Organisational response

Report title: Orthopaedic Services in Wales – Tackling the Waiting List Backlog

Completion date: March 2023

Document reference: National Report and 3295A2022

Ref[1]	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R3	The Getting It Right First Time reports set out clearly a range of recommendations which will help drive improvements in efficiencies and productivity in orthopaedics at a local level. We recommend that health boards need to: a) ensure they maintain oversight and scrutiny of implementation of the Getting It Right First Time	The GIRFT recommendations form part of the over-arching plan the HB has for Orthopaedic Surgery at NPTH. There is a designated Programme Board that monitors the action plan, which subsequently reports to the Surgery & Theatres Transformation Group and into the Planned Care Programme Board	December 2022	Associate Service Group Director, Specialist Surgical Services.

[1] Recommendations 1 and 2 relate specifically to the Welsh Government

	recommendations as part of their governance arrangements; and b) ensure that clear action plans are in place to address the things that get in the way of improvement.	The Health Board has a very clear strategy for Orthopaedics which is consistent with the GIRFT recommendations. A demarcation has been established between trauma and elective surgery with all inpatient trauma being undertaken at Morriston Hospital and ambulatory trauma where possible being performed in Neath Port Talbot and Singleton Day Surgery Units. There is still currently a need to maintain an elective ward in Morriston to accommodate the Low Volume High Complexity (LVHC) patients, whilst Neath Port Talbot Hospital (NPTH) is being developed as a High Volume Low Complexity (HVLC) centre to serve both Swansea Bay and neighbouring health boards. An additional three laminar air flow theatres will be available from June 2023 and with the development of a high care facility and an associated transfer service, LVHC patients, including revision and spinal surgery, will be accommodated over the following 12 months. The ambition is that the elective orthopaedic centre in NPTH becomes an accredited GIRFT facility; there are currently eight centres in England with this status.		
R4	Clinical Musculoskeletal Assessment and Triage Services (CMATS) are having a positive impact on managing demand and providing support. But services are struggling with capacity and are inconsistent in their delivery with examples of duplication of effort where First Contact Practitioners (FCPs) exist. We recommend that health boards need to:	SBUHB has undertaken a major review of the MSK service in primary care with the intention of investing in the establishment of First Contact Practitioner (FCP) service across all eight clusters that make up SBUHB during 2023/24. This service will also be integrated with the current multi-disciplinary CMATS service to allow a significant amount of the CMATS service	September 2023	Clinical Director/Clinical Lead for orthopaedics in conjunction with CMATS Service Lead

	a) ensure that local CMATS are appropriately staffed, and at a minimum, reflect previous Welsh Government guidance; and b) ensure that where First Contact Practitioners (FCP) exist, there are clear pathways between FCPs and CMATS to reduce duplication and minimise waits.	to be delivered at cluster level (for example joint injections).		
R5	There needs to be a greater focus on outcomes across health boards and while people are deteriorating on orthopaedic waiting lists, limited progress has been made by health boards to provide ongoing support and monitor and report harms. We recommend that health boards need to: a) ensure that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) are fully rolled out in all orthopaedic services and used to inform decision making both at a service and patient level; b) ensure that local clinical leadership arrangements and performance information are used to identify opportunities for minimising interventions that are unlikely to result in improved outcomes; and c) put arrangements in place to monitor people waiting, provide communication, support and advice when needed, and report openly and honestly, through their existing governance arrangements, the extent	There is still no reliable PROMS/PREMS service in place at present. An All-Wales approach with an integrated digital platform is the preferred way forward. SBUHB has however been working with Pro-Mapp to undertake an Orthopaedic Waiting List – initiative. This is a WG sponsored project to review the patients specifically waiting for Arthroplasty surgery within SB. Following initial registration with Pro-Mapp patients are monitored on a six-monthly basis for any deterioration in their condition and offered support and guidance to ensure they are as fit as possible for the proposed surgery. As at March 2023 there are 650 patients enrolled with plans for further expansion within this cohort of patients. There are plans for face-to-face exercise, dietary and physiotherapy support from April 2023. This approach provides information around patients' condition prior to surgery, the HB is also reviewing other opportunities via app technology to ensure in future we review patient outcomes following surgery.	December 2023	Clinical Director/Clinical Lead for orthopaedics with Value Based Healthcare Lead

	to which people are coming to harm whilst waiting for orthopaedic treatment.	The Orthopaedic Arthroplasty Team are also planning to develop clinical thresholds for the system to alert them of any patients who have reached these thresholds to allow these patients to be reviewed by the Surgeon.		

Page	Board member question	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations
6	What factors are contributing to the Health Board's comparative performance on overall orthopaedic waits relative to population?	The Health Board had long waiting times for orthopaedic pre Covid due to reduced access to the orthopaedic ward in Morriston and a demand that outstripped the capacity available. The situation was compounded during the pandemic due to a loss of outpatient and capacity and a focus trauma surgery. Consequently, the Health Board has some of the longest waiting times in Wales. The inability to ring fence beds for the more complex patients due to the demand for medical patients, unscheduled care, trauma, and cancer surgery on the acute site has been a major issue.
8	Is the Health Board likely to meet the targets set out in the Welsh Government's national recovery plan for planned care? If not, when does it anticipate achieving the key milestones set out in the plan?	The Health Board will not meet the targets set out in the Welsh Government's national recovery plan. Our ambition is to achieve a position where there are no patients waiting longer than 104 weeks at the end of March 2024, 52 weeks by the end of March 2025 and 36 weeks by the end of March 2026.

	How is the Health Board communicating with patients to tell them how long their wait is likely to be and what to do if their condition deteriorates?	There is regular communication with patients on the waiting list via letter and review clinics with the longest waiting are also undertaken.
	What is the Health Board doing to prioritise those most at risk of coming to harm because of a delay?	The longest waiting patients are those with the most complex needs who need surgery at Morriston Hospital. A ring-fenced ward was established to treat them but was breached due to emergency pressure. Re-establishing this ring-fenced capacity is key to treating those patients most at risk of harm.
	Does the Health Board have information to indicate whether orthopaedic patients are coming to harm because of delays in the diagnosis and treatment? If so, what does this show and what action is being done to minimise the harm?	The Health Board does not hold any information to indicate that patients are coming to harm. Multiple presentations at the British Hip Society meeting confirmed the patients are having more complex surgery and are more deconditioned across the UK due to the longer waits. One can therefore surmise but not prove, that if we have the greatest number of people, waiting for the longest time, in the UK within our cohort that they must be coming to harm.
11	Has the Health Board undertaken any recent analysis of the variation in waiting times by type of surgery and hospital site? If so what does the analysis show? What action is the Health Board taking to reduce variation in the length of wait for the same treatment across different hospital sites?	The variation between surgery and waiting times between sites is well understood and it related to the complex needs of patients currently awaiting treatment in Morriston Hospital. There are currently nearly 700 patients classified as requiring their treatment in Morriston and around 15% of the spinal waiting list will always require treatment at Morriston. The incremental development of the NPTH facilities coupled with an increase in clinical confidence and a Higher Level Care Unit (HLCU) will allow the transfer of these patients. However, at present, the shortfall in anaesthetics and lack of a dedicated transfer service need to be addressed to facilitate this change, although this is being addressed..
12	To what extend is the Health Board seeing, or expecting to see, the latent demand return? If not expected to return, does the Health Board know where the demand has gone?	Referrals from general practice are starting to return to pre Covid levels Yes, the Health Board's Health Care Systems Engineering Team are currently undertaking a review of the elective pathway for orthopaedics, and this includes modelling future demand for the service.

	Does the Health Board have a good understanding of the current and future demand for the orthopaedic service? How is the Health Board ensuring that only appropriate referrals are made into secondary care services? Are community-based prevention and treatment approaches such a Clinical Musculoskeletal Assessment and Treatment Services operating effectively, and are there opportunities to exploit community-based services further?	Referral guidance in place and all are route through the CMAT Service. The Health Board will also be implementing “Health Pathways” supported by WG and orthopaedics will be a priority area to focus on. Yes. A CMAT Service is place in the Health Board and it is currently being reviewed to determine if there are further community-based opportunities to exploit including direct access for GPs to a range of diagnostic services.
13	What is the Health Board doing to stem the growth in the number of people waiting? To what extent has list validation been a factor in reducing waiting lists? To what extent are removals because of validation due to administrative issues? If so, what lessons are being learnt? How is the Health Board ensuring the elective orthopaedic capacity is protected from unscheduled care and wider pressures?	The Health Board has committed resources to tackling the waiting and whilst the longest waiting patients are not yet being treated at the desired rate the overall waiting list volume is decreasing at all stages. There has been focused additional “insourcing” solution for hand surgery and arthroplasties and additional capacity both within core and insourced to reduce outpatient waiting times. Validation has been a significant factor in reducing waiting list with around 20% of the longest waiting patients been removed across all specialties. There are administrative issues that have been identified and additional training is scheduled to address some of the recurring themes once an appropriately skilled team in place to train staff and monitor practise. The elective orthopaedic work undertaken in NPTH is a protected pathway which is not impacted on by the wider system pressures experienced in Morriston Hospital.

14	Has the Health Board undertaken any analysis to understand whether there is a higher or lower rate of procedures, such as hip and knee replacements, than would be expected for the local population? If so, what does it show and are there any opportunities for improving productivity and efficiency? Does the Health Board understand whether the procedures are delivering positive outcomes for patients?	The Health Board has currently not undertaken this analysis but this will be picked up with the clinical director and clinical lead for the orthopaedic service. This will be addressed when a reliable PROMS/PREMS system is in place.
16	If the older population continues to grow, but real terms spend on orthopaedics does not keep pace, can the Health Board ensure that future service models will be sustainable?	An ageing population will bring additional demand on the orthopaedic surgery especially in terms of trauma and joint replacement. If the real terms spend on orthopaedics does not keep pace, the service will not be able to manage the demand.
18	To what extent does the Health Board currently have the capacity to meet orthopaedic service demand? Where are the capacity gaps? What are the workforce risks and challenges? How is the Health Board working regionally to create high volume low complexity capacity?	A modelling exercise to determine the capacity required to clear all patients waiting over two years by the end of March 2023 has recently been completed and this demonstrates that the Health Board requires additional capacity in excess of the current plans for ring-fenced capacity in Morriston and the HVLC work that will be undertaken in NPTH. However, the Health Board are looking to fund additional insourcing lists and other capacity (repatriation of sessions from CTMUHB in June 2023 to address this. There are workforce risks and challenges for most aspects of the service most notably anaesthetic capacity and theatre staff capacity and HSDU capacity. There is also shortfall in in physiotherapy and radiology support. Three new laminar air-flow theatres will be in place in NPTH in June 2023 as part of the Health Board's strategy to provide a HVLC facility for the region. The orthopaedic centre in NPTH will have 5 orthopaedic theatres available to support Swansea Bay and neighbouring health boards as a regional centre of excellence capable of delivering around 3000 procedures per annum.

	What is the Health Board doing to create greater levels of efficiency in orthopaedic pathways?	As stated above the Health Board's HCSE team are working with the orthopaedic service to review every element of the pathway in order to maximise the efficiency of the service. In addition, the HVLC centre in NPTH will be working towards obtaining GIRFT accreditation which will require evidence of achieving greater levels of efficiency.
21	To what extend is radiology or physiotherapy capacity having an impact on the timeliness of the overall orthopaedic pathway? Are there costed plans to match demand and capacity in those areas if required?	There are no capacity issues in either radiology or physiotherapy that are currently impacting on the overall orthopaedic pathway. However, the expansion of service in NPTH will require additional input from physiotherapies to optimise throughput. Yes, as part of the workforce plan for the NPTH development.
25	Is the Health Board adopting Patient Initiated Follow Ups and See on Symptoms pathways at sufficient pace? If not, what are the barriers? Are consultant jobs plans being reviewed to adapt to new outpatient models and maximise use of their time? To what extend are digital/virtual outpatient appointment being used? Is this delivering a better and more efficient service?	The Health Board has been proactive in promoting the use of PIFU and SOS are part of its outpatient strategy to reduce the demand for follow up appointments. All consultants have a recent job plan in place but there is a need to review them to reflect any changes that are identify through the work being undertaken by the HCSE team and the Health Board's Transformation Team. This form of Outpatient consultation is mainly used for follow up patients within Orthopaedics due to the need in general for diagnostics at the new Outpatient stage. It does provide a more efficient service for some of the subspecialties