

NHS Wales Waiting times – termly monitoring report

Y Pwyllgor Iechyd a Gofal Cymdeithasol | 14 Mawrth 2023
Health and Social Care Committee | 14 March 2023

Introduction

This is the Committee's **fifth monitoring report** of NHS Wales planned care recovery targets, which were set in April 2022. The key ambitions to reduce waiting times for people in Wales include:

- No one waiting longer than a year for their first outpatient appointment **by the end of 2022**.
- Eliminate the number of people waiting longer than two years in most specialities **by March 2023**.
- Eliminate the number of people waiting longer than one year in most specialities **by Spring 2025**.
- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions **by Spring 2024**.
- Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026 (with an interim recovery target to meet the single cancer pathway within 62 days for 70% of people **by March 2023**)

Further scrutiny has been undertaken by the Senedd's Health and Social Care Committee following publication of its November 2023 monitoring report,



including a general scrutiny session with the Minister for Health and Social Services on 8 November.

The statistics used in this briefing are taken from the Welsh Government's [NHS activity and performance summary: December 2023 and January 2024](#) and [StatsWales](#).

Further information:

- Waiting times data are published monthly on the [StatsWales website](#) with a two-month lag.
- Previous monitoring reports are available on the [Committee's website](#).
- A link to [Ministerial summit reports](#) relating to orthopaedics, ophthalmology, ENT and cancer are published on [the Welsh Government website](#).
- Digital Health and Care Wales (DHCW) now publishes a [secondary care dashboard](#) which provides data on outpatients appointments, inpatient admissions and day case activity undertaken in Wales.

N.B. The number of patient pathways is **not the same as the number of individual patients**, because some people have multiple open pathways. More information is available in the [Welsh Government's Chief Statistician's blog](#).

The [Welsh Government's statistical update](#) reports that in December, when there were just over 756,300 open patient pathways, there were about 584,000 individual patients on treatment waiting lists in Wales.

Overview

In December 2023:

- The number of patient pathways decreased from around 758,800 to just over 756,300. This was a decrease of around 2,480 patient pathways from November, but 66.6% higher than in May 2020.
- Adjusted by population, **Cardiff and Vale University Health Board (UHB)** had the highest number of patient pathways waiting (28,051 per 100,000). **Aneurin Bevan UHB** had the lowest numbers waiting overall (22,482). (*It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards*).
- Patient pathways waiting longer than one year for their **first outpatient appointment** increased to just under 57,000.
- Just over 24,000 patient pathways were waiting more than **two years** for treatment.
- About 140,300 patient pathways were waiting more than **one year** for treatment.
- For **diagnostic services**, patient pathways waiting decreased to just over 117,600 but the number waiting longer than 8 weeks (the target for maximum wait) increased to just over 50,500.
- For **therapies**, patient pathways waiting decreased to just under 67,400 but the number waiting longer than 14 weeks (the target maximum wait) increased to just under 12,600.
- Performance against the 62 day **single cancer pathway target** increased to 58.0%.

The median time waiting to start treatment had generally been around 10 weeks pre pandemic. This increased during the Covid-19 pandemic and peaked at a record high of 29 weeks in October 2020. In December 2023, the median waiting time was 21.5 weeks.

Recovery target 1: First outpatient appointments

Recovery plan target 1: No patients to be waiting longer than a year for their first outpatient appointment by the end of 2022

In December 2023, the number of patient pathways waiting longer than one year for their **first outpatient appointment** increased by 5.6% compared to the previous month to just under 57,000.

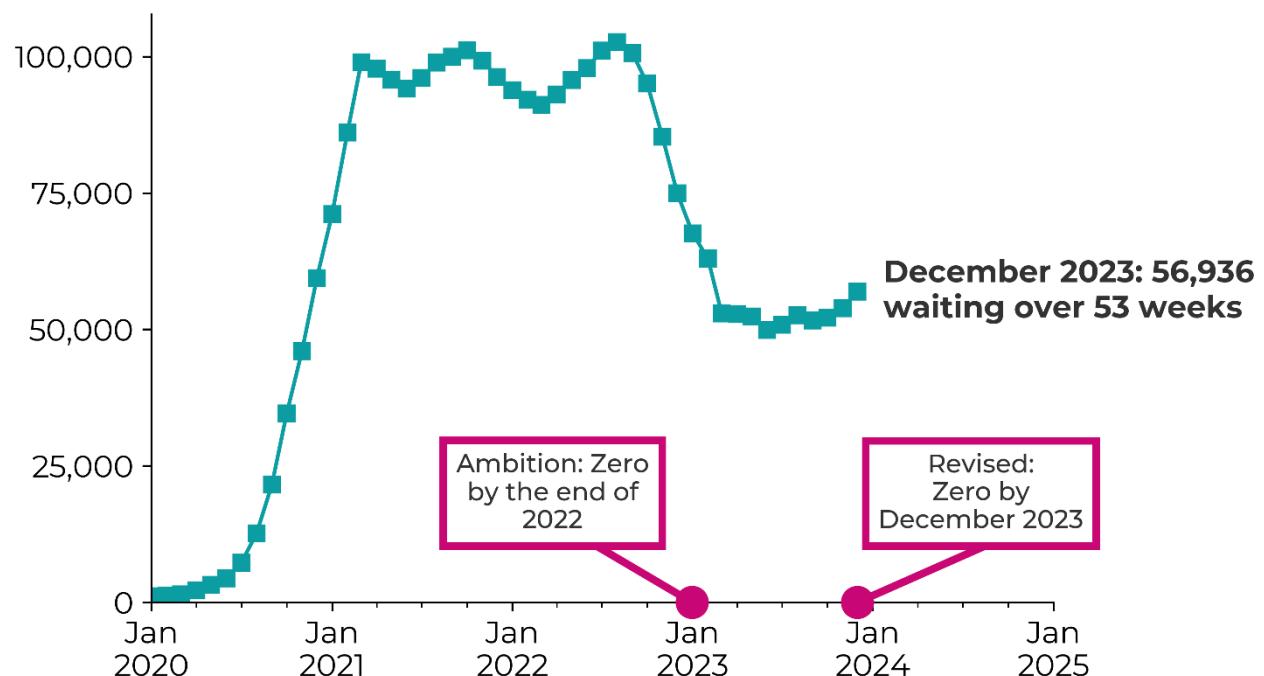
The planned care recovery plan target that no-one waits more than a year for their first outpatient appointment **by the end of 2022** was not met. The revised target **by the end of 2023** has also not been achieved.

The Health Minister has previously said that this is due to the significant increase in **referrals** for first outpatient appointments. An average of 3,349 referrals for first outpatient appointments were made per day in December 2023. This is a decrease of 22.2% (958 fewer referrals per day on average) compared to November 2023. In comparison to December 2022, it is an increase of 5.9%.

Since December 2022, the number of patient pathways waiting longer than a year for their first outpatient appointment has plateaued around 50,000 and there were **three consecutive month-on-month increases** from September to December.

Among the Local Health Boards, the highest number of patient pathways waiting more than one year per 100,000 of the population was in **Cwm Taf Morgannwg UHB** (2,965) and the lowest in **Swansea Bay UHB**, where there are now no pathways waiting more than a year for their first appointment. (*It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards*).

Figure 1: Number of patient pathways waiting over 53 weeks for their first outpatient appointment



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Recovery target 2: Two-year waiting targets

Recovery plan target 2: Eliminate the number of people waiting longer than two years to start treatment in most specialties by March 2023

The planned care recovery plan established a target to eliminate **two-year waits in most specialities** by March 2023. The target was not met.

By August the target had still not been achieved, when around **27,000** patient pathways were waiting more than two years to start treatment. Just over **24,200** patient pathways were waiting more than two years in December 2023.

The number waiting more than two years is **generally falling month on month**, with the median time patient pathways had been waiting for treatment at the end of December at **21.5 weeks**.

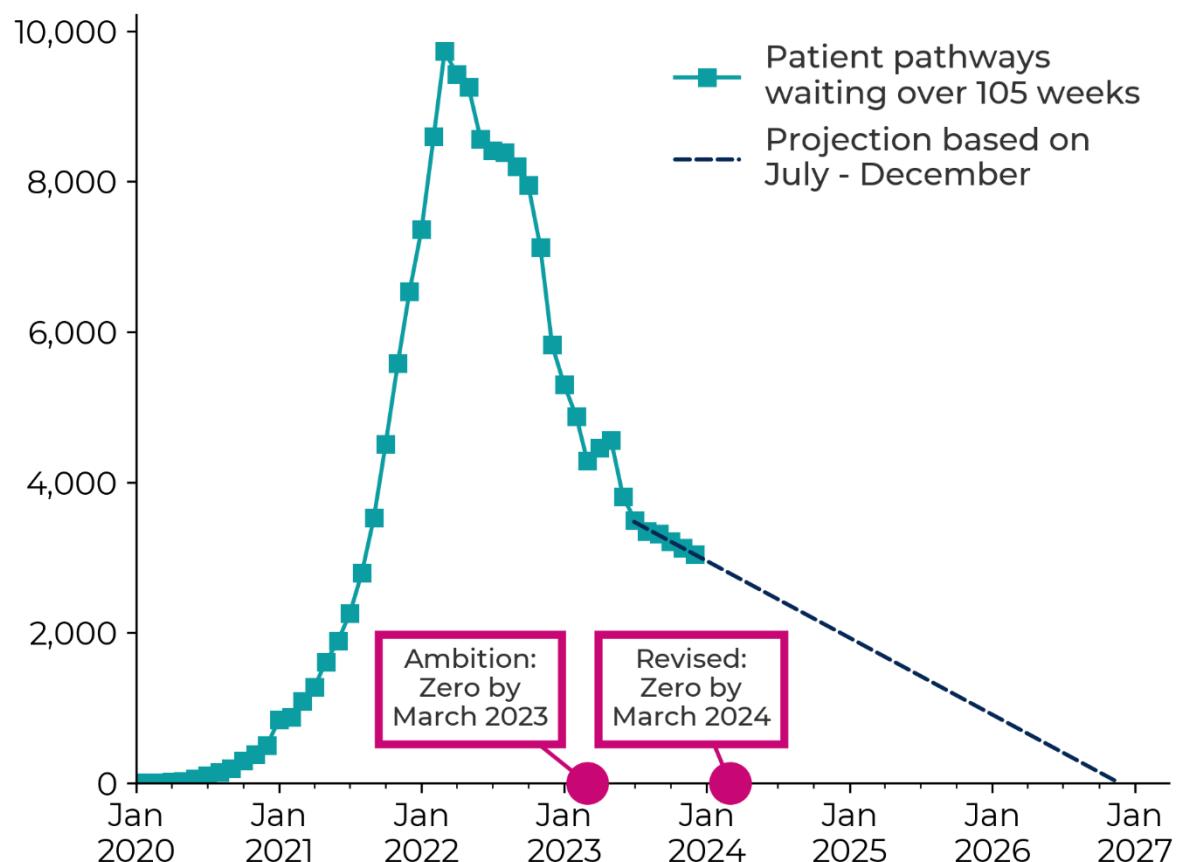
Adjusted by population, the most patient pathways waiting more than two years for treatment was in **Betsi Cadwaladr UHB** (1,187) and the fewest waiting more than two years was in **Aneurin Bevan** (649). (*It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards*).

‘Most’ refers to all specialties **excluding seven** recognised as exceptionally challenging. These are Dermatology, General Surgery, Ophthalmology, Urology, Gynaecology, Orthopaedics and Ear, Nose and Throat. In December 2023, there were still **a further 16 specialties** with pathways waiting more than two years accounting for 3,047 pathways.

A projection using data from July to December shows that at the current rate of progress (i.e. if the rate of progress since July 2023 is sustained), the recovery target to eliminate two years waits in ‘most’ specialties **will not be fulfilled until around November 2026**.

The revised target is for health boards to achieve this **by March 2024**.

Figure 2: Number of patient pathways waiting over 105 weeks to start treatment in most specialities (excluding the seven recognised as exceptionally challenging) and projection based on July to December 2023



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Recovery Target 3: One-year waiting targets

Recovery target 3: Eliminate the number of people waiting longer than one year to start treatment in most specialties by Spring 2025

The planned care recovery plan established a target to eliminate the number of people waiting longer than **one year** to start treatment in ‘most’ specialties **by spring 2025**.

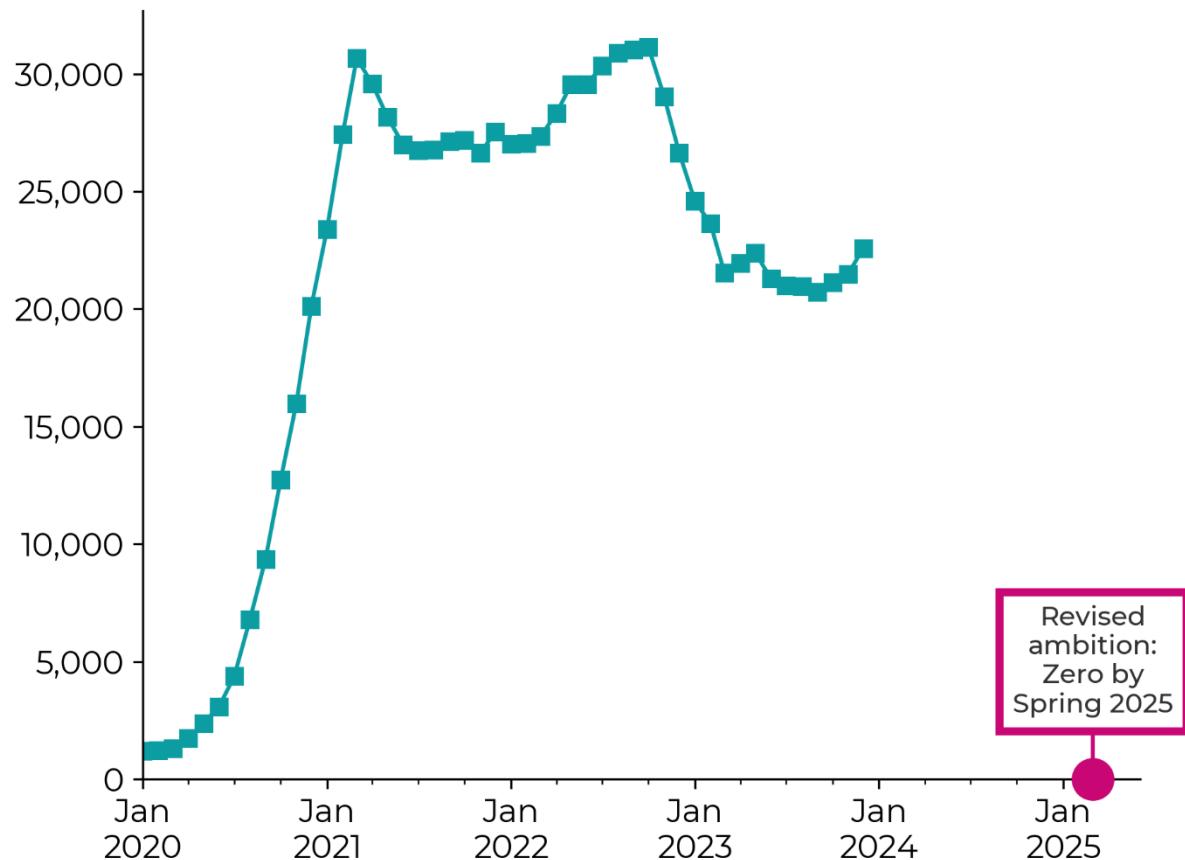
While the number of patient pathways waiting over **two years** for treatment is decreasing each month, the number of patient pathways waiting **more than one year** has started to increase in recent months.

In December 2023, about **140,300** patient pathways were waiting more than one year, which was 2.8% higher than the previous month.

Adjusted by population, the most patient pathways waiting more than one year was in **Cardiff and Vale UHB** (5,650). **Swansea Bay UHB** had the fewest waiting more than one year (3,455). (*It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards*).

The **target** is for health boards to achieve this **by Spring 2025**.

Figure 3: Number of patient pathways waiting over 53 weeks to start treatment in most specialties (excluding the seven recognised as exceptionally challenging)



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Recovery target 4: Diagnostic testing and therapy interventions

Ambition 4: Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024

Neither diagnostics nor therapy waiting times are close to pre-pandemic levels, with a long term upward trend in patient pathways waiting. All health boards have patient pathways waiting more than the target time for diagnostics and therapies.

At the end of December, there were just over **117,600** patient pathways waiting for **diagnostics**. Diagnostic tests include blood tests, imaging studies, endoscopy, biopsy, and electrocardiogram etc. The number of patient pathways waiting longer than **8 weeks** (the target maximum wait) increased to just over **50,500**. This was an increase of 7.0% compared to the previous month.

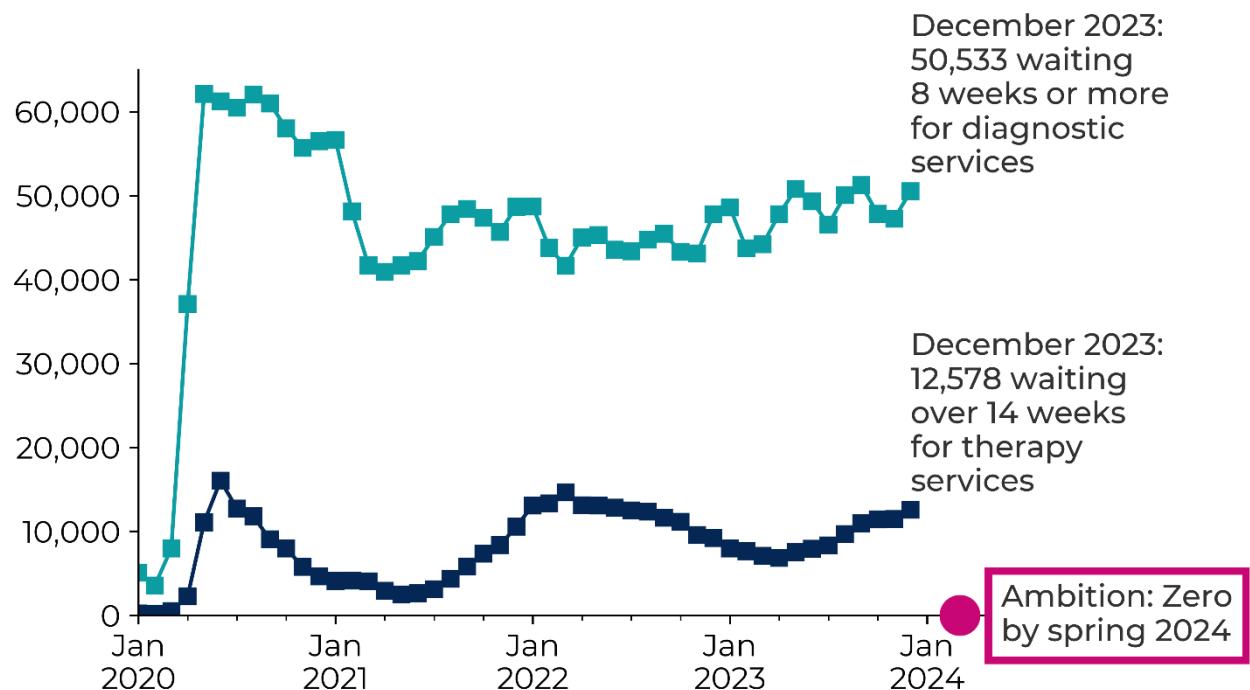
The number of patient pathways waiting for **therapies** was just under **67,400**. Therapy interventions include psychotherapy, radiation therapy, surgery and occupational therapy etc. The number waiting longer than **14 weeks** (the target maximum wait) increased to just under **12,600**. This was an increase of 9.7% compared to the previous month.

The highest number of diagnostic pathways waiting more than the target time per 100,000 population was in **Cardiff and Vale UHB** (2,882) and the highest number of therapies was in **Hywel Dda UHB** (892). The lowest number of diagnostic pathways waiting more than the target time per 100,000 population was in **Betsi Cadwaladr UHB** (939) and the lowest number of therapies was in **Swansea Bay** (19). (*It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards*).

In December, the median waiting time for diagnostic tests was 6.5 weeks, and for therapies was 6.1 weeks.

The **target** is for health boards to achieve these targets **by Spring 2024**.

Figure 4: Number of patient pathways waiting 8 weeks or more for diagnostic services and over 14 weeks for therapy services



Source: StatsWales, [Diagnostic and therapy services waiting times by month](#)

Recovery target 5: Cancer waiting times

Ambition 5: Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026

The planned care recovery plan established a target to increase compliance with the Single Cancer Pathway (SCP) (i.e. diagnosis and first definitive treatment for cancer will be undertaken within 62 days) **from 75% to 80% by 2026.**

The SCP target **measures diagnosis and first definitive treatment**. It aims to ensure that patients with symptoms or suspected cancer receive prompt assessment. This means they should be seen by a specialist or undergo diagnostic tests **within 2 weeks**. Once a cancer diagnosis has been confirmed, the focus of the SCP target turns to the time taken to start appropriate treatment. These **two elements** make up the **62-day target**.

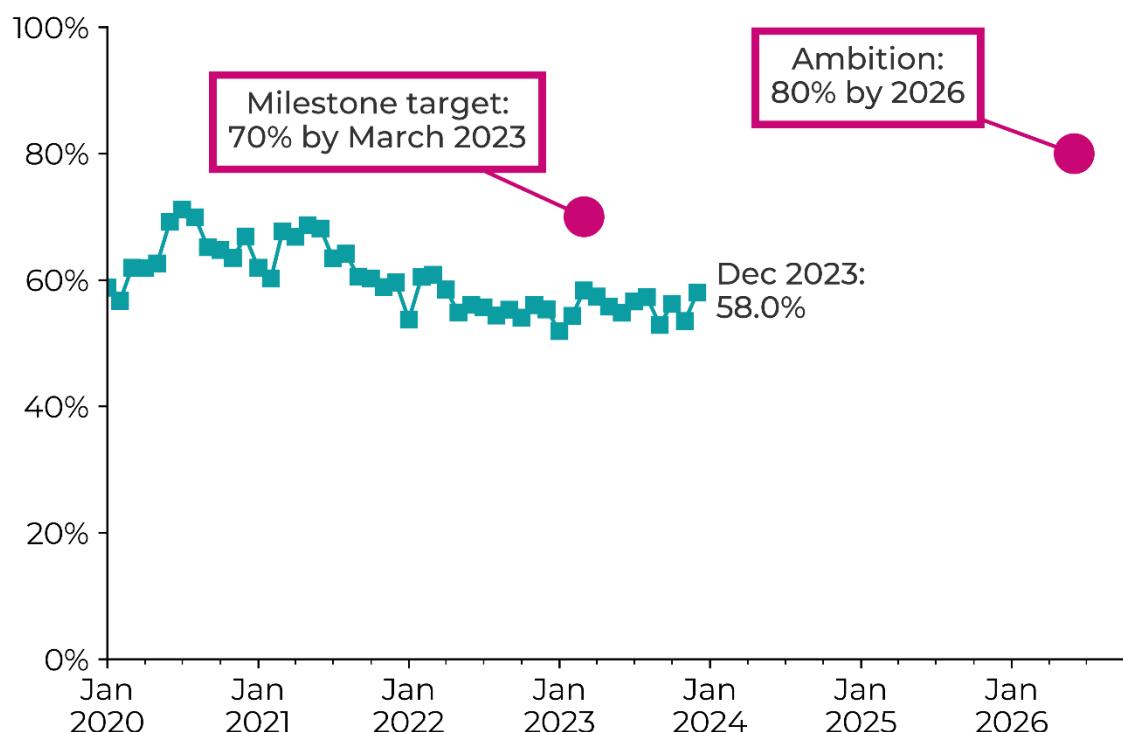
With regards to **new suspected and closed suspected cancer patient pathways**, the data shows that **12,979** patient pathways were opened in December following a new suspicion of cancer, with the number of new pathways opened stabilising in recent months. The number of **closed patient pathways** was **12,180**, meaning the patient was informed they did not have cancer.

In December, **1,603** patient pathways were newly diagnosed with cancer and started their first definitive treatment in the month (a decrease of 15.4% compared to the previous month). This is an increase in performance against the SCP 62-day target to **58.0%** (930 out of 1,603 pathways). This compares to 53.5% the previous month.

Performance fluctuates but there has been a **general downwards trend** in compliance with SCP in recent years. A **milestone target** for the SCP was agreed with health boards of 70% compliance by March 2023, but this was not met.

Adjusted by population, the highest proportion of pathways starting their first definitive treatment within 62 days was in **Cardiff and Vale UHB** (70.2%) and the lowest was in **Swansea Bay UHB** (50.8%). (*It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards*).

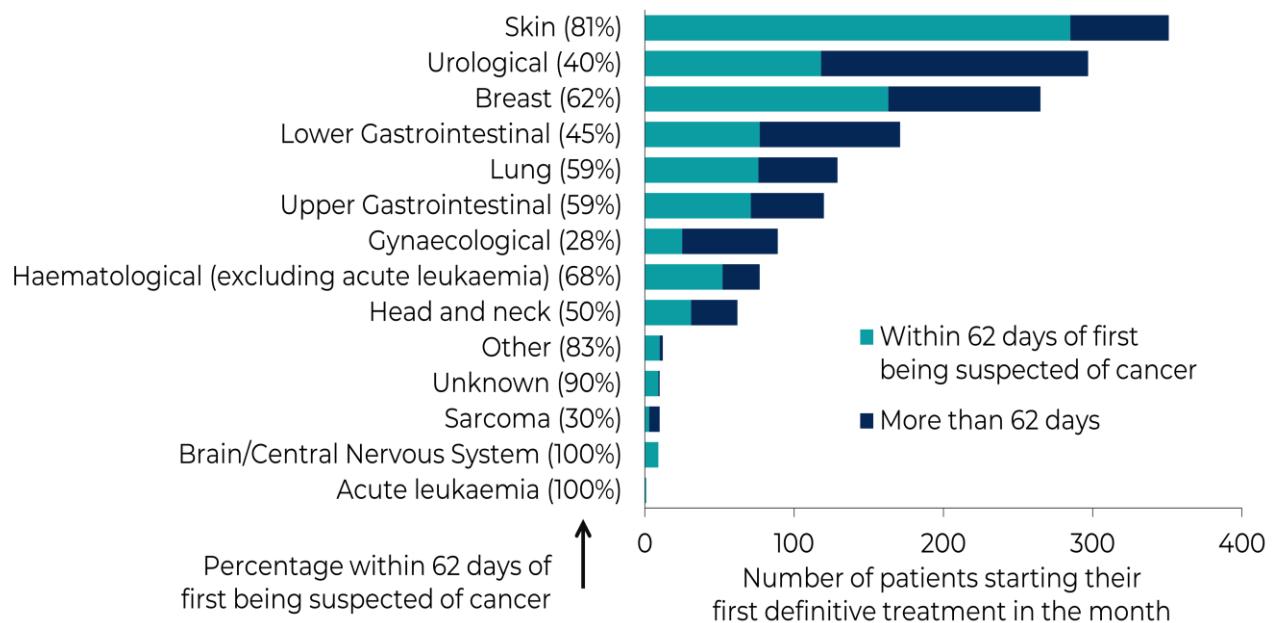
Figure 5: Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected



Source: StatsWales, [Suspected cancer pathway \(closed pathways\): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month](#)

Statistics are available by **cancer tumour site**. The December 2023 data shows that gynaecological (28%), sarcoma (30%), urological (40%), lower gastrointestinal (45%), and head and neck (50%) have the smallest proportion of patient pathways starting their first definitive treatment within 62 days. This means that a lower percentage of patients with one of these types of cancer are beginning their treatment within the timeframe (62 days). This could suggest potential delays in accessing treatment for gynaecological, sarcoma and urological cancer patients for example.

Figure 6 Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected tumour site.



Source: StatsWales, [Suspected cancer pathway \(closed pathways\): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month](#)

A national cancer intervention has been introduced (by the NHS Wales Executive and Welsh Government), which is focused on some of the worst performing tumour sites: gynaecological cancers, urology and lower gastrointestinal (lower GI).

Overall performance

The Welsh Government has so far failed to meet its recovery targets for NHS planned care, which underscores the importance of monitoring NHS waiting time performance.

The **upward trend in waits**, particularly in those waiting over one year for treatment raises concerns about the ability to effectively address waiting times and ensure timely access to treatment for patients.

In December 2023, there was a decrease in the number of patient pathways waiting compared to November, totalling just over **756,300**. But this figure is significantly higher than pre-pandemic waiting times, indicating **ongoing pressure on healthcare services**.

There are a number of key issues that the statistics point to:

- **Regional disparities in waiting times:** The statistics highlight the significant variation in waiting times for patient pathways across different Health Boards in Wales. For example, Cwm Taf Morgannwg UHB had the highest proportion of patient pathways waiting more than one year for their first appointment at 2,965 per 100,000 of the population, while Swansea Bay UHB had none.
- **Stagnation in waiting times for first outpatient appointment:** For the last year, the number of patient pathways waiting longer than a year for their first outpatient appointment has plateaued around the 50,000 mark, indicating a persistent challenge in reducing waiting times.
- **Persistent Long Waits:** While there has been a decrease in the number of patient pathways waiting more than two years for treatment, the problem persists, with just over 24,200 pathways still waiting at the end of December 2023. This indicates ongoing challenges in reducing really long waiting times and ensuring timely access to treatment for patients.
- **Specialties with Long Waits:** Despite progress in reducing waiting times, there are still 16 specialties (in addition to the 7 exceptionally challenging specialties) with pathways waiting more than two years for treatment. This highlights challenges in addressing long waits across a range of medical specialties.

- **Diagnostic and therapy services:** While the total number of patient pathways waiting for diagnostic and therapy services decreased, the number waiting longer than target wait times increased, indicating challenges in meeting maximum target wait times for these services. All health boards have patient pathways waiting longer than the target time for diagnostics and therapies, which suggests systemic issues affecting the timely delivery of healthcare services across all regions.
- **Cancer Pathway Performance:** Performance against the 62-day single cancer pathway target increased to 58.0%, suggesting some progress in ensuring timely diagnosis and treatment for cancer patients but overall current performance still falls short of the target. The lack of separate cancer statistics makes it difficult to track performance at the diagnostic stage and hinders the ability to identify the root causes of delays.