

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 23

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

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## **British Orthopaedic Association response to request for written evidence: Welsh Government's plan for transforming and modernising planned care and reducing waiting lists**

At the British Orthopaedic Association (BOA) we welcome the publication of the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists.

We particularly welcome the proposals for:

- Delivering evidence-based treatments that add value.
- Additional sessional work at weekends and evenings.
- Partnering with the independent sectors to develop new approaches and models of care.
- Regional options which will allow protected planned care capacity at a higher volume than traditional hospital-based theatres.
- Consolidating urgent and emergency services to free capacity for planned care.
- Transformation and introduction of new models of care at practice, cluster, hospital and health board level.

We strongly believe that central direction is essential to manage resources effectively to optimise treatment for Welsh orthopaedic patients, and we believe there is a need for greater clarity than is currently set out in the plan on which specialties will be prioritised and included in any targets, and the targets themselves. Without operational incentive to drive elective recovery, we cannot understand how you expect elective recovery to be achieved for these patients who have already waited too long. It is easy for hospitals to redeploy orthopaedic beds, wards, nursing staff, theatre lists, anaesthetists and theatre teams to other areas, but this should not be tolerated.

Reducing waiting lists will also require 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. While we welcome the proposal for additional sessional work at weekends and evenings, this cannot be simply asking existing resource to work longer and harder. We would welcome greater clarity around how any additional funding will be used, and how its use and impact will be tracked and reported on. The BOA believes that the solution is likely to involve surgical hub centres, dedicated for elective treatment, which can operate 12 months of the year.

The British Orthopaedic Association strongly support the WOS concerns outlined in their response to the Welsh Government's plan and have full confidence in the Welsh orthopaedic leadership team. We are happy to help in any way to expedite elective recovery for the benefit of patients in Wales. 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.