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**Health and Social Care  
Committee**

Eluned Morgan MS  
Minister for Health and Social Services  
Julie Morgan MS  
Deputy Minister for Social Services  
Lynne Neagle MS  
Deputy Minister for Mental Health and Wellbeing

25 October 2022

Dear Ministers


Follow up questions after general scrutiny session on 6 October 2022

Thank you for attending our meeting on Thursday 6 October and responding to our questions.

Following the evidence session, Members agreed to write to you with follow-up questions on the issues outlined in the annex to this letter.

We would be grateful for a response by 16 December 2022.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

## Annex: follow up questions after general scrutiny session on 6 October 2022

Following the general scrutiny session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing, on 6 October 2022, we would welcome further information on the matters listed below. We would be grateful to receive your response by 16 December 2022.

National Diagnostics Board

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1. In your Programme for transforming planned care, you make a commitment to form a Diagnostics Board to bring together key partners from across the NHS and social services. Please can you provide an update on the work of the National Diagnostics Board, including further details on the diagnostics approach for Wales and how the Board is working with national programmes such as Imaging, Pathology and Endoscopy.

Waiting times data

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It is currently unclear from the available data in which specialties the longest waits are in different health board areas. StatsWales publishes number of weeks waiting by health board, by speciality but not by hospital.

2. In our recent report, Waiting well? The impact of the waiting times backlog, we recommended that the Welsh Government should support health boards to routinely publish waiting times data disaggregated by specialty and hospital (recommendation 17). In your response, you accepted our recommendation, explaining that it was an action in your Programme for transforming planned care. Please provide us with an update on the implementation of recommendation 17.

Your written evidence states in June 2022 there were 97,882 open pathways over 52 weeks waiting for a first outpatient appointment. It said:

*"Although the cohort of patients (this is the list of all patients that need to be seen by the end of December 2022 and is different to the number currently waiting over 52 weeks) is reducing, progress is slower than we would like and would expect".*

Our understanding is that this number only includes patient pathways already waiting for their outpatient appointment. In coming months, there will be new patient pathways.

3. Does the Welsh Government monitor/publish data on new patient pathways waiting for first outpatient appointment per month vs patient pathways that receive their first outpatient appointment per month (i.e. closed pathways), as clearing the backlog depends on the difference between these rates. What analysis has the Welsh Government done with NHS Wales on how much capacity needs to increase to clear the backlog?

4. Could you share the data guidance on what's included in each treatment function as reported on StatsWales, and confirm whether this is consistent across all health boards i.e. what general surgery covers, what's included in diagnostic services etc. How does Welsh Government ensure consistency in how the data is recorded by different health boards.

Data on NHS waiting lists in England is broken down by patients on the waiting list that lie within so-called 'non-admitted pathways' and others who lie within 'admitted' pathways. Those on admitted pathways are those patients who are already on a surgical waiting list. Those on 'non-admitted' pathways have not yet been seen by a specialist or have been seen but are still either awaiting diagnostic tests or a follow-up consultation. It is generally thought that around 15-20% of patients on the non-admitted waiting list will end up requiring inpatient treatment.

5. Can you provide clarification on how this data is being reported for NHS Wales? For example, could you provide an explanation of the data on the number of patient pathways waiting by stage of pathway and what is being measured i.e. what each of the following covers: those waiting for diagnostic or therapeutic interventions, those waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result and those waiting for a follow up outpatient appointment or decision.

#### Summits

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6. During the session you referred to recent and planned summits, including one focusing on orthopaedics and one on cancer. Could you provide further information about when the summits took place, who attended, what was discussed and the outcomes. It would also be helpful if you could indicate whether there's a public note of the meetings.

#### Regional Partnership Boards and integration

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7. There are still concerns among stakeholders about the scrutiny and accountability arrangements for Regional Partnership Boards. What actions are planned to strengthen these arrangements and ensure that RPBs are delivering their objectives?

#### Public appointments

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8. In your written evidence you outline steps taken by the Welsh Government to improve recruitment to public appointments. What assessment has been made of whether these steps have led to the desired outcomes, for example increased number of applications and greater diversity among applicants for public appointments in health and social care.
9. What are the emerging conclusions from the NHS Wales Public Appointees Task and Finish Group, and what actions will the Welsh Government be taking to implement any recommendations made.

10. During the session you agreed to provide further information about what constitutes good practice in respect of follow up appointments for people who have had cataract appointments—for example to prevent scar tissue forming—and whether this is being consistently applied across Wales.

#### Women and girls' health plan

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11. Further to our correspondence in July and September, could you provide us with an update on the work that has taken place over the summer to progress the women and girls' health action plan, and when you anticipate the plan will be published.

#### Questions from the public

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As you are aware, we asked the public to provide their suggestions for questions about health and social care in Wales. It was not possible to cover all of the issues raised by the public during the session. To help us to respond to the issues raised with us, we would therefore welcome information on the following:

12. What plans are in place to ensure that ensure that hospital staffing levels are safe.
13. What is being done to develop interim care services and strengthen community services.
14. What steps are being taken to improve ambulance performance.
15. In your view, what are the main challenges hindering the integration of health and social care in Wales.
16. Are you confident that the actions you are taking to engage the wider population in preventing ill health, including chronic conditions such as diabetes, will be effective.
17. Are appropriate services and patient pathways in place to support people in Wales with chronic conditions such as Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome.
18. Following the [update you provided on 19 October 2021](#), are you able to provide any further update on the clinical case for the new Velindre Cancer Centre.
19. Can you provide an update on the provision of gender identity services in Wales following changes at the Tavistock Gender Identity Clinic.