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Description automatically generated**Briefing on the Welsh Government Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales – April 2022**

In April 2022 the Welsh Government (WG) published it’s programme for transforming and modernising planned care and reducing waiting lists in Wales. The plan sets out a number of priorities for action over the **next four years**.

The plan sets out **four key outcomes** as guiding principles for the delivery.

* Equitable and timely access to a quality service.
* Modernised planned care service.
* Quality driven clinical pathways.
* Sustainable workforce.

Areas that may be of particular interest to our members have been highlighted in red.

**The impact of covid-19 –**

Widening health inequalities –

* WG will develop a national framework for social prescribing to embed access to prevention services and wellbeing activities into our pathways.
* Communications, awareness raising and proactive support through clusters will be targeted upon areas and individuals with the greatest health inequality.

Workforce capacity and wellbeing –

* A priority is to engage the workforce as WG plan the recovery and reset to and understand the long-term workforce capacity, development and support needed both to recuperate and rebuild for the future.
* WG have committed to spending £262m annually to equip and train the next generation of health workers with the skills needed to develop the workforce of the future. WG will build on this work by developing a coordinated and focussed **workforce plan**.

Primary and community care –

* The General Medical Services (GMS) Contract agreement dated December 2021 will see significant changes to the way people access their GP services.
* WG have introduced e-advice; this new functionality allows primary care to e-mail the specialist team and access immediate advice about how to treat the individual.
* The longer-term strategy is to develop an effective approach to referral management with clear end-to-end pathways that enable primary and community care to effectively support and manage patients with access to a wider range of care closer to home.
* Working with professionals in primary and community care, health boards will need to develop a **communications strategy**.

Allied Health Professionals (AHP’s) –

* WG want people to have more opportunity for direct access to a wider range of AHPs in the community without the need to be referred by another health professional.
* People are experiencing delays in their planned reviews for long term health conditions. More collaboration between professionals in our communities at cluster level will make effective use of everyone’s time.

Mental health –

* WG are investing extra funds in this area. This investment will support mental health services but also boost prevention and a de-medicalisation of our approach to mental health where appropriate.

**Transforming of outpatients –**

What WG want to achieve:

* Services must look at supporting colleagues in primary and community care in different ways. This can be done by using new testing technologies (diagnostics) to rule out common complaints and provide advice earlier in the patient journey.
* WG are accelerating arrangements for local health and care professionals to come together to plan to deliver a wider range of community based and coordinated health and care services.

How will they do this –

* Effective referral - A national approach to develop co-produced pathways will be implemented. This will be supported by a digital interface.
* Immediate roll out of national pathways - See-On-Symptom (SOS) and Patient Initiated Follow-Up (PIFU) as an alternative to face-to-face follow-ups will be rolled out as a priority.
* Harnessing digital technology - WG will work towards accelerating the embedding of virtual approaches and offer telephone and video appointments so that 35% of new appointments and 50% of follow up appointments are delivered virtually.
* Waiting list management - WG will seek to identify and prioritise the clinical needs of those waiting and focus on those in greatest need and consider the specific needs of children. WG will focus on those categorised as urgent and those who have been waiting the longest.

**The prioritisation of diagnostic services –**

What WG want to achieve –

WG will seek to set up diagnostic hubs and community provision. Digital connectivity and appropriate use of artificial intelligence assisted workflow will be important in transforming services.

How will they do this –

* Leadership - WG will form a Diagnostics Board. The board will bring together key partners from across the NHS and Social Services.
* Delivery Model - WG will mandate the National Diagnostics Board to review pathways in order to reduce unnecessary tests and support professionals to work at the top of their licences.
* Community Hubs - WG will establish a network of local community hubs. These will provide a consistent approach to support health checks for people in deprived areas and potentially detect health issues that can be treated to prevent the conditions worsening.

**Implementing a fair and equitable approach to patient prioritisation to minimise health inequalities -**

What WG want to achieve-

* WG will continue to prioritise those with life threatening conditions ensuring the most seriously ill are seen as quickly as possible.

How will they do this –

* Ensure accuracy of waiting lists - The current waiting list needs to be constantly reviewed and validated to ensure that the list is accurate and up to date.
* Ensure that children’s services are prioritised - Waiting times for children must be considered differently to waiting times for an adult. WG will ensure that children’s elective care is prioritised, as they respond to the needs of each child. Waiting lists can now be measured by age allowing the recovery of children’s health services to be managed effectively.
* Focus on clinically urgent - WG will develop and embed a consistent approach to clinical validation to determine those with higher risk of harm.
* Review the national referral to treatment (RTT) guidance - WG will review the RRT guidance. Additional treatment options, including through community based multi-professional teams need to be acknowledged.
* Referral refinement - WG will review outpatient referral categories.
* Treatment thresholds - In line with the National Clinical Framework and the move to treating people closer to home, WG will provide funded and staffed treatment options within a primary/community setting.

**Eliminating long waiters at all stages of the pathway –**

What WG want to achieve –

* The immediate focus is the reduction of the waiting list so that there is minimisation of the impact of the pandemic on outcomes.

How will they do this –

* Patient communication - The intention is to provide as much care as close to home as possible. WG will seek to set up communication hubs to support people accessing the information and support they need.
* Focus on activity and performance - WG will set some clear targets for improvement, working with health boards to understand the operational requirements to deliver this plan.
* Utilise entire clinical teams and wider estate - WG will seek to ensure that clinical reviews are undertaken by wider multi professional teams including primary and community care to increase the availability of resources, and provide care closer to home.
* Access to rehabilitation, social prescribing and recovery services - Access to these services is essential for the completion of appropriate treatment and care and for improving outcomes in any health service. WG will build capacity through new ways of working and expansion and utilisation of the AHP workforce.

**Build sustainable planned care capacity –**

What WG want to

* WG will plan how Wales can ensure the delivery of planned care over 52 weeks, seven days and 15 hours a day to maximise throughput in a sensible and sustainable manner.

How will they do this –

* Eliminate variation in activity to deliver efficiencies - WG will work to manage productivity variance and increase activity for certain procedures to levels recommended by Royal Colleges. A review of clinical services will be undertaken.
* Supporting referral for early diagnostic test -WG will identify pathways where diagnostics are best undertaken prior to a referral to streamline the patient journey.

**The provision of appropriate information and support to people –**

What WG want to achieve –

* WG want to support people to make informed decisions about their health care. There is an opportunity to build upon digital solutions. WG deems it important that communication is undertaken in many formats to ensure that people are not digitally excluded. They will look at how to capture and identify how people want to be communicated with, including language, disabilities and their preference.

How will they do this –

* Support for people to help them manage their conditions - People to be fully supported by the right health professional in using the waiting period proactively. This approach will also provide alternatives to surgery where appropriate.
* Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) - WG will develop and embed patient reported outcomes and experience measures into all pathways and collect these digitally where.

**Other enablers –**

**Building a Sustainable Workforce –**

* WG will work collaboratively with NHS organisations to deliver a sustainable workforce across Wales.
* WG will focus on additional recruitment into the workforce. They will continue to develop more flexible approaches to ‘grow our own’ workforce to better match the workforce to local and regional circumstances.
* Robust workforce planning will be used to ensure that we find ways to better match the capacity and skills of the workforce to the demand for services.
* WG will develop multidisciplinary ‘teams around the patient’.
* WG will also develop a voluntary reservist NHS health support team that can be surged at times of pressure.
* WG will develop in social partnership a Workforce Delivery Plan for Wales which incorporates these commitments.

**Infrastructure and estates -**

* There will be a need to ensure that the physical estate is used as efficiently as possible, for example by maximising community and primary care premises to enable care close to home.
* Delivering more one-stop, integrated services. This needs to be accelerated where possible, as do rapid and community diagnosis clinics.

**Data and digital –**

* WG will establish national guidance that identifies the conditions and patient types that are suited to virtual reviews.
* WG will seek to develop a planned care portal alongside the NHS Wales app.
* Targets and performance management will be developed alongside a real-time, visibility of the waiting list by sub speciality, robust demand and capacity plans that will enable teams to work effectively.

**Delivery of the plan –**

* £20m a year has been invested to support the implementation of a value-based approach to recovery over the medium term. This will support NHS recovery, with a focus on delivery of high value interventions.
* Additionally an investment of £15m to support the planned care five goals for transformation is being allocated in line with the actions in this plan.
* WG will therefore continue to assess their ability to deliver this plan throughout the next four years, issuing updates against our progress

**The full publication can be viewed** [**here**](https://gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf)

**Next steps** - We are planning to provide written evidence to the Health and Social Care Committee on the Welsh Government’s [plan for transforming and modernising planned care and reducing waiting lists](https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists), this is part of the Committee’s [inquiry into the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](https://business.senedd.wales/mgIssueHistoryHome.aspx?IId=38257) which we have also provided [written](https://www.rcslt.org/wp-content/uploads/2022/01/RCSLT-response-to-the-Senedd-Health-consultation-on-waiting-times.docx) and oral evidence to. We will also continue to horizon scan to look at developments and seek opportunities to influence for the profession. Please do get in touch to share your thoughts. We can be contacted on [wales@rcslt.org](mailto:wales@rcslt.org)

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