

Agenda – Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 3 – Y Senedd Fay Bowen
Dyddiad: Dydd Llun, 11 Mawrth 2019 Clerc y Pwyllgor
Amser: 13.00 0300 200 6565
SeneddArchwilio@cynulliad.cymru

(Rhag-gyfarfod preifat)

(13.00 – 13.15)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(13.15)

2 Papur(au) i'w nodi

(13.15 – 13.20)

2.1 Gwasanaethau Gwybodeg GIG Cymru: Llythyr oddi wrth Llywodraeth Cymru (20 Chwefror 2019)

(Tudalennau 1 – 3)

3 Rheoli apwyntiadau cleifion allanol ar draws Cymru: Sesiwn

Dystiolaeth gyda Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

(13.20 – 14.50)

(Tudalennau 4 – 35)

Papur briffio gan y Gwasanaeth Ymchwil

PAC(5)-07-19 Papur 1 – Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Len Richards – Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Steve Curry – Prif Swyddog Gweithredu, Bwrdd Iechyd Prifysgol Caerdydd a'r
Fro

Caroline Bird – Dirprwy Brif Swyddog Gweithredu, Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro



(Egwyl)

(14.50 – 15.00)

**4 Rheoli apwyntiadau cleifion allanol ar draws Cymru: Sesiwn
Dystiolaeth gyda Bwrdd Iechyd Prifysgol Aneurin Bevan**

(15.00 – 16.30)

(Tudalennau 36 – 45)

PAC(5)-07-19 Papur 2 – Bwrdd Iechyd Prifysgol Aneurin Bevan

Judith Paget, Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan

Dr Paul Buss, Cyfarwyddwr Meddygol, Bwrdd Iechyd Prifysgol Aneurin Bevan

Claire Birchall, Cyfarwyddwr Gweithredol Gweithrediadau, Bwrdd Iechyd
Prifysgol Aneurin Bevan

**5 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y
cyhoedd o'r cyfarfod ar gyfer y busnes canlynol:**

(16.30)

Eitemau 6 & 7

**6 Rheoli apwyntiadau cleifion allanol ar draws Cymru: Trafod y
dystiolaeth a ddaeth i law**

(16.30 – 16.45)

**7 Gwariant ar staff asiantaeth gan GIG Cymru: Gohebiaeth y
Pwyllgor**

(16.45 – 17.00)

(Tudalennau 46 – 49)

PAC(5)-07-19 PTN2 – Llythyr oddi wrth Cadeirydd y Pwyllgor i Dr Dai Lloyd
AC, Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon (7
Chwefror 2019)

PAC(5)-07-19 PTN3 – Llythyr oddi wrth Dr Dai Lloyd AC, Cadeirydd y

Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon i Gadeirydd y Pwyllgor (12
Chwefror 2019)

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 AC
Cadeirydd
Y Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

20 Chwefror 2019

Annwyl Mr Ramsay

Systemau Gwybodeg yng Nghymru

Diolch ichi am eich llythyr dyddiedig 23 Ionawr. Rwyf wedi cael eich cais i ddod i gyfarfod y Pwyllgor ar 1 Gorffennaf 2019, ond yn anffodus oherwydd cymryd gwyliau personol bryd hynny, ni allaf fod yn bresennol ar y dyddiad dan sylw. Mae fy swyddfa yn cysylltu â'ch clerod i ddod o hyd i ddyddiad arall pan fyddaf yn gallu rhoi'r wybodaeth ddiweddaraf ichi am y cynnydd a wnaed.

Fel y bydd y Pwyllgor yn gwybod o'r dystiolaeth amrywiol a manwl a gafodd ei chyflwyno yn ystod pob un o'r sesiynau ar Wybodeg yn GIG Cymru, mae Gwasanaeth Gwybodeg GIG Cymru a'r Byrddau Iechyd yn gweithio ar nifer helaeth o systemau rhyng-ddibynnol, rhai ohonynt yn deillio o systemau lleol, sy'n gweithredu mewn amgylchedd cymhleth lle mae cyflwyno ffyrdd digidol newydd o weithio yn uchelgais heriol.

Mae *Cymru Iachach* yn amlinellu'n glir ein hymrwymiad i fuddsoddi mewn ffyrdd digidol newydd o weithio, ac i sicrhau ein bod yn datrys unrhyw broblemau sy'n codi wrth i'r gwaith o'u cyflwyno fynd rhagddo. Er mwyn cefnogi hyn, rwyf wedi comisiynu adolygiad o seilwaith a systemau a fydd yn canolbwyntio ar yr arferion gorau a ddefnyddir i ddarparu gofal iechyd yn ddigidol yn rhannau eraill o'r byd. Disgwylir i adroddiad yr adolygiad ddod i law ddiwedd y flwyddyn ariannol hon.

Mae'r Llywodraeth eisoes wedi cael adroddiad sy'n deillio o'r adolygiad o sut mae gwybodeg yn cael ei llywodraethu yn GIG Cymru. Mae'n argymhell nifer o gamau gweithredu radical i'w hystyried yn y tymor byr a'r tymor canolig, gan gynnwys:

- Penodi Prif Swyddog Digidol ar gyfer Iechyd i gryfhau arweinyddiaeth ddigidol yn genedlaethol;



- Creu awdurdod safonau newydd a safonau gorfodol mewn perthynas â gwybodeg;
- Sefydlu tîm datblygu digidol newydd i gefnogi arloesedd a chyflymu'r gwaith darparu, yn unol â blaenoriaethau a bennir yn genedlaethol;
- Tynnu ynghyd y gwasanaethau gwybodeg rhanbarthol a chenedlaethol gwasgaredig presennol mewn trefniant sy'n seiliedig ar gyd-wasanaethau ar gyfer data, seilwaith, a gweithredu.

Mae'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol wedi dweud y bydd yn rhoi'r wybodaeth ddiweddaraf i Aelodau'r Cynulliad cyn gwyliau'r Pasg, a hynny'n benodol ynghylch ymateb i'r adroddiad llywodraethu. Serch hyn, caiff y ddau adroddiad eu cyhoeddi, a byddaf yn sicrhau bod y Pwyllgor yn cael y newyddion diweddaraf am y bwriad i weithredu ei argymhellion. Y flaenoriaeth ar hyn o bryd yw cefnogi gweithwyr proffesiynol a'r cyhoedd, drwy ddarparu platform cadarn ar gyfer cyflwyno newidiadau trawsnewidiol yn llwyddiannus. Rydym wedi neilltuo £50m o gyfalaf a referiw ychwanegol ar gyfer y maes pwysig hwn yn y flwyddyn ariannol nesaf.

Yn y cyfamser, ni ddylid diystyru'r gwaith caled a wneir gan Wasanaeth Gwybodeg GIG Cymru wrth iddo gynnal y gwasanaeth presennol, hyd yn oed wrth i ni fwrw ymlaen â'r cynlluniau i drawsnewid y gwasanaethau digidol. Rhaid i Wasanaeth Gwybodeg GIG Cymru a'r Byrddau Iechyd ganolbwyntio gan mwyaf ar ddarparu cymorth a chynnal y systemau cymhleth y mae'n gyfrifol amdanynt o ddydd i ddydd, megis y systemau gweinyddol sy'n rheoli'r gwaith gweinyddol mewn perthynas â chleifion mewn ysbytai. Mae'n cofnodi manylion ymweliadau'r claf â'r ysbyty, gan gynnwys rheoli'r rhestr aros, cofnodion meddygol, manylion trin y claf yn fewnol, apwyntiadau fel claf allanol, ac ymweliadau brys. Mae hyn ochr yn ochr â'r angen i Wasanaeth Gwybodeg GIG Cymru barhau i arloesi ac i ddatblygu'r systemau sydd ar waith ar hyn o bryd. Er enghraifft, mae Porth Clinigol Cymru yn darparu modd i weithwyr iechyd a gofal proffesiynol allu gweld dogfennau gofal clinigol, gan gynnwys dogfennau atgyfeirio, llythyron clinigau, achosion o ddefnyddio adrannau brys, a llythyron meddygon teulu.

Bydd y Pwyllgor yn dymuno gwybod bod y tair problem sylweddol a gododd gyda'r ganolfan ddata y llynedd wedi digwydd ar adeg pan oedd newidiadau angenrheidiol i'r seilwaith yn cael eu cyflwyno. Mae Gwasanaeth Gwybodeg GIG Cymru bellach wedi mabwysiadu proses well ar gyfer cyflwyno newidiadau er mwyn rhoi sylw i'r hyn a ddysgwyd ynghylch rheoli newidiadau. Mae newidiadau'n cael eu gweithredu mewn perthynas â'r cymwysiadau a'r seilwaith sydd ar waith yn ddyddiol yn y canolfannau data. Ymgwymerwyd â chyfanswm o 7,000 o newidiadau rhwng mis Medi 2017 a mis Hydref 2018. O'r 21 o fethiannau mewn systemau yr adroddwyd arnynt wrth y Pwyllgor, roedd dau yn effeithio ar fwy nag un system lle y gallent fod wedi cael effeithiau eang. Roedd un digwyddiad wedi ymwneud â'r gwasanaeth negeseuon (e-byst) lletyol, ac roedd yr 18 o ddigwyddiadau a oedd yn weddill wedi effeithio ar y cymwysiadau unigol sy'n gysylltiedig â systemau *WLIMS* a *WLIMS* heb effeithio ar wasanaethau eraill.

Mae Gwasanaeth Gwybodeg GIG Cymru wedi buddsoddi'n sylweddol mewn monitro rhagweithiol ac mewn gweithgareddau uwchraddio sydd wedi eu cynllunio. Yn ystod y 12 mis diwethaf, mae Gwasanaeth Gwybodeg GIG Cymru wedi mynd ati i brofi'r gallu i symud yr holl wasanaethau hanfodol mewn modd a fyddai'n caniatáu iddynt gael eu rhedeg mewn canolfan ddata arall pe bai problem fawr yn codi mewn canolfan ddata. Mae hynny'n rhan o'r gweithgarwch parhaus i sicrhau bod busnes yn mynd rhagddo fel arfer.

Mae buddsoddiadau'n cael eu blaenoriaethu gyda'r nod o ddiweddarau caledwedd a systemau sy'n cyrraedd diwedd eu hoes, ac mae Llywodraeth Cymru wedi buddsoddi £1.65m ychwanegol i gryfhau systemau i wrthsefyll bygythiadau seibr.

Rydym yn barod iawn i gydnabod effeithiau methiannau mewn systemau gofal critigol, ac mae'n amlwg inni fod angen gwella. Fodd bynnag, bydd y Pwyllgor yn dymuno nodi na fu unrhyw fethiannau mawr mewn canolfannau data ers mis Ebrill 2018. Er y bu problemau gyda systemau unigol, fel arfer byddai'r gwasanaethau yn cael eu hadfer yn gyflym. Yn unol â'ch cais, byddwn yn darparu manylion inni fod yn bresennol y tro nesaf.

Er bod angen gwneud gwaith o hyd i ymgorffori'r ffordd ddigidol o weithio ar draws y gwasanaeth, rydym yn canolbwyntio ar gynnydd ac ar ddisgwyliadau, wrth inni fynd ati i gyflawni'r ymrwymadau a nodir yn *Cymru Iachach*. Rwy'n disgwyl gweld gwelliant sylweddol yn ystod 2019.

Yn gywir



Dr Andrew Goodall

Eitem 3

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Cardiff & Vale University Health Board

Response to the Public Accounts Committee inquiry into the Management of follow-up outpatients across Wales.

Introduction

1. Cardiff and Vale University Health Board welcomes the opportunity to contribute to the Public Accounts Committee inquiry into the Management of follow-up outpatients across Wales. This paper provides the Health Board's written response to the areas highlighted by the Committee as part of their inquiry, namely:
 - The factors that are creating the demand for follow-ups
 - What has prevented Health Boards from making progress in tackling the issue
 - Where Health Boards have been able to secure improvement, what have they done to achieve this
 - The latest waiting time statistics

Background

2. As a result of growing national concerns relating to the management of follow-up outpatients, the Wales Audit Office undertook an initial review in 2015-16 and a follow-up review in each Health Board in 2017-18 to help define the extent of the challenges being faced and the progress that has been made in addressing them. The Auditor General published a summary report for Wales and individual Health Board reports in October 2018 outlining his findings from the follow-up review.
3. In summarising the position across Wales, the Auditor General found that health boards had made some progress in response to recommendations made by the Auditor General in 2015-16, but the pace and impact on reducing the backlog of delayed follow-up appointments is limited, with significant variations between specialties and health boards across Wales. Since 2015, the number of patients on the follow-up outpatient list and the number of patients whose appointment has been delayed have substantially increased.

The factors that are creating the demand for follow-ups

4. In 2017/18 there were just over 550,000 outpatient attendances across seven Cardiff and Vale University Health Board hospital sites, over two thirds of which were follow-up appointmentsⁱ.
5. Follow-up care forms an integral part of a patient's pathway in supporting the diagnosis and management of conditions or monitoring and managing patients with chronic disease or lifelong conditions. The Royal College of Physiciansⁱⁱ outline the purpose of follow-up outpatient care as follows:

Initial Follow-up

- Discuss investigation results
- Perform a procedure
- Promote healthier lifestyle
- Safety net to ensure results reviewed

Routine Follow-up

- Monitor treatment
- Detect deterioration
- Prevent admission
- Meet patient expectations
- Maintain patient access to secondary services

6. The basic model for delivering outpatient services has remained relatively unchanged over the years i.e. face-to-face consultations with a specialist in a hospital clinic setting. Current and anticipated changes in demography, science and technology, patient expectation and workforce mean that this traditional approach is not fit for purpose. While some follow-ups outpatients are clinically required, a large proportion is unnecessary or can be undertaken using an alternative model of care.

What has prevented health boards from making progress in tackling the issue?

7. The single biggest challenge for Cardiff and Vale University Health Board has been the recording of and accuracy of its follow-up outpatient data.
8. Patient Management System (PMS), an Information Technology system specific to Cardiff & Vale University Health Board, is used to manage and report on follow-up outpatient data. The system was historically designed to primarily manage and report on patients on a Referral to Treatment Time pathway, resulting in the systems functionality not being conducive to accurate data capture for follow-up outpatients. In their initial report in 2015ⁱⁱⁱ, the Auditor General highlighted that the Health Board's outpatient follow-up waiting list contained a number of erroneous inclusions. These were as a direct result of its system issues.
9. In line with national guidance, the Health Board records and reports the data by the speciality under which the patient is treated i.e. a patient may be counted more than once if they are being followed-up in more than one specialty. In May 2014, there were approximately 778,000 patients on the Health Board's follow-up outpatient waiting list, many of whom did not have a target date recorded of when the clinician had determined they should be seen.
10. The scale and nature of the issues meant the initial focus for the Health Board was to more accurately determine the extent of the volume of patients who were waiting for a follow-up and those who were overdue their planned follow-up outpatient appointment.
11. The Health Board developed an automated validation approach to improve the data quality, engaging with clinicians and ensuring the appropriate controls were in place to mitigate the risk of 'off-listing' patients with a genuine clinical need for a follow-up appointment. This approach halved the numbers of patients on the

original follow-up waiting list – to just under 400,000 in March 2018 but 51% of those still did not have their clinically agreed target date recorded.

12. Good quality data underpins the delivery and transformation of effective follow-up care and improving data quality has remained a key component of the Health Board's strategy.

Where Health Boards have been able to secure improvement, what have they done to achieve this?

13. In 2015-16, the Auditor Generalⁱⁱⁱ concluded "that from a difficult starting point, Cardiff and Vale University Health Board is taking appropriate action to identify the volume of its outpatient follow-up need but too many patients are delayed, the trend is worsening and it needs to do a lot more to develop sustainable follow-up services".

14. In response to the Auditor General's report in 2015, the Health Board broadened its approach, moving to a more encompassing programme of work. We developed and have subsequently refreshed our Follow-Up Outpatient Improvement Strategy, comprising of three main components:
- Identifying specialities and clinical conditions of higher risk
 - Improving the quality of our data
 - Transforming outpatients

Identifying specialities and clinical conditions of higher risk

15. In 2015, the Auditor Generalⁱⁱⁱ found that 'the Health Board had taken a pragmatic approach to determining the volume of outpatient follow-up demand but it needs to better understand clinical risks to patients.' Working with our clinicians, the Health Board undertook a specific piece of work to identify the specialties and / or clinical conditions that are of a higher clinical risk in relation to follow-up delays. The Clinical Risk Assessment identifies the speciality, specific clinical condition and the potential harm that may be caused because of a delay. The assessment is used to focus improvement action, resources and scrutiny. Cardiff and Vale University Health Board's systematic approach for identifying specialties and conditions presenting the greatest risk of harm has been highlighted as good practice by the Auditor General in his 2018 summary report for Wales.

Improving the quality of our data

16. The Health Board has continued to build on the significant work undertaken to improve levels and quality of information. There are two elements to this:
- To stop erroneous additions to the list - by reducing and eliminating patients being recorded on the system without a target follow-up date and those being recorded requiring a follow up appointment when it has been clinically determined they do not require one. This has required changes to the functionality in PMS.
 - To clarify the correct status of the patients recorded on the current waiting list. This requires automated, clerical and clinical validation.

Our overall approach to improving data quality remains a clinically informed approach to mitigate the risk of 'off-listing' patients with a genuine clinical need for a follow-up appointment.

17. The Health Board has seen further improvement in 2018-19 in improving the quality of its outpatient follow-up information. The work undertaken has realised a continued reduction in the overall volumes – from just under 400,000 in March 2018 to 316,000 in January 2019, a 20% reduction. The work has also further clarified the clinically agreed target date for a large volume of patients.

Table 1: Reported outpatient volumes comparison – March 2018 versus January 2019

Category	January 2019	March 2018	(Reduction) / Increase	%
Number of patients where there is no recorded target date	57,672	202,013	(144,341)	-71%
Number of patients where there is a recorded target date	257,939	193,631	64,308	33%
Total follow-up waiting list	315,611	395,644	(80,033)	-20%

Source: Monthly follow-up outpatient submission to Welsh Government

18. Whilst the work undertaken has realised a continued reduction in the overall volumes on the waiting list, further clarification of the clinically agreed target date has led to an increase in the volume of patients delayed past their clinically agreed target date from 134,000 in March 2018 to 190,000 in January 2019 and specifically those patients experiencing 100% delays i.e. patients waiting twice as long as they should be – with 124,000 patients reported in this category in January 2019 compared to 76,500 in March 2018.
19. The intelligence surrounding the ongoing data quality improvement work suggests that both the volume of patients on the outpatient follow-up waiting list and those reported as delayed are still materially over-stated. Work on this, therefore, continues with further improvement anticipated in the next month.

Transforming outpatients

20. Notwithstanding the data quality issues, the Health Board acknowledges that there are a significant number of patients that require more timely access to the follow-up care they need and any delay to this is unacceptable. Whilst our annual activity demonstrates there is significant capacity for follow-up care within our current system, growing demand and poor patient experience means that we need to move away from the traditional hospital-based outpatient model of care and transform the way we provide follow-up care.
21. Outpatient transformation is being driven at a local level through the Health Board's Transformation Programme, with our priorities aligned with the national priorities from the National Planned Care Programme Board. Our work is focused on improving patient access, experience and outcomes through transforming the way outpatient consultations are delivered, establishing a pathways approach, re-thinking the location (closer to home) and enhancing the role of patients. This work

is underpinned by creating a digitally enabled organisation and workforce and changing and modernising professional roles.

22. Progress has been made in a number of areas, including:

Healthpathways: The Health Board went live with Healthpathways, an internet based repository of clinical pathways and guidance, in February 2019. To date, 24 local pathways of care have been collaboratively developed by primary and secondary care. These focus on the management of conditions within Primary Care with clear guidelines on referral to specialist services at the appropriate point. The benefits include: easily accessible and intuitive locally agreed information for clinicians in one place; rapid localisation of pathways of care; and reducing unnecessary follow up appointments as a result of guidance of when testing is not needed or can be spaced out.

Fully Automated booking and text reminders: The Health Board has partially rolled out two systems to improve the booking experience for patients, to reduce the number of missed outpatient appointments and increase the re-utilisation of cancelled appointment slots. The first is the Fully Automated Booking (FAB) system, a system based on automated patient letters and telephone reminders. This has more recently been complemented by a text reminder service.

Patient Recorded Outcome Measures (PROMs): Patient Reported Outcome Measures (PROMs) are a systematic way for patients to tell clinicians about their care, experience and health status. They help us monitor a patient's progress and provide strong evidence on the effectiveness of care and treatment. The Health Board's use of PROMs in orthopaedics supports a virtual review from six months, helping to reduce face to face follow ups.

Patient Knows Best: The Health Board's Audiology team were recently honoured with the National Planned Care Programme's Sustainability Award for implementation of Patient Knows Best, an e-health solution which empowers patients to manage their care and enables professionals to share information. The benefits include reducing unnecessary hospital appointments and provision of a library of resources. Plans are also in train to implement Patient Knows Best in urology for patients diagnosed with prostate cancer.

Virtual fracture clinics: The Health Board is progressing with the introduction of virtual fracture clinics, an alternative to conventional fracture clinics, to manage certain musculoskeletal injuries. The benefits include: Improving patient experience of their fracture management by bringing first line treatment closer to home; patients receive protocol driven, evidence based treatment which is standardised to ensure an equally high standard for all patients; and patients only attend hospital if they need specialist care.

Alternative models of care Ophthalmology: With the support of Welsh Government funding, the Health Board is progressing implementation of community based Ophthalmology services to assess and manage patients whose eye conditions are at low risk of deterioration who are either referred by primary care for assessment or discharged from secondary care ensuring a safe equity service is delivered closer to patients home.

23. The Health Board is taking steps to modernise its outpatient services and, with its transformation programme, is well placed to progress further.

Latest waiting time statistics (by treatment specialty)

24. The Health Board submits a monthly return to Welsh Government on follow-up outpatients. The latest census point is 31st January 2019. Appendix 1 details the total waiting time statistics for the Health Board and for the treatment specialties highlighted by the Auditor General.

Conclusion

25. From a difficult starting point in 2014, the Health Board can demonstrate continuous improvement for follow-up outpatients.

26. The single biggest constraint for the Health Board has been the impact of the Patient Management System issue on our level and quality of data. Since 2014, we have seen significant progress in addressing this issue, although there is further work to be done in ensuring we have good quality data to underpin the delivery and transformation of effective follow-up care.

27. Cardiff and Vale University Health Board's has a systematic approach for identifying specialties and conditions presenting the greatest risk of harm. This has been highlighted as good practice by the Auditor General.

28. The Health Board has made some progress with transforming and modernising outpatient services but has further work to do. Through its transformation programme, the Health Board is well placed to continue to transform the way we deliver follow-up care. This work is aligned with National Planned Care programme follow-up priorities.

29. In his follow-up review in 2017-18, the Auditor General^{iv} concluded that 'the Health Board has made progress in addressing the recommendations made in our 2015 report and, with the Outpatient Transformation Programme...is well placed to meet all recommendations.'

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- i. Stats Wales, Outpatient activity: Outpatient attendances by organisation and site
 - ii. Royal College of Physicians, 2018, Outpatients: The future – Adding value through sustainability
 - iii. Wales Audit Office, October 2015, Cardiff and Vale University Health Board – Review of Follow-up Outpatient Appointments
<http://www.audit.wales/publication/cardiff-and-vale-university-health-board-review-follow-outpatient-appointments>
 - iv. Wales Audit Office, October 2018, Review of follow-up outpatients – assessment of progress – Cardiff and Vale University Health Board
<http://www.audit.wales/publication/cardiff-and-vale-university-health-board-review-followup-outpatients-assessment>

Latest waiting time statistics by treatment specialty – as at 31st January 2019

Treatment Function (Specialty)	Total number of patients waiting for a follow-up outpatient appointment	Total number of patients waiting for follow-up who are delayed past their target date	Of the total number of patients waiting for follow-up who are delayed past their target date, number over 100% delay	Number of patients waiting for follow-up who are delayed past their target date but previously CNA or DNA their last appointment
Total for all treatment functions	315,611	190,046	124,201	48829
Of which:				
Trauma & Orthopaedic	52,208	35,966	23,152	8378
Ophthalmology	29,574	17,266	9,901	4883
General Surgery	26,999	19,075	14,886	2,930
Cardiology	20,518	11,699	7,717	3057
ENT	19,270	13,600	9,343	3018
Urology	14,016	9,142	6,105	1821
Paediatrics	13,699	9,708	7,179	2862
Gynaecology	15,284	8,521	6,338	2142
Dermatology	12,166	4,690	2,511	2521
Gastroenterology	6,742	3,628	1,643	1027



Aneurin Bevan University Health Board

National Assembly for Wales - Public Accounts Committee: Inquiry into the Management of follow-up outpatients across Wales

Briefing Paper to the Public Accounts Committee -

March 2019

1. Introduction

This paper provides a briefing for the Public Accounts Committee from Aneurin Bevan University Health Board with regard to the above Inquiry. The paper supports the oral evidence that representatives of the Health Board will give at the Committee Meeting on the 11th March 2019.

This report seeks to emphasise that the Health Board has a long standing and continuing commitment to reduce its delayed follow-up appointment profile, and has been successful in doing so year on year. However, progress against the target in 2018/19 has been slower than the Health Board would have expected, but this has not lessened the commitment of the Health Board to achieve improvement in 2019/20.

This report will provide an overview of the work that has been undertaken to date and outlines that further improvement initiatives and future planning are integral to our approach to the delivery of timely follow-up appointments in the interests of patients and the provision of high quality services for the population we serve.

2. Background and National and Local Contexts

As the Committee will be aware, in 2015/2016, the Auditor General for Wales examined arrangements for managing follow-up outpatient appointments in Health Boards in Wales. The WAO Report highlighted a number of key points and recommendations:

- Large numbers of patients were on waiting lists for follow-up appointments and were not being effectively assessed;
- Health Boards' arrangements for reviewing outpatient follow-up performance was generally underdeveloped;
- Reporting requirements to Welsh Government were generally not being fully achieved;
- Actions to improve outpatient services were mostly delivering short-term solutions.

In 2017/18, the Auditor General undertook further work in order to assess the local and national level progress in response to the challenges and issues identified in the 2015 work. The report illustrated a number of detailed findings regarding good management of follow-up appointments:

- Exploiting opportunities to use technology allowing patients to self-manage their condition;
- Adoption of see-on symptom and virtual clinic approaches;
- Transforming the service model and pathway, by developing community and primary care based services which reduce reliance on hospital based models.

Aneurin Bevan University Health Board has had clear focus on this area of our services for a number of years and has had a programme of action in place which pre-dates the WAO work, to proactively address these issues. Therefore, we were well placed to respond to the recommendations contained within both reports, when published by the WAO.

This long standing commitment of the Health Board to reduce delayed follow-ups has seen the Health Board achieve a significant reduction in the delayed follow-up of out-patient appointments as a consequence. Since commencing reporting of this measure we have reduced the number of patients overdue their appointment past their target date from 35,333 in April 2015 to 19,603 at the end of January 2019. This is a reduction of 15,730 which represents an improvement of 44.52%.

However, in 2018/19 the Health Board has not seen the continuing level of reduction that we achieved in previous years, even with the range of developments and measures we have in place. Nevertheless, the Health Board will continue to focus on an improved position year on year and expect to see a return to a trajectory of continuing reduction in the 2019/20 financial year.

The Health Board is also actively engaged in a range of partnerships such as the Regional Partnership Board (Social Services and Well Being Act) and also our five Public Service Boards (Well Being of Future Generations Act). As part of these partnership discussions there are clear commitments for increasingly providing care closer to home and avoiding the need for traditional hospital based follow-up appointments. This is also a key priority in "A Healthier Wales" and features in our partnerships plans and the Health Board's Integrated Medium Term Plan. Therefore, services designed for and around patients, which avoid expensive, time-consuming travel to and from clinics and is an important objective for the Health Board, particularly for older patients or those from rural areas where there are issues of access

and especially for those unable to drive or have difficulty accessing public transport.

Also, the Welsh Government Outpatient Transformation Steering Group and the Planned Care Board require that Health Boards across Wales reconfigure their outpatient services to improve delivery and efficiency of outpatient clinics. The challenge therefore is to consider the role of face to face appointments in the future delivery of outpatient services, and make arrangements to deliver appointments differently, making sure that service delivery is more effective particularly for patients and also for those delivering services, with the potential for technology to play a critical part in this going forward. Aneurin Bevan University Health Board is fully engaged with these programmes and is leading the way with some of the work we are undertaking to deliver new and improved pathways of care and access to services. Some of these key approaches are outlined below.

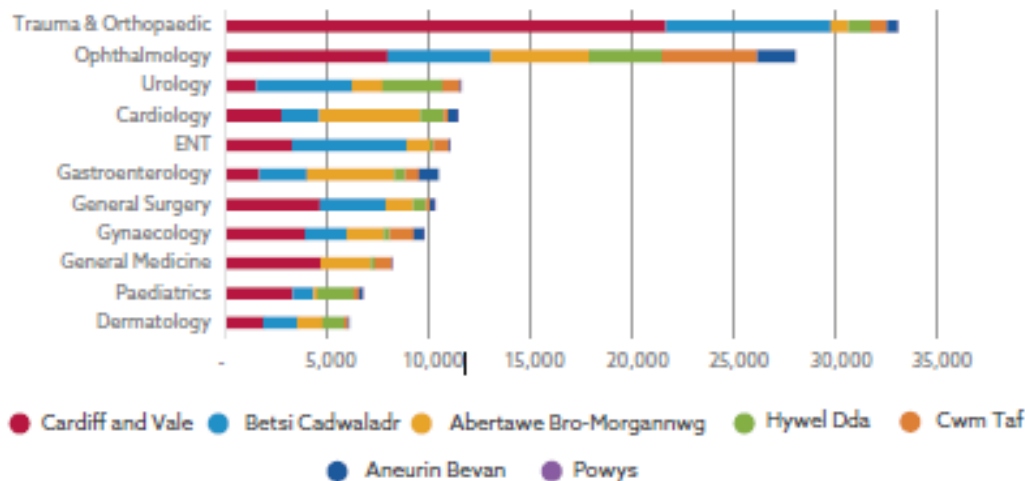
3. Current Position

The reasons for a follow-up appointment include (but are not limited to) a review after surgery, management or maintenance of chronic conditions, or monitoring for signs of deterioration, prior to intervention. However, it is recognised that delayed follow-ups are more difficult to define.

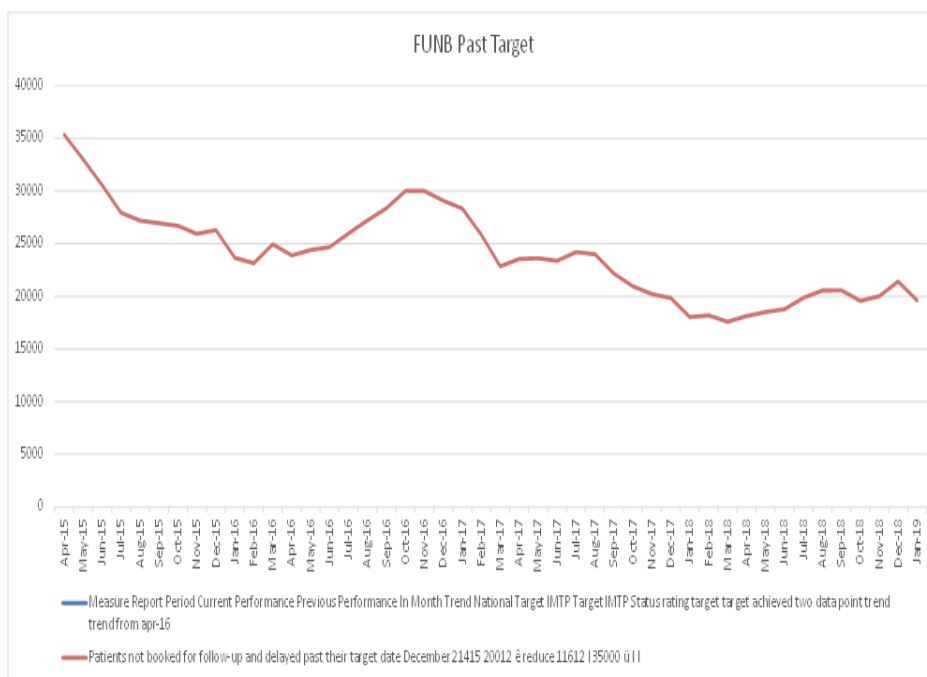
The Health Board reports a monthly position to Welsh Government on those patients in the various categories of follow-up. An example is shown below of the January 2019 position for the Health Board.

3a				
Total number of patients waiting for follow-up who are delayed past their target date - NOT BOOKED				
0% up to 25% delay	Over 26 up to 50% delay	Over 50% up to 100% delay	Over 100% delay	Total NOT BOOKED
6,617	3,358	3,619	6,009	19,603

Aneurin Bevan University Health Board has some of the lower numbers of delayed follow-ups when compared to other Health Boards in Wales. This is demonstrated in the chart below which was a finding in the WAO Report of 2017, and shows the number of patients who are delayed.



As outlined, Health Boards have been required to report patients who required follow-up outpatient care, but have past their intended review dates since 2015. The graph below shows the volume of patients reported in that category since the Health Board has been required to report in this way, which clearly demonstrates this has nearly halved since reporting commenced.



4. Actions Taken

Prior to the Auditor General's 2015 Report, the Health Board had already developed a Performance Management and Improvement Forum to support the delayed follow-up appointment process, with the intention of developing and delivering good practice, reviewing administrative booking processes and ensuring clinical engagement and ownership to improve the experience and services we provide to our patients.

Over recent years, the Health Board has, as indicated, delivered a significant improvement in this position. The next phase of this work is underway, which focuses upon change to complex long term care pathways and building upon the good work that has already been achieved through the refocusing of care identified within the Care Closer to Home Strategy.

Each of our Health Board Clinical Divisions owns an improvement target and reports progress on a monthly basis. Performance is also picked up through a series of Divisional Assurance meetings, scrutinised through the Health Board's Executive Team, Finance and Performance Committee and reported to the Board via a Performance Dashboard.

Our Integrated Medium Term Plan 2019/20 forecasts a follow-up position of 12,000 delayed follow-up patients by the end of the year. In order to achieve this ambitious plan a number of further initiatives are already in place and with positive results expected in 2019/20:

- The Health Board's Clinical Futures Programme care pathways are developing through clinical leadership in line with best practice.
- The use of digital technology through the Dr-Doctor platform and use of skype consultations are planned for 2019/20.
- The use of more virtual follow-up out-patient clinics.
- Clinical Divisions are prioritising follow-up outpatient appointments that are better suited to delivery closer to home. Services for the care of older people is the first service area to be taking this forward as a priority.

Our current plans and further initiatives are outlined below:

4.1 Theme: Care Closer to Home

Glaucoma

The current Welsh Government target for glaucoma follow-up appointments is 75% of patients reviewed by non-medical workforce. The Health Board has a compliance rate of 78%, which demonstrates that the on-going work being undertaken through Ophthalmic Diagnostic and Treatment Centres (ODTC) has provided the opportunity to increase the number of follow-up appointments and this approach is having a positive impact.

In 2016, the Health Board was the first in Wales to develop the service utilising six optician practices across Gwent to deliver the follow-up service closer to home. This ensured that senior medical time was spent on the more complex procedures that can only be delivered within a hospital setting.

Likewise, a further service has been developed within Newport, specifically to deliver follow-up appointments for Wet AMD, the first of its kind in Wales. This initiative has increased the capacity for review of follow-up patients and provides care for patients within a community setting. Patient feedback for both services has been extremely positive, indicating a preferred choice to be seen within a community setting.

The volumes seen through ODTs are shown below:

Activity within ODTs between April 2016 and January 2019

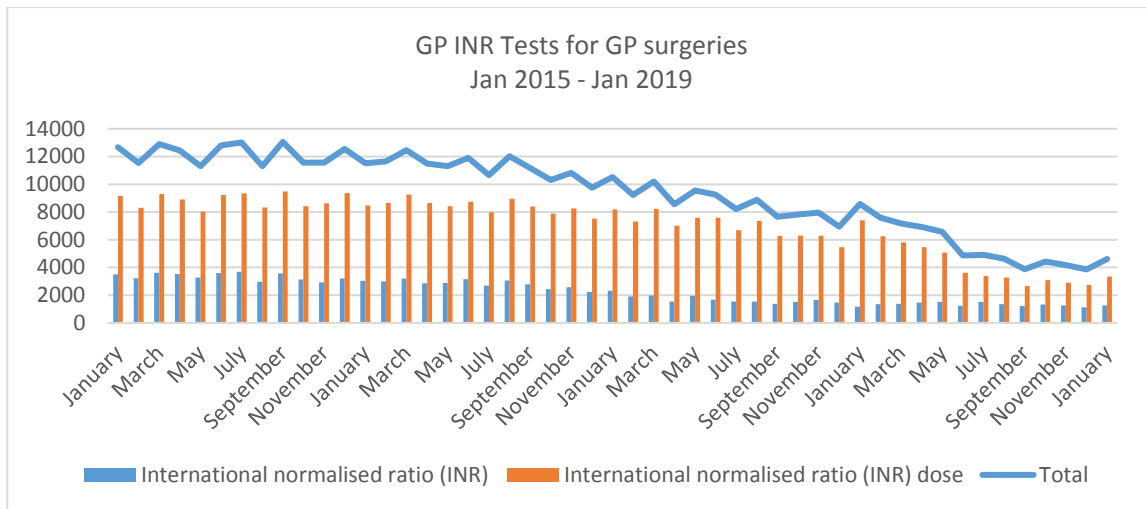
Follow ups	Total Assessed
Apr 2016 - Mar 2017	1843
Apr 2017 - Mar 2018	2337
Apr 2018 - Jan 2019	2906

Cataracts – in relation to cataract surgery, the Health Board on average undertakes 4,100 cataract operations per year. All of these patients are now followed-up by optician practices in the community.

INR (International Normalised Ratio) Anticoagulation Services

The INR follow-up service is provided within 60 GP services across Gwent and a service hub is located in Newport. The service offers follow-up appointments and has reduced the length of time patients wait for their results from 2-days to 10 minutes through the use of handheld testing devices.

The service shift has seen 12,000 appointments a month delivered outside a hospital setting. Feedback from patients and clinical staff alike is extremely positive. District Nursing teams are also providing this service to house-bound patients, reducing the requirement for house calls for GPs.



The above illustrates the reduction in the number of patients that are being reviewed as follow-up appointments within secondary care.

Primary Care Audiology

This pilot has been delivered in Blaenau Gwent primary care services. The service navigates patients for first appointment and follow-up appointment audiology services delivered within primary care. Patients are no longer required to be referred by GPs to gain access to the service, the direct access service ensures an appointment with an audiologist within 1 week.

The pilot has been operational for 6 months with 225 patients being treated closer to home, with 25% of patients discharged after 1st appointment, 25% received a second appointment and were discharged, 40% of patients were referred directly into secondary care audiology and 10% required appointment with GP for non-related hearing issues.

The roll-out of the direct access service across Gwent will be undertaken over a 2 year period. The model is in line with the development of community well-being hubs across Gwent, as set out within the Health Board's Clinical Futures service model.

4.2 Theme: See on Symptoms

Follow-up of ENT Patients

The Health Board's Follow-up protocol which illustrates the patients who should be routinely followed-up has been in place for a number of years. The success of the protocol in safely and appropriately reducing the number of patients requiring follow-up appointments, has enabled the service to see patients that require follow-up for more complex medical conditions quickly. Aneurin Bevan University Health Board's work is proposed as an area of positive practice and is being adopted across other Health Boards in Wales.

The Health Board's ENT service provides a see on symptom (SOS) pathway. This work is currently undertaken by one nurse practitioner with a plan to extend this further during 2019/20. This has meant that instead of a patient being followed-up routinely within a set period of time, the patient is empowered to initiate their care based on their symptoms and is able to ask to be seen by a clinician.

In total there have been 1,136 patients registered with the SOS approach for ENT over the period and there has been a corresponding decrease of 1,180 patients on the follow-up waiting list between the period April 2016 and December 2018.

4.3 Theme: Use of Technology

Virtual Review – Tele-dermatology

Tele-dermatology has made a significant difference to the way that care is provided, ensuring that patients receive the best and most appropriate care, more quickly and efficiently. Currently the Health Board's approach to tele-dermatology brings together the diagnosis and treatment of skin disorders with modern telecommunication technologies and frees up clinical capacity to enable an increased focus on any required delayed follow-up activity in dermatology.

Patients are seen by a medical photographer and a photograph of the affected skin is taken and sent directly to the consultant in secondary care. The consultant is then able to diagnose the condition from the photograph and advise appropriate treatment. Apart from a better patient pathway, medical staff have capacity to see more quickly a greater number of patients with more complex needs. The service has seen significant expansion due to its success and it is expected that over 5,000 patients will be seen in 2019/20 via this pathway.

Tele-dermatology is also beginning to be used for follow-up with approximately 5-6 patients per week now followed up via this approach.

4.4 Theme: Looking to the Future

Urology Prostate Specific Antigen Self-Management

Approximately 40% of patients with a raised PSA (Prostate Specific Antigen) could safely self-manage their care and follow-up, if supported by the appropriate tool. The tool needs to be accessible and patient friendly with a clear protocol and thresholds for when to access care from the General Practitioner or from the Urology Service. The Health Board is seeking to secure the 'Patient Knows Best' self-management system. The

capacity released by utilising a self-care management tool can then be used for follow-up appointments for those patients with complex conditions.

Value Based Healthcare

The Value Based Healthcare Team is also supporting the improvement agenda for follow-up management as part of their unique approach to the implementation of Value Based Healthcare.

The approach enables patients who would traditionally attend routine follow-ups to be seen based on their current state of symptoms, rather than just as routine. It also better enables the clinicians to manage their follow-up demand focusing more on those with the greatest need first, and avoids following up patients unnecessarily through the use and understanding of outcomes. The Health Board is currently piloting the DrDoctor functionality in Heart Failure, Psoriasis and Ankylosing Spondylitis where it is anticipated that around 25-30% of the follow-up appointments could be followed up using an alternative method, making the process more efficient and effective and ensure appropriate timely access for patients.

The Health Board has been using the DrDoctor SMS and email reminder service and online patient portal for our outpatient clinic appointments for a number of years. During this time Do Not Attend (DNA) rates have reduced by almost half from the starting point of 9.7%. DrDoctor has also been recently introduced into our therapies services. Of the patients that use DrDoctor, 97% of these patients recommend the service.

5. Risk Management and Governance

The delayed follow-up outpatient position forms a regular part of the agenda for the Health Board's Quality and Patient Safety Committee, in order to discuss areas of potential patient risk and provide assurance to the Board relating to the ongoing work being undertaken within the work stream.

For those high risk patients whose delayed follow-ups should not be cancelled, and to ensure that higher risk patients are booked in when they need to be seen, a flagging system is used on Myrddin – the patient administration system. Patients can be red flagged by the clinician through completing an appointment directive on Myrddin. Work continues across the Health Board to ensure that this clinical tool is fully optimised and to date there are 194 patients with a future appointment directive indicating that the patient is not to be cancelled or must be seen within a number of weeks of the specified target for follow-up.

5.1 Risk Registers

Each Clinical Division within the Health Board has a mechanism to identify and review the patients that appear on the delayed follow-up waiting list. The process receives clinical assurance by regular clinical review at sub-specialty level.

The area of greatest risk for the Health Board remains within the Ophthalmology service, however as detailed within the document mitigation and further action for this service has taken place and a plan has been implemented to further improve waiting times for these follow-up patients. There are currently 259 patients within ophthalmology who are a year past their target date. It is important to note that none of these are in the high risk Wet AMD or Glaucoma category. The majority of these patients have retina conditions and as a consequence a review of the entire retina pathway is currently underway to determine the most appropriate clinical pathway for each patient.

All clinical incidents, near misses and serious incidents are investigated and discussed in local Directorate Quality and Safety Meetings and reported through the Health Board's governance structures. Serious incidents associated with Ophthalmology are also discussed and reported at the Gwent Eye Care Group on a quarterly basis.

A review of the serious incidents since 2017 associated with follow-up delays highlight 19 incidents, 4 of which were in Ophthalmology. 17 have been closed and showed no evidence of harm, 2 remain under investigation.

6. Summary

This paper has sought to illustrate that the Health Board is committed to continuing to reduce its delayed follow-up appointment profile to build on the successful approaches that have been implemented over recent years. However, progress against the target in 2018/19 has been slower than the Health Board would have expected, but this has not lessened the organisation's commitment to further improve and for future compliance with targets in 2019/20. This report has highlighted the work that has been undertaken to date and offers assurance that further initiatives and future planning are integral for the delivery of timely follow-up appointments in the interest of patients and the provision of high quality services.

February 2019

Dr Dai Lloyd AC,
Cadeirydd, Y Pwyllgor Iechyd, Gofal Cymdeithasol a
Chwaraeon,
Cynulliad Cenedlaethol Cymru

7 Chwefror 2019

Gwariant GIG Cymru ar staff asiantaeth

Annwyl Dai,

Cyhoeddodd Archwilydd Cyffredinol Cymru yr [adroddiad](#) uchod ar 22 Ionawr 2019. Canfu'r adroddiad mai £135.7 miliwn oedd gwariant y GIG ar staff asiantaeth yng Nghymru yn 2017–18, sef cynnydd o 171 y cant er 2010–11, gyda gwariant yn cyrraedd £164.4 miliwn yn 2016–17.

Mae'r adroddiad yn nodi bod bron i hanner y gwariant ar staff asiantaeth yn mynd tuag at staff meddygol a deintyddol a thraean arall yn cael ei wario ar nyrsys a bydwragedd. Mae cyrff iechyd yn nodi bod oddeutu 80 y cant o wariant ar staff asiantaeth yn cael ei wneud er mwyn llenwi swyddi gwag dros dro.

Mae'r adroddiad yn cynnwys ffeithiau yn unig; nid yw'n gwneud unrhyw argymhellion penodol. Fodd bynnag, mae'n nodi sawl her o ran gwella'r ffordd y caiff gwariant ar staff asiantaeth ei reoli.

Trafododd y Pwyllgor Cyfrifon Cyhoeddus yr adroddiad yn ei gyfarfod ar 4 Chwefror 2019, gan drafod a oedd am gynnal ei waith ei hun yn y maes hwn. Roedd hyn yn cynnwys ystyried unrhyw waith cysylltiedig a wneir gan y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon (y Pwyllgor Iechyd) er mwyn osgoi dyblygu gwaith.

Nodwn fod y Pwyllgor Iechyd wedi cynnal ymchwiliad penodol i recriwtio meddygol a deallwn fod y Pwyllgor wedi cytuno ar raglen i graffu ar bob Bwrdd



lechyd a phob Ymddiriedolaeth dros y 12 mis nesaf ac y bydd y gwaith hwn yn cynnwys costau asiantaeth. Rydym yn rhagweld y bydd y Pwyllgor lechyd, yn ystod y gwaith craffu, yn ymchwilio i sut y mae'r Byrddau lechyd yn ymateb i anghenion uniongyrchol a phwysau ariannol tra byddant yn addasu i ddarparu modelau gofal y dyfodol a amlinellir yn 'Cymru Iachach'. Rhagwelwn y gall hyn amlygu pa mor ddibynnol y mae rhai Byrddau lechyd ar staff asiantaeth. Rydym yn ymwybodol bod defnyddio staff asiantaeth a staff cronfa yn rhywbeth sy'n digwydd yn rheolaidd yn y Byrddau lechyd wrth iddynt gynllunio ar gyfer pwysau'r gaeaf.

Deallwn i'r Pwyllgor lechyd gynnal sesiwn dystiolaeth yn ddiweddar gydag Addysg a Gwellu lechyd Cymru (AaGIC) a Gofal Cymdeithasol Cymru, a bod Llywodraeth Cymru wedi gofyn i'r rhain gydweithio i gynhyrchu strategaeth gweithlu erbyn diwedd 2019. Credwn ei bod yn fwiad gan y Pwyllgor lechyd wneud gwaith dilynol i'r gwaith hwn yn yr hydref, gan edrych ar sut y maent yn gweithio i fynd i'r afael â materion gweithlu ledled y system, gan gynnwys dibynnu ar staff asiantaeth, yn ogystal â sut y maent yn helpu i wella cynllunio gweithlu.

Cyn inni ddod i benderfyniad terfynol ynghylch y materion hyn, byddwn yn ddiolchgar pe gallech ystyried a fyddai'r canfyddiadau yn adroddiad yr Archwilydd Cyffredinol yn fater y gallai eich Pwyllgor ei drafod fel rhan o'i raglen waith sydd ar ddod.

Edrychaf ymlaen at glywed gennych.

Yn gywir,



Nick Ramsay AC
Cadeirydd



Cynulliad Cenedlaethol Cymru

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales

Health, Social Care and Sport Committee

Nick Ramsay AC

Cadeirydd y Pwyllgor Cyfrifon Cyhoeddus

12 Chwefror 2019

Annwyl Nick

Gwariant GIG Cymru ar staff asiantaeth

Diolch ichi am eich llythyr dyddiedig 7 Chwefror, ynghylch yr adroddiad gan Archwilydd Cyffredinol Cymru ar wariant y GIG ar staff asiantaeth.

Fel y gwyddoch, pan drafododd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon ei flaenraglen waith ar 9 Ionawr, cytunodd yr Aelodau ar raglen i graffu ar bob bwrdd iechyd lleol ac Ymddiriedolaeth dros y 12 mis nesaf. Fel rhan o hyn, byddwn yn craffu ar sut y maent yn ymateb i anghenion ar unwaith a phwysau ariannol tra'n addasu i ddarparu modelau gofal yn y dyfodol a amlinellwyd yn 'Cymru Iachach', a fydd, heb unrhyw amheuaeth, yn tynnu sylw at ba mor ddibynnol yw rhai ohonynt ar staff asiantaeth.

Cynhaliwyd sesiwn dystiolaeth hefyd gydag Addysg a Gwella Iechyd Cymru a Gofal Cymdeithasol Cymru ar 23 Ionawr. Mae Llywodraeth Cymru wedi gofyn iddynt weithio gyda'i gilydd i gynhyrchu strategaeth gweithlu erbyn diwedd 2019. Mae'r Pwyllgor yn bwriadu dilyn y mater hwn gyda hwy yn yr hydref, o ran sut maent yn gweithio i fynd i'r afael â phroblemau gweithlu ar draws y system, gan gynnwys dibyniaeth ar staff asiantaeth, yn ogystal â sut maent yn helpu i wella'r arfer o gynllunio gweithlu.

Ar wahân i'r gwaith hwn, nid oes gennym gynlluniau ar unwaith i edrych ar wariant y GIG ar staff asiantaeth, ond rydym yn adolygu blaenoriaethau ein rhaglen waith yn rheolaidd, felly rwyf wedi gofyn i'r Clerc ei gynnwys ar ein rhaglen dreigl er mwyn ei ystyried yn nes ymlaen.

Yn gywir,



Dr Dai Lloyd AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

