

**Eluned Morgan AS/MS**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**



**Llywodraeth Cymru**  
**Welsh Government**

Russell George MS  
Chair  
Health and Social Care Committee

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15 August 2023

Dear Russell

Thank you for your letter of 4 July on behalf of the Health and Social Care Committee regarding NHS waiting times. I have responded to each of the points below.

### **Cancer Pathway Target**

Performance against the cancer target is reported against those cancer pathways that are closed within the month. This means that the data is only reported once the patient has started their definitive treatment. In terms of the impact of treating patients from the backlog on performance, if you treat 100 patients after the target date, the performance will be 0% against the target. If you treat 50 patients before the target date and 50 after the target date, you have still treated 100 patients, but performance is now 50%. If you treat all patients before the target date, again, you have still treated 100 patients, but performance is now 100%. On each occasion, 100 patients have been seen, but depending on how long they have been waiting, the performance against the target will differ.

I have been very clear with health boards that the number of patients waiting over 62 days for either their treatment to start or to receive a diagnosis is too great and that the focus must be upon treating the longest waiting patients. This is and will continue to impact upon performance against the target compliance – but it is the right thing to do for patients.

My officials continue to have regular monthly meetings with the health boards about cancer performance and the actions being taken to improve performance and reduce the backlog of patients waiting. There is a considerable focus on pathway redesign to ensure that where possible straight to test and other related pathway improvements are implemented.

We are investing heavily in our cancer services, and I've made it one of the six priorities for NHS organisations in Wales. I held a second national summit with cancer service leaders in March of this year and reinforced my expectations about improving the cancer waiting time performance.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Following the summit, the Welsh Government and the NHS Executive has commenced a national cancer intervention. This is focused upon the three worst performing tumour sites - urology, gynaecology and lower GI. This is bringing together the programme, clinical, data and improvement specialists of the NHS Executive to support health boards and trusts to implement the national optimal pathways.

### **The seven “exceptionally challenging” specialities**

I can confirm that the seven specialities you list were not, and have never been, excluded from any of the targets set for health boards. When the planned care recovery targets were set in April 2022, the pre-COVID delivery challenges in a number of planned care specialities were recognised and that achievement in some specialities would be a significant challenge. Data relating to those specialities is published on a monthly basis as part of official statistics and this will continue.

The table below details the significant progress made in the seven planned care specialities referenced in reducing two-year waits. In total, there was a 53% reduction in the number of patients waiting over two years in May 2023 compared to May 2022, with the over two-year wait number falling for 14 successive months.

**Table 1:** Challenged planned care specialities and their waits over two years - May 2022-May 2023

	May-22	May-23	Diff	%age change
<b>T&amp;O</b>	18,635	9,660	8,975	48%
<b>General surgery</b>	8,366	4,489	3,877	46%
<b>Urology</b>	4,695	3,856	839	18%
<b>ENT</b>	9,877	3,653	6,224	63%
<b>Ophthalmology</b>	7,982	2,460	5,522	69%
<b>Gynaecology</b>	3,777	1,752	2,025	54%
<b>Dermatology</b>	2,461	338	2,123	86%
<b>Others</b>	9,260	4,561	4,699	51%
<b>Total</b>	<b>65,053</b>	<b>30,769</b>	<b>34,284</b>	<b>53%</b>

The NHS Planning Framework for 2023/24, which is reinforced through my Ministerial priorities, has a clear focus on driving down waits in these challenged specialities and this remains a key priority.

Clinical focus on the delivery of improved patient pathways and clinical implementation networks is helping to drive the work to balance both waiting time priorities and clinical urgency.

To maintain the focus and increase the pace of change for 2023/24, milestone targets have been set to ensure the commitment to remove the two-year waits. These are:

- By the end of December 2023, 97% of all RTT pathways will be waiting less than two years.
- By the end of March 2024, 99% of all RTT pathways will be waiting less than two years.

**Ministerial Summits**

Reports following the Ministerial summits will be published on the Welsh Government website. I will arrange for the link to be forwarded to you. Further reports will be added after any future summits. There was no report produced following the urgent and emergency care summit.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

**Eluned Morgan AS/MS**

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Minister for Health and Social Services