

**Y Pwyllgor Iechyd a
Gofal Cymdeithasol**

**Health and Social Care
Committee**

Eluned Morgan
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Dear Eluned

NHS waiting times

Thank you for your letter of **4 April 2023** regarding progress against the recovery targets set out in the Welsh **Government's programme for transforming and modernising planned care and reducing waiting lists in Wales**.

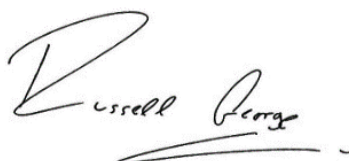
As you will be aware from my letter of **17 February 2023**, while we acknowledge that some progress is being made in tackling NHS waiting times, we did have some concerns that unless activity were increased, the recovery targets would not be met.

At our meeting on 14 June 2023, we considered the March 2023 waiting times data, released in May 2023, against the recovery targets set out in the programme. The data shows that the first two recovery targets have been missed (reducing outpatient waits to below 52 weeks by end of December 2022, and eliminating two year waits in most specialties by March 2023).

This equates to thousands of patients continuing to wait too long for NHS treatment.

We would welcome the opportunity to discuss these issues with you during the autumn term; our officials will be in touch to arrange a suitable date. In the meantime, we would be grateful for a response on the issues outlined in the annex **by 15 August 2023**.

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: NHS waiting times: request for information

We would be grateful for a response on the following issues by 15 August 2023.

Cancer pathways target

In March 2023, 53.3% of cancer patients started their first definitive treatment within 62 days of first being suspected with cancer, compared with the interim target of 70% agreed with the Planned Care Improvement and Recovery Team.

1. You said in your letter of 4 April 2023 that “backlog removal is impacting on achievement of [the cancer pathways target] as cancer pathways are reported by closed pathway”. Could you provide further explanation of this, and also outline what is being done to improve performance against the target.

The seven “exceptionally challenging” specialities

The seven specialties identified as being “exceptionally challenging”, and therefore outside the scope of the recovery targets two and three, account between them for 27,400 (86%) patient pathways waiting more than two years. These specialties include trauma and orthopaedics, ear, nose and throat (ENT), ophthalmology, general surgery, urology, gynaecology, and oral surgery. We would welcome further information about the way in which these specialties are reflected in Welsh Government reporting.

2. Our understanding is that the seven specialties listed above are excluded from both recovery targets two and three. Could you confirm that this is the case.
3. Could you clarify whether the data reported on previously by Welsh Government included all specialties, including the seven identified as “exceptionally challenging”. If it was previously included, but is now excluded, what steps are you taking to ensure that data is comparable over time.
4. The national picture on the specialties with the longest waits is different by health board. Could you provide information about when, how and why decisions were made to exclude the seven specialties listed above from the recovery targets, and who was involved in the decision-making process.
5. Will the exclusion/inclusion of these different specialties within the targets remain the same, or do you anticipate any changes being made over time. If any changes are made, how will this be communicated, and what steps will be taken to ensure that data remains comparable over time.

6. How will the decisions to exclude the seven specialties impact on what health boards prioritise their efforts on? For example; in BCUHB, gynaecology and ophthalmology aren't in the longest waits (2 years). Their longest wait is for orthodontics. In Hywel Dda, dermatology isn't in the top seven but pain management is.
7. What actions have been taken to prioritise improved waiting times in each of the seven individual specialties that aren't included in the recovery targets? Has any consideration been given to setting individual targets for these seven specialties?

Ministerial summits

In your letter of 4 April 2023 you provided an update on Ministerial summits held in respect of ophthalmology, emergency care, ENT and orthopaedics.

8. We would be grateful if you would commit to sharing a summary of the findings and details of any action plans emerging from such Ministerial summits with us on an ongoing basis. For example, we would be happy to receive an update after each summit has taken place, or a termly update covering any such summits that have taken place during the relevant period.

