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Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
Cardif Bay, CF99 1SN

10th June 2022

Request for written evidence: Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

Dear Russell

Many thanks for your letter inviting BMA Cymru Wales to provide written evidence on Welsh Government's recently published plan for transforming and modernising planned care and reducing waiting lists, commonly known as the 'planned care recovery plan'.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Introduction

We welcome the opportunity to relay the views of our members regarding the planned care recovery plan. Firstly, it should be noted that we did have the opportunity to provide Welsh Government with comment on a draft iteration of the document. This stems from our comparatively constructive relationship with Welsh Government, and the ongoing commitment to social partnership working.

Our concerns raised at the time related to the absence of any reference to the role of primary care in the initial draft; however, the published document does pay reference to the role of general practice in this whole system challenge.

Our response below is arranged according to the Committee's outlined areas of focus in Annex 1 of your letter. Whilst we have not directly addressed each individual question, our comments and observations relate to the general theme under consideration. In responding, we have

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proposed a number of recommendations which they Committee may wish to consider. While these are detailed throughout, additionally we provide these for you in summary at the end of this document.

Overall views

1. *Whether the plan will be sufficient to address the backlogs in routine care that have built up during the pandemic, and reduce long waits.*
2. *Whether the plan strikes the right balance between tackling the current backlog, and building a more resilient and sustainable health and social care system for the long term?*

The strongest immediate piece of feedback expressed by our members on receipt of the published document was that the content was extremely 'high level' and lacking in specific and meaningful actions to address the routine care backlog.

While we agree with and endorse the ambitions outlined early on in the document, Welsh Government will need to translate the transformational and aspirational aims into tangible system change.

Recommendation 1: Welsh Government should translate their aspirational Plan into real system change

BMA Cymru Wales is already represented on many of the boards and groups that will be tasked with formulating actions from the plan (e.g., national clinical pathway development, the national planned care board, etc), however clinical input must be a key part of developing these plans. Given the ultimate reliance on existing personnel to deliver these changes it is vital that we consider wellbeing, morale as well as ensuring appropriate terms and conditions.

Recommendation 2: Welsh Government should listen to frontline healthcare staff when developing their plans

It is concerning that we hear from members about general lack of engagement locally with the clinical body about how the backlog will be tackled, and how the ever-increasing demand can be managed. These conversations must commence as soon as possible if any element of this plan is to be realised and should include clarity and specific details on workforce planning requirements.

Recommendation 3: Welsh Government should start conversations with frontline staff as soon as possible

Whilst the plan describes how *more* can be done and achieved by NHS Wales, we can not see how this can be done without either rationing treatment, which in turn creates further waiting list backlogs, or by significantly increasing the numbers of staff across NHS Wales.

Meeting people's needs

3. *Whether the plan includes sufficient focus on:*
 - a. *Ensuring that people who have health needs come forward;*
 - b. *Supporting people who are waiting a long time for treatment, managing their expectations, and preparing them for receiving the care for which they are waiting, including supported self-management;*

- c. *Meeting the needs of those with the greatest clinical needs, and those who have been waiting a long time;*
- d. *Improving patient outcomes and their experience of NHS services?*

Recurrent themes featuring throughout the plan include better communication, increased transparency of information and support for those waiting for treatment.

In particular, the promotion of self-care and maintaining wellbeing for those awaiting treatment is repeatedly referenced. This includes the launch of a new national patient information website and promotion of digital platforms supporting self-management and access to personalised information.

This is absolutely necessary given the scale of waiting times across most specialties, and should be seen as recognition of ongoing, long-standing staffing challenges across NHS Wales. However, digital campaigns and resources alone will not be sufficient and must be backed by mixed-media campaigns, community outreach and accessible material which reaches all sectors of the community including the digitally excluded. This must be done carefully; we are concerned this emphasis on self-management is likely to exacerbate existing health inequalities.

Recommendation 4: When promoting the importance of self-care and maintaining wellbeing, Welsh Government must not rely solely on digital campaigns, instead they should carry out community based work to include digitally excluded communities and groups

The plan references Health Boards working with Public Health Wales to encourage healthy behaviours with a cluster (of deprivation) based approach to reduce inequalities (p7). However, this is not enough. For parents who cannot afford to enrol children in sports clubs or cannot access or afford healthy food, this strategy will have little effect. The current economic climate will only further the expansion of this inequality gap.

The need for patient liaison services to address waiting list queries is paramount.

The plan mentions that systems for direct patient engagement will be delivered at a local level, which may include the set-up of communication hubs. We would welcome a more directive approach from Welsh Government which would see these facilities be mandated across all Health Boards. Such services have the potential to provide clear, transparent and personalised information about waiting lists in addition to signposting for other support services and could reduce pressure on GP services.

Recommendation 5: Welsh Government's plan for direct patient engagement should be directive-based to ensure all health boards are mandated to provide appropriate facilities so that patients across Wales are supported

At present, GPs' inability to access secondary care records leads to challenges when patients request updates on referrals, as the GP is required to write to secondary care for updates, only adding to delays. We have previously called for a shared dashboard providing accurate real-time data on waiting times accessible by clinicians from primary and secondary care.

Recommendation 6: Welsh Government should roll out a shared dashboard to allow accurate real-time access to waiting times for patients and primary and secondary care

Leadership and national direction

4. *Whether the plan provides sufficient leadership and national direction to drive collective effort, collaboration and innovation-sharing at local, regional and national levels across the entire health and social care system (including mental health, primary care and community care)?*
5. *Whether the plan provides sufficient clarity about who is responsible for driving transformation, especially in the development of new and/or regional treatment and diagnostic services and modernising planned care services?*

While the plan is intentionally high level and does set out Welsh Government's clear ambition to tackle waiting times and reform the planned care process, there is however scant detail on delivery and accountability. Page 37 makes reference to periodic updates on progress as risks are continually assessed, however we would welcome further information on this reporting process, including risk assessment procedures and key milestones. More detail on overall accountability for the plan is needed and, while it may sit with the [hybrid NHS Wales Executive function](#), we recommend the Committee hold regular scrutiny sessions with senior leaders as the rollout of the plan proceeds.

Recommendation 7: Welsh Government must provide further information on their plans for “periodic updates on progress” and the Senedd’s Health and Social Care Committee should hold regular evidence sessions with senior leader to scrutinise the roll out of the Plan

Targets and timescales

6. *Are the targets and timescales in the plan sufficiently detailed, measurable, realistic and achievable?*
7. *Is it sufficiently clear which specialties will be prioritised/included in the targets?*
8. *Do you anticipate any variation across health boards in the achievement of the targets by specialty?*

We are concerned that the targets stated in the foreword may not be achievable given the scale of the backlog and ongoing pressures on the system. Taken in isolation, the targets around waiting times for appointments and treatments are at the higher end of what should be a bare minimum expectation. The targets instead appear ambitious and aspirational goals and we are concerned NHS Wales as a whole may struggle to meet them. Further detail is therefore needed from Welsh Government about how they will hold health boards to account on meeting targets.

Recommendation 8: Welsh Government must provide further information about how it intends to hold health boards to account on meeting targets

There are major workforce concerns that call into question the viability of these targets. The relative lack of data on vacancies in secondary care, coupled with what we know from our members about current pressures they are experiencing, mean it is difficult to make a judgement. A greater availability of statistics and a transparency of information may make this assessment easier.

Recommendation 9: Welsh Government must ensure vacancy data and information is readily available from all health boards and trusts, and that this is consistently collected and presented to help understand the needs and pressures faced by staff

There are other targets set out in the plan relating to different ways of working for outpatient appointments. 50% of follow-up appointments are to be virtual and 35% of new appointments likewise offered digitally. With certain types of appointment only being possible in person- eg spinal surgery or many other Musculo-skeletal issues- this could make such targets difficult to meet. Additionally, health inequalities could be widened for those who are digitally excluded.

The introduction of See on Symptoms (SoS) and Patient Initiated Follow-up (PIFU) are certainly positive developments but will be reliant on a properly functioning and responsive system that can appropriately manage patient queries.

There is a commitment to create dedicated surgical facilities separate to urgent and emergency care. We would welcome detail on how this will be achieved, given the current inflexible nature of the NHS Wales estate. Furthermore, general acute and more specialist services are located together on hospital sites; this can be important to ensure a sufficient throughput of patients to ensure medics can maintain competencies and satisfy training requirements.

Recommendation 10: To fully understand how Welsh Government plans to create dedicated surgical facilities separate to urgent and emergency care, it must provide more detail on how it plans to adapt the current NHS Wales estate

It is largely the same workforce that is relied upon to deliver planned care and unplanned care: when pressures are intense unplanned care will always take precedence. Fragmentation of these facilities and pathways will be extremely difficult to achieve.

Furthermore, many services which support surgical activity are not available outside regular hours of work, for instance there are no routine physiotherapy sessions on weekends. Patients who have procedures during these times may have less support.

Financial resources

9. *Is there sufficient revenue and capital funding in place to deliver the plan, including investing in and expanding infrastructure and estates where needed to ensure that service capacity meets demand?*
10. *Is the plan sufficiently clear on how additional funding for the transformation of planned care should be used to greatest effect, and how its use and impact will be tracked and reported on?*

The plan makes reference to a significant investment at a national level of £170m from October 2021 to support planned care recovery. This is welcome, but we do not feel we are best placed to comment to a great degree about whether this is sufficient; the fact that this is by its very nature a high-level plan means we cannot comment about specific initiatives based on the amount of information available.

Greater information on Welsh Government plans for how and when these funds will be invested is critical.

Recommendation 11: Welsh Government must provide more detail about how, when and where it plans to invest the £170m of funding announced in October 2021

However, a fundamental re-shape of the outpatient/referral system through the introduction of local or regional diagnostic hubs will require a significant investment. As referenced in the report (p18), this is something BMA Cymru Wales strongly supports.

The report mentions that the creation of business cases for new diagnostic hubs is already underway. There is a lack of clarity about how the hubs will operate: how they will be staffed; if they will be located in new dedicated facilities or within existing; and how referrals from GPs will be handled. We would welcome clarity and engagement around this aspirational aim. It is likely that these new centres will have a significant lag time before they become operational, detail on plans for the immediate future are needed from Welsh Government.

Recommendation 12: Welsh Government must detail its plans for the immediate future of services while it introduces its planned diagnostic hubs

We suggest that the Senedd's Finance Committee may wish to scrutinise the overarching financial aspects of the Plan and associated projects/initiatives as they develop.

Recommendation 13: The Senedd's Health and Social Care Committee should encourage the Senedd Finance Committee to scrutinise the overarching financial aspects of the Plan and associated projects/initiatives as they develop

Workforce

- 11.** *Does the plan adequately address health and social care workforce pressures, including retention, recruitment, and supporting staff to work flexibly, develop their skills and recover from the trauma of the pandemic?*

This is the area which has attracted most attention from our members, who widely share concerns that staffing pressures across the system cause into question the viability of the plan. We are extremely concerned that there will be insufficient staffing capacity within the system to deliver upon the stated aims.

The same staff who have reported suffering from burnout and fatigue coming out of the height of the pandemic will be relied upon to reduce the backlog. We have stated this in previous evidence to the Health & Social Care Committee on HEIW's workforce plan¹:

"The impact these pressures have had on recruitment and retention of medical and other NHS staff may therefore be significant. Many staff have suffered burnout as a result of the pressures of working through the pandemic, prompting many to consider leaving the profession earlier than they might otherwise have planned or reduce the extent of their working week"

The findings of the BMA's April 2021 survey of members in Wales demonstrated the precarious situation facing NHS Wales from a staffing perspective:

- almost a third of members have said that, as a result of COVID, they are more likely to take early retirement

¹ P2, BMA Cymru Wales (8 Oct 21) *Health and social care workforce: consultation by the Welsh Senedd Health and Social Care Committee* www.bma.org.uk/media/4810/bma-wales-response-to-an-healthier-wales-our-workforce-strategy-for-health-and-social-care-consultation-oct21.pdf

- 21% stated they are more likely to leave the NHS for another career

From a staff wellbeing perspective, we must be realistic about what can be achieved from an already under pressure workforce. The creation of an adequately staffed, resourced and effective occupational health service for all NHS Wales staff is absolutely central to achieving this, and many other, Welsh Government and NHS Wales objectives.

Significant consideration must be put to whether existing NHS Wales workforce numbers are sufficient to deliver 'business as usual'. To ensure staff get the support they need, along with appropriate time to rest and to carry out additional training, action must be taken by Welsh Government to make sure appropriate and safe levels of staff are in place across NHS Wales.

Recommendation 14: Welsh Government should legislate to ensure appropriate and safe levels of staff are in place across NHS Wales at all times

Recommendation 15: Welsh Government should ensure all staff can access appropriate and timely occupation health support

In primary care, the recent release of data from the Wales National Workforce Reporting System² demonstrates that despite the highest ever headcount of practitioners at 2,353 qualified GPs, this amounts to only 1,611 Full time equivalent (FTE) GPs working in Welsh practices. Whilst this dataset is new, future trends will demonstrate a gradual decrease in FTE numbers due to both the popularity of portfolio careers and the fact Wales has a significantly higher proportion of its GPs over 60 than other nations, meaning that a greater percentage will be nearing retirement³.

Welsh Government therefore need to focus on retention in addition to recruitment, and an increase to GP training numbers beyond the current 160 new trainees per year.

Recommendation 16: Welsh Government must urgently increase the numbers of GP training numbers beyond the current 160 new trainees per year

The Plan acknowledges that general practice and other primary care services deliver "around 90% of all NHS activity" (p8). This highlights the significant burden shouldered by a pressurised workforce which is already insufficient in numbers to tackle business as usual, let alone perform additional activities.

In secondary care there is a lack of publicly accessible vacancy data from Health Boards. We have been required to resort to submitting Freedom of Information requests to health boards and trusts in order to understand secondary care vacancy data. Where data has been obtained, it demonstrates the scale of the challenge: in one health board as many as 48% of consultant posts were not filled by a permanent consultant; furthermore, the definition of a vacancy used by NHS organisations varies widely, with most underreporting. As an example, in many areas it is not until recruitment has been attempted, and failed, that a post is considered to be vacant).

² Welsh Government (14 Apr 21) *General practice workforce: as at 31 December 2021*
<https://gov.wales/general-practice-workforce-31-december-2021>

³ P4, BMA Cymru Wales (8 Oct 21) Health and social care workforce: consultation by the Welsh Senedd Health and Social Care Committee

Recommendation 9 (as previously): Welsh Government must ensure vacancy data and information is readily available from all health boards and trusts, and that this is consistently collected and presented to help understand the needs and pressures faced by staff

We note the commitment to develop a Workforce Delivery Plan (p34), however without reliable workforce and vacancy data, proper planning cannot be carried out and could call into question the deliverability of much of this plan. HEIW, working with health boards and other key stakeholders, must take a leadership role in workforce planning in the immediate short-term future as well as tackling long-term staffing issues. HEIW's own integrated medium-term plan (IMTP) acknowledges this key role, with "addressing gaps in workforce plans and programmes to support planned care recovery" identified as a key milestone by March 2023⁴. This work needs to be accelerated in advance of that timescale as addressing the workforce gap will not be easy and is unlikely to be solved with money alone as Wales cannot, within the timescale of the plan, train new doctors to redress this shortfall so efforts must be made to draw them into Wales from elsewhere.

Recommendation 17: HEIW must take a leadership role in workforce planning in the immediate short-term future as well as tackling long-term staffing issues

The plan references that a factor in reducing waiting times will be 'additional sessional work at weekends and evenings' to catch up, however the punitive taxation rules on NHS pensions could make this unviable for our most senior and experienced doctors. The pensions annual allowance and taper⁵ have perverse consequences leading many of our most experienced doctors having to reduce their hours, turn down the opportunity of additional work, or outright retire from practice for fear of being hit with tax bills in the thousands for breaching the annual allowance by as little as £1. With this in mind, clinicians essentially have to pay out of their own pockets to undertake additional work.

Welsh Government should therefore continue to urge the UK Government to act in this area to ensure doctors can accept additional work without being disincentivised.

Recommendation 18: Welsh Government should urge the UK Government to take action to ensure doctors can accept additional work without being disincentivised by present tax and pension arrangements

Another means to reduce waiting times identified within the plan is to maximise the capacity within the private and independent sector. It should be recognised that this sector is extremely small in Wales, and often led by consultants in addition to their primary NHS role. Therefore, the workforce who will 'pick up the slack' are largely the same as those within the NHS.

Reliance upon an exhausted workforce to do more could lead to adverse consequences for both patients and said staff. While Welsh Government has taken action to legislate on safe nurse staffing levels, no action has been taken for doctors or other health staff.

⁴ HEIW (21 March 2022) *Integrated Medium-Term Plan 2022-25: Appendix F 'Detailed Deliverables and Milestones'* <https://heiw.nhs.wales/files/heiw-impt-2022-25/>

⁵ For more detail please see *The impact of punitive pension taxation rules on doctors and the delivery of NHS services*, BMA (2020) www.bma.org.uk/media/2002/bma-briefing-on-the-impact-of-pension-taxation-jan-2020.pdf

During the 5th Senedd, the Health & Social Care Committee recommended⁶:

“In our view, it is impossible to separate out the issue of quality from the provision of appropriate staffing levels – they are inextricably linked. In order to deliver quality in service provision, the requisite staffing must be in place.

“We recommend that the Minister amends the [Health and Social Care (Quality and Engagement) (Wales)] Bill to make specific provision for appropriate workforce planning/staffing levels as part of the duty of quality.”

Two and-a-half years later, this key [recommendation](#) has still not been acted upon by Welsh Government.

Given the pressures faced by staff across the Welsh NHS as a result of the pandemic, and the expectation that this will continue as work is undertaken to reduce the backlog for patients, it is critical that Welsh Government brings forward legislation to ensure safe and appropriate levels of staff are in place across NHS Wales.

Recommendation 14 (as previously): Welsh Government should legislate to ensure appropriate and safe levels of staff are in place across NHS Wales at all times

Digital tools and data

12. *Is there sufficient clarity about how digital tools and data will be developed and used to drive service delivery and more efficient management of waiting times?*

The plan is heavily reliant on the use of digital tools and data: from a patient information perspective to the increased prominence of e-advice across sectors. The commitment to improved transparency around waiting times through a shared digital platform is extremely positive, but we will only reap the benefits of this if it is informed by accurate and reliable data from all sectors. Infrastructure in secondary care is significantly behind primary care and more fragmented. This requires significant attention to unlock this proposed flow of information and data. Without this, patients and doctors will be unable to quickly and reliably access updates to waiting time information.

Furthermore, Welsh Government must provide regular updates on progress in this area and on the expected cost of this, so as to ensure that progress is supported by appropriate funding throughout.

Recommendation 19: Welsh Government needs to give urgent attention to secondary care IT and technology infrastructure to ensure waiting time and diagnosis information is available for staff and patients. Furthermore, Welsh Government should give regular updated on progress in this area and ensure funding levels remain as required

An over-reliance on a digital approach to communicate information to patients could exclude large sectors of the population and exacerbate health inequalities. However, it is clear that tools which can provide accurate, accessible and bespoke information to patients about their condition would be of significant benefit. Given these systems will provide access to sensitive patient data and need to interface with clinical records, it is absolutely vital that proper information governance procedures are followed, and safeguards put in place. GPs continue to

⁶ P31, Senedd Health Social Care & Sport Committee (Nov 2019) *Health and Social Care (Quality and Engagement) (Wales) Bill* https://senedd.wales/laid_documents/cr-ld12874/cr-ld12874-e.pdf

be the designated 'data controller' for their patient records, and are thus personally liable for any data breach, with the Information Commissioner's Office able to undertake enforcement action⁷. We would welcome the opportunity to work with Digital Health & Care Wales to discuss information governance matters around these proposals.

Recommendation 20: In introducing greater access to information, it is vital that proper information governance procedures are followed, and safeguards put in place

Recommendation 21: Digital Health & Care Wales should consult with organisations, including BMA Cymru Wales, to ensure information governance matters are robust

Recommendations

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Recommendation 9: Welsh Government must ensure vacancy data and information is readily available from all health boards and trusts, and that this is consistently collected and presented to help understand the needs and pressures faced by staff

⁷ Information Commissioner's Office *Penalties* ico.org.uk/for-organisations/guide-to-data-protection/guide-to-le-processing/penalties/

Recommendation 10: To fully understand how Welsh Government plans to create dedicated surgical facilities separate to urgent and emergency care, it must provide more detail on how it plans to adapt the current NHS Wales estate

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