

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 32

Ymateb gan: | Response from: Cymru Versus Arthritis

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



Written evidence submitted to the Senedd Health and Social Care Committee's *Inquiry into the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment* from Cymru Versus Arthritis, June 2022

## Introduction

### About the charity

- Versus Arthritis is the UK's largest voluntary organisation supporting people with arthritis and musculoskeletal (MSK) conditions. The charity provides a range of services: [local peer support groups/services](#); award winning [publications](#); activity and exercise [videos & resources](#), an [online community](#) and [helpline](#) – 0800 5200 520. We also fund world leading [research](#). For more information about our charity, please visit our [website](#).

### About Arthritis and MSK conditions

- An estimated 970,000 people live with arthritis/MSK in Wales.<sup>i</sup>
- There are over 100 such conditions, including osteoarthritis, gout, rheumatoid arthritis, lupus, psoriatic arthritis, axial spondyloarthritis, fibromyalgia and juvenile idiopathic arthritis (JIA).
- MSK conditions can strike at any age, including childhood.
- Common symptoms include joint pain, stiffness, and fatigue. Symptoms can significantly impact on mobility, dexterity and many other aspects of daily life. They are among the leading causes of persistent pain and disability.
- For more info on MSK conditions, please see our 'The State of MSK Health 2021' report [here](#).

### Record waiting times impacting on people living with arthritis in Wales – in figures

Trauma & Orthopaedics (T&O), as of the end of March 2022:

- the total number of people waiting for T&O in Wales was 97,522. The pre-pandemic average for 2019 was 62,118;
- 53,332 (55%) people on the T&O waiting list were waiting longer than 36 weeks, compared to 6,570 people (11%) on average in 2019;
- 39,171 (40%) people on the waiting list for T&O were waiting longer than 53 weeks (1 year), compared to 2,473 people (4%) on average in 2019;
- 20,445 (21%) people on the waiting list for T&O were waiting longer than 105 weeks (2 years) compared to 76 people (0.001%) on average in 2019.

## Submission summary

- We welcome:
  - The publication of the plan and the additional funding ringfenced for planned care recovery.
  - The recognition that orthopaedic services have been among the worst hit services during the pandemic and the impact on those waiting.
  - The support for a transformation agenda through *'Regional options which will allow protected planned care capacity at a higher volume than traditional hospital based theatres'* the commitment to *'...introduce regional and wider models of care to ensure equitable access. This may involve regional waiting lists, the transfer of patient care across health board boundaries, central hubs that offer those waiting a long time a more suitable appointment or the national commissioning of services.'* And *'Regional plans for aspects of orthopaedic services based on the orthopaedic clinical strategy work.'* We support the development of surgical hubs / elective centres and the ring-fencing of planned care facilities from other services. Developing travel provision and co-production of plans are vitally important to support this approach.
  - The recognition of the need to provide communications and support for people as they wait for treatment/surgery and the development of innovative online resources to support this aim.
  - The commitment to publish additional data to support the recovery process.
  - The plan's support for *'Partnering with the independent sectors to develop new approaches and models of care.'*
- However, there are aspects of the plan that require clarification or additional detail to support planned care recovery:
  - Waiting times targets are framed in relation to 'most' specialities rather than 'all'. The Plan does not clarify which services are to be included/prioritised in the targets and which are not. We are concerned that some of the hardest hit services, including inpatient elective orthopaedics interventions such as knee and hip replacements, will not be included for the 'most' specialities prioritised to achieve the targets. We are concerned that the targets could theoretically work against the prioritisation of some of the more life-changing and effective surgical intervention. People are waiting in severe and worsening pain for life-changing operations such as a hip or knee replacement and are losing mobility and independence, with significant impact on wider physical and mental health. Such procedures are extremely effective at reducing or eliminating pain and restoring mobility and independence. Yet, these services may not be prioritised within the 'most' specialities targets.
  - The plan lacks detail, modelling and projections re how targets can be met in orthopaedics. Note, we are aware that policy work is ongoing in relation to national planning for elective orthopaedics within Welsh Government, however, we do not the timeline to publication. We would like to see a National Recovery and Transformation Plan for Elective Orthopaedic Services published for consultation as soon as possible.

- There is a lack of commitment in the plan for national leadership on supporting people waiting for treatment. However, we understand the Welsh Government has subsequently recruited to a leadership role in this field. We are awaiting details re remit of the new role.
- We would like to see greater detail on the plan's commitment to publish additional data re waiting times. We would like to see monthly activity data published for indicative treatments / surgery services by HB.
- Addressing workforce issue will be key to recovery. We would like to see further detail on actions to be taken to address staff shortages.

## Full submission

### **The impact of longer waiting times on people with arthritis / MSK**

- Waiting times for services such as orthopaedics that are of vital importance to tens of thousands of people living with arthritis and MSK conditions in Wales have hit record levels and have continued to increase beyond the peak of pandemic related pressures. Many of those on the waiting list are waiting in severe and worsening persistent pain for an orthopaedic intervention such as a hip or knee replacement. The impact of the long waits can be devastating for individuals and their families, limiting people's mobility and independence, impacting on all aspects of a person's life, including employment, family life and physical and mental health.
- We appreciate the scale of the challenges facing the NHS, we are realistic about the timeframe necessary to clear the backlog. However, we believe that due to the extent and the continued escalation of health impacts of those waits, in terms of the numbers of people impacted, the impact on individuals and families and the consequences for the wider health and social care infrastructure and wider economy, reducing the orthopaedic waiting times and clearing the backlog needs to be a top tier priority for all relevant NHS bodies and the Welsh Government.
- We are particularly concerned at the significant growth of people waiting over two years for orthopaedic operations. As of the end of March 2022, the number of people waiting over 105 weeks (2 years) had grown to 20,445, or 21% of the T&O waiting list. This compares to 76 people (0.001%) on average in 2019.
- Evidence shows that delaying surgery can lead to worse outcomes for people who have been referred for hip and knee joint replacement, particularly waiting times beyond 6 months.<sup>ii</sup>
- Versus Arthritis surveyed people waiting for joint replacement surgery across the UK in late 2020 and found: 81% reported their physical health had worsened, 90% said their pain levels had deteriorated, 90% reported reduced mobility, 78% said they were now less independent, 72% reported a deterioration in their mental health.<sup>iii</sup>

### **Clarity re waiting times targets**

- We believe that it would strengthen the recovery planning process if the Plan's waiting times / recovery targets were made clearer re which services they relate to. Setting recovery targets in relation to 'most' specialities, rather than 'all' will not reassure people with musculoskeletal (MSK) conditions waiting in severe and worsening pain for life-changing surgery such as a hip or knee replacement that the Plan necessarily includes the services

they are waiting for. The use of 'most' in the wording for the targets provides too much space for more challenging service backlogs – including some of the most effective and life-changing treatments such as hip replacements – to be outside prioritised services. The targets could in theory work to deprioritise such services in favour of services more likely to achieve the targets and fulfil the 'most' specialisms criteria.

- We are concerned that there is no target for achieving the pre-pandemic 26 weeks wait target. Without this, does the Plan's one year wait target by 2025 effectively become the new planned care waiting times target in Wales?

### **Recovery and transformation of planned care services**

- We are very concerned at the rate of progress restarting services between pandemic waves during the pandemic and the pace of progress rebuilding capacity during recovery since the pandemic. We are also concerned at the disparity in the pace of rebuilding capacity between health boards. We would like to see a clearer roadmap to achieve pre-pandemic activity levels across Wales and a clearer mechanism to monitor progress.
- The recovery plan does not offer time-framed projections, modelling or targets regarding activity levels expected / required of Health Boards to meet the waiting times / recovery targets included in the plan or a timeframe to produce such modelling. The plan states work will commence with HBs re setting 'clear targets for improvement' but no timeframe is provided.
- Such detailed planning for orthopaedics is contained in the 'Orthopaedic Clinical Strategy Work' referenced on page 37 of the recovery plan, however no timeframe is provided for the publication of this work or for Welsh Government national planning for orthopaedics informed by this commissioned work. We believe the publication of a comprehensive, detailed plan for the full recovery and transformation of orthopaedic services is key to recovery and to building a robust and efficient elective orthopaedic service for the people of Wales. Such a national plan is needed to drive the creation of the regionalised, national orthopaedic service outlined but not detailed in the recovery plan.
- A national orthopaedic plan is needed to look beyond the recovery of elective orthopaedic services to provide planning for the transformation of the service to fully clear the backlog and to provide high quality services in a timely manner for the long term. It will need to offer a roadmap for achieving 100% of pre-pandemic activity levels and to achieve the 100%+ levels required to clear the backlog in the coming years and how and what workforce and facilities issues will need to be addressed to achieve these aims. We understand that a material increase in orthopaedic resource, across workforce and facilities is required to address the service needs of the nation and its aging population.
- It should be noted that orthopaedic waiting times were too long and were growing before the pandemic began. Further, elective orthopaedic services were regularly paused due to external pressures such as winter pressures. Transformation is needed to build a more robust service capable not only of clearing the backlog, but of withstanding external pressures and of achieving low waiting times and keeping them low for the long term. We believe that waiting times no higher than 6 months should not be an unrealistic target when the surgical intervention can be only an hour's operation that can fully restore mobility and independence to someone waiting in severe persistent pain.
- We welcome the commitment for 'Regional plans for aspects of orthopaedic services based on the orthopaedic clinical strategy work.' and the acknowledgment of the need to transform services. However, we await the planning detail necessary to show what that will look like or how and when it will be delivered for elective orthopaedic services.
- We support the Royal College of Surgery of England's call for surgical hubs / elective centres. Progress is being made at the local level in some HB areas to develop surgical hubs, for

example in Swansea Bay UHB. That progress is welcome, however we would like to see an acceleration and greater prioritisation of this process across Wales and we would like to see more national planning to ensure regional, cross-HB area solutions are evaluated and taken forward where most appropriate. We would like to see the aims for surgical hubs cover not only greater capacity and efficiency and supporting vital recruitment and retention initiatives, but also to focus on delivering the highest quality health outcomes for service users.

- We welcome the commitment to greater regional working where necessary/beneficial for certain services/treatments and we accept this will involve more travel for some people. Such changes should take into account travel support needs of services users. WG and HBs should also ensure more regularly accessed services, such as prehab and rehab (that work with less frequently accessed services that may be regionalised such as surgery) remain available locally.
- We believe that all options should be evaluated to reduce orthopaedic waiting times during recovery. Choices available to service-users, such as accessing services outside their HB area, should be communicated to them.
- We welcome the plan's support for 'Partnering with the independent sectors to develop new approaches and models of care.' We would like to see greater detail with guidance for the use of private services to speed up the process of recovery for elective orthopaedic services. We understand that this is a shorter term approach to lowering the waiting lists, however we believe that with the waiting lists as long as they are and with the health need as great as it is, short term solutions should be utilised to help reduce waiting times as more longer term, sustainable solutions are developed and implemented. We would like to see more data published to monitor HBs' use of orthopaedic private sector capacity in Wales to provide greater clarity and inform recovery planning and implementation. Further, greater clarity is needed re whether HB funding will be available for people to access private sector services, including in other regions and nations, both within the UK and beyond.
- We welcome the Plan's commitment to equitable access to services and recognition that this may require regional lists and transfers to other HBs. Patient choice should be central to this process where possible and travel provision will be key to eliminate barriers to access services that may be delivered at a regional hub as future transformation plans are implemented.

#### **Communication, information and support for people waiting for treatment / surgery**

- We welcome the acknowledgement of the impact of longer waits on those waiting and the need for communication and information to help people manage the challenges of the longer waits. It is important to note that the impact extends far beyond the physical health deterioration and increased symptoms and pain levels that people experience as they wait for orthopaedic surgery. For example, many people experiencing severe and worsening pain as they wait for surgery struggle with the mental health impacts this brings and may struggle with isolation and loneliness as leaving the house becomes more difficult or not possible independently. The impacts extend to family relationships and increasing pressures on carers, on financial security and employment – on every aspect of a person's life. Communication, signposting and support needs to help patients manage all of these challenges.
- For communications and support to be most effective in helping someone to 'wait well', or at least wait as well as possible, we would like to see recognition of the need for communications and support *early* in the service user's wait for treatment. For example, for someone waiting for a knee or hip replacement, early access to info and support re self-management skills/secondary prevention/safe exercise could impact positively on

independence, QoL and fitness for surgery as they wait. Leaving such intervention too long reduces the chance of compliance, pain levels / deconditioning may have already increased, leading to a downward spiral of ill-health. To support this, we like to see a greater focus during recovery on the expansion of provision of MTD in primary care, e.g. expansion of access to First Contact Practitioners (FCPs).

- We welcome the Plan's commitment to HBs developing a 'Communication strategy' for people waiting. We believe this should be extended to a commitment to each HB developing its own 'Waiting list support strategy', which would include communication, but also cover information and signposting provision beyond the health care providers and support provision to help people waiting for surgery to overcome barriers to safe exercise (pain levels, fear of damaging joints, etc) .
- Cymru Versus Arthritis has advocated for an all Wales plan or guidance to support the development of communications, information and support services for people on waiting lists. We welcome the recent appointment of a seconded lead to head up the Welsh Government's work in this field. We are awaiting details of the remit of the new role. We would like to see the Welsh Government also utilise the expertise it now has with its recently recruited Persistent Pain National Clinical Leads and its MSK National Clinical Leads to support the development of guidance for waiting well. Such work could provide the foundations for a longer term, more holistic and secondary prevention focussed change in the approach to support for people living with MSK conditions that have their condition primarily managed within primary care, such as osteoarthritis.
- We welcome the commitment to develop a 'Planned Care Portal' app for patients. We would welcome greater detail re timeframe for delivery and how the third sector can engage in the process. Third sector engagement will be key to the success of this app and will avoid unnecessary duplication of effort. The portal should make use of the high quality resources already developed in the third sector. For example. The Versus Arthritis website hosts an array of resources and videos to help people with arthritis to remain active.<sup>iv</sup> We are currently supplementing that resource with a series of videos for people waiting for / recovering from orthopaedic surgery to help them retain or increase their activity levels.
- Digital exclusion must be taken into account in the delivery of communications, information and support for people on waiting lists. We would like to see approaches such as single points of contact systems for people on waiting lists currently offered by at least one HB in Wales evaluated and improved and/or expanded as appropriate. It needs to be simple and straightforward for people to reach out for support and advice as and when their circumstances change whilst they wait for treatment.
- As a follow on to the Plan, we would like to see a stronger national steer re the development of local services to support people on waiting lists to increase their activity levels / access safe exercise – such as the 'ESCAPE pain' programme and resources.<sup>v</sup> A number of HBs have expanded their provision of ESCAPE pain over the past 24 months to support people on waiting lists.

#### Data

- We welcome the commitment to produce more data to monitor progress: *'This plan will be underpinned by accurate data. Targets and performance management will be developed alongside a real-time, visibility of the waiting list by sub speciality, robust demand and capacity plans that will enable teams to work effectively.'* We would like to see further detail re what data will be published and a timeframe for when this new stream of data will be accessible to the public.
- Versus Arthritis has advocated for the publication of granular monthly activity data – e.g. number of elective hip and knee replacements undertaken by each HB – to provide greater

transparency to monitor progress restoring services and achieving the capacity / throughput required to meet the plan's targets. We would like to see a national hub for HBs recovery planning and reporting of progress with such data.

### **Workforce issues**

- Workforce issues are key to tackling the backlog and the transformation of orthopaedic services. The Workforce Delivery Plan needs to be published as soon as possible.

## **Contact details**

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<sup>i</sup> <https://www.versusarthritis.org/media/24238/state-of-msk-health-2021.pdf>

<sup>ii</sup> The Lancet Rheumatology (2021). Too long to wait: the impact of COVID-19 on elective surgery. Accessed here:

[https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(21\)00001-1/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(21)00001-1/fulltext)

<sup>iii</sup> Versus Arthritis (22 October-December 2020). Impossible to Ignore Joint Replacement Survey of 906 people (65 in Wales)

<sup>iv</sup> <https://www.versusarthritis.org/exercise>

<sup>v</sup> <https://escape-pain.org/>