

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

Nick Ramsay AM  
Chair  
Public Accounts Committee

Our Ref: AG/MR

06 June 2018

Dear Mr Ramsay

### **NHS Waiting Times for Elective Care in Wales and Orthopaedic Services**

Following the update provided in March 2018, I am now providing a further update as requested.

In relation to waiting times, as you are aware, the Welsh Government invested a further £50 million in 2017-18 to help health boards to build on the progress made over the last two years and stabilised to further reduce the number of patients waiting over 36 weeks, those waiting over eight weeks for diagnostics and those waiting over 14 weeks for therapy services by the end of March 2018.

Despite the increased unscheduled care pressures seen in January to March 2018, thanks to the dedication and hard work of the staff in NHS Wales and the additional investment from Welsh Government, we were able to show another annual improvement in the total number of people waiting over 36 weeks, with the number now at 12,119, a 2% improvement on the March 2017 position. This is the best position since March 2014. Six of the seven health boards are in a better or the same position in terms of 36 week numbers when compared to March 2017, with the only deterioration seen in Betsi Cadwaladr. However, even there, the number waiting over 36 weeks has reduced by 39% compared to their original IMTP profile and is 45% lower than the high point of December 2017. I recognise the all-Wales figure is still too high and I expect to see further improvements during 2018-19 as set out in health board Integrated Medium Term Plans (IMTP).

In terms of diagnostics, the end of March 2018 position was 69% lower than March 2017 and was the lowest position since September 2009. Again, improvements were seen in the majority of health boards when compared to March 2017 and I expect to see further improvements during 2018-19. For therapy services, the March 2018 position was 90% lower than the March 2017 position and was the lowest figure since June 2011. Four of the

health boards in Wales reported having no one waiting over 14 weeks at the end of March 2018.

On other aspects of the original report into waiting times that were still outstanding; the rules and definitions regarding how to manage a patient on a referral to treatment pathway have been issued under a Welsh Health Circular (WHC(2018)018) along with the rules for managing patients on a cardiac pathway (<https://gov.wales/docs/dhss/publications/whc2018-018en.pdf>). The 1000 Lives programme has been working on the refresh to the *Guide to Good Practice - outpatients* and this was published on 1 May 2018 (<http://www.1000livesplus.wales.nhs.uk/guide-to-good-practice>).

In respect of orthopaedics, funding to continue the PROMs, PREMs and Efficiency programme has been secured and the funding will support the roll out and implementation of orthopaedic PROMs. The solution to collect orthopaedic PROMS in a patient's home is operational in some health boards. Software releases to improve functionality to allow services to administer the PROM pathway after initial triage, as well as other improvements, are scheduled to take place later this year.

The planned care informatics group has submitted an information standard development proposal to the Welsh Information Standards Board Submission for formal approval in May 2018. The development of this standard will ensure a consistent approach for the collection of demand planning data in Wales; this does not exist at present. Based on the experience and lessons learned in Scotland through their demand, capacity, activity and queue (DACQ) programme, the programme has been able to work with services and information colleagues to make real and sustainable improvements, which underpins the follow-up action plans.

Health boards have started to report the Clinical Musculoskeletal Assessment and Treatment Centre (CMATs) data metrics. Moving forward, these will be reported on a quarterly basis and will form part of the Welsh Orthopaedic Board agenda. Discussions amongst clinicians and CMAT leads are leading to changes in working practice, leading to improved quality of patient care and access to services by working more collaboratively. The All Wales CMAT group will review the existing data metrics at the end of quarter two to confirm the right metrics are being collected and the targets are sensible, before proceeding with an information standard development proposal to formalise the reporting. This is integral to understand where to improve the use of resources, and how embedding collection into normal working practice will ensure the effective monitoring of the CMAT and referral service.

I trust this letter provides you with the assurance you require that progress continues to be made.

Yours sincerely



**Dr Andrew Goodall**