

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

Russell George MS
Chair of Health and Social Care Committee
Welsh Parliament
Cardiff Bay
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17 June 2024

Dear Russell

Planned care and waiting times

Thank you for your letter of 16 May requesting information on a number of points relating to the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists.

Context

The NHS Wales Planning Framework 2024-27 was issued in December 2023. This constitutes the Cabinet Secretary for Health and Social Care annual directions to the NHS in Wales and provides guidance on the development of organisations' Integrated Medium Term Plans. One of the Cabinet Secretary's priorities in this current Planning Framework is planned care. Therefore, NHS organisations are required to set out in detail their delivery commitments to improving performance in this area. They were also expected to detail plan for "maximising opportunities for regional working".

NHS organisations submitted Board approved plans to Welsh Government in March 2024. These plans are currently being revised to ensure delivery of key performance commitments and were resubmitted by 31 May 2024.

In relation to an example of direct national expectations on regional working, the Cabinet Secretary and I wrote to Hywel Dda and Swansea Bay University Health Boards on 19 March 2024. The letter contained directions under the Welsh Ministers' powers in accordance with Section 12(3) of the National Health Services (Wales) Act 2006 to direct both health boards to establish a Joint Committee. This is intended to strengthen arrangements to plan and deliver healthcare services on a regional basis where it is appropriate to do to ensure continued safety, quality and ongoing viability of services. The

expectation is that the Joint Committee will be formally established during Quarter 3 of this financial year.

How the Executive is facilitating regional working

As indicated above, it is the role of the Cabinet Secretary and Welsh Government officials to set the policy direction and provide national context for NHS planning arrangements, this includes the development of regional working.

The role of the NHS Executive is to support the NHS to develop their implementation plans through clinical and managerial arrangements. This support is based on clinical pathway design and recognised good practice such as Getting it Right First Time (GiRFT) principles and reviewing service fragility in order to describe regional service specifications to build sustainability.

Below are three areas of focus for regional developments which the NHS Executive is supporting:

1.Regional cancer services

The cancer network and the cancer improvement team in the NHS executive, have developed regional and national service models to support fragile services across Wales, and drive improvement in cancer modalities where there are service sustainability issues.

It is noted that two of the four treatment modalities for cancer are already fully regionalised - radiotherapy and systematic anti-cancer therapy (SACT). The third modality of surgery is an area where regional working has already been established, and more is being explored depending on their sustainability in the long term; this includes (thoracic, hepato-pancreato-biliary, oesophageal). The majority of palliative care isn't suitable for regionalisation due to its requirements for local delivery.

Other regional delivery models relate to Radio pharmacy, PET-CT, and paediatric cancers.

The network has also been involved in supporting equalisation of waiting times across health boards an example being:

Establishing shared lists for breast cancer between CTM and CV to reduce the variation in waiting times between the two neighbouring health boards.

2.Regional diagnostic services

The diagnostic improvement group in the NHS Executive through the national diagnostic implementation plan provide the executive leadership and remit to support health boards develop and agree regional diagnostic plans, this is specifically highlighted under their transformation section of the national diagnostic implementation plan.

Strategy aims being:

- Create national or regional models for fragile services with consolidation of some services to improve safety, throughput and efficiency.
- Push less complex diagnostics closer to primary and community care.
- Implement national planning for complex imaging provision such as PET-CT.

3.Regional treatments

Within the planned care recovery plan there is a clear expectation to support the development of regional resources for high volume low complexity activity. The two recognised specialities with high volume being orthopaedics and ophthalmology services.

All three regional networks, North, Southeast Wales and Southwest Wales have regional plans in various stages of maturity for these two treatment specialities.

In Southwest Wales, orthopaedic services across the two health boards have been exploring, supported by the NHS executive, how they can effectively work collaboratively sharing theatre resources across their regional footprint. This work is clinically driven and is being supported by the national strategic orthopaedic plan which provides the blueprint on how and what services are suitable for regional working.

Initial work has commenced on identifying patient treatment options being provided based on clinical need and types of post op recovery. The aim being to equalise and shorten waits by using the variety of resources across the two health boards.

The treatment option and the post operative care requirements can vary depending on individual patient assessment resulting in a range of service requirements. Rather than duplicate each level of care at both health boards, a regional approach allows for the total resource across both health boards to be assessed as one total resource. Through the support of clinical guidance and the work of the national orthopaedic strategy this total regional resource has been assessed and used to map where treatment and their post operative requirements should be used. This exercise has demonstrated how the targeted use of resources based on clinical need rather than geography allows for more effective use of resources with the aim of equalising waits based on both clinical need and length of wait. Final governance arrangements and clinical standards for operating procedures are being finalised to support this new model which will be implemented in phases in 2024-25. Funding of £18 million was provided to Swansea Bay UHB to develop Neath Port Talbot into a centre of excellence to support this work.

In North Wales, Llandudno hospital has been identified as a regional orthopaedic site to provide dedicated treatment in a protected space to increase capacity available across the whole year. £29.4m of capital funding has been allocated to support this plan.

In Southeast Wales, a mobile ophthalmology theatre based in Cardiff was used to provide treatment for residents across the region, from Cwm Taff Morgannwg and Aneurin Bevan areas. This was funded through their regional shares of investment for Southeast Wales as highlighted below.

How it is supporting health boards to address long waits in specific specialties and regions

In May 2024, Health Boards received a letter from Nick Wood, Deputy Chief Executive of NHS Wales, requiring each health board to develop a focused planned care efficiency and productivity plan. The aim being to demonstrate how through additional productivity, they can increase capacity to deliver their individual improvement trajectories to achieve the planned care national commitments.

The NHS Executive role is to work with each health board to identify and develop their improvement opportunities to support their local plans; these opportunities are based on a number of key national projects that include:

- Referral pathway redesign with joint primary and secondary care clinicians agreeing appropriate referral pathways, and the use of straight to test route where clinically appropriate.
- Outpatient redesign ensuring the most effective use of resources for both new and follow-up review and the use of the multidisciplinary team to increase capacity and effectiveness of the resources.
- Theatre productivity making the most effective use of this valuable resource building on the Getting it Right First Time (GiRFT) review and data.
- Implementation of GiRFT recommendations each health board will be expected to deliver against their agreed local recommendations from each of the national reviewed services (ophthalmology, orthopaedics, urology and gynaecology)
- Clinically agreed secondary care pathways to build national consistency and lean process to high volume low acuity clinical pathways across challenging specialities.

The NHS Executive will then provide regular feedback and assessment of progress against the health board plans; this feedback will be used in the Welsh Government accountability process to monitor NHS delivery.

For specific financial information on how it is monitoring additional funding and resources allocated to healthcare services to expand capacity

In 2022 Welsh Government identified £170m per annum of recovery funding to support health boards recover from the impacts of the pandemic. These resources were allocated to support additional capacity in elective services, diagnostics and to support regional working.

The majority of this allocation has been issued to the NHS to support additional capacity and activity in core elective services and rebuild levels of activity to pre covid levels.

In 2023/24 £50m of the additional recurrent annual planned care investment of £170m was issued under regional allocations, as it was recognised that further gains in activity levels would only be achieved through best use of regional resources.

- For Southwest Wales, Swansea Bay and Hywel Dda received £15.5m for orthopaedics and £2.6m to support diagnostics.
- For Southeast Wales, Cardiff and Vale, Aneurin Bevan and Cwm Taff Morgannwg received £8.34m for diagnostics and £7m for ophthalmology services.
- For North Wales, Betsi Cadwaladr received £7.16m for five projects to support validation and their orthopaedic delivery model.

The NHS Executive was commissioned by Welsh Government to assess the impact of this investment against a set of agreed areas of focus:

- 15% improvement in cohort booking and treat in turn.
- Focus on longest waiters to seek to eliminate over three-year waits.

- Focus on those specialities with small number of long waiters to seek to eliminate >104-week waits in all but the five most challenged specialities.
- GiRFT recommendations being fully implemented.
- Move to Regional PTL and service delivery for some diagnostic and challenged specialities.

While progress was demonstrated in the NHS Executive assessment, full delivery against each area of focus was not achieved, and as such, the development of efficiency and productivity monitoring, referenced above has been added into this year's accountability model.

For statistics on the number of extra healthcare professionals that have been hired, and details of new equipment and facilities

CASE STUDY – Developing the Clinical Endoscopist Workforce in Wales

Across the United Kingdom the demand for endoscopy services has increased year on year requiring an increase in endoscopy theatre capacity and the number of endoscopists.

Traditionally, endoscopists were medically trained but clinical (non-medical) endoscopists given appropriate training can achieve the competencies required to perform this complex skill.

In 2018, in partnership with the Moondance Cancer Initiative and Swansea University, a pilot was conducted to demonstrate the effectiveness of a training programme for Clinical Endoscopists, incorporating Masters Level academic components. After demonstrating the success of this approach, Health Education and Improvement Wales agreed to provide ongoing support and funding for the programme, extending annual invitations to all Health Boards to nominate potential clinical endoscopists to apply for the programme.

Now training the fifth national cohort of clinical endoscopists, the initiative has doubled the number of clinical endoscopists delivering endoscopy lists in Wales. Graduates of the course have developed their advanced practice roles to acts as Bowel Screening Colonoscopists and learn core therapy skills to enhance their value to their host Endoscopy Units. The National Endoscopy Programme has worked with Senior Nurse Leaders to agree an All-Wales banding structure for Clinical Endoscopists to aid recruitment and retention.

In 2023-2024 an additional 6,128 healthcare professionals (those who are required to be registered with a healthcare regulator) were appointed into roles across the Welsh NHS. This included 329 Additional Professional Scientific and Technical, 808 Allied Health Professions, 170 Healthcare Scientists, 2,138 Medical and Dental and 2,683 Nursing and Midwifery.

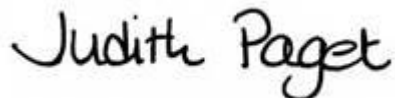
The total number of healthcare professional appointments made in 2022-23 was 6,609.

Capital resources have also been allocated to support the recovery programme. Whilst deployment of capital can be a more medium-term impact, Welsh Government have supported circa £95m of diagnostic capital programmes over the past two years to build capacity and capability in this key area of service recovery.

See table below on financial spend on diagnostic facilities, over seen by the National Diagnostic Programme in the NHS Executive.

Organisation	Funding allocated (m)	Spend included:
ABUHB	10,498	Gamma camera, Imaging equipment, Hysteroscopes
BCUHB	16,592	MRI upgrade, US, CT, Fluoroscopy, LAPB US machine
C&VUHB	14,183	Mobile MRI scanner upgrades, Endoscopy Decon
CTMUHB	10,174	US, CT, C-Arm, Imaging Academy equipment
HDUHB	19,865	US, CT, Fluoroscopy, Image Intensifiers
PtHB	0.120	Endoscopy Video Capture equipment
SBUHB	21,403	Gamma camera, CT, Fluoroscopy, MRI
Velindre	2,577	CT Sims, Imaging replacement
HEIW	0.554	Endoscopy Academy equipment

Yours sincerely



Judith Paget CBE