

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 44

Ymateb gan: | Response from: Cymru Versus Arthritis



Cymru Versus Arthritis submission to the Senedd Health and Social Care Committee's enquiry into the impact of waiting times on people waiting for treatment and diagnosis.

31 January 2022



This submission has been prepared by Cymru Versus Arthritis. We are part of Versus Arthritis, the largest musculoskeletal (MSK) conditions focussed charity in the UK. We develop breakthrough treatments, campaign for arthritis to be a priority and provide support, training and information through local and UK wide services. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis and back pain.

We are grateful for the opportunity to make this submission to the Committee.

Content

- Summary of key issues
- Full submission
- Contact details

Summary of key issues

1. Waiting times and waiting lists for elective orthopaedic surgery have grown significantly during the pandemic.

The number of people on the trauma and orthopaedic (T&O) waiting list has grown significantly since the beginning of the pandemic to 97,422 in Nov 2021¹ from an average of 62,118 in 2019. The percentage of those on the T&O list waiting over two years has grown from an average of 0.001% in 2019 to 14% at the end of November 2021. We are hearing from people who have been told that they will be waiting at least three years for a hip replacement operation despite persistent, severe and worsening pain impacting on all aspects of their lives.

2. Impact of longer waits for elective orthopaedic surgery.

People are waiting in severe and worsening pain for life changing operations such as hip and knee replacements, with the pain impacting on all areas of life, including mobility, independence, wider physical health and mental health. Impacts can also extend to employment status, financial well-being, family life and beyond.

3. The need for communications, signposting and support for people waiting for elective orthopaedic surgery.

The T&O backlog will take considerable time to clear and many thousands of people will be waiting far longer for treatment than pre-pandemic timeframes. Considering the impact of the waits noted above, it is vital Health Boards ensure people on the waiting lists receive appropriate communications, signposting and support to help them retain activity levels and independence and to help manage the physical and mental health challenges of their wait.

We would like to see a national approach to this support work to ensure high quality

communications and services are provided across Wales to people on relevant waiting lists.

4. The pace of progress rebuilding and protecting elective orthopaedic services.

Our understanding is that the pace and level of progress restarting, rebuilding and protecting elective orthopaedic capacity has varied significantly between Health Boards during the pandemic and we remain concerned at the pace and equity of progress rebuilding capacity.

We would like to see a clear national plan developed as soon as possible to support the recovery and protection of elective orthopaedic services with a timeframe to return to pre-pandemic activity levels, a timeframe for clearing the backlog and plans for the development of surgical hubs across Wales.

We would like to see monthly publication of the number of elective hip and knee replacements undertaken by Health Board in Wales to provide a clearer picture of progress rebuilding services.

5. Development of two-tier health care services and geographical inequity of access to elective orthopaedic services.

We are concerned that with the significant backlog for elective orthopaedic procedures such as hip and knee replacement, a two-tier system is emerging where those with the resources to pay have access to the surgery they need and those that cannot afford private health care are left on waiting lists that stretch to many years.

We are also concerned at the consequences for access to services due to the disparities between Health Boards rebuilding and protecting their elective orthopaedic services.

Full submission

1. Waiting times and waiting lists for elective orthopaedic surgery

- We are hearing from people with arthritis waiting with severe persistent pain for life changing operations such as hip replacements who have been told by their health care professionals that they are likely to wait over three years for surgery despite the pain they experience daily and its impact on their physical and mental health.
- As of the end of November 2021 (latest available figures, released 20 Jan 2022):
 - The total number of people waiting for Trauma & Orthopaedic (T&O) treatment in Wales was 97,422. This is 57% higher (+35,304) than the average for 2019 (62,118).
 - **13,607 (14%) people on the waiting list for T&O were waiting longer than 105 weeks (2 years) compared to 76 people (0.001%) on average in 2019. The number of people waiting over 2 years for T&O has been increasing dramatically in Wales over recent months (the figure was 3,713 at the end of May 2021).**
 - 63,229 (65%) people on the waiting list for T&O were waiting longer than 26 weeks, compared to 15,323 people (25%) on average in 2019.
 - 53,489 (55%) people on the waiting list for T&O were waiting longer than 36 weeks, compared to 6,570 people (11%) on average in 2019.

2. Impact of longer waits for surgery for those on the waiting lists

- As a charity with supporter services for people with MSK conditions, we are hearing from people who express how desperate and despairing they feel about their long wait for surgery and how much their lives have effectively been put on hold as they wait for an indefinite period for life-changing surgery.

- Many are experiencing worsening, already severe, pain on a daily basis as they wait, impacting significantly on mobility, dexterity, independence and wider physical and mental health. These consequences of the longer waits can also impact on employment status, financial well-being and on the wider family and carers.
- Evidence shows that delaying surgery can lead to worse outcomes for people who have been referred for hip and knee joint replacement, particularly waiting times beyond 6 months.ⁱⁱ
- Versus Arthritis surveyed people across the UK waiting for joint replacement surgery in late 2020 and found: (Wales figures (small sample size) in brackets)ⁱⁱⁱ:
 - 52% said their pain levels had significantly worsened (60% Wales).
 - 40% said their independence has significantly reduced (39% Wales).
 - 81% said their physical health had either worsened or significantly worsened (88% Wales).
 - 72% said their mental health had either worsened or significantly worsened (80% Wales)
- We are also hearing from people on the waiting list who are experiencing loneliness and isolation due to the impact of their wait, pain levels and loss of mobility on their social life and ability to go shopping and undertake other activities that had previously connected them to their local communities.

“The pain and distress in my pelvic area is constant; it’s turned my life upside down. I can stand up, sit down, and lie down – but I can’t walk. As soon as I put one foot in front of another it’s like someone is pulling strands of barbed wire over me. Even walking from my armchair to the kitchen is too much. I end up doing nothing, just to avoid the pain.”

Person waiting for a hip replacement, mid Wales.

The need for communications, signposting and support as people wait for surgery

- Whilst reducing elective orthopaedic waiting times need to be a top tier priority for the Welsh Government and for Health Boards, it is clear it will take considerable time to clear the backlog. It is inevitable that many people will be (and many have already been) waiting far longer for orthopaedic surgery than pre-pandemic timeframes.
- Considering the impacts of those waits noted in the section above, we believe it is vital that people waiting longer for surgery receive communications, signposting and support to help them face the physical and mental health challenges of their wait.
- The Royal College of Surgeons on England in Wales have recognised the need for support for people waiting longer for orthopaedic surgery in their ‘Action Plan for recovery of surgical services in Wales’ with the key recommendation: ‘*As an immediate priority, the Welsh Government should ensure that all Health Boards urgently consider what measures can be put in place to support patients while they wait for surgery.*’^{iv}
- Traditionally, many people with MSK conditions on orthopaedic waiting lists have turned to their local primary care services for support as required as they wait. With the longer waits for surgery, we expect such support from primary care to be needed more often and more urgently by more people. However, difficulties accessing primary care support have been one of the most common issues raised by people contacting our helpline.
- Working with the Chartered Society of Physiotherapy (CSP), CVA identified a number of key themes to inform communications, signposting and support that needs to be provided by Health Boards for people on the orthopaedic waiting list:

- *Clear, early and regular communications.* E.g. timeframe to surgery, single point of contact to discuss changes to circumstances, and signposting to information, resources and support detailed below.
- Signposting/access to *rehabilitation, pre-habilitation and physical activity* programmes and resources. E.g. [ESCAPE pain](#) and similar courses, local physiotherapy services, [CSP online resources](#) and [Versus Arthritis online classes and resources](#).
- Signposting/access to *supported self-management and peer support.* E.g. signpost to [Versus Arthritis helpline](#) and our [local support services](#).
- Signposting/access to *occupational therapy and community rehab services.* E.g. Signpost to local authority assessments for aids and adaptations (Age Cymru [booklet](#) on those services)
- Signposting/access to *pain management services and resources.* E.g. signposting local pain management courses and to Versus Arthritis online resources for [pain management](#) and [waiting for surgery pain management](#).
- Signposting/access to *mental health support services and resources.* E.g. signposting to local services or 3rd sector programmes such as [Active Monitoring](#) from MIND and Versus Arthritis's [online resources](#).
- Signposting/access to *financial and employment information and guidance.* E.g. signposting to [Access to Work](#) scheme and [CAB](#).
- Recovery plans to *rebuild at pace and protect elective orthopaedic capacity* – to reduce people's wait for surgery.
- Colleagues at Versus Arthritis in England produced the report 'Supporting people with arthritis waiting for surgery. A six-part package to support people with arthritis waiting for joint replacement surgery in England' in June 2021. Many of the themes and issues will be relevant for the Wales context. The report is available [here](#).
- We are pleased that a number of Health Boards have confirmed that they are aware of the challenges faced by people on the orthopaedic waiting list and the need to develop communications and support for people as they wait. We are aware of a number of innovative approaches being developed by Health Boards, such as the 'Waiting List Support Service' (WLSS) in Hywel Dda UHB.
- However, we do not have a full picture of the level of services and communications that have been developed across the whole of Wales for people on the elective orthopaedic waiting list. We would like to see a national approach at the Wales level to ensure emerging good practice can be shared between Health Boards and to ensure that high quality communications and support is delivered across Wales.

3. The pace of progress rebuilding and protecting elective orthopaedic capacity

- It is our understanding that the pace of progress between Health Boards rebuilding and protecting elective orthopaedic capacity has varied considerably during the pandemic.
- Based on anecdotal evidence (conversations with stakeholders) and in the absence of robust granular data, our intelligence leads us to a best estimate that a small number of Health Boards in Wales have succeeded in rebuilding capacity to approximately 50% of pre-pandemic inpatient elective orthopaedic activity levels *for periods* during the pandemic, whilst in other Health Boards there has been very little elective inpatient orthopaedic activity for the duration of the pandemic compared to pre-pandemic levels. We are concerned that this will contribute to creating considerable provision inequity across Wales going forward.

- It is our understanding, again based on anecdotal evidence, that as of late January 2020, there is very little elective inpatient orthopaedic surgery at all in Wales currently compared to pre-pandemic levels. We view this situation as entirely unacceptable. We are concerned that in many HBs in Wales, the lack of elective capacity may mean that patients with high clinical priority (RCS/FSSA category P2) may be unable to receive their treatment and are suffering worse outcomes due to this delay.
- We are concerned at the absence of national timeframes and plans to restore elective orthopaedic throughput to pre-pandemic levels and to meet pre-pandemic waiting times targets. We would like to see national modelling and planning to determine realistic timeframes and requirements to bring down elective orthopaedic waiting times across the whole of Wales as soon as possible.
- We have been unable to develop a clear picture of the pace of progress rebuilding elective orthopaedic services across Wales due to a lack of published data regarding activity levels for elective procedures. The trauma and orthopaedic waiting times figures published monthly include a wide range of surgical interventions, spanning urgent as well as planned care operations and lack a breakdown to assess elective surgery waits and activity. We continue to call for the monthly publication of figures for the number of elective hip and knee replacements undertaken in each Health Board.
- Figures for the number of elective hip and knee replacements by HB by month for 2019 and 2020 were provided in response to a WAQ [here](#). Please note, we are not clear which of those figures from individual HBs include operations undertaken by private providers for the HBs.
- The slower the pace of progress clearing the backlog, the longer many people will wait for surgery and the wider and deeper the potential impacts of the waits in terms of health and social care costs, interventions and needs becoming more complex, impacts on employment, mental health and the development of comorbidities. It is vital that reducing the backlog through safely rebuilding capacity at pace is prioritised at the Wales and Health Board levels to reduce long-term harm for individuals as well as reduce increasing future demands on health and social care services.
- CVA's central policy call for much of the pandemic has been for a 'National Orthopaedic Recovery and Transformation Plan' in Wales. Such a plan would focus on safely rebuilding elective orthopaedic services to bring down waiting times and to better protect those services from future winter and pandemic pressures. We are supporting the call from the Royal College of Surgeons of England in Wales for the Welsh Government to develop a clear, strategic plan outlining how it will introduce the roll out of COVID-light surgical hubs across Wales. We have welcomed the Welsh Government's development of a National Orthopaedic Clinical Strategy, currently a work in progress, and would like to see the publication of the strategy as soon as possible. However, we understand that this project will focus more on providing a long term strategic blueprint for the provision of surgical treatment rather than the shorter-term delivery of pre-pandemic capacity with is required urgently.
- CVA has welcomed the Royal College of Surgeons on England in Wales's 'Action Plan for the Recovery Surgical Services' to inform the development of orthopaedic services in Wales.^v

4. Development of two-tier health care services and geographical inequity of access to elective orthopaedic services

- We are very concerned that due to the long waits for orthopaedic surgery, we are seeing the emergence of a two-tier system of health care for people waiting for elective orthopaedic surgery, where ability to pay determines whether an individual has access to surgery in a timely manner.

- We have heard from individuals who, in their urgent need for surgery, the severity of pain they are experiencing and the lengths of waits they face for NHS surgery, have taken out personal loans or who have used their life savings to pay for surgery.
- As stated in above sections, we are also concerned that there has been significant disparity between HBs with regard the pace of progress rebuilding and protecting elective orthopaedic services during the pandemic. We are very concerned that this will lead to the development of a 'postcode' access to these services.

Access to services

- Access to the right services at the right time for people with chronic long-term arthritis and MSK conditions is vital to minimise the impact of these conditions in terms of physical and mental health, disability, persistent pain, mobility, dexterity, independence and employment.
- One of the most important and impactful health care services for many tens of thousands of people with MSK across Wales is elective orthopaedic treatment.
- Surgery such as a knee or hip replacement can be transformational for quality of life, reducing or eliminating long standing pain and regaining lost mobility and independence.

ⁱ Analysis undertaken by the Versus Arthritis from the following source material for T&O RTT waiting times as of the end of November 2021, figures released 20 January 2022: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment>

ⁱⁱ The Lancet Rheumatology (2021). Too long to wait: the impact of COVID-19 on elective surgery. Accessed here: [https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(21\)00001-1/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(21)00001-1/fulltext)

ⁱⁱⁱ Versus Arthritis (22 October-December 2020). Impossible to Ignore Joint Replacement Survey of 724 people (65 in Wales)

^{iv} <https://www.rcseng.ac.uk/about-the-rcs/government-relations-and-consultation/position-statements-and-reports/action-plan-for-wales/>

^v <https://www.rcseng.ac.uk/about-the-rcs/government-relations-and-consultation/position-statements-and-reports/action-plan-for-wales/>