

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee

Our Ref: AG/MR/KH

02 October 2015

Dear Darren

Re: Auditor General for Wales Report – A Review of Orthopaedic Services

I am writing with regard to the above report.

The Welsh Government has welcomed this report and recommendations and sees it as a further extension of the review on NHS Waiting Times completed earlier this year. It too recognises the ongoing work of the Planned Care Programme and the role of prudent health to improve orthopaedic delivery. We recognise that further work to improve delivery and waiting times in this speciality is required. We also acknowledge that despite significant past additional investment in this area more service redesign is needed to deliver a sustainable service model for the future.

Work already agreed and in action in response to the previous Wales Audit Office report on NHS waiting times will also address some of the aspects raised in this report. We recognise that there are also specific recommendations raised and we can confirm we have accepted them and responded to each as captured in Table 1 attached.

I can confirm that we will be accepting all the recommendations in the report, and I will now respond to each one in turn.

Recommendation 1:

The wait associated with the CMATS is currently excluded from the 26-week target, although some services are based in secondary care and there are variations in the way in

which CMATS are operating. As part of the response to recommendation 3 in the Auditor General's report **NHS Waiting Times for Elective Care in Wales**, the Welsh Government should seek to provide clarity on how CMATS should be measured, in line with referral to treatment time rules, to ensure that the waiting time accurately reflects the totality of the patient pathway.

Through the Planned Care Programme theme on Orthopaedics, the future role and function of CMATS nationally is being reviewed. The aim of the review is to agree a consistent national model for full implementation across Wales clarifying the role of CMATS in delivering a sustainable prudent health musculoskeletal service in Wales. This is an output of the national plan to be implemented in 2016.

Recommendation 2:

Our work has identified that the rate of GP referrals across health board areas varies significantly per 100,000 head of population. The variations are not immediately explained by demographics suggesting differences in referral practices and potential scope to secure better use of existing resources by reducing inappropriate referrals. Health boards should ensure that clear referral guidelines are implemented and adhered to, and that appropriate alternative services are available and accessible which best meet the needs of the patient.

It is recognised that GP referral rates are an important part of demand for orthopaedic services, but it should be recognised that all forms of demand have to be identified to ensure capacity requirements are correctly identified. Health boards, as part of the work of the National Planned Care Programme, and as part of the response to recommendation 2 of the Auditor General's report **NHS Waiting Times for Elective Care**, which looked at the redesign of the outpatient system, have been asked to review referral pathways and guidelines as part of the second phase of plans in early 2016..

A number of health boards, as part of their CMATS, are now using a triage system to identify what the prudent course of action is for that patient. This may include onward referral to physiotherapy or other AHP service as appropriate and or referral to the secondary care orthopaedic service. This will be clarified as part of the development of a national model including referral and treatment guidelines.

Recommendation 3:

Despite improvements in efficiencies, NHS Wales is still not meeting all of its efficiency measures related to orthopaedic services. Our fieldwork showed that there is scope for even better use of orthopaedic resources, particularly in relation to outpatient performance. As part of the response to recommendation 2 in the Auditor General's report **NHS Waiting Times for Elective Care in Wales** the Welsh Government and health boards should work together to reshape the orthopaedic outpatient system and improve performance to a level which, at a minimum, complies with Welsh Government targets and releases the potential capacity set out in Appendix 5 of this report.

We note that improvement in efficiencies have been recognised but acknowledge that more can still be achieved to improve the position and reduce variation across health boards. Outpatient efficiency linked to possible waste from patients not attending appointments (CNA and DNA rate) is already a national measure in the delivery framework. Health board compliance with this will be measured monthly, and delivery will be discussed through the national performance management arrangements.

Through the national planned care orthopaedic plan future follow-up requirements are a particular area of focus to release capacity and reduce the current outpatient follow-up delays, these are being based on clinical evidence and ensuring effective use of resources. Health boards will be responsible as part of their individual response to the orthopaedic implementation plan to identify how they will implement these requirements going forward and as part of their demand and capacity plans for the next year updated delivery plans.

Health boards, through their own internal delivery plans, have agreed improved efficiencies in their delivery of planned care services, such as increasing day case rates, theatre efficiencies and reduced lengths of stay. Achievement against these plans will be monitored as part of the delivery assessment of agreed IMTPs throughout the year.

Recommendation 4:

Our work has identified that, at a national level, there were weaknesses in the ability to influence the delivery of the National Orthopaedic Innovation and Delivery Board's objectives within health boards and to monitor and evaluate efforts to improve orthopaedic services. When establishing similar national arrangements in the future, including the National Orthopaedics Board, the Welsh Government should ensure that the factors that led to the weaknesses in the Delivery Board are considered and actions are put in place to mitigate those weaknesses being repeated.

To ensure the effectiveness of the Planned Care programme it has undergone a "gateway review" to ensure they identify how the programme is best delivered, and to provide assurance on critical aspects of the programme delivery. This review ensured there was clear governance and accountability arrangements. The Planned Care Programme is discussed at the monthly meeting of NHS Wales Chief Executives, chaired by the Chief Executive NHS Wales, and a monthly paper is provided. Individual health board implementation of the national plans are being monitored and escalated where required through the quality and delivery meetings

A sub group, with membership from each health board, specifically on orthopaedics has been established and they have been delegated by their CEOs to ensure compliance with programme implementation. All national plans are signed off by the CEO's with their commitment to ensure that their own individual organisations will implement the necessary requirements of each plan.

Recommendation 5:

All health boards have made some progress in putting in place alternatives to orthopaedic surgery, specifically CMATS, but our work found that these are often small scale, at risk of funding pressures and lack any evaluation. The Welsh Government and health boards should work together to undertake an evaluation of CMATS to provide robust evidence as to whether they are providing sustainable solutions to managing orthopaedic demand.

Through the Planned Care Programme theme on orthopaedics, the future role and function of CMATS nationally will be reviewed. The aim of the review will be to agree a consistent national model for implementation which clarifies the role of CMATS in delivering a sustainable prudent health focussed musculoskeletal service in Wales.

Recommendation 6:


NHS Wales collects and produces a great deal of information about the performance and activity of musculoskeletal services, however, data relating to patient outcomes and patient experience is much sparser. The Welsh Government and health boards should work together to develop a suite of outcome measures as part of the Outcomes Framework, supported by robust information systems, which provide comprehensive management information as to whether orthopaedic services are demonstrating benefits to patients and minimising avoidable harm.

Patient outcome measurement is a key principle of the planned care programme and forms part of the orthopaedic specific work linked to the principles of prudent health. Work has already commenced with representation from a Community Health Council to explore possible ways to collection and measure patient experience in orthopaedic services. The orthopaedic implementation board has agreed to proceed with the procurement of an electronic data system, for the collection and reporting of national clinical outcomes, this work will be developed further in 2016 once funding has been secured.

I have also included a link to the National Orthopaedic Implementation Plan that was issued by the National Planned Care Programme under WHC 2015 034 at the end of July. This plan pulls together all the requirements for orthopaedics in a single place and presents the actions for health boards within the three drivers of the programme: integrated care, clinical value prioritisation and best in class.

<http://gov.wales/docs/dhss/publications/150730whc034en.pdf>

Yours sincerely



Dr Andrew Goodall