

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 30

Ymateb gan: | Response from: Bwrdd Cyngor Iechyd Cymuned | Board of Community Health Councils





Welsh Government's plan for transforming and modernising planned care and reducing waiting lists: consultation response

The Board of Community Health Councils (the Board) is pleased to submit this consultation response on behalf of Community Health Councils (CHCs) in Wales.

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

There are 7 CHCs in Wales. Each one is made up of local volunteer members who live in the communities they serve, supported by a small team of paid staff. Each CHC:

- Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference
- Reaches out more widely to people within local communities to provide information, and to gather views and experiences of NHS services.

CHCs use what they hear to check how services are performing overall and to make sure the NHS takes action to make things better where this is needed

- Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start
- Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

The Board of CHCs (the Board) exists to support, assist, advise and manage the performance of CHCs. It represents the collective views of CHCs across Wales.

CHCs in Wales do not have a statutory role in reflecting the views and representing the interests of people who may or do need to access social care services in Wales.

In the same way that people's individual health and care needs do not stop at organisational boundaries, neither do people's views and experiences of the health and care services they receive. So CHCs often hear what people think about their health and care services overall, and not just those provided by or funded by the NHS.

CHCs have used what they have heard from people across Wales and from NHS providers about health and care services to inform the following collective response to the consultation questions.

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

CHCs welcome the clear focus in the plan on addressing the things that people have told us matters most to them when they are waiting for a diagnosis or treatment. It acknowledges and responds to the main issues we hear from people living in all parts of Wales who are waiting longer than anyone would like for a diagnosis or treatment.

It sets out - in high level terms - what will be done (and in many but not all areas how), to address these issues. It sets some key targets so that the public have some idea how quickly they can expect things to get better.

It recognises the key elements that will be needed to deliver what is an ambitious programme that, to be successful, must tackle once and for all some long standing and systemic issues that have been made worse, but have not been caused by, the COVID-19 pandemic.

The 'transformation' it identifies as necessary to bring down waiting lists and create a sustainable health and care system for the future must be achieved with people and communities through co-production. How it does this will be key to the plan's success.

But:

- CHCs question whether the plan sufficiently recognises the stark reality of just how fragile the current NHS workforce is – including in the primary care sector where the NHS relies so heavily on doctors, dentists, etc., operating as independent contractors.

The plan leans heavily on this fragile foundation. CHCs are increasingly seeing practices that have previously been thought of as "stable" GP and dental providers resign their NHS contracts because of recruitment and retention issues. No service is immune to folding as 'burnout' and recruitment issues continue.

- CHCs question whether the plan itself gives sufficient attention to the role of the social care system in enabling its successful delivery.

CHCs also think that it will be easier to judge whether the plan will be sufficient to address the backlogs in care when more detailed information is available from healthcare planners and providers.

Setting out 'what, when and how' the high-level ambitions described in the plan will be turned into clear, co-ordinated, and collaborative

actions locally, regionally, and nationally - through things like the workforce delivery plan - is key.

Without this it is not clear that the plan's ambition will be anything more than aspirational in nature.

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

CHCs welcome the clear focus in the plan on taking immediate and short-term actions like commissioning more treatment from non-NHS providers to bring down waiting lists more quickly while developing the capacity to design and implement more sustainable arrangements for the future.

But the main focus of the plan is around building a more resilient and sustainable healthcare system – with social care providers and local authorities referenced as partners but not extensively referred to/included as active contributors to a strengthened, more integrated health and social care system.

Whether the plan includes sufficient focus on:

- **Ensuring that people who have health needs come forward;**
- **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;**
- **Meeting the needs of those with the greatest clinical needs, and those who have been waiting a long time;**
- **Improving patient outcomes and their experience of NHS services?**

CHCs welcome the recognition in the plan of the importance of maintaining a strong, sustained communications strategy bringing

together local and national communications to help make sure people have enough of the right kind of information when and how they need it to empower them to come forward when they identify a health need.

The plan also recognises the importance of making sure that once people seek help having identified a health need that they can get that help through their doctor, dentist or other healthcare professional.

However, it's vital that the messaging and the reality of people's experience match up. CHCs continue to hear most of all each day from people who cannot get to see a doctor or dentist when they need one – for too many people it still feels a long way off the kind of access aimed for through the new GP access commitment.

Effective monitoring, action and clear reporting to the public on performance in these kinds of areas must be a key part of the wider communications strategy.

CHCs welcome the strong focus in the plan on 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 – including by working together with the 3rd sector to provide help, advice and support.

CHCs also recognise the key part that continued development of digital technology can play in achieving this – and the recognition that digital technology cannot be the only answer if no one is to be left behind.

CHCs are keen to see that this recognition in the plan is translated into practical and comprehensive action in areas like sustainable 3rd sector funding models and developing arrangements that are flexible enough to support people's individual help, advice and support needs.

CHCs are still hearing too often from people that they are offered a 'one size fits all' approach.

The plan provides a clear focus on prioritising those in greatest clinical need through a range of actions including better clinical list validation, refined primary care referral following early diagnostics and improved quality of referrals to aid initial triage.

The plan is clear about the range of things that will improve patient outcomes including earlier diagnosis, co-productive approaches to individual care, better care pathways and quicker treatment.

It also acknowledges the importance of capturing and using patient feedback to drive further developments and action where needed.

CHCs want this to be part of a clearer, stronger and more meaningful performance measurement, monitoring and reporting system that helps manage performance at all levels and drives improvements in health and care services on the things that matter most to people about their care and treatment.

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)?**
- **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 plan itself sets out a clear and simple national direction to respond to the immediate and longer-term challenges in reducing waiting times.

It is much less clear within the plan itself how this direction and intention to work collaboratively and collectively at all levels will be driven in practical terms.

CHCs know from its day-to-day activities locally, regionally, and nationally that there are already many different planning, programme and project groups and networks in place to drive design, development, and improvement in the NHS in Wales. Some of these are permanent arrangements and some are 'task and finish' groups.

It is not always clear to CHCs (or others) how they all fit together, who's responsible for doing what and when, and who is accountable to who and for what overall. As well as this, the part the new NHS Executive will play in all of this is still being developed.

So, unless those working within the NHS itself are clear who is responsible for doing what and when, there is little hope of people and communities effectively informing and influencing its thinking.

CHCs welcome the commitment to more regular performance information, eg., through a weekly performance dashboard. It is important that the more detailed delivery arrangements that underpin the plan set out very clearly overall:

- the levers in place to encourage collective effort, collaboration and innovation across the NHS, and the consequences of not doing so
- how working together will deliver equitable service provision that responds to the particular challenges facing people living in all parts of Wales, eg., rurality, deprivation, etc.

- who is responsible for doing what, how (where appropriate) and when
- how and when progress should be reported, and to who
- who will take action if things aren't going to plan.

If those involved in healthcare are to be properly valued and recognised for the way in which they work collaboratively and innovatively then this must be recognised in performance measurement and management arrangements at all levels.

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

CHCs welcome the very clear commitments in the plan about what people can expect and by when in terms of reducing the waiting lists overall (even though these are longer than anyone would want). This simple approach along with regular, more frequent progress and performance reporting should mean that people can easily measure whether these high-level commitments are met.

CHCs also note that the plan clearly states that it has been developed with NHS services and that there is confidence within the NHS that the plan is deliverable.

However, given CHCs concerns about the resilience of the workforce and its capacity to drive and respond to continuing 'transformation' at every level, we are unable to clearly assess how realistic and achievable the plan is without seeing the more detailed delivery plans that will support it.

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

The plan refers to some aspects of specific services where CHCs regularly and consistently hear concerns from people about waiting times. This includes, for example, children's services, mental health

services, cancer care, etc. It also focuses on the key aspects within service areas that people worry about such as diagnostics. It doesn't focus in more detail on the whole range of specialties, including those we hear most often about such as orthopaedics.

CHCs expect the high-level targets set out in the plan to apply to waiting times in respect of all NHS services – for everyone on a waiting list for any NHS specialty. People living in Wales need to be reassured that everything that can reasonably be done will be done to make their wait as short as it is possible to be – the plan must achieve this.

The range of more detailed delivery plans must clearly set out how the different challenges will be addressed across specialties and geographical areas - whether that be for example a workforce plan, cancer plan or NHS body Integrated Medium Term Plan (IMTP).

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

CHCs want the more detailed plans that support delivery to clearly set out how and when the existing variation across health boards will be addressed through a collaborative approach and new/different ways of working that meet the needs of people and communities.

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?

The plan doesn't provide any detail about the breakdown of the available funding (including additional sums), between revenue and capital.

It's important that the way in which funding is made available supports short term actions to address waiting time backlogs

equitably as well as developing services for the longer term in a sustainable way for people living in all parts of Wales.

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 plan focuses at a very high level on the key things that the NHS will need to focus on to transform the way planned care is delivered in the ways that matter most to people.

CHCs expect that the funding model in place to support delivery will provide sufficient focus so that the more detailed NHS delivery plans can respond flexibly in a way that best meets the needs of their population considering things like geography and demography.

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 plan recognises the need to address the key issues affecting the existing health and care workforce. The introduction of the real living wage in social care is welcome but CHCs do not currently have sufficient detailed knowledge of this sector to identify what more may be needed to put it on a more sustainable footing.

CHCs are seeing daily the impact on NHS care resulting from shortages in staff (some long standing and some related to the direct impact of COVID-19), and the impact on the quality of care when those delivering it are physically and emotionally exhausted.

CHCs welcome the commitment to work together with the health and care workforce to develop more detailed plans to address the workforce pressures. This should help provide assurance that those

more detailed plans respond to the key aspects from the perspective of the workforce in all parts of Wales.

Similarly, CHCs want to see that the views and experiences of patients and service users inform and influence the priorities within the workforce delivery plan.

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?

CHCs welcome the commitments in the plan to use digital tools and data to drive service delivery and more efficient management of waiting times – enabling people to feel more in control of their healthcare by being able to access advice, support and information about their care and treatment.

CHCs also welcome the clear commitment in the plan to reduce digital exclusion. It is vital that any developments recognise that there will always be some people whose individual needs cannot be met through their direct use of digital technology to access healthcare.

The focus on developing services must always include consideration of how things need to work for those who do not use technology.

Detailed planning for digital transformation needs to recognise and respond to the impact of digitisation on capacity – whilst easier digital access can often save capacity and better manage demand, it can also increase demand.

This has been the case with systems such as e-Consult and AskMyGP, where increased demand has resulted in a reduction in the availability in the operating hours of the systems in many cases.

Communication and engagement

CHCs welcome the commitment in the plan to strong and co-ordinated engagement and communication at local and national levels – and recognise the urgency of the need to move forward with clear, collaborative, and co-ordinated plans to recover and transform services for the future.

But this can only be achieved effectively if those responsible for designing and planning services for the future live up to the commitment to engage and involve people and communities in the design and development of their healthcare services.

This must be more than simply communicating why and how things are going to change. It's about working together with people and communities to identify the way services should be delivered in the future – recognising and responding to the things that matter most to people about how their services are provided.