3.1.5 Planned Care

The Health Board is fully engaged in the National Planned Care Programme and supports the delivery of outcomes that matter to patients through sustainable services delivering care closer to home where possible. Our ambition over the medium term is to transform our surgical services model to better meet patient needs, reduce access times, to improve efficiency and to reduce unnecessary travel to and attendance at hospital appointments. In 2019/20 we will make strides towards achieving this goal and continue to drive forward improvements based on our achievements in 2018/19.

Our aim is to have sustainable planned care services, and to improve patient outcomes and experience by changing our outpatient model, ensuring efficient use of resources, reducing waiting times for surgery and reducing cancellations of operations. In line with the Clinical Services Plan, we will modernise our outpatient model by using digital technology, self-care, telephone and digital appointments and removing follow-ups as a default model.

The Clinical Services Plan modelling undertaken by Capita identified that we have significant opportunities to improve theatre efficiency by using all of the Health Board's theatre capacity at Morriston, Singleton and Neath Port Talbot Hospitals effectively. Our planned care plans are based on achieving the underpinning efficiency assumptions for the Clinical Services Plan for outpatients, day case rates and theatres over the medium term, with significant efficiency improvements in 2019/20.

Through our service remodelling work in 2017 and 2018 we released bed capacity at Neath Port Talbot and Singleton hospitals which can be used to maximise the use of the vacant theatre capacity on both sites. Specifically we plan to increase the surgical presence for both ENT and General Surgery at Singleton Hospital for a range of cases suitable for the hospital infrastructure. A detailed plan to redesign our surgical model, in line with the Clinical Services Plan to separate elective and non-elective surgery as far as possible, based on clinical risk assessment, will be developed.

Our aim is to stop our reliance on outsourcing for all specialties apart from orthopaedics by the end of 2019/20, with plans for orthopaedics to be in place for following years. We will use all of the opportunities we have identified regionally with Hywel Dda University Health Board to achieve this aim, as outlined in Appendix 10, but, due to the opportunities identified in both Health Board's revised demand and capacity modelling, we will not be pursuing an Elective Orthopaedic Centre as a standalone unit in the shorter term.

As described in our Primary Care Plan we will also be using all the opportunities afforded by the rollout of the Cluster Model to move to community-based planned care wherever possible for Eye Care, Oral Health and Audiology as well as putting in place our primary care diabetes model.

Demand and Capacity Modelling

We have undertaken demand and capacity modelling at a specialty level and have received expert input to this process from the NHS Wales Delivery Unit. Our approach has been to utilise efficiency and productivity gain, along with service change plans in outpatients, diagnostics and inpatients to move towards sustainable models. Whilst this approach does not achieve sustainability on its own, we are realistic that a level of investment will be required to increase baseline capacity and this is factored into the demand and capacity models.

Our original planning for 2019/20 showed that we could achieve surgical sustainability from December 2019 (a position that the Health Board had previously never achieved). This would have allowed a far more focussed and effective methodology for the reduction backlog to be developed and we planned to do this over a 24 month timeframe. This position has now significantly changed, and a remedial action plan is in place as outlined in section 3.1.5a.

Regional Planning and Delivery

In line with the national priorities we will be driving best practice through the National Planned Care Programme plans and we will be working together with Hywel Dda University Health Board to maximise our opportunities. Our plans and deliverables described in the South West Wales regional planning section in Appendix 10. The thoracic surgery centre and major trauma

service developments are describe in the same Appendix 10 in the NHS Wales Collaborative section.

Eye Care and Ophthalmology

Our Eye Care Delivery Plan is included at Appendix 2. In 2019/20, additional recruitment of staff will support the Health Board in meeting the required clinical timescales for our Glaucoma patients. We continue to work to put in place Ophthalmology Diagnostic and Treatment Centre (ODTC) services into primary care clusters with the ultimate aim for 75% of all Glaucoma patients being reviewed by an alternative to a doctor in their own communities.

In addition we have set up a Gold Command Task and Finish Group to review the backlog of all ophthalmology patients and will develop an action plan to address and reduce any potential risk / harm to patients. This will also require a focus on accommodation to deliver the proposed changes. We are planning to increase the level of virtual review of patients through the utilisation of new digital equipment that has been recently procured that will allow patients such as the ODTC Glaucoma / Diabetic retina activity to reviewed via a virtual clinical office arrangement thus freeing up additional clinic slots for dealing with our demand.

The Health Board will continue supporting the National Business Case for the roll out of the Ophthalmology Electronic Patient record system for improved communication, provision of advice, governance arrangements when patients are managed in primary care, improved recording and sharing of patients' records and general education.

Oral Maxillo Facial Surgery and Oral Health

Our Oral Health Delivery Plan is included in Appendix 2. We also plan to implement an oral medicine service which will direct demand for this cohort of patients to a model outside of hospital and which will increase the sustainability of OMFS.

ENT and Audiology

The best practice guidelines that have been agreed within the National Planned Care group are being implemented however there remains an outstanding area of clinical review which is currently being undertaken. ENT equipment purchased during the last financial year is now delivering greater access to procedures being undertaken in outpatient clinics rather than main theatres and the full benefit of this will be maximised in 2019/20.

The Audiology Service investment agreed in 2018/19 will be fully up and running for referrals to be triaged by community-based audiologists rather than secondary care consultant teams which has added 1,800 slots to our baseline that we no longer have to cover through non-sustainable solutions.

Transformation Opportunity

Case Study: Outpatients

In 2017/18 we had 260k referrals and saw 206k outpatients and there were about 16,600 new outpatient DNAs per year. We had a recurring demand/capacity gap of 10k that had been stable for some time (there is a lot of attrition on the waiting list).

Efficiency Targets

In our 2018/19 Annual Plan we did our own modelling and set efficiency targets which were based on a three-year programme to achieve sustainability.

If we reduced our DNAs by 20% and our new referrals by 3% over three years this would put us back in balance (3,320 DNA slots and reduction of 7,000 referrals = 10,000 slots). 2018/19 targets were set of 10% reduction DNAs and 1% reduction in referrals.

Achievement

By November 2018 we had nearly achieved the 1% reduction in referrals through use of digital transformation - our e-referral system with Cluster Lead challenge and self-care through Patient Knows Best. We have reduced DNAs by almost 7%.

The Capita modelling for our CSP validated our own modelling – and therefore we're on our way to sustainability in outpatients.

Urology

The service continues to build on the number of patients who are seen in our virtual PSA clinics – at December 2018 this is now around 1,200 patients. In 2019/20 the service will introduce the "Patient Knows Best" (PKB) smartphone system to facilitate self-managed care which will allow appropriate PSA patients to access their own results via the PKB system.

The NICE Guidance on the use of mpMRI are currently under review. When approved this will lead to greater use of mpMRI within the clinical pathway

and which potentially will reduce the need for more intrusive intervention and repeat outpatient appointments. This will feature in our diagnostic plans in future years.

Orthopaedics

The NWIS PROMs system is being rolled out for the patients who will be mainly discharged at 6 weeks post-surgery and then followed up through the NWIS PROMs system at agreed intervals which will release outpatient slots for greater numbers of patients to be seen. The MCAS service is reviewing the option of relocating Practitioner Physiotherapists into GP Clusters to enable them to review patients within their own communities. In addition we will be maximising the use of our own theatre and bed capacity to protect elective orthopaedic activity and reduce reliance on waiting list initiatives and outsourcing.

Dermatology

This remains an area of national and regional concern particularly around the medical manpower availability. A paper has recently been prepared by Clinical Chair of the National Dermatology Group to enhance arrangements for medical staffing within the specialty with recommendations to be rolled out during 2109/20. The service continues to support the electronic referral with photograph attachments to provide advice and guidance to General Practice thus saving patients having to be seen in a clinic.

Service Redesign to improve Efficiency

Outpatients

Our Planned Care Improvement Plan 2018/19 made a difference to outpatients' access with fewer patients on waiting lists at April 2018 than in April 2017 and higher numbers of patients with shorter waiting times. However, we recognised that we still have much to do both in using technology to provide virtual solutions and to improve waiting times. This includes:

- Better recording into systems of patients being seen as virtual patients / self-managed
- DNA rates will continue to be reduced through an extension to the current Text Messaging service
- The validation team will reduce appointments being sent to patients not requiring review but which are currently recorded as Follow Ups Not Booked (FunB)
- We will plan to implement a system to maximise the efficient use of the clinical rooms within outpatients departments.

With our ambition to bring care closer to the home we will be working with the Cwmtawe Cluster as the pilot cluster to explore potential service shift in the following areas:

- Phlebotomy / Warfarin management services
- Rheumatology patients
- Surgical review clinics in the Cluster.

Theatres

The Health Board established a Theatre Board in 2018/19 to provide greater scrutiny of theatre performance, which continues its work. The Theatre Information Dashboard will be reviewed with reflective performance targets and proposed Theatre Improvement Targets as follows:

Area	Target	Current Position
Late Starts	No more than 25%	42%
Early Finishes	No more than 20%	41%
Cancelled on the day, patient	No more than 10%	30%
Cancelled on the day, clinical	No more than 10%	23%
Cancelled on the day, non-clinical	No more than 20%	47%
Increased Utilisation	85%	75%
Cancelled Operations	No more than 10%	24%
Sessions cancelled at short notice	No more than 5%	9%
Increase theatre productivity	By 10%	
Reduced additional ad hoc Waiting List initiative work / cost avoidance initiative	By 50%	

Centralising the Pre-Admission services in Morriston facilitated better working arrangements with the booking teams in 2018/19 and we have continued to this approach in 2019/20. This will improve the performance of the pre-assessment services through ensuring all appropriate pre-assessments are undertaken prior to a patient being sent for admission, following agreed clinical guidelines for admission and surgery, screening

patients and improved multidisciplinary working with clinical teams. In addition we will be introducing weekly collaboration meetings between the delivery unit theatre senior teams to ensure all resources are maximised to their full potential and reduced cancelled on the day patients.

The summary plan and enablers below are our original plan as described in the Executive Summary. Our revised plan which addresses the further challenges we have faced in 2019/20 is included in section 3.1.5a.

Summary Plan and Enablers– Planned Care

Actions		Milestones 2019/20	Measures	Lead
Continue with **MCAS** arrangements and as appropriate extend service provision (i.e. Joint pain injections) - with waiting times to be maintained at eight weeks maximum.	Q1	New joint injection model to be implemented	HW_DP7	COO
	Q2	Complete further review of modernisation opportunities for MCAS model		
	Q3	Implement further actions identified through review.		
Extended use of **e- referral / Tele dermatology** for advice and support into General Practice and extend funding of additional clinical fellows across Wales as part of national action plan.	Q1	Continue roll-out e-referral/Tele dermatology to GP practice	HW_DP10	COO
	Q2	Finalise funding for clinical fellows		
	Q4	Recruitment of clinical fellows		
Introduce **Audiology Pathway** with referrals as appropriate directed into the Audiology Service.	Q1	Continue with monitoring new audiology pathway and reduction of referrals into secondary care	HW_DP6	COO
	Q3	Extend pathway arrangements		
Increased use of **Optometry / Non-Medical** services to monitor and refer patients following appropriate guidelines.	Q1	Introduce ODTC into strawberry place/Cwmtawe Cluster	NDF_63 HW_DP7	COO
	Q1	Embed Ophthalmic Priority Measures across the Health Board.		
	Q2	Make available additional accommodation in Singleton for increased non-medical face to face contacts		
	Q3	Finalise manpower plan for ophthalmology/clinical nursing team		
	Q4	Appointments into new skill mix		
Implement Welsh Government priority arrangement to **new and follow up patients**.	Q1	Continue with implementation of planned care programme	NDF_62	COO
	Q1	Update WPAS to accommodate new definitions around virtual clinics, see on symptom and self-managed care		
	Q1	Agree investment into validation team into IBG		
	Q2	Appoint into validation team		
Improve **Theatre efficiency and utilisation** including ENT/ orthopaedics access to Singleton and Neath Port Talbot theatres.	Q1	Agree and implement action plans with delivery units	LM_33 LM_34 LM_35 NDF_63	COO
	Q1	Agree information requirements with information team and delivery units		
	Q1	Re-energise existing theatre efficiency board		
	Q2	Monitor changes to efficiency and reallocate theatre sessions across delivery units as appropriate		
	Q2	Reallocate lost funded theatre session for urology to enable return to balanced service provision		
	Q2	Ensure Cataract throughput is equalised or improved upon in		

		Ophthalmology.		
	Q2	Implement "Open Eyes" or equivalent to oversee PROMs activity / protocols in Ophthalmology		
	Q2	Introduce / Embed Virtual Clinics and build into Consultant / Non-Medical staff job plans.		
ENT access to Singleton theatres to utilise for routine and high activity capacity.	Q1	Establish one all day ENT operating list at Singleton Hospital	LM_33 LM_34 LM_35	COO
General Surgery access to Singleton theatres to utilise for routine and high activity capacity.	Q1	Establish one all day General Surgery operating list at Singleton Hospital and one all day list at Morriston	LM_33 LM_34 LM_35	COO
Implement a revised **hand surgery model** across plastic surgery and orthopaedics to stabilise capacity and demand.	Q2	Consultant recruited and delivering agreed new job plan	HW_DP7	COO
Recruit two gastroenterology specialist nurses and two consultant gastroenterologists to increase sustainability of **Gastroenterology** service.	Q2	Post holders in place and delivering capacity	HW_DP8	COO
Ensure Cataract throughput is equalised or improved upon in **Ophthalmology**.	Q1 to Q4	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments	NDF_63 HW_DP7	Assoc Dir of Perf

Workforce Implications	**Finance Implications**
• Workforce changes have been implement and roles developed to reduce length of stay and demand in other parts of the service For example, Audiologists dealing with more complex cases which will reduce demand on ENT. • Advanced practitioners have been developed to lead clinics to reduce Consultant Waiting times. For example, Advanced Practice Physiotherapists. • Development of therapy roles to reduce length of stay for patients. For example, Dietitians ensuring nutritional optimisation prior to surgery.	
Capital Implications	**Digital Implications**
• HSDU Centralisation – by end 2021. • Third catheter laboratory at Morriston expansion in 2020. • JAD accreditation for endoscopy suite at NPTH to be reviewed. • Thoracic surgery centre at Morriston – by end 2021. • Post-Anaesthetic Care Unit to be developed at Morriston in 2020/21. • Reviewing need for a Hybrid vascular theatre and new vascular laboratory at Morriston. • Centre of excellence - utilise spare space in NPTH made available by endoscopy moving. • Colonoscopes and associated equipment.	See Section 3.3
Bridgend Transfer Implications	
The resilience of planned care services across the Health Board will be supported by detailed LTA and SLAs in development through the Bridgend transfer process. This includes services provided at Neath Port Talbot Hospital which will be supported by Cwm Taf UHB after the transfer.	

3.1.5a Planned Care Plan September 2019 – March 2020

In the original plan section above, the Health Board set out our ambitious plans to maintain our zero wait position for diagnostics and therapy waits in 2019/20 and to significantly improve our 26-week outpatient wait and 36-week waiting times position to become sustainable. We also set out our ambition to reduce our backlog over a 24-month period. Initially performance was good across all four performance measures in 2019/20; diagnostic access is still within profile and is scheduled to deliver its year-end commitment of zero. Therapy performance has been excellent for a year and whilst pressures are being managed within each month, this measure is also on target to be zero at the year end.

However, we have experienced significant challenges in delivering our 26-week new outpatient waiting times and 36-week position. The drivers of the challenged position are specialty specific; our unprecedented unscheduled care pressures (which are discussed in the extended unscheduled care plan section); and changes to the HMRC pension taxation regulations.

From an outpatient perspective the main pressure specialities are oral surgery, gastroenterology, general surgery and ophthalmology. The ophthalmology pressure has arisen from a rebalancing of capacity within the service to address the clinical prioritisation system under the Gold Command Task and Finish Group established to review the ophthalmology backlog and develop an action Plan. These pressures will be resolved through the extensive capacity and demand work underway within the Health Board across all aspects of ophthalmology access.

The pressures in gastroenterology, oral surgery and general surgery have arisen from reduced uptake of backfill capacity from senior medical staff; this is principally attributable to changes in the pension taxation arrangements. The Health Board is implementing sustainable outpatient models, however, in some services flexible, premium rate sessions have historically been used to fill demand and capacity gaps. In the first 5 months of 2019/20 there have been over 2,300 fewer outpatient attendances delivered through flexible additional capacity.

The Health Board has developed detailed recovery plans for outpatients, focussing on the specialties highlighted above to improve the waiting times experienced by our patients.

The number of patients waiting over 36-weeks for treatment has also increased in the first 5 months of 2019/20 and the Health Board is significantly off-track against the delivery profile. The position can be broadly explained by three key factors:

- Unscheduled care pressures restricting access to surgical beds across the Health Board, particularly in orthopaedics and spinal surgery;
- Impact of reduced flexible capacity arising from reduced uptake of premium rate session cover due to the HMRC pension taxation changes; and,
- Impact of service model change, specifically in Ophthalmology.

Analysis shows that for these reasons, capacity has been severely affected and the Health Board has undertaken fewer elective operations (including through outsourcing) over the summer period than in the same period last year.

For patients waiting for treatment, a specialty by specialty cohort review has been undertaken in conjunction with NHS Wales Delivery Unit colleagues. A detailed plan is in place to implement a range of solutions to deliver the revised year-end position. This includes actions to address the shortfall in additional sessions, and to ensure that orthopaedic inpatient capacity is protected. Our detailed specialty-by-specialty plan is attached (see separate attachment).

Behind this difficult position, the Health Board is continuing to implement its planned care sustainability plan set out in the main Annual Plan 2019/20. The plastic surgery service reconfiguration has taken place which has enabled changes in pancreatic cancer care and additional capacity to treat long-waiting general surgery patients through an all-day list at Morriston

Hospital. We are maximising the use of the operating capacity on our other hospital sites. At Neath Port Talbot Hospital we have increased orthopaedic operating on and the change in the plastic surgery service has released our specialist workforce to undertake additional plastics hand surgery and urology surgery at Neath Port Talbot Hospital.

An expansion in the number of daycase trolleys at Singleton Hospital is also in place, as well as plans to support an additional all-day ENT list. This is subject to the availability of anaesthetic cover and our final plan has taken into account the risks that are still arising from the pension taxation changes and the unpredictability of our senior staff's response to further guidance on this which is expected later in the Autumn. The delivery of the plan is also being closely managed in tandem with the unscheduled care detailed action plan due to the interdependent risks to maintaining inpatient capacity, particularly on the Moriston site.

Summary Plan - Planned Care September 2019 - March 2020

Actions	Milestones 2019/20 Q3, Q4		Measures	Lead
Continue with **MCAS** arrangements and as appropriate extend service provision (i.e. Joint pain injections) - with waiting times to be maintained at eight weeks maximum.	Q3	Implement further actions identified through review.	HW_DP7	COO
Extended use of **e- referral / Tele dermatology** for advice and support into General Practice and extend funding of additional clinical fellows across Wales as part of national action plan.	Q4	Recruitment of clinical fellows	HW_DP10	COO
Introduce **Audiology Pathway** with referrals as appropriate directed into the Audiology Service.	Q3	Extend pathway arrangements	HW_DP6	COO
Increased use of **Optometry / Non-Medical** services to monitor and refer patients following appropriate guidelines.	Q3	Finalise manpower plan for ophthalmology/clinical nursing team	NDF_63 HW_DP7	COO
	Q4	Appointments into new skill mix		
Ensure **Cardiac Surgery, Cardiology, ENT, Vascular Surgery, Urology and Oral surgery** can achieve nil within the current plan parameters.	Q3	Review oral surgery position to determine how many of the long waiting cleft lip and palate patients can be treated within the limited specialist resource available.		COO
Improve **General Surgery** position	Q3	Take a more sub-specialty specific analysis within General Surgery refining potential range of breaches		COO
		Create an all-day, long waiting patient list for general surgery at Morriston Hospital		COO
		Continue to consider plans to develop a possible straight to diagnostics test model (endoscopy) with a potential corresponding drop in demand for new OP slots.		COO
Support **Orthopaedic and Spinal surgery** and reduce service pressures	Q3	Assess additional capacity for outsourcing for orthopaedics to reduce the backlog (within the financial envelope) from 400 to 900	LM_33 LM_34 LM_35 NDF_63	COO
	Q3	Return Ward W to elective operating		COO
	Q3	Undertake a further detailed analysis of the emergency care demand for spinal surgery		COO
		Work in partnership with Hywel Dda UHB and Cardiff and Vale UHB regarding managing spinal surgery pressures in context of increased non-routine care increases		DOS
	Q4	Increase therapy support to increase clinic numbers in place and 6th surgeon planned to start in January 2020.		COO
Reduce pressures in **Ophthalmology** in relation to cataract capacity currently exacerbated by reduced availability in anaesthetic cover		Assess opportunities to flex contract to address surgical capacity deficit to address non-anaesthetic covered lists		COO
		Plan and implement (subject to availability of anaesthetic cover) an additional ophthalmology list along with additional all day ENT list in Singleton		COO

Establish clarity on year end position for **Plastic Surgery**		Consider plan for long term waiting for complex breast surgery cases		COO
	Q3	Plastic surgery reconfiguration impact in full effect		
Address **gastroenterology** sourcing		Switch to insource gastroenterology		COO
Improve **theatre efficiency**		Complete assessment of theatre efficiency work to increase elective delivery off the Morriston Hospital site in line with our Clinical Service Plan		COO