

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

6 March 2017

Dear Mr Ramsay

NHS Waiting Times for Elective Care in Wales and Orthopaedic Services

Further to my appearance at the Public Accounts Committee meeting on 23 January 2017, I now provide an interim update for you.

With regards to NHS waiting times; whilst I acknowledge the Committee's disappointment in the pace of change, particularly with regard to demand management, I can assure you that progress is being made. Waiting times this year are lower than this point last year, with the number of 36 week waiters 23% lower in December 2016 than they were in December 2015 and 30% lower than the high of August 2015. Diagnostic waiting times are 29% lower in December 2016 than they were in December 2015. Further improvements will be seen by the end of March. You will also be pleased to note that the total number of people on the waiting list is 15,000 (3.4%) lower than the high of August 2015.

The Welsh Government is holding the NHS to account in terms of balancing capacity and demand, as this is a key element of their Integrated Medium Term Plans (IMTPs) in identifying what capacity is available to health boards and what additional capacity is required to meet the needs of the local population going forward. I would also like to take this opportunity to inform the Committee that health boards in both South East and South West Wales are working together to understand what capacity is required on a regional basis in terms of both elective care and diagnostics as additional support to local capacity.

A focus on efficiency across the planned care process is another required area of the health board's IMTPs. Progress against these national key areas and their local plans will be formally monitored quarterly in 2017-18.

On the revised rules for managing patients on a RTT waiting list; this document has been out for consultation with the NHS and the new guidance is on target to be issued at the end of this month, for implementation from April 2017 onwards. This is in addition to the updated

and revised *Guide to Good Practice - outpatients*, which is due to be issued at the 1000 Lives national conference on 29 March 2017.

Work has been undertaken to develop a vision for how outpatient services can be delivered in the 21st Century. This work has been undertaken by health boards, clinicians and patients. Over 300 patients have engaged directly in the process through direct interaction at a workshop or event and we have had over 1,200 responses to our online questionnaire. This has helped us shape our vision for outpatients and we are working with health boards to implement this vision at pace.

The Orthopaedic Planned Care Implementation Board, a sub group of the National Planned Care Programme, has been developing a national specification for a Clinical Musculoskeletal Assessment and Treatment Service (CMATS) that should be consistently applied across all health boards. Work has been undertaken to understand what progress health boards had made with regard to the establishment of their CMATS / MSK service and what impact these services were having on referrals to secondary care.

The review indicated varying practices across Wales, and therefore, the Orthopaedic Planned Care Implementation Board agreed to develop a standard national set of guidelines to ensure that the CMATS / MSK service in operation is delivering consistently across Wales. The work was led by clinicians at Abertawe Bro Morgannwg UHB, as the health board with the best performing service and has learnt from work undertaken at other health boards. All health boards are represented on the Board and have been party to discussions on the guidelines. I will be issuing the guidelines under a Welsh Health Circular shortly. The guidelines contain a number of performance indicators and health boards will be expected to report on this on a quarterly basis, commencing in July 2017 for the first quarter of 2017-18.

The four speciality implementation boards within the Planned Care Programme have issued guidance on procedures of limited value, and these are monitored on a regular basis. Each of these Boards has clinical representation, and I expect those clinicians to take this forward with their colleagues locally. Reports are produced on a regular basis to highlight any activity against the procedures of limited value. They are discussed at each implementation board as appropriate, and clinical leads are asked to explain why activity against these procedures, if any, had taken place during the period under discussion. If the Boards are not happy with the responses, then they will escalate this to the Planned Care Programme Board and to the health board's chief operating officers. A small sub set of these procedures are also reviewed as measures within the national delivery framework.

I have also discussed options to deliver improved orthopaedic services across Wales with the Cabinet Secretary. He has asked senior officials to conduct a review of orthopaedic services and what can be done to reduce waiting times and develop sustainable services, in line with the work of the national Planned Care Orthopaedic Board.

I will write again at the end of the summer with a further update.

Yours sincerely



Dr Andrew Goodall