Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros

This response was submitted to the Health and Social Care Committee consultation on the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

PCWL 02

Ymateb gan: | Response from: Coleg Brenhinol yr Ymarferwyr Cyffredinol | Royal College of General Practitioners

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Royal College of GPs Cymru Wales May 2022	Response to Health and Social Care Committee's request for written evidence Welsh Government's programme for transforming and modernising planned care and reducing waiting lists- Royal College of GPs Cymru Wales

Background

In May 2022 the Welsh Government released its programme for 'transforming and modernising planned care and reducing waiting lists'. The programme notes that lengthy waiting lists are an historic issue. However, the challenge has been exacerbated by the suspension of planned care services due to COVID -19. This has caused approximately 500,000 referrals not to be received in a timely manner for secondary care treatment.

Request for written evidence

The Health and Social Care Committee has requested overall views from relevant parties. It has also asked for specific input in response to several supplementary questions which will be addressed below.

Overall views:

1. *Whether the plan will be sufficient to address the backlogs in routine care that have built up during the pandemic, and reduce long waits?*

2. *Whether the plan strikes the right balance between tackling the current backlog, and building a more resilient and sustainable health and social care system for the long term?*

RCGP response:

The College is encouraged by the themes demonstrated in this Programme. It demonstrates an understanding of the challenges GPs are facing as they deal with the impact of long waiting lists, frequent follow-ups by patients on those waiting lists and the inevitable deterioration of patients' symptoms while they await a referral. This was described in 'Waiting Well?' [1] where Professor Peter Saul of RCGP Wales is cited as saying that *'backlogs had resulted in the prescription of drugs such as antidepressants, when other treatment approaches might have been more appropriate.'* However, the Programme does not explain the steps to be taken

[1] Waiting Well paragraph 42 https://senedd.wales/media/dfqbafj1/cr-ld15079-e.pdf

which will lead to these changes, nor does it give clear targets to measure what a resilient and sustainable social care system looks like.

The College is concerned by the lack of targets in the sections of the plan entitled 'what do we want to achieve?'. This provides broad ideas as to the desired outcomes, but data and a clear framework for measuring these outcomes will be vital before we can comment on the efficacy of the Programme. For example, the College looks forward to the workforce plan, which we hope will provide further staffing to decrease GP workloads, which are currently neither sustainable nor safe.

While digital consultations and virtual tools are a great help in alleviating some of the pressure, it is important that the investment in digital infrastructure keeps pace with patient need. It is also important to note that remote consultation can improve convenience from the patient perspective, but it does not reduce the amount of time a GP needs to spend in the consultation and has been known to extend that timeframe as for questions that need to be asked in a virtual setting, the answers to which might be implicitly obvious in a face to face environment. The College notes that many GP surgeries are using the telephone as the primary tool for remote consultations and there is scope to expand use of online video consultation.

The College supports making full use of the multi-disciplinary team where clinically appropriate. Seeing the right person at the right time is the most important factor in a patient's treatment and rehabilitation.

The focus on health inequalities is welcome and we are working with Welsh Government on a project to help tackle this long-standing problem. To properly address the challenge of health inequalities, Government needs to look beyond just the health remit to consider how poverty and exclusion across the board impact on health outcomes.

The College draws the Committee's attention to its 8 Point Plan[2], and is encouraged to see some similar themes in the Programme, particularly the focus on improving communication with the public to support improved health literacy, and the increased use of digital tools which we hope will include sensibly managed online appointment booking and video consultation in practice.

We would urge the Welsh Government to consider improving the clarity of triage by upscaling the role of Care Navigator as highlighted in the plan.

Supplementary Questions

Meeting people's needs

3. *Whether the plan includes sufficient focus on:*

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[2] RCGP 8 Point Plan, October 2021 https://www.rcgp.org.uk/about-us/news/2021/october/rcgp-cymru-wales.asp

a. Ensuring that people who have health needs come forward.
b. Supporting people who are waiting a long time for treatment, managing their expectations, and preparing them for receiving the care for which they are waiting, including supported self-management.
c. Meeting the needs of those with the greatest clinical needs, and those who have been waiting a long time.
d. Improving patient outcomes and experience of NHS services?

As in 'Overall Views' above, the College is encouraged to see consideration of all patients currently on the waiting list and the beginnings of a communication strategy to encourage those in need to come forward. However, as has been mentioned above and will be detailed below, the Programme lacks the specifics which would allow us to accurately predict its efficacy in terms of patient need.

We note that the idea of digital tools to facilitate commination between healthcare providers is being broached, however we feel that clear communication to both staff and patients is vital to ensure this is used effectively. We also highlight the potential of the introduction of Care Navigators as in our 8 Point Plan.[3]

As above, we support the use of multidisciplinary teams and look forward to seeing further detail on the application of these. As Professor Peter Saul is quoted in 'Waiting Well'' *'the embedding of specialist staff, such as diabetic nurses or pain management specialists, into primary care practices was a key development'* [4] The Programme would also benefit from the further detail on the plan for estates as there is currently not space to house multiple disciplines and 'community hubs' within the infrastructure of GP practices. Furthermore, this lack of capacity results in a lack of training space for new members of the practice team entering the profession.

Detail is needed regarding the workforce plan, which we understand is forthcoming. We need to understand how digital consultations are going to be rolled out given that the current norm for GP practices is to hold a remote consultation via telephone. We do not yet know how or where the funding discussed in the report will be allocated.

The Programme implies that much of the practical application of these broad themes will be left to health boards. This is not unreasonable, but it will be important to ensure safeguards exist to measure a consistency of service and to identify areas of additional need due to existing inequality. As Professor Saul noted in Waiting Well '*I think it will deliver for some of them, but we've identified perhaps people in deprived areas who are less vociferous, who have less access, and I think there may be difficulties there. And I think the timescale is going to be longer than stated'.*

[3] RCGP 8 Point Plan, October 2021 https://www.rcgp.org.uk/about-us/news/2021/october/rcgp-cymru-wales.asp
[4] Waiting Well? paragraph 248 https://senedd.wales/media/dfqbafj1/cr-ld15079-e.pdf

Leadership and national direction

4. *Whether the plan provides sufficient leadership and national direction to drive collective effort, collaboration and innovation-sharing at local, regional and national levels across the entire health and social care system (including mental health, primary care and community care)?*

5. *Whether the plan provides sufficient clarity about who is responsible for driving transformation, especially in the development of new and/or regional treatment and diagnostic services and modernising planned care services?*

The College supports the idea of collaboration between NHS and Social Services with the introduction of a Diagnostic Board as on page 19 of the Programme. However, the College feels far greater detail is required as to who will facilitate the introduction of the new systems discussed. There is an implication throughout the Programme that much of the detail of 'how' the processes will be put in place will be left to health boards, which leaves room for inconsistency and inequality through the system that we wish to improve, if not eradicate.

Targets and timescales

6. *Are the targets and timescales in the plan sufficiently detailed, measurable, realistic and achievable?*

7. *Is it sufficiently clear which specialties will be prioritised/included in the targets?*

8. *Do you anticipate any variation across health boards in the achievement of the targets by specialty?*

As mentioned above, the Programme lacks targets. The Programme highlights that 691,885 are currently on waiting lists with 251,647 waiting over 36 months (an increase of 223,353 on March 2020).

Under the sections entitled *'What do we want to achieve?*', themes and ideal outcomes are listed such as *'We will plan for planned care to be managed on a 52 weeks, seven days and 15 hours a day basis'* (page 30), and *'we want to support people to make informed decisions about their healthcare'* (page 32), it will be exceedingly difficult to measure the success of this project without a measurable target.

On page 23 of the Programme which discusses cancer diagnoses, there is an assertion that the first outpatient appointment should take place within 10 days of suspicion. However, there is no indication of when we are likely to get to that point and given the 251,647 patients waiting for over three years, this does not seem like a realistic goal for the near future.

Furthermore, page 18 describes how the Welsh Government intends to *'build capacity'*. As stated above, we look forward to the workforce plan, and hope that it will be available as swiftly as practicable, and will provide the much needed detail of how that capacity will be built.

Financial resources

9. *Is there sufficient revenue and capital funding in place to deliver the plan, including investing in and expanding infrastructure and estates where needed to ensure that service capacity meets demand?*

10. *Is the plan sufficiently clear on how additional funding for the transformation of planned care should be used to greatest effect, and how its use and impact will be tracked and reported on?*

The College notes that Welsh Government has given a recurrent £170m to support planned care recovery and that £20m a year has been invested to support recovery in the medium term. However, without clear indication of what new services, if any, will be created, where they will be housed and the staffing capacity, it is impossible to state whether there is sufficient revenue and funding to deliver the plan.

On page 28 the Programme notes *'Health board estates are no longer the sole resource for seeing and treating our patients. We will need to ensure that we use the physical estate as efficiently as possible,'* However, it is well documented that the estates are not sufficient for the multidisciplinary teams discussed elsewhere in the Programme and we need to be confident that while virtual consultations are available and are useful, there must be the facility for a patient to be seen in person should they require it.

Workforce

11. *Does the plan adequately address health and social care workforce pressures, including retention, recruitment, and supporting staff to work flexibly, develop their skills and recover from the trauma of the pandemic?*

The Programme discusses community hubs (page 20) bringing together health, social care and other services, which if properly staffed would make a considerable difference to the backlog and waiting lists. It also discusses the leasing of staffed scanners, outsourcing and insourcing of staff members from outside and from different parts of the health service. However, it does not discuss the staff numbers which will be needed to bring the plan into fruition. We look forward to seeing the workforce plan as well as the planning on general practice estates.

Digital tools and data

12. *Is there sufficient clarity about how digital tools and data will be developed and used to drive service delivery and more efficient management of waiting times?*

The College notes that the Welsh Government plans to ensure that 35% of new appointments and 50% of follow up appointments are virtually delivered (page 16). These are reasonable indicative figures, but we should ensure flexibility in the system so that the patient is seen in the most appropriate way for their condition. There is also likely to be variation across Wales, including by age of patient and access to reliable technology.

We would like to emphasise again that many remote appointments within GP practices are carried out using the telephone, rather than any video conferencing software.

We believe that for video conferencing software to be widely used in the health sector there needs to be funding, communication and training with a clear plan to deliver the same being vital if we are to ensure that digital delivery becomes a reliable and trusted method of consultation.