

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 26

Ymateb gan: | Response from: Cymdeithas Orthopedig Prydain | British Orthopaedic Association

---



## **BOA Response to the consultation on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment**

The BOA is concerned about the current situation in Wales. We are aware of the issues from our members in Wales and the Welsh Orthopaedic Society. The situation is now critical and untenable for patients.

The failure in Wales to provide timely trauma and elective care is a significant problem. Delays to treatment lead to worse outcomes whilst waiting patients continue to consume health and social care resource.

Reducing elective operating has a large impact on trainees. If they don't get the essential surgical experience in theatre, they cannot progress through training. This will reduce the Welsh surgical workforce with fewer newly qualified surgeons available to replace retirement vacancies or provide workforce expansion.

Specific responses to the consultation questions are set out below

- **The services in place**
- **for people who are waiting for diagnostics and treatment, particularly pain management support.**
- **Access to psychological therapies and emotional support for those who may be experiencing anxiety or distress as a result of long waiting times.**
- **The contribution the third sector can make in providing peer support and information to patients waiting on an NHS waiting list.**

There are now unprecedented waiting times for elective orthopaedic care. Patients are waiting in pain with increasing disability, and we know that this can lead to isolation, loss of independence and mental health problems (anxiety and depression) in up to a third of patients. We know that patients appreciate support, clear information and contact but more than anything need to have their operations.

It is imperative that patients on waiting lists are contacted promptly and ideally a regular dialogue should be established. We understand that most Health Boards have been trying to contact patients on waiting lists, but we are concerned at reports that the contact system is not effective. The system must be robust and the aim of the exercise is not just to contact the patient but to provide assistance which can improve patients experience and quality of life.

We know that therapies, psychological, nutritional and prehabilitation support can all have a dramatic and beneficial effect on patients. These support services should be provided.

Regarding the third sector, we believe that patient focused charities such as Versus Arthritis Cymru and Arthritis Action can be extremely effective in these situations. These groups have have a range of self management support and peer support options available. In planning support, the third sector should be recruited.

- **The effectiveness of messaging and engagement with the public about the demands on the service and the importance of seeking care promptly.**

Regular communication with patients on waiting lists is beneficial and patients waiting excessive times for surgery, often become concerned that they have been forgotten. They benefit from reassurance that this is not so and also information on when their surgery is likely to be.

During the pandemic, patients with musculoskeletal and other health problems have been concerned that the health system is overrun with Covid, and many have tended to put up with unexplained symptoms and delay presenting to their doctors. It is important to communicate to patients that the NHS is working and that they should present to primary and secondary care if they have significant concerns.

- **The extent to which inequalities exist in the elective backlog, with deprived areas facing disproportionately large waiting lists per head of population compared to least deprived areas.**

It is imperative that there is equality of access to high quality healthcare and prioritisation for surgery regardless of geographical location.

It is acknowledged that all communication goes out in Welsh and English, but it is also important for communication to be available in other languages spoken by specific communities and in braille. Non English or Welsh speakers are disadvantaged and often less effective at accessing healthcare.

We have received reports that there is significant inequality for deprived areas and rural communities.

We are concerned to hear that there is widespread delay to the timely treatment of injured patients, particularly for those with fragility fractures. Performance of several Welsh health boards in the National Hip Fracture Database, is a cause for concern. Provision of trauma operating capacity must be adequate to allow for timely treatment of injured patients. Modern management of fragility fractures mandates adequate Ortho-geriatric and medical support for these patients. This must be provided.

There must be capacity for patients with urgent trauma needs to be treated urgently. For those injured patients who can be treated on ambulatory pathways then this service must be provided and be effective.

There is an urgent need to provide timely elective orthopaedic care throughout the United Kingdom. We are concerned to hear that in patient elective Orthopaedic care has been completely suspended in some units since March 2020 and that capacity elsewhere is significantly reduced. While reduced elective surgical provision was widespread during the pandemic, to completely cease provision is unacceptable. Patients who have waited a long time do deteriorate clinically and can come to harm if not subsequently prioritised. Waiting lists need review and patients to be prioritised according to clinical need. For a variety of reasons people in deprived areas (and rural areas) may find it harder to access services. To ensure they receive equity of access and outcomes, services need to make efforts to adapt to people's needs. Some people will find it harder to take time off work for an operation, so shared decision making around timing is important. Support services for people while they wait also need to consider the needs of those in rural areas, deprived areas and people with low health literacy.

- **Plans to fully restore planned NHS care in Wales.**

Restoration of elective orthopaedic services and treating the backlog of patients represents one of the biggest challenges that the NHS has faced since its inception in 1948. This requires adequate resource and investment to build capacity. It is clear that the elective orthopaedic surgical capacity could not meet the demand, prior to the pandemic. The solution is likely to involve surgical hub centres, dedicated for elective treatment, which can operate 12 months of the year.

We are delighted to hear that there is a National Orthopaedic Strategy project. It is imperative in our experience, that orthopaedic surgeons are involved in the development of strategies and solutions. The most successful high volume surgical treatment programmes that we have seen throughout the UK, occur when there is dynamic local clinical leadership, working with an engaged management towards a common goal.

As we transition from the global pandemic to COVID becoming endemic we must treat patients who have waited too long, and new patients coming to the waiting list, in a timely fashion to ensure optimal clinical outcomes. Orthopaedic surgery is extremely cost effective.

Musculoskeletal disease is the biggest cause of treatable disability worldwide. It can no longer be accepted that the elective orthopaedic care pathway is used as resource reservoir to cover inadequacies in provision for the treatment of other conditions. We are aware that elective orthopaedic beds, wards and nurses have been redeployed and theatre lists diverted away from treating these patients. Orthopaedic patients deserve more.

13/01/2022