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 33

Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

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Suzanne Rankin
Chief Executive

15 June 2022

Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
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Dear Russell

Request for written evidence: Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

Thank you for the opportunity to comment on the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists. Our comments are summarised against each of the matters set out in your Annex 1 below.

Overall views

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

   In overall terms we feel the planned care plan has the right ambitions but acknowledge that the timescales stated in the plan will be a challenge for Health Boards in light of the volume of the backlog, suppressed demand, workforce constraints and continuing operational pressures.

   For context, in order to deliver the plan, we will not only have to revert to pre-pandemic levels of activity but also go above and beyond. This will require us to maximise our own resources in addition to commissioning additional activity and transforming and modernising the way we work. We, therefore, welcome the additional financial resource that Welsh Government have provide to support the planned care recovery and transformation.

2. *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?*

We feel that as well as plans to tackle the current backlog, the right things are being focused on in the plan to build a more resilient and sustainable health and social care e.g. care closer to home, separating planned care and urgent & emergency care, development of regional treatment centres and diagnostic facilities. The 5 goals approach to transformation is supported. The focus on promotion of healthier lifestyles e.g. healthy weight, physically active and stopping smoking is welcomed. The whole system approach i.e. we cannot deliver planned care unless the unscheduled care system is in balance and supported by the right social care system too, is clearly referenced in the plan. In this context, we also welcome publication of the Welsh Government Six Goals for Urgent and Emergency Care.

Meeting people's needs

3. *Whether the plan includes sufficient focus on:*

a. *Ensuring that people who have health needs come forward*

The plan states that changes to the GMS contract will see significant changes to the way people access their GP services which should make things easier for people to come forward. As part of the plan, Health Boards are asked to develop a communications strategy that will support patients to manage their conditions and focus on encouraging individuals to seek help if they are unwell. There is a specific focus on access to dentistry, optometry and community pharmacy services and as part of the cancer section a commitment to promoting key messages about cancer symptoms to encourage patients to come forward.

From a public health perspective, there is work to do on improving referrals in from people who traditionally do not access primary care services and wait until they are so ill that they need emergency care i.e. addressing what we refer to this as the 'inverse care law'. We would also need to be careful that referral thresholds do not further disadvantage some populations, as we know there is variation in when people present for care.

b. *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*

The plan commits to providing better information for patients including access to personalised information and more help so patients can decide the most appropriate option for them, helping patients to prepare for surgery. The plan will build on established self-management models as a core component of person-centred care. Support for people with long term conditions to manage their own health and wellbeing effectively is also highlighted.

c. *Meeting the needs of those with the greatest clinical needs, and those who have been waiting a long time*

The plan mentions clinical prioritisation of patients (those categorised as urgent) and those who have been waiting the longest but there is a risk that in prioritising urgent patients, some routine patients may wait longer as a consequence. The ambitions set out, however, are focused on time rather than clinical risk and this is something that could be strengthened.

The plan also asks Health Boards to consider the specific needs of children, and makes reference to considering waiting times for children differently to waiting times for an adult as the illness will represent a higher proportion of a child's whole life and potentially have a long-term impact on growth and development. Our view is that paediatrics is an area that needs more development and ought to be strengthened with a specific profile and plans in the document. Access to mental health services is also highlighted with eating disorders, young people, and general increased demand as areas identified for prioritisation.

d. *Improving patient outcomes and their experience of NHS services*

In terms of cancer, the plan referenced the need to embed National Optimal Pathways to streamline the patients journey and reduce avoidable delays and combining first clinician review with as many diagnostic results as possible to minimise time to diagnosis and first treatment.

The section on patient prioritisation and minimising health inequalities does draw attention to what matters to patients in terms of isolation, inability to work, mobility limitations etc and the impact this may have on patient outcomes. However, fully engaging, in a meaningful way, with underserved populations in the planning of services so that accessibility (whether that is through outreach elements, translation of information etc.) can be considered up front not as an add on is essential.

From a public health perspective, the inequality of care once in the system is not mentioned, we know that people who have protected characteristics generally have worse outcomes and a worse experience of care. We will need this monitored as standard, and data collection is poor which adds to the complexity of this issue, this should be standard with PROMS and PREMS but might need additional thinking through to reach all groups.

Leadership and national direction

4. *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)?*

Yes, we agree that the plan provides sufficient leadership and national direction, however we recognise that there is more work to do in terms of collaboration across Health Board boundaries and across the health and social care system to deliver sustainable system change.

5. *Whether the plan provides sufficient 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?*

   Not in all areas. For some areas it is very clear that, for example Welsh Government or Health Boards are taking the lead, but in other areas it is not as clear who the 'we' is that is being referred to in the plan.

Targets and timescales

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

   Yes, the targets and timescales are sufficiently detailed and measurable. As stated above under Q1, some of these targets are challenging to deliver within the timescales set out.

7. *Is it sufficiently clear which specialities will be prioritised/included in the targets?*

   Other than where specific reference has been made to certain services (e.g. mental health, children's services), we have made an assumption that the targets apply to all specialities.

8. *Do you anticipate any variation across health boards in the achievement of the targets by speciality?*

   Yes, we can anticipate that there will be variation across the health board as not all specialities are at the same starting position having been affected in different ways as a consequence of the pandemic. Therefore, delivering the targets in some specialities will be quicker/more realistic than in others which are still some way off a return to pre-pandemic levels of activity.

Financial resources

9. *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?*

   It is unlikely that there is sufficient revenue and capital funding in place as things stand, however it may be that further funds are made available over the four year term of the plan. For example, the plan points to the need to establish community diagnostic hubs away from acute hospital sites which will require investment in equipment, facilities and workforce. There is no mention of how this will be funded and we know that capital availability is currently extremely limited.

10. *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?*

There are some specific areas identified in the plan for funding e.g. mental health (50m rising to 90m in 24/25) and £262m annually to equip and train the next generation of health workers. £170m recurrent funding has been made available to support planned care recovery across Wales. Endoscopy, cataracts, orthopaedics, imaging, critical care, cancer and stroke services have been identified as the priority areas but we already know that the allocation for our own Health Board will not cover all these areas. Whilst we are aware from a Health Board perspective on the mechanisms for reporting spend against the investment and activity, and the forums in which we are held to account, we could not see this set out in the plan.

Workforce

11. *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 acknowledges the impact the pandemic has had on staff and that workforce capacity and capability will be key to the success of delivering the plan. However, it also acknowledges that we will not be able to recruit our way out of the challenges we face. There is a commitment to spending £262m annually to equip and train the next generation of health workers and developing a coordinated and focused workforce plan. However, it is not clear what the detail of the plan looks like. It is also worth noting that the expectations from the plan is that Health Boards start delivering from now but there will be a lead in time to the corresponding workforce strategy coming to fruition. We will, therefore, need to have to put interim solutions into place such as asking our staff to do additional shifts to fill current gaps or use private sector/locums/agency staff. We would also strike a note of caution about the ambition to deliver planned care over 52 weeks, 7 days and 15hrs a day which will be a considerable ask in terms of workforce.

Digital tools and data

12. *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?*

The Welsh Government plan references access for patients to a national patient information website and support services, but there are no timescales associated with this or how these developments will facilitate efficiencies. However, it is helpful to see references in the plan to digital tools in place within primary care to enable remote consultations and from an outpatient perspective plans to integrate e-referral and e-advice systems in order to manage the majority of non-urgent cases in the most appropriate setting. We note the positive plans for referral pathways to be supported by a digital interface, the roll out of

SOS and PIFU pathways, use of digital technologies to reduce the need for face to face contact, video consultations and group clinics to prepare patients for treatment and digital platforms for patients to self-manage conditions. From a public health perspective, digital exclusion is mentioned, and while technology will help many we need to remember that this may increase inequalities without additional options being made available for patients.

I hope you find the above comments helpful.

Yours sincerely

Suzanne Rankin
Chief Executive