisional RTT Open Pathway Position 31/12/2021 by Division

Division	0 to 25 Weeks	26 to 35 Weeks	36 to 51 Weeks	Over 52Weeks	Total	Percentage Under		
						26 Weeks	36 Weeks	52 Weeks
Family and Therapies	5108	1066	826	136	7136	72%	87%	98%
Medicine	16181	2859	678	42	19760	82%	96%	100%
Scheduled Care	39956	10707	9765	22817	83245	48%	61%	73%
Urgent Care	7	1	1	0	9	78%	89%	100%
<b>Grand Total</b>	<b>61252</b>	<b>14633</b>	<b>11270</b>	<b>22995</b>	<b>110150</b>	<b>56%</b>	<b>69%</b>	<b>79%</b>

Within Scheduled Care, the highest volumes are in Orthopaedics, ENT and Ophthalmology:

Provisional RTT Open Pathway Position 31/12/2021 Scheduled Care

Specialty	0 to 25 Weeks	26 to 35 Weeks	36 to 51 Weeks	Over 52 Weeks	Total	Percentage Under		
						26 Weeks	36 Weeks	52 Weeks
Chemical Pathology	219	60	57	37	373	59%	75%	90%
Clinical Haematology	461	12	13	7	493	94%	96%	99%
Dermatology	4224	1055	604	253	6136	69%	86%	96%
Ear Nose & Throat	3801	1090	1238	3852	9981	38%	49%	61%
General Surgery	6847	1389	1057	946	10239	67%	80%	91%
Maxillo-Facial	1939	580	536	654	3709	52%	68%	82%
Ophthalmology	7933	2174	2069	3580	15756	50%	64%	77%
Orthodontics	296	90	93	67	546	54%	71%	88%
Pain Management	367	82	0	0	449	82%	100%	100%
Radiology	280	89	1	2	372	75%	99%	99%
Restorative Dentistry	4	0	0	0	4	100%	100%	100%
Rheumatology	586	129	71	0	786	75%	91%	100%
Trauma & Orthopaedic	9193	3131	3228	11896	27448	33%	45%	57%
Urology	3479	808	786	1517	6590	53%	65%	77%
Vascular Surgery	327	18	12	6	363	90%	95%	98%
<b>Grand Total</b>	<b>39956</b>	<b>10707</b>	<b>9765</b>	<b>22817</b>	<b>83245</b>	<b>48%</b>	<b>61%</b>	<b>73%</b>

Patients are waiting longer in different specialities due to variances in:

- Number of patients who can be seen non face to face enabling increased activity in some specialities
- Availability of clinical space for different specialities can vary
- COVID-19 requirements aligned to social distancing varies in specialities, eg full PPE for ENT required
- Cancer, suspected cancer and urgency profiles within specialities taking priority
- Sickness levels within the workforce
- Ability to develop green pathways and timelines to restart services

*Support services*

**3. What services (for example, mental health and wellbeing support, pain management support, social prescribing etc.) are in place to support people who are waiting for diagnostics and treatment? Given the scale of the current backlogs, how accessible are such support services?**

ABUHB is in the process of forming a core team to provide support for patients on waiting lists. A number of staff have recently been appointed, and a communication plan is being drafted. This will enable patients to have one point of access, making communications simpler for patients. The team will be able to advise on issues such as waiting times, or assist with obtaining the information about treatments or prehabilitation actions.

Alongside the core team the Health Board already have in place various examples within specialities offering support to patients' waiting, some of the examples:

### **Ear, Nose and Throat**

Tinnitus patients have the availability of help groups with the Clinical Nurse Specialists provide support and advice for patients and their families. Ear Nose and Throat services have an Advanced Nurse Practitioner linked to GUH and patients with Tracheostomy offering support.

## **Maxillo-Facial**

Clinical Nurse Specialist support is available for head and neck patients for answering clinical concerns.

## **General Surgery**

Cancer services remain a priority for ABUHB. In line with USC Pathways, patients awaiting diagnostics within the General Surgery Directorate for Breast, Colorectal, Upper GI and Thyroid cancers are investigated within the shortest time possible. All patients are assigned a keyworker following a diagnosis of cancer. Their specialist Nurse Keyworker supports the patient in their health and wellbeing, advice and support and pain management. They offer the families of patients support and information to enable them to help their loved one. Despite the backlog within general surgery cancer services remain unchanged, with resources allocated to ensure all services are quickly accessible.

## **Trauma and Orthopaedic Services**

OAK (osteoarthritis of the knee) is running virtually in the community, where patients attend and are given advice about the management of their condition, what to expect if surgery is required etc.

The Directorate is in the process of commissioning an App which will facilitate two way communication with patients and providing access to information and exercises etc.

Physiotherapy 'Escape Pain' sessions are running virtually. The team are also in the process of planning group exercise sessions for long waiting spinal patients. The Health Board has launched a new website with key information across MSK services and the Directorate.

## **Mental Health Services**

The adult psychology service has been piloting using peer mentors to support individuals waiting for psychology appointments. Peer mentors are in place in our Emergency Department to support individuals attending for Mental Health issues who are waiting for assessment.

## **CAMHS Service**

There has been no change to our CAMHS service and wait time. As children, young people and families inevitably came under pressure from the pandemic, the Health Board recognized more than ever the importance of a continued CAMHS service, with a particular focus on our most vulnerable groups. Throughout the pandemic and till now, emphasis has been placed on strengthening access to CAMHS by extending our existing services.

The service has a well-established escalation protocol to respond to the latest Omicron wave and steps have already been taken at a local level to create the safest possible environment for our children, young people and families. This means that our consultations will continue to happen face to face and via telephone / video where applicable. Families are welcome to link into our extended consultations lines where appropriate, and we will continue to provide written reports with strategies to follow.

## **Family and Therapies**

In 2021, the Family & Therapies Division launched a new online platform dedicated to supporting families through the stages of maternity and child health development, in partnership with local health professionals in the Health Board area.

The first of its kind in Wales, the free ABBHealthierTogether service is a self-care resource for both health professionals and the public in the ABUHB area. As well as providing valuable information from pregnancy care, child development and mental health advice for young people, it's also anticipated to become the go-to place for parents and young people to find support, resources and guidance while understanding and navigating key areas of childhood health.

Developed with local clinicians at the heart of it, the service encompasses all aspects of the Health Board's family services and ensures that everyone is accessing the same, consistent information whether that be a worried parent or a supportive GP. With the aim of improving patient safety, the tool will also help to ease worry over health care concerns and offer a new way to access the necessary care available.

It also contains useful resources for early years' staff, including safeguarding, immunisation guidance, and recommendations for attending nursery or school for children who are unwell and provides children's health information for parents.

Please visit [abbhealthiertogether.cymru.nhs.uk](http://abbhealthiertogether.cymru.nhs.uk)

## **Paediatrics Service**

ABUHB Paediatric Service is the first in Wales to respond to the needs of Children and Young People coping with the impact of Post-COVID-19. A Recovering from Illness Pathway (multi-disciplinary approach) has been established to support these CYP. The pathway is designed to also deliver some support to CYP who have Chronic Fatigue, Chronic Pain and Fibromyalgia within the Health Board.

## **4. How are you working with care services and/or the third sector to support patients, and their carer's and families?**

ABUHB is working with a number of third sector partners to provide support for patients.

For example:

### **Cancer Services**

Our Cancer services work in partnership with MacMillan Cancer to ensure patients have holistic physical and emotional support.

### **Mental Health Services**

Across Mental Health we are working with a range of third sector providers and commission support for individuals in the community. In the current pandemic we have directed some of our usual commissioned activities to be more focused on providing individual welfare visits and support (as we have been unable to deliver lots of our usual community based group activities etc). This has ranged from providing welfare and activity packs to welfare visits.

## **Paediatrics**

In terms of Paediatrics we are broadening the availability of an advocacy offer for young people through the National Youth Advocacy Service contract that is in line with a request from the Children's Commissioner and the previous Senedd Committee.

The Family Intervention Team with Action for Children is a well evaluated, robust model of intervention that complements the Health Board's Mental Health services at the early help/intervention area of work.

Most chronic conditions (Diabetes, Epilepsy, Gastro, and Respiratory) have Nurse Specialists who offer support to families. In addition, most Paediatricians are very accessible to patients.

The Service signposts patients to SPACE Wellbeing, CONNECT as well as some support groups that are condition specific.

## **Community Paediatrics**

There are variable lengths of wait for new and follow-up patients and therefore families are signposted to Cerebra (for support with sleep) and there are various sources of support for CYP with autism or cerebral palsy.

Consultant Community Paediatricians & specialist nurses for children with additional needs provide a lot of telephone support to families who are struggling with different issues in between clinic appointments.

## **Children's Community Nursing Service (CCN)**

The service liaises and signposts with multiple agencies and has close links with both health, social and education services. Where a need is identified CCN undertake a referral / MDT as appropriate, and signpost as required.

Advocates are used with some of the families, children and young persons. With family consent, referrals for care and support are made to social services as required.

## **Primary Care**

To support patients' additional dental capacity including Dental Out-of-Hours Service, General Dental Services, Prison Dental Care, Primary Care Orthodontic Services, General Dental Sedation Services and Oral Surgery was commissioned.

Support in the community in terms of care home medication reviews by community pharmacies and also inhaler review service.

## **Audiology**

Audiology patients have access to support through third sector partners in RNID, offering access to support groups.

**5. What are your views on whether the health board has the capacity and resources required to deal with the current backlog, including the right number of staff with the right skills mix?**

As well as the current backlog the Health Board has also undertaken an assessment of potential unmet demand. Our unmet demand are our patients who have not been referred or received expected treatment over the period of the pandemic and we have clinically assessed how many of these patients could return to our system either as a new referral or a higher acuity and are building these into our planning assumptions.

We have been using predictive analytics to build these into our assumptions.

Considering the capacity to meet the totality of demand involved multiple factors. Current staffing pressures, unscheduled care demand and infection prevention control requirements significantly reduce capacity. Assumptions for capacity for the next financial year are based on enhanced infection, prevention and control measures being in place in healthcare settings for at least the next 12 months reducing capacity. We also know that staffing will be the primary resource constraint to being able to fully meet the backlog. Under these circumstances it will take a number of years to eliminate the backlogs in waiting lists. Workforce availability and supply underpins the service capacity models and new and alternative workforce models to deliver services are also being explored and workforce modernisation would be seen as a more a medium term plan due to lead in times for training and skills acquisition.

A number of service recovery plans require additional workforce and this is being resourced through temporary staffing, in line with the non- recurrent nature of funding available. This does pose risks as fixed term posts are less attractive to potential applicants, especially with current high levels of vacancies across a range of roles within NHS and other sectors. This could be mitigated if recurrent funding was made available and staff could be recruited on a permanent basis. The agreed provision to pay enhanced rates of overtime pay until the end of March 2021 has made it more attractive for our exiting staff to undertake additional hours. This is in addition to sourcing staff through bank, locum and agencies.

However, there will be opportunities for service development, new workforce models, maximising technology, regional working and engaging the private sector which will enable in-roads to be made.

We are already progressing more therapy led initiatives such as MSK and reviewing how we can optimise nurse led delivered care. We continue to review workforce models to ensure they are as efficient as possible and maximise the contribution of all roles and skills and promote top of license working. We are achieving this in areas of diagnostics where we are insourcing and outsourcing capacity. Additional factors including sickness, turnover and recruitment having been factored into service deliverability plans.

Importantly as a Health Board we have a primary role in health prevention and we must also recover preventative services to prevent further additions to service waiting lists.

## 6. Which services have you prioritised in terms of tackling the backlog?

ABUHB are prioritising patients as follows:

- Cancer, suspected cancer, and urgent, for new outpatients (R1 for ophthalmology) for all surgical and non-surgical specialities including therapies
- Suspected cancer, urgent and routine for diagnostics (due to the number of cancer cases that arise from routine tests)
- New urgent and routine outpatients over 52 weeks
- Patients waiting for a new outpatient appointment over 104 weeks to be reviewed
- 100% delayed Follow-up outpatients
- Adhering to the surgical prioritisation during the coronavirus pandemic (Version 2 – June 2020 – P1a, 1b, 2, 3 and 4), as well as the separate guidance in terms of obstetrics and gynaecology (RCOG) and ophthalmology (RCOphth):

## 7. How are you prioritising people on waiting lists, for example in respect of clinical need and time waiting? Has any consideration been given to taking other factors into account, for example population group or deprivation? Given your local population, what implications might such an approach have?

As above.

In addition, the Health Board has also contacted patients who are waiting over 52 weeks for a new outpatient appointment to establish whether they still require the appointment, for example patients' condition has resolved or they have been seen elsewhere. Patients who wish to remain on the list also complete questions in relation to their condition, and clinical reviews are being planned to review their outcomes (this latter part of the process will be an ongoing plan). This will help determine if they still need to be seen, or can go straight for tests, non-face to face or face to face consultation etc.

The process above will continue for patients who are waiting 36-52 weeks, commencing at the beginning of March 2022 (ENT commenced January 2022).

A process has also started with patients on our follow-up outpatient waiting lists, with the aim of determining if the appointment is still required.

The above processes enables the Health Board to cleanse its waiting lists and use its capacity for patients who need the appointment.

An extensive exercise was undertaken to re-start clinics across the Health Board with the specialities/conditions prioritised when allocating clinic space. Social distancing was decreased from 2 metres to 1 metre with guidance from Infection Control and approval via the Nosocomial Group, this increased capacity from approximately 40% to around 75%.

In terms of prioritising patients, ABUHB are also risk stratifying in a number of specialties, for example:

- PROMS in Neurology, COTE, Respiratory
- Gastroenterology – PROMS for Hepatology and Alcohol Liaison. Plus STT Endoscopy using RCS/NG12 NICE guidance
- Triage of patients within Paediatrics (patients reclassified where appropriate), Dietetics, Physiotherapy and some orthopaedics.
- Reviewing paediatric orthopaedic patients

The organisation is giving consideration under the socio-economic duty to the disproportionate impact of increased waiting times on our poorest communities. We are looking to develop as a Marmot Region which will see proactive, preventative and support services (such as for those on wait lists) to target our communities of greatest need.

The table below shows the treatment waiting list by risk prioritisation as at 31/12/2021:

Specialty	Risk Stratification				Total	% With Risk Stratification
	No Prioritisation	2	3	4		
Dermatology	1	72	349	9	431	99.8%
Ear Nose & Throat	5	37	239	984	1265	99.6%
General Surgery	409	193	915	2251	3768	89.1%
Maxillo-Facial	446	50	43	155	694	35.7%
Ophthalmology	89	261	569	767	1686	94.7%
Trauma & Orthopaedic	108	590	2017	5452	8167	98.7%
Urology	51	194	414	531	1190	95.7%
Vascular Surgery	24	5	1	9	39	38.5%
<b>Total</b>	<b>1133</b>	<b>1402</b>	<b>4547</b>	<b>10158</b>	<b>17240</b>	<b>93.4%</b>

### Information and communication

**8. How are you communicating with people who are waiting for care or treatment, and what steps are you taking to ensure that people who are waiting do not feel forgotten? For example, how are you responding to the findings of the Board of Community Health Councils in its report 'Feeling forgotten? Hearing from people waiting for NHS care and treatment during the coronavirus pandemic'?**

The Health Board continues to regularly update the local population on the effects of the COVID-19 pandemic on our services and also on the restarting of our services. We regularly update local people through a variety of methods and channels, including web pages and articles, social media updates and engagement with patients, answering email enquiries, weekly and monthly stakeholder newsletters, through the local media, updates at partnership meetings, and through our popular live Q&A sessions. The Health Board utilises all these channels to respond to comments and questions, help, counsel, offer advice, dispel rumours and false information, and reassure the population of Gwent. We also continue to live stream the formal meetings of the Health Board to continue making them accessible to the public.

The Communications and Engagement Team has enlisted the help of trusted clinicians working in the Health Board to deliver open and honest accounts to help people understand what is happening inside our hospitals and to give people the most up to date information and guidance. The effects of the pandemic on

scheduled care services is regularly explained through our variety of communications and engagement work to help reassure people who are waiting for care or treatment.

The Health Board has launched a dedicated webpage, entitled 'Restarting our Services during the COVID-19 Pandemic', to offer updates and information on how services are impacted by COVID-19. Each service within the Health Board continues to provide updates for patients through this webpage. Patients are proactively and reactively encouraged to refer to the webpage for updates on the particular service(s) they are concerned about.

The address for this dedicated webpage is <https://abuhb.nhs.wales/restarting-services>

If patients have a specific question relating to their personal circumstances, they are advised to call the number on their appointment letter to speak to the relevant department. To enquire about or change an appointment date, patients are advised to call the Booking Centre on 01495 765055. If patients to continue to have problems then a member of the Communications and Engagement Team liaises with the appropriate service and ask them to contact the patient or family member concerned.

The Health Board recognises that our circa 15,000 staff members are key to informing and engaging with local people, as the majority of our staff live in the area. To keep staff updated, weekly Executive Team Update emails are sent to all staff to keep them updated on the latest developments affecting the Health Board and key decisions made. A bi-weekly staff newsletter is produced in addition to daily updates on the staff Intranet.

Media activity continues to play a key role in how we share news and updates with local residents. The Communications and Engagement Team prioritise content for the local media outlets that have the biggest reach in our Health Board area. Our proactive and reactive media work ensures key public messages are reinforced and that developments regarding services and treatment are delivered to the widest possible audience.

The Health Board continues to play an active role in the 'Gwent Warning and Informing Group' and through this group a partnership approach to sharing clear communications and engagement enables us to continue to improve the trust and confidence between the Health Board, its patients, communities, stakeholders and staff.

For patients currently waiting on the outpatient waiting lists, a letter has been developed which will be sent to all patients within the next month. The letter aims to describe:

- the current waiting times and apologise for the extended waits
- to outline the potential new methods of consultation, e.g. telephone, attend anywhere (video)
- Includes links to the 'Health boards Re-starting of Services' and 'Staying Healthy, Staying Well this Winter'.
- What to do should you condition deteriorate significantly
- One point of contact for patients enquiries

A similar approach will be adopted for patients awaiting treatments.

**9. Do you have any plans to publish and share information about indicative waiting times for your local population? What challenges or benefits would be associated with this?**

Prior to COVID-19, ABUHB did publish waiting times for each speciality, but this ceased at that point. Due to the fluctuations in waiting times and the ever increasing variances, it has proven difficult to publish accurate data, particularly when the Health Board is trying to manage the patients most at risk.

*Welsh Government support*

**10. What could the Welsh Government do to support health boards to tackle the backlog, and ensure that people who are waiting for diagnostics and treatment get the care and support they need so that their physical and mental health does not deteriorate while they are waiting?**

The relationship between Welsh Government and ABUHB is a productive and strong one. There are a number of areas where we are already working with Welsh Government, for example in developing regional service plans for endoscopy service. An important area for consideration is how we consistently and openly communicate with our population about what to expect whilst waiting and that some people may receive alternative pathways for treatment, we will need to ensure consistency of application for people regardless of where they live, therefore national communications may be beneficial.

The key constraint for workforce supply means that more now than ever robust national workforce planning is critical for recovery. In the short term national strategic partnerships with private sector companies to secure outsourced capacity nationally would be welcomed whilst the more sustainable workforce supply is developed.

**Effectiveness of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022**

*While we are aware that we are still moving into the winter period, the Committee is keen to get a sense of the current position, and how well-prepared for winter staff and services feel.*

**11. How well are health and care services coping, including any particular pressure points and areas of concern as we move further into winter?**

One of the key areas is the inability to discharge patients from hospital, where we are experiencing problems with sourcing care home spaces and delays in packages of care.

There are an increasing number of patients in the hospital setting that do not require that level of support in the absence of an alternative or onward movement through the system.

Overall absence levels due to isolation rules and transmissibility of - has had a more detrimental impact on service delivery and ability to cover core service. This has been exceptional in nature combined with the factors associated with discharging to the community this is placing an already stretched system under further sustained pressure.

**12. What are your views on the effectiveness of this year's approach to winter planning, including the timing of the Welsh Government's winter plan and associated planning at regional/local level? Are these sufficiently joined up?**

The Welsh Governments Winter Plan provided a framework for winter planning across the region. It is effective to focus on regional working across health social care and public sector partners as the primary approach to planning as it is only through partnership that organisations can effectively respond to the challenges of this winter. In an emergency planning scenario clear principles for decision making are required and the five core principles set out in the Winter Plan provide a clear framework to support local decision making.

**13. What lessons can be learned from this year's approach?**

At the current time it is probably too early to have an informed view on what lessons can be learned to this years' approach. One of the challenging areas has been the utilisation of non-recurring funding, which has hampered the ability to attract workforce to implement some of the plans, as staff are reluctant to apply for short term posts. This will also have an impact on some of the schemes that ABUHB wishes to continue. It is appreciated that discussions are ongoing in terms of future allocation and more sustainable funding which will assist with future recovery plans.

**Glyn Jones**

**Prif Weithredwr Dros Dro / Interim Chief Executive**

**2<sup>nd</sup> March 2022**