

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 12

Ymateb gan: | Response from: Age Cymru



Consultation response

Plan for transforming and modernising planned care and reducing waiting lists

For the Senedd's Health and social Care Committee

June 2022

Introduction

Age Cymru welcomes the opportunity to provide further information on modernising planned care and reducing waiting times. As we have previously advised on these issues, older people are predominantly those most affected by delays in this area.

We are very pleased to see that the plan for transforming and modernising care includes many developments that will over time help older people's health and wellbeing improve.

In our most recent annual older people's survey¹ we saw a reduction in levels of satisfaction with health care services. Overall, 63% of people aged 50 or over had a negative experience of access to health care services. Within this, 73% had a negative experience of access to treatment and ongoing health checks, and 70% had a negative experience of both dental and GP access. Higher satisfaction rates were seen in access to eye care. For eye care this included usual sight checks as well as treatment services. In almost all areas satisfaction had gone down over previous surveys. The increase in delays will have undoubtedly contributed to reductions in satisfaction.

Addressing backlogs

The plan is ambitious in scope and includes some time scales for pandemic and waiting list recovery. It does set out well what needs to happen to address recovery, but little is included on exactly how change will be achieved. As a result, it is difficult to say whether this will address backlogs and reduce waiting lists to lower than pre-pandemic levels.

We welcome the split between planned care and emergency care as this will assist with maintaining treatment when otherwise this could reduce as a result of emergency pressures.

¹ Due for publication later in June 2022

We appreciate the efforts that have been put into developing timelines within the plan, but further work is needed. We have some concerns that the target times for reducing waiting times simply refer to 'most specialties.' Few time frames are included in the plan on when milestones will be reached. The plan includes that these will be developed for sub specialities but it would be helpful to see how these are developed.

We know that some specialisms through the nature of the conditions have been harder hit with delays. There is a risk through this that if specific targets are not set, it could skew overall data and not reflect the differences in various specialisms. Different conditions have different impacts on people in different circumstances, so it would be helpful to see more granular data with which to estimate overall general wellbeing recovery which will help inform the positive impact of the plan.

In our recent survey more people responded to the questions on health care than in previous surveys. They told us of long delays with treatment, surgery and ongoing care than in any previous surveys. One respondent to our most recent survey told us of their reduced physical health whilst waiting for orthopaedic surgery,

“Limited opportunities for exercise or social engagement, combined with an increased workload. [...] I have been at Week 27 of a 55-week waiting list to see an orthopaedic consultant for 3 years, with no proactive contact from the local health board.”

A lack of clarity on this also means that planning for wider care and support around treatment itself such as prehabilitation, rehabilitation and social prescribing services is made more difficult. Without further breakdown it is difficult to see distance travelled and which areas require increased attention.

The plan focusses on prioritising those with a higher clinical need and states that regard will be given to the impact of delays for different conditions. We would hope that the impact on carers and wider families is considered. Improvements in information sharing between health and social care is needed to support appropriate decision making.

A further focus is needed on national campaigns

The plan refers to improved communication before people access care services and has a specific focus on a national campaign to raise awareness of cancer symptoms as a means of getting people to come forward earlier. Such a focus is vital, given the difficulties over the pandemic of people waiting for diagnoses within target times. The plan also includes the need targeted communications to address health inequalities.

We would like to see other national campaigns developed further that focus on other conditions. In particular, we know that the effects of many musculoskeletal (MSK) conditions can be slowed down and helped through early diagnosis and advice on exercise, diet and lifestyle. Similarly, some effects of eye conditions can be helped with earlier advice and treatment. Given the huge backlogs in elective surgery for MSK conditions and eye conditions we believe such a targeted campaign is vital to

help older people earlier with these issues and reduce the need for high level interventions from health and social care.

For such campaign work it will be important to consider how information will be cascaded to be of greatest effect, and how people who are not digitally enabled are reached. The plan includes reference to building upon existing work of charities such as Age Cymru and we are keen to help in this area.

As changes in how services are delivered are planned, a communication plan around this needs to be carefully considered to prevent confusion for the public that explains why change is needed, what will be different and how changes will help people get the health care they need earlier. Ideally this should not be a 'one off' as changes may happen at different times in different regions according to each's priorities, and so an ongoing campaign is needed.

Improving patient experience

The plan includes a focus on improved patient experience and this is most welcome. Older people have told us of the difficulties they have in accessing health care, of poor and non-existent communications from health and difficulties in transfer of appropriate information from one service to another within the NHS.

Increased focus is needed on how those living with dementia will be better supported through care pathways. We know that people living with dementia tend to have longer hospital stays than those who do not, and providing the right care following discharge can be difficult. We would like to see further detail included on how their needs can be better addressed either through hospital at home services where this is possible.

We welcome the additional focus in the plan on supporting people to wait well. The effects of delays will take time to reduce, but providing support whilst people wait will improve many people's situations. As with other areas further detail on how this is provided would be helpful. It is important in developing these support services that how people that are digitally excluded may have parity of service with those that are online and able to use apps, have zoom meetings with health professionals. People's communication needs vary so it is important that digital cost saving in providing more support to more people does not come at the cost of those that are digitally excluded.

The plan details how See-On-Symptom (SOS) and Patient Initiated Follow-Up (PIFU) as an alternative to face-to-face follow-ups will be rolled out as a priority for outpatients services. We understand that there is a need to ensure that less 'no-show' appointment time is lost and this can be an area where time savings are made. However, the plan would benefit on further detail on which conditions SOS and PIFU will be used for in order to consider whether this will be a worse experience for older people. We are concerned that there are groups of people who will struggle to initiate follow up themselves and so will lose access to the care they need. For example, in this year's annual survey one carer told us:

'I have had to help my father access essential care for various physical issues as they arose. I haven't got the energy to go through it all again to get appointments for menopause and mental health for myself'

This is from one of many people who told us of how burned out they are through providing unpaid care. It is vital that any such change is carefully managed takes into account the range of patient circumstances and an assessment of how such groups of people can be supported to access the ongoing care they need.

Care closer to home and patient transport needs

We welcome the focus on care closer to home for conditions requiring repeated and ongoing health appointments. Older people have told us of issues with long distances to travel for treatment through the pandemic when services moved around in response to pandemic pressures. Providing care closer to home will benefit those in need of care, their carers and also wider support networks who are often called on to help with transport.

One respondent to our most recent annual survey said

“Had to cancel a hospital appointment because I couldn't get there in time using public transport. The appointment was at St Joseph's in Newport I live in Rhymney. Hopefully a new appointment will be made nearer home.”

We welcome recommendation 9 of the Waiting Well report that calls for the Health Minister to set out actions taken by health boards to find suitable venues for pain management, physiotherapy and occupational therapy both in hospitals and community settings. Such actions need to involve those needing care in their development to ensure that such venues are able to meet patient needs. Such venues can also assist with cascading health promotion and other campaign information. Linked to this, those needing these services are more likely to be experiencing reductions in emotional wellbeing. It would be highly beneficial to have information and advice available in these settings on opportunities for improving wellbeing.

Providing care closer to home can also help improve community cohesion and wellbeing. A recent Wales Centre for Public Policy report focusses on the importance of a good infrastructure in the population's wellbeing² so moving services closer to home will help in this regard.

More needs to be done to look transport options for health appointments. Whilst health board's responsibility lies mainly in service recovery, improving transport options will greatly improve patient experience and reduce missed appointments. Transport needs should be considered as part of regional board planning

² Wales Centre for Public Policy Infrastructure and Long Term Wellbeing April 22 accessed 7/6/22 at <https://www.wcpp.org.uk/publication/infrastructure-and-longterm-wellbeing/>

considerations. Older people are less likely to have a car or be able to drive so transport issues disproportionately affect them. Providing care close to home will help, but there are long standing issues with public transport meaning independent travel is incredibly difficult for some older people. Further consideration is needed on how community transport can be provided. This is of particular importance for more rural areas but does affect all of Wales.

For services that are usually a 'one off,' such as hip replacement, we recognise the need for these to be centralised in centres of excellence in order to increase the volume of treatment and reduce waiting lists and also provide better clinical outcomes for people. We feel the plan needs an additional focus on how transport to services further from home are resourced, who provides them and how they can be accessed. Such developments should involve older people from the outset to both ensure they meet the needs of patients and also help prevent valuable resources being focussed on the wrong areas.

Regional partnership boards should consider this area of need as part of transformation fund projects.

Leadership and oversight

The plan sets out well what needs to happen for planned care recovery, but there appears to be a gap in terms of national scrutiny, and what intervention will happen if targets for improvement are not met. It would be helpful to have a national hub to oversee change and support health boards through this.

The plan includes that health boards will develop more detail on targets for recovery and it would be helpful to see how they will develop these. For example, will there be national discussions across health boards to ensure that targets are reasonable and proportionate? Will target setting include international research evidence on improvements in planned care? National oversight is needed in order for this to be a useful and effective exercise. A procedure is needed to detail what would happen in the event that health boards fall behind in reducing delays and who will oversee improvements.

Discussions with health professionals indicate that more could be done to share good practice and the enactment of this plan can provide a good opportunity for health boards and services to share their learning on not only what works, but what they have tried that does not work in order to make the best use of the additional resources provided for planned care recovery.

Improved use of digital technology and shared communication between health and social care

We welcome recommendation 19 of the waiting well report on improving connections between health and social care technologies as this is vital to ensuring all professionals involved in the care of a person have access to the right information

with which to provide the right response. Older people have told us of issues where their records have not been transferred from one health service to another and the difficulties this has caused.

Age Cymru have recently looked into delays in access to social care support.³ Our work found issues of inappropriate discharge of vulnerable patients where discussions did not take place between health and social care. Older people have told us of circumstances where discharge happened without the right support in place which then led to emergency admissions.

Carers have told us of difficulties in finding out information on their loved ones, even in cases where a power of attorney was in place and how loved ones have been discharged to care homes a very long way from home without them knowing this was happening. Social care is becoming better at identifying carers and these records need to be available to health colleagues.

It is vital that social care and health records are able to speak to each other and that systems are in place for shared records to stop such cases from happening and reduce time wasted trying to get hold of information that should be easily available to professionals involved.

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³ This report is currently being finalised and will be published shortly.