Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
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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

16 November 2015

Dear Mr Millar

WAO Report into Elective Waiting Times

When I sent my initial response in to the Auditor General's report into elective waiting times in Wales, I agreed to provide a follow-up response after six months. This I have attached to this letter.

As you can see, a great deal of work has been undertaken in the intervening months since my first response. The Welsh Government has been engaging with health boards and the general public to discuss waiting times and communication.

As part of this work, a national self assessment assurance process was completed in June 2015. The results of the review were to design and run a workshop with the NHS, WAO and CHC representation to explore a number of the recommendations within the WAO particularly around patients understanding of the RTT pathway. This workshop took place at the end of August 2015.

Following the meeting, a task and finish group has been established to further explore a national approach to patient communication. The work from this group will be used to pull together revised RTT guidance and updated guide to good practice.

Yours sincerely

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

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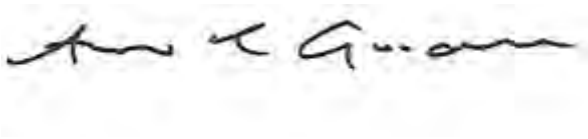

Dr Andrew Goodall

HSS EXTERNAL (WAO / PAC) AUDIT MONITORING REPORT

IAS or WAO Report (Date Issued)	Total No. of Report Recs	Recs O/S	Recommendation Summary	Original Target Date	Latest Target Date	Comments
WAO NHS Waiting Times for Elective Care in Wales: January 2015 *Detailed supportive action plan to address all recommendations being developed. Completion dates for each recommendation will be updated once support actions and individual leads identified.*	9	7	**Recommendation 1** The Welsh Government has not formally reviewed its approach to managing waiting times in light of a sustained deterioration in performance and the challenges of real terms cuts to spending on health. However, with the introduction of a new planning framework, a Planned Care Programme and a range of prudent healthcare initiatives, there are positive signs of a clearer direction for elective care in an environment of austerity. While the Welsh Government is responsible for setting the overall direction, it is for health boards to plan and deliver sustainable and appropriate waiting times. The Welsh Government should therefore work with NHS bodies to: • Review and set out the principles, priorities and intended outcomes for elective care, within the	**1st stage (scoping) completed 31 July 2015 (achieved)**	**1st stage completed next stage 31 October 2015** **Final stage to be completed by 31 March 2016**	The recommendation has been accepted in full. The first stage scoping exercise was completed by the end of July. On recommendation 1a, this has been taken forward by the Planned Care Programme, which has used the principles of prudent health to prioritise the four top surgical elective specialities, which are ophthalmology, orthopaedics, urology and ENT. Each area has a dedicated implementation plan and implementation board, chaired by a clinician and with further clinical and management representation. The key aim of the implementation plan is do develop sustainable models of delivery based on prudent health principles, clinical evidence and development of more outcome based focussed patient outcomes. On recommendation 1b, each of the Planned Care Implementation plans have been supported by a Delivery Unit demand and capacity modelling tool to identify both capacity required to remove backlog and to deliver a sustainable model. In the IMTP guidance for 2016/17, health boards will need to demonstrate completion of this tool supported by their implementation plan and evidence of sustainable services going forward.

			context of the wider healthcare system: to include a fundamental review of current waiting times targets and whether they are an effective method to prioritise resources towards those most in need; • Develop a shared understanding of demand and capacity across the NHS and develop a realistic timeframe for reducing elective waiting times and the backlog of patients in line with any changes to the targets resulting from R1(a) above; and • Assess the costs, benefits and barriers related to adopting seven-day working across the elective care system. **Lead: Andrew Carruthers**			Closure of recommendation 1a and 1b will be evidenced through the IMTP 2016/17 which will be received in early 2016 and should demonstrate effective demand and capacity planning to develop sustainable services to achieve the required access targets for the four specialities. With regard to recommendation 1c, Welsh Government continues to work with health boards and trusts to assess the need for seven day working. However, we feel that this is wider than just elective care and should be reviewed as a whole system issue. We have seen evidence of expanding capacity for clearance of backlog using weekend and evening sessions, but these have been additional rather than core hours. We would encourage this to offer flexibility to better manage peaks and troughs within the year. We are aware of seven day working already being in place in some therapy services across Wales, to support elective care flow, such as physiotherapy weekend work to support orthopaedics. It is the responsibility of health boards to assess the costs and benefits of this within their overall IMTP.
			Recommendation 2	**31 July 2015** Initial	**Completed this is imbedded**	The recommendation has been accepted in full. This recommendation has been adopted as a principle going forward in future work

			Our review found that aspects of the current design and operation of the outpatient system is not as efficient and patient focused as it could be. The Welsh Government and NHS bodies should work together to radically re-shape the outpatient system. In doing so, they should build on the prudent healthcare principles, to enable the emergence of a system that is based more on need, patients' own treatment preferences, use of technology and which reduces the risk of over-treatment and an overreliance on hospital-based consultants to diagnose and advise on treatment. **Lead: Andrew Carruthers**	scoping plan completed	**as a principle going forward through existing programmes**	linked to both the planned care programme and the development of prudent health policy development This is a key area of focus for each of the Planned Care national plans using the prudent health principles for outpatient care. Health boards are reporting progress against these and sharing good practice as appropriate. Each of the national surgical implementation plans looks at the capacity requirements for outpatients, both new and follows up, and the appropriateness and need for consultant face to face review. Example of this is the proposed orthopaedic follow up requirement which has reduced the number of face to face reviews significantly looking at virtual clinics, nurse led clinics and surveys. ENT has looked at alternative pathways through audiology and where appropriate "straight to test" opportunities and DU is working with each speciality area to evidence the most clinically effective pathways to treatment. It is therefore felt that it is not a generic solution for outpatient redesign, rather a set of principles to be applied to clinical pathways maximising patient's needs, clinical resources and innovative use of technology developments. This will be a pivotal piece of work through the PCP, where sharing of best practice will

						be a common theme. It is noted that all health boards have internal operational groups looking at outpatient services they will be instrumental in implementing these required changes in the future. A series of workshop around implementation of prudent Health Principles are in progress outpatient redesign will form part of these discussions.
			Recommendation 3 We found that in some cases, patients could be facing substantially longer waits if they cancel their appointments because they can find themselves going to the back of the queue. The Welsh Government should review RTT rules and the way in which they are interpreted and applied locally to ensure patients are not being treated unfairly as a result of current approaches to resetting patients' waiting time clocks. **Lead: Andrew Carruthers**	**31 July 2015** Scoping of initial work completed	**30 November 2015**	The recommendation has been accepted in full. The first stage scoping exercise was completed by the end of July'15. With health boards self assessing their use of the rules and documentation they use to communicate with the patient. An event with the NHS and with patient representation took place on 27 August 2015 to test and review current guidance and rules in regards to the overall findings from the original WAO review. A Task and Finish group, with Welsh Government and NHS representation has been established to agree a set of all Wales principles around communication with patients around everyone's roles and responsibilities. Part of this review has identified the need for an all Wales information leaflet to be developed to explain waiting times rules in Wales, not just for RTT. This will clarify the patient's and hospital's responsibilities and the implications of cancellations on their particular pathway. It

						has also been noted that this needs to start at referral in primary care and there needs to be better understanding by referrers of the process and options to start the co-production dialogue with patients.
			Recommendation 5 A significant minority of patients in our survey were unaware of what would happen to them if they cancelled, did not attend or were unavailable for appointments. The Welsh Government and health boards should work together to better communicate with patients about their responsibilities, those of the different parts of the NHS and what they should expect when they are in the elective care system. **Lead: Andrew Carruthers**	**By 31 July 2015** Initial scoping completed	**30 November 2015**	The recommendation has been accepted in full. This recommendation will be covered in the actions highlighted above in R3. It is proposed that Recommendations 3 and 5 are merged with the joint action highlighted above which will address both recommendations.
			Recommendation 6 The Welsh Government publishes some data on waiting times, but it could provide more useful information to help support scrutiny and management of waiting times, as well as providing local information that would be more helpful for	**30 November 2015**	**31 March 2016**	The recommendation has been accepted in full. We acknowledge that publishing more information about waiting times will be of benefit to patients, and we note the above possible examples of how we could enhance our current planned care reporting to the general public. The Welsh Government's Knowledge and Analytical Services have examined what additional information can be

			patients on a waiting list. The Welsh Government should therefore publish more detailed national and local information: • Publish waiting times at different parts of the patient pathway (component waits) • Reporting separately waiting times for urgent and routine cases, for both the closed and open pathway measure • Publishing the date for the closed pathway measure which separates out admitted and non-admitted patients • Publishing median and 95th percentile waiting times. **Lead: Andrew Carruthers**			published, including 95th percentile and median waits. However, care needs to be taken on what additional information is made available, as with any potential additional reported measure, we would want to be assured that it appropriately provides additional context to the planned care services actually being delivered, and is not in any way misleading to patients. Another key consideration will be who publishes any additional information. Welsh Government made a commitment 18 months ago to publish less data centrally, with Health Boards publishing more locally. This will be an important factor in deciding what information is most helpful to inform the public of the time they will most likely have to wait. Knowledge and Analytical Services have started to change the way that monthly NHS performance data is published, following the consultation 'Proposals concerning the publication of official statistics'. Whilst the Outpatient Referrals and Delayed Transfers of Care release have moved to the new format, RTT and DATS have not. They will be the last set to be moved. It is planned that the first data release will be in January 2016 with the first analytical release containing median waits and component waits in early March 2016 (for the 3 months to Dec 2015).Whilst this is later than originally planned, it is important that the first release of median and component waits

						is accompanied by suitable commentary which would be a key part of the new analytical release. However, we do have some immediate issues with some of the detail. With regard to publishing data on waiting times for urgent and routine cases, this information is not collected. In addition, the benefit of publishing both sets of data would not be apparent, as if a patient is referred as a routine patient, but is subsequently changed to an urgent patient, their waiting time as an urgent patient would be incorrectly shown. Similarly, data on closed pathways split by admitted and non-admitted patients is not collected centrally. It is recognised that publishing outpatient and direct access diagnostic waiting times would prove useful for patients. Our initial reaction to reporting waiting times based on the administrative capture of urgency is one of concern. This is because it can, and will be misinterpreted, e.g. patients can wait a period of time as routine outpatient, re-visit their GP, get expedited and their urgency changed, this would be reported as a long waiting urgent. In a similar way, a patient may have a diagnostic whilst on a pathway and that can change their clinical priority, it does not mean they waited a long time as an urgent patient. Data is captured locally on closed pathways

						information, and in theory, it could be mandated and thereafter published for both admitted and non-admitted patients. It is important that we carefully scope and understand all the potential implications and consequences from developing new measures. We are clear that any new measure published either locally or nationally should support the provision of a more appropriate understanding of waiting times in Wales.
			Recommendation 7 Many people we spoke to on our local fieldwork identified current IT systems as a barrier to improving services and managing patients, although it is unclear to what extent any problems lie with the systems themselves or the way they are being used. The Welsh Government should carry out a fundamental review of the ICT for managing patients across the patient pathway and how it is being used locally and develop actions to address any problems or concerns that are identified. **Lead: Andrew Carruthers**	**31 July 2015** (Initial scoping work completed)	**30 November 2015**	The recommendation has been accepted in full. The completed scoping exercise through the health board self assessment exercise has identified areas for future focus. It is anticipated that further clarity will be gathered at the joint NHS / WG event at the end of August. NWIS are invited to attend to understand any issues raised. It is proposed that a developmental IT programme is agreed to support the more effective electronic management and reporting of RTT in light of any proposed amendments. A date for this is still to be agreed. There is a national programme in place that is delivering a national standardised platform for delivering informatics support in the NHS particularly supporting the patient journey across sectors and organisations. The IMTP process is key to driving

						collaboration between organisations and making sure the IT needs of the health boards and trusts form the core of the NWIS work programme and the revised strategy. A refresh of the eHealth and Care strategy is being developed. One of the first actions of the strategy work was to undertake an independent 'stocktake,' completed in 2014 and this is being used, along with extensive engagement, to inform the refreshed strategy. Any additional requirements to support the NHS in managing the patient pathway not already being addressed will be included in the new strategy and the implementation programme that follows it.
			Recommendation 9 Cancellations can result in inefficient use of NHS resources and cause frustration for patients. At present, the data on cancellations is incomplete and inconsistent, despite work by the Welsh Government to introduce an updated dataset. The only data that exists covers cancelled operations and health boards appear to be recording the reasons for cancellations differently. The Welsh Government and health boards should therefore work together to:	**31 July 2015** (Initial scoping completed)	**30 November 2015**	The recommendation has been accepted in full. The event at the end of August was used to explore how we will work with the health boards to agree and define a set of definitions to support cancellations along the RTT pathway in line with the agreed revised rules and reporting. Further work is planned on this area going forward. Health boards should be reporting postponed procedure data based on the DSCN that was issued in 2013. We plan to work with HBs and NWIS around the capability of the Myrddin system to report and record cancellations along a patient pathway, from outpatients through diagnostics to treatment.

			• Ensure that there are comprehensive, agreed and understood definitions of cancellations, and the reasons for them across the entire waiting time pathway to include outpatients, diagnostics, pre-surgical assessment and treatment • Ensure that reliable and comparable data on cancellations (and the reasons for them) is collected and used locally and nationally to scrutinise performance and target improvement activities.			Welsh Government will work with the NHS as part of the review of the guidance to clarify the rules associated with pathway management and its implications. A patient leaflet is being planned to inform patients of their responsibilities and consequences around cancellations The potential burden of capture and reporting for a national report is a key factor to consider the real benefit for having national data. We would however expect health boards to both collect and act upon the information locally as part of their service redesign and future demand and capacity planning.