

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 16

Ymateb gan: | Response from: Coleg Brenhinol Llawfeddygon Lloegr |
Royal College of Surgeons of England



The Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

Written evidence from the Royal College of Surgeons of England

Introduction

1. The Royal College of Surgeons of England (RCS England) is a professional membership organisation and registered charity that exists to advance patient care. We support nearly 30,000 members in the United Kingdom and internationally by improving their skills and knowledge, facilitating research and developing policy and guidance.
2. We welcome the opportunity to provide evidence to the Senedd's Health and Social Care Committee's inquiry into the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists.

Summary

RCS England urges the Committee to consider the following points regarding the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists:

- We welcome the publication of the Welsh Government's Planned Care Recovery Plan (the Plan) which is long overdue.
- With waiting times in Wales still rising we need a clear strategy for tackling the backlog. Almost 700,000 patient pathways are waiting to start treatment across Wales and long waits for operations can be particularly devastating for patients.
- We welcome the additional funding made available for planned care and more regional working to reduce variation in access to surgical services across Wales.
- We have been calling for dedicated surgical hubs or elective centres which separate emergency and planned care for some time. Crucially, these centres allow planned treatment to continue even if there is another spike in COVID-19 cases or winter flu.

- We remain concerned about the pace of the surgical recovery in Wales. In comparison with England, anecdotal feedback from our members is that surgical activity levels are lower. However this data is not widely published.
- In Wales, although Welsh Government have supported the principle, Health Boards have made limited progress in moving to a surgical hub model with some areas faring better than others.
- We need a consistent approach to see elective centres in every Health Board area and across Health Board boundaries to avoid a postcode lottery of patient care and ensure equity of access to surgical services.
- The targets the Welsh Government has set in the Plan are challenging. It will take several years before waiting times reduce to pre-pandemic levels. We are calling for an annual report to the Senedd to track progress.
- We have concerns that some targets in the Plan only relate to some specialties, potentially leaving patients without a clear idea of when they can expect to be treated. The targets in the Plan should apply to all specialties.
- Our workforce is over-stretched and we need an independent, fully costed workforce plan to resolve the long-standing issue of staff vacancies. Delivering the targets in the Plan must not come at the expense of staff welfare.
- Surgical trainees must be supported to catch up on missed training opportunities as soon as possible.

Waiting times in Wales

We welcome the publication of the Welsh Government's Planned Care Recovery Plan. A clear strategy on tackling the backlog was long overdue.

Waiting times in Wales are at unprecedented highs. For the latest available data the number of patient pathways waiting for treatment in Wales is now 701,418. In excess of 250,000 patient pathways are waiting over nine months for treatment. For comparison in March 2021 there were 568,367 patient pathways on the waiting list and 216,418 had been waiting more than nine months. For March 2022 the largest number of patient pathways are for trauma and orthopaedic surgery [97,522], general surgery [86,544], ENT [59,346] and urology [42,694].ⁱ

Of particular concern is the large number of patients waiting more than two years for treatment in Wales. For the latest available data 70,417 patient pathways are waiting more than 105 weeks. This is the highest number since records began. In England, the UK government has a target to eliminate two year waits by July 2022. Although the data is not directly comparable, there were 9,146 patients waiting more than two years in England in May 2022.ⁱⁱ

A significant waiting list existed in Wales before COVID-19 but the situation has been exacerbated by the pandemic. Moreover, NHS Wales has not met its waiting time targets since 2011.ⁱⁱⁱ

There is now the risk that some patients will have to wait years for treatment in Wales, which is unacceptable. To tackle this, the Welsh Government urgently needs to deliver on the commitments set out in the Plan.

As outlined in our 'Action Plan for the Recovery of Surgical Services in Wales' published in 2021, long waits for planned care can have a range of negative impacts on patients' care. The common themes are pain, psychological distress, fears around deterioration in health, threats to employment and loss of income, and an increasing lack of trust in care providers.^{iv}

Prolonged waits for surgery also risk further deterioration in patients' conditions, which can mean more complex surgery being required. There will sadly be some instances where patients die while waiting for a procedure.

Surgical hubs

We have been calling for dedicated surgical hubs or elective centres in Wales for some time. These units separate emergency and planned care. Surgical hubs create ring-fenced operating theatres and beds enabling more operations to go ahead. Such centres create more dedicated capacity for planned operations to proceed and help reduce the backlog of those waiting for treatment even if there is another spike in COVID-19 cases or winter flu. They also create a more sustainable and resilient health system in the longer term.

Establishing surgical hubs or elective centres is not just about changing the organisation of hospital services. We also need to materially increase NHS capacity in terms of operating theatres and surgical beds. As recognised by Audit Wales, the number of beds in Wales has fallen steadily over many years.^v While we recognise the ability of the independent sector to

provide some additional capacity in the short term, we need to ensure more sustainable capacity in the NHS.

The anecdotal feedback from our members is that the planned care recovery in Wales has been patchy and inconsistent. Surgical activity remains below pre-pandemic levels in some geographical areas and some surgical specialties.

We welcome the approach outlined in the Plan to separate planned care from emergency admissions. However there has been limited progress by Health Boards in moving to a surgical hub model. We know that some areas (Cardiff and Aneurin Bevan for example,) are faring better than others. The plans announced by Swansea Bay University Health Board to create centres of surgical excellence across Swansea Bay's three main hospitals are also welcome. Of note there are currently 91 elective surgical hubs operational in England.^{vi}

We need strong direction from the Welsh Government to see elective centres in every Health Board area and across Health Board boundaries. This is to avoid a postcode lottery of patient care and ensure equity of access to surgical services in Wales.

We would also urge the Welsh Government to publish surgical activity data (against pre-pandemic levels) every month, broken down by Health Board and specialty. This is to identify and support those geographical areas and surgical specialties with lower levels of surgical activity.

The health service in Wales is facing intense and sustained pressure. The scale of the challenge is unprecedented. We are cognisant that it will take several years before waiting times are back to pre-pandemic levels. The Health Minister has indicated it will take a full Senedd term and Audit Wales has said it could take up to seven years or more.^{vii}

We must ensure there is communication with patients consistently across Wales to keep them informed about how long they will have to wait for treatment. We must also make sure they are fully supported during this difficult time.

Prioritisation

Throughout the pandemic, the NHS has sought to prioritise patients with the greatest clinical need. Prioritisation of time-sensitive disease such as cancer is paramount. As the pandemic progressed, the health of more patients waiting for routine operations deteriorated. Benign conditions such as hernias can deteriorate if left untreated. Long waits for hip or knee surgery can result in increasingly painful and deteriorating joints. Due to the impact on a child's development and education, delays to cleft palate surgery for children can become critical. Patients can become unable to continue working or living independently.

Over time, operations initially deemed a lower priority can become more urgent. The aims of prioritising by clinical need and addressing the longest waits are both important. Both time-critical and more 'routine' but much delayed operations need to be supported with investment across Wales.

We welcome elements of the Plan to support patients while waiting for treatment. Given waiting lists are likely to continue rising, support for patients to 'wait well' is important.^{viii} Efforts must be made to identify patients who may be deteriorating clinically on the waiting list so they can be re-prioritised.

Targets in the Plan

The Plan sets out a number of challenging targets for the recovery of planned care in Wales. We have serious concerns that some of the targets in the Plan only relate to some specialties. This potentially leaves some patients without a clear idea of when they can expect to be treated. The targets in the Plan should apply to all specialties and more detail is required around the timescales for the targets and how they will be measured.

To ensure transparent delivery against the targets there should be an annual report by Welsh Government to the Senedd.

Workforce

The pandemic has had a detrimental effect on doctors' health and wellbeing. Our workforce is already exhausted and over-stretched, and we need solutions to the long-standing issue of staff vacancies. Delivering the targets in the Plan must not come at the expense of staff welfare.

Retaining our current workforce and ensuring the recruitment of new staff poses a significant challenge. We require a robust, fully costed workforce strategy providing an independent assessment of current and future workforce numbers in Wales. Understanding these projections is critical to making sure there are enough staff to meet patient demand, reduce the waiting times backlog and ensuring the long-term sustainability of the health system in Wales.

Trainees

Utilising trainees will be key to supporting the surgical team and wider workforce. The pandemic has had a detrimental impact on doctors' training and working environments.

Supporting our surgical trainees to progress their training is key to tackling the waiting list backlog. Surgical trainees must be helped to catch up on missed training opportunities as soon as possible, with bespoke programmes of training that include enhanced theatre time. Every planned operation undertaken on an NHS patient, including NHS patients having their operation in an independent hospital, should include a surgical trainee to help them get the training time they have missed.

Surgical hubs will help increase surgical activity, and also provide surgical trainees with much-needed opportunities to continue their training. We must ensure that surgical hubs include trainees and help to increase the number of training opportunities available across Wales.

ⁱ Stats Wales, Referral to treatment. <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment> [Accessed 8 Jun. 2022].

ⁱⁱ Information obtained from a press notice issued by the Department of Health and Social Care External Affairs team, dated 6 June

ⁱⁱⁱ Stats Wales, Referral to treatment. <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment> [Accessed 8 Jun. 2022].

^{iv} RCS England, Action Plan for the Recovery of Surgical Services in Wales, March 2021

^v Audit Wales, *Tackling the Planned Care Backlog in Wales, May 2022*

^{vi} UK Parliament. 2022 [cited 8 June 2022]. Available from: <https://questions-statements.parliament.uk/written-questions/detail/2022-05-16T00:00:00/2573>

^{vii} Audit Wales, *Tackling the Planned Care Backlog in Wales, May 2022*

