**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

7th August 2017

Dear Mr Ramsay

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

As agreed following my appearance at the Public Accounts Committee meeting on 23 January 2017 and my interim letter of 3 March 2017, I now provide a six month update of progress for your information.

With regards to NHS waiting times, I am pleased to report that continued progress is being made. Waiting times at the end of March 2017 were the best since March 2014. March 2017 performance against the 26 week target was 88%, 1.2 percentage points higher than in March 2016. There was also an improvement of 4,836 over 36 week breaches (28%) compared to March 2016.

While there have been increases in the first two months of this financial year, the trend is still below the same period in 2016. 36 week breaches at the end of May 2017 were 1,236 (6%) below the same date in 2016.

The Welsh Government continues to hold the NHS to account for improving performance and balancing capacity and demand. Areas of focus include:

**Demand management**

- Demand and capacity planning for delivery of sustainable services forms a key part of the planned care programme approach. Data looking at health board sub specialty demand and capacity is collected and used to support local planned service redesign;
- Health boards have been asked to submit orthopaedic transition plans. Each plan will follow a number of steps which include service change, productivity and capacity



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requirements to balance demand and capacity. Improved local data capture and reporting is required to support this process;

- A planned care informatics group has been established, led by NWIS, whose aim is to scrutinise data impact assessments for submissions to ensure accuracy of data;
- An example of redesign is seen in Cardiff and Vale UHB, who have significantly reduced their follow-up demand for hip and knee pathways by 70% by introducing patient reported outcome measures (PROMs) to track progress. The national board has prioritised Hip and Knee national patient reported outcome measures (PROMs) linked to this success;
- An all Wales orthopaedic outcome programme approach is being developed through national patient reported outcome measures (PROMs) and patient reported experience measures (PREMs). All health boards are initially looking at hips and knees, but this will be expanded with the development of a generic questionnaire which can be used to cover all areas. Data will be used to support both local and national reporting to evidence clinical practice, and can be used to review the impact of variance in practice;
- To date over 7,800 orthopaedic PROMs have been completed pre and post operatively across Wales;
- Four health boards are using the national platform for orthopaedic PROMS; two are continuing to use Amplitude. It is expected that all health boards will be reporting orthopaedic PROMS by the end of 2017.
- PREMs are currently being collected at outpatient level across Wales via different methods / sources. It is expected that PREMs collection will align with PROMs following resolution of reporting issues which should be in place at the start of 2018.

In your previous feedback you requested evidence that existing capacity is being used to best effect, and I can provide you with some additional evidence of progress in this area:

**Effective use of capacity**

Through the planned care program (PCP) and as part of the NHS delivery framework, a sub set of procedures/treatments have been identified with the classification “interventions not normally undertaken” (INNUs). These are marginally effective and ineffective interventions procedures and medicines) that are deemed to have no or limited clinical value. While progress is being made (see table below) clinical challenge together with monitoring is undertaken through the national implementation groups.

| Operation | 2014 | 2015 | 2016 | 2017 | Grand Total |
|---|---|---|---|---|---|
| Blepharoplasty for cosmetic reasons | 218 | 262 | 250 | 112 | 842 |
| Excision of benign eyelid lesion for non-cosmetic reasons | 146 | 191 | 167 | 71 | 575 |
| Radiology requests for non-specific lower back pain | 154 | 242 | 274 | 82 | 752 |
| Rhinoplasty for cosmetic reasons | 256 | 295 | 339 | 153 | 1043 |
| Therapies for non-specific lower back pain | 741 | 1021 | 942 | 298 | 3002 |
| Arthroscopic lavage and debridement | 157 | 198 | 137 | 49 | 541 |

- The GIRFT (“get it right first time”) orthopaedic review recommendations have been adopted by the orthopaedic implementation board. Some of their findings challenge clinicians, as they found evidence of surgeons undertaking low annual volumes of certain surgical procedures. This is a concern because low volumes of arthroplasty for example may result in less favourable outcomes as well as increased costs. Through a procurement review led by Shared Services, variation in the use of prostheses has been identified and reported to the orthopaedic board for clinical discussion. A recent presentation to the orthopaedic board has shown:

- Observed Implant Survival is now in line with that of England, Implanted Primary hip revision rates in Wales are lower than in England;
- Good practice observed in Cardiff and Vale UHB will be discussed at the next meeting in September.

- Clinical discussions are taking place within the orthopaedic board around possible future regional models of work. The Cabinet Secretary for Health, Wellbeing and Sport is using his meetings with health board chairs to seek assurance about the development of regional working across health boards to ensure sustainable evidence based clinical models are being developed. These discussions form part of the national review of orthopaedic services currently being undertaken.

**Efficiency**

- Delivery against an agreed set of planned care efficiency measures has shown improvement since the Welsh Audit Office reports were undertaken (see appendix A). Average length of stay for elective orthopaedics has improved by 0.2 days (December 2016 rolling 12 month improvement); length of stay for hips has improved by 0.4 days and for knees by 0.2 days. We will continue to seek further improvements in efficiency.

**Clinical engagement**

- The partnership approach in Wales between government and the NHS supports a collaborative approach to service change. Excellent clinical engagement through the national planned care programme helps develop different ways of working which deliver better services for the citizens of Wales.
- Each of the planned care programme areas has clinical representation from every health board, and the specialty groups are chaired by a clinical lead. Evidence shows that peer challenge and active engagement is the most effective way to support clinical change. The national implementation plans are developed and supported by these clinicians and backed up by strong clinical evidence.
- Clinicians are also working with Welsh Government policy leads to explore more appropriate access measures to support evidence based service delivery and improved patient outcomes.

**Updates on other recommendations**

- The revised RTT guidance was issued to the NHS in April for implementation. Formal feedback from health boards after quarter 1 has indicated that the revised rules have been implemented. Work with NWIS on IT changes continues, but this is not hindering implementation. Health boards are working with their local patient groups to reflect the national guidance and patient information in their local access polices and patient information resources. This is in addition to the website "*compendium of outpatient improvement"* which supports sharing good practice in outpatient redesign across the NHS in Wales*. http://www.goodpractice.wales/OIPcasestudies1*
- Health boards continue to work on the redesign of their outpatient services in line with the nationally developed vision as covered in March 2017 update. Service redesign models indicated in the planned care programme service specific plans are fully aligned to this vision. The finalisation of the national specification for a Clinical Musculoskeletal Assessment and Treatment Service (CMATS) was delayed but should be issued in August for implementation. Health boards have already started to revise their local services in line with the emerging model. Progress will be monitored through the national orthopaedic board.

I trust that this letter provides you with further assurance that progress is being made in these important areas.

Yours sincerely

**Dr Andrew Goodall**

**Appendix A: Planned Care Pathway Delivery Progress : All Wales**

**Key Measure 1: Elective Average Length of Stay**

| Specialty | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| General Surgery | 3.8 | **3.8** |
| Urology | 2.3 | **2.3** |
| Trauma & Orthopaedics | 3.8 | **3.6** |
| ENT | 1.3 | **1.2** |
| Gynaecology | 2.5 | **2.4** |
| **Specialty Total** | **3.1** | **3.0** |

**Key Measure 2: Daycase Rates**

| Specialty | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| General Surgery | 57.2% | **58.3%** |
| Urology | 81.9% | **80.8%** |
| Trauma & Orthopaedics | 59.7% | **59.1%** |
| ENT | 53.1% | **55.5%** |
| Ophthalmology | 96.2% | **96.4%** |
| Oral Surgery | 82.0% | **81.9%** |
| Gynaecology | 68.0% | **67.0%** |
| **Specialty Total** | **71.4%** | **71.5%** |

**Supporting Measure: Day of Surgery Admissions**

| Specialty | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| General Surgery | 61.4% | **61.4%** |
| Urology | 78.5% | **80.2%** |
| Trauma & Orthopaedic | 69.5% | **71.8%** |
| ENT | 90.0% | **80.8%** |
| Ophthalmology | 75.3% | **78.3%** |
| Oral Surgery | 57.3% | **62.6%** |
| Gynaecology | 70.6% | **73.4%** |
| **Specialty Total** | **71.2%** | **72.6%** |

**Supporting Measure: Elective Admissions with No Procedure**

| Patient Type | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| Inpatients | 3.9% | **3.8%** |
| Daycase | 6.3% | **5.9%** |

**Supporting Measure: Elective Casemix Average Length of Stay**

| Procedure | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| Hips | 5.6 | **5.2** |
| Knees | 5.4 | **5.2** |

**Outpatient Delivery Progress : All Wales**

**Key Measure 3: New Outpatient DNA Rate**

| Specialty | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| General Surgery | 7.3% | **6.9%** |
| Urology | 9.1% | **8.5%** |
| Trauma & Orthopaedic | 7.9% | **7.6%** |
| ENT | 7.9% | **7.4%** |
| Ophthalmology | 6.9% | **7.2%** |
| Oral Surgery | 7.3% | **6.5%** |
| Dermatology | 7.3% | **8.2%** |
| Rheumatology | 8.4% | **7.7%** |
| Paediatrics | 11.3% | **10.6%** |
| Gynaecology | 8.6% | **7.8%** |
| Combined Medicine | 8.6% | **8.7%** |
| **Specialty Total** | **8.0%** | **7.8%** |

**Key Measure 4: Follow Up Outpatient DNA Rate**

| Specialty | Baseline Performance 2015/16 | Interim Check Dec-2016 |
|---|---|---|
| General Surgery | 8.7% | **8.7%** |
| Urology | 8.5% | **8.3%** |
| Trauma & Orthopaedic | 8.8% | **8.5%** |
| ENT | 10.7% | **10.7%** |
| Ophthalmology | 7.3% | **7.3%** |
| Oral Surgery | 10.5% | **10.1%** |
| Dermatology | 8.0% | **8.1%** |
| Rheumatology | 8.9% | **9.2%** |
| Paediatrics | 15.7% | **15.5%** |
| Gynaecology | 9.6% | **9.5%** |
| Combined Medicine | 10.9% | **10.9%** |
| **Specialty Total** | **9.4%** | **9.3%** |