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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 November 2021	Agenda Item	4.4	
Report Title	Health Board Response to CHC Report “Is my life worth living?”: Lived experiences of patients waiting in pain for elective orthopaedic surgery			
Report Author	Kate Hannam, Interim Service Director, Morrision Service Group Suzanne Holloway, Group Head of Quality, Safety & Patient Experience			
Report Sponsor	Gareth Howells, Executive Nurse Director			
Presented by	Kate Hannam, Interim Service Director, Morrision Service Group			
Freedom of Information	Open			
Purpose of the Report	To provide a details response to recommendations made by Swansea Bay Community Health Council detailing the lived experience of people waiting for orthopaedic and spinal surgery in Swansea Bay University Health Board.			
Key Issues	<ul style="list-style-type: none"> • Sustainable service delivery • Patient Communication 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Receive and note the content of report “<i>Is my life worth living?</i>”: <i>Lived experiences of patients waiting in pain for elective orthopaedic surgery</i> issued by the Swansea Bay Community Health Council in September 2021 • Note the actions being undertaken in response to the report recommendations • Note the improvement work in progress to address the long term delivery of orthopaedic services within the Health Board. 			

Swansea Bay University Health Board response to CHC Report
“Is my life worth living?”: Lived experiences of patients waiting in pain for elective orthopaedic surgery (September 2021)

1. INTRODUCTION

Swansea Bay Community Health Council (CHC), in line with their Annual Operational Plan 2020/21, issued a report detailing patients’ lived experiences of waiting for elective surgery for joint replacement, orthopaedic and spinal surgery. The reports key findings were:

- 92% of people who contributed to the report agreed that the length of time they had seen their condition worsen.
- 74% of people who contributed to the report agreed that the length of time they had waited for surgery has affected their mental health and well-being

A full copy of the report is attached as Appendix1 to this paper.

2. BACKGROUND

2.1 In November 2020, the Board of Community Health Councils in Wales published their national ‘Feeling Forgotten’ Report. The report described the heart-breaking impact felt by people whose care and treatment was delayed because of the pandemic.

The report issued by Swansea Bay CHC in September 2021, reflected on these earlier findings of November 2020 and collected feedback from 948 people (between December 2020 and May 2021) all of whom were waiting for elective orthopaedic or spinal surgery at Swansea Bay University Health Board. The objective was to understand the impact waiting for surgery is having on people.

The report noted the actions taken within NHS Wales in response to the coronavirus pandemic in March 2020 and the prioritisation of treatment for people with COVID-19 over other non-urgent NHS care. There was acknowledgement that hospital facilities and resources across the Health Board were reorganised which directly led to the cancellation of all but emergency orthopaedic surgery. However, many people providing feedback to the report noted that waiting times were very long and continuing to rise before the pandemic.

2.2 Both elective and emergency orthopaedic services are operationally managed by the Morriston Service Group on behalf of the Health Board. Spinal services are provided in collaboration with Cardiff and the Vale University Health Board and the South Wales Major Trauma Network, to this end only elective spinal surgery is undertaken within the Health Board.

At the time of collating the report the following waiting list data was shared with the CHC by the Health Board, and relates to the waiting list position at the end of May 2021. The Table 2.2, on the following page, illustrates this position and the present position as at the end of October 2021.

Table 2.2: Elective Orthopaedic and Spinal Surgery Waiting Times, May & October 2021

	Orthopaedic Surgery		Spinal Surgery	
	May 2021	Oct 2021	May 2021	Oct 2021
Total Waiting List	10,420	11,633	1,755	1,972
Waiting >26wks for 1 st Outpatient (Stage1)	3,215	3,870	49	122
Waiting >36wks	6,793	7,342	908	969
Waiting >52wks	5,858	6,266	762	750

3. GOVERNANCE AND RISK ISSUES

3.1 The Health Board fully recognises risk with regards to access to planned care and as such it features on the Health Board Risk Register.

The delivery of planned care is multi-factorial and its delivery is dependent on a continuously evolving healthcare environment both in relation to population demand and the supply of human resource and infrastructure to deliver services

Post Covid-19, the focus is on minimising harm by ensuring that the patients with the high clinical priority are treated first. The Health Board is following the Royal College of Surgeons guidance for all surgical procedures and patients on the waiting list have been categorised accordingly.

4. RESPONSE TO RECOMMENDATIONS

The following provides a response to and an update on action taken to address the recommendations within the report.

4.1 *Healthcare teams keep in regular contact with people waiting for care and treatment. This will help them know what is happening, how long they might need to wait, the reasons for the delay and what the delay might mean for them in the longer term*

A programme of regular patient commenced in May 2021. A copy of the validation letter and the accompanying assessment form which is being used across a range of specialties including orthopaedics and spinal surgery is included as Appendix 2. This validation is focused on patients who have been assessed and are now waiting for an operation at Stage5.

There is also publically available information via the Swansea Bay University Health Internet page.

[Health Board Internet Site: Advice for Patients whose operation may have been delayed due to COVID-19](#)

4.2 *Where the ‘waiting time clock’ is stopped for any reason (e.g. where a patient is unfit for surgery) take steps to ensure that the patient is actively involved in this process and that the patient is referred again and joins the waiting list at the most clinically-appropriate stage. Ensure account is taken of time*

previously waited across various pathways when prioritising patients for treatment

Health Board waiting lists are managed in line with NHS Wales Waiting List Guidance, ensuring probity and equality in all waiting list transactions and that the clinical priority is the primary driver.

Adjustment to the waiting list clock should always be collaborative and occur as a result of and interaction with the patient, whether that be a clinical discussion in relation to fitness for surgery or social discussion where a patient may choose that now is not the right time for them to undergo surgery.

In all cases these interactions are recorded in the patient's health record so that there is a clear and visible audit trail in relation to the interaction and to support the re-introduction of the patient back on to the waiting list, in line with national guidance, when clinically appropriate or when the patient is ready.

4.3 Communicate with patients about how plans have changed during the pandemic and timescales for reintroducing services. People waiting for care and treatment know how to get advice and support while they are waiting, particularly in respect of wider emotional and mental well-being services and pain management

Patient information on where to access support whilst waiting for surgery is available on the Health Board website. This information has been produced by the Clinical Lead for the Rehab2Rehab Service in conjunction with Public Health Wales

[Health Board Internet Site: Waiting for Surgery Advice Leaflet](#)

The Health Board does accept that there is a need to take a multi-disciplinary approach in supporting patients whilst they are waiting for surgery and work is being developed within the orthopaedic service to enhance support services including occupational therapy, physiotherapy and pain management. This work is in its early stages with a view to making it available in 2022.

4.4 Ensure surgical waiting lists are clinically validated to allow waiting lists to run effectively. This might include; checking on a patient's condition and establishing any additional risk factors or individual patient's wishes regarding treatment.

All patients requiring admission for a planned surgical intervention undergo a pre-operative assessment. This process undertaken by clinicians to assess a patient's overall fitness for surgery and to ensure that the patient is put on a surgical pathway which is appropriate and safe and ensures the best clinical outcomes for the patient.

In undertaking this assessment any chronic pre-existing condition, known or unknown to the patient at the time of the assessment, is taken into account to ensure that patients are on the correct pathway. The outcome of these

assessments are always shared with the patient and their General Practitioner and in some instances can result in a patient stepping out of the waiting list in order to receive treatment for another condition which will prohibit a successful outcome from their surgery.

The Health Board accepts that patients have on occasion been frustrated by this level of assessment, particularly where the assessment is undertaken on more than one occasion however it is important that at all times patients and clinicians are enabled to make informed decisions about treatment and pre-operative assessment is critical in providing this.

4.5 *Communicating effectively with patients, carers and GPs where waiting times have changed for priority groups, be open with patients about how long they might have to wait*

Please see response to Points 4.1 and 4.4.

4.6 *Ensure surgical waiting lists are technically validated. Some people who responded to our survey told us they were no longer waiting for surgery. Others told us they were not waiting for any treatment at all; ensure the waiting list is accurate and up to date. Elective surgery is critical to an individual's quality of life and function.*

Please see the response to point 4.1 and in particular the "Patient Choices" questionnaire which is part of the validation process.

The Health Board has been surprised at the volume of response where patients have notified that they no longer require surgery. However, this does tend to be for conditions which are low level and low impact on everyday living and where patients have made a conscious decision of risks related to COVID-19 (hand surgery) or in conditions which can improve over a period of time and where the acute need for surgery has abated in the view of the patient (some shoulder surgeries).

When a patient tells us that they no longer require surgery this is recorded within their health record and is uploaded to the Welsh Clinical Portal.

4.7 *Involve people and clinicians in developing prudent orthopaedic plans that both meet people's needs now and are sustainable for the future. Whilst recognising long-term strategic plans are in development for orthopaedic services, we would invite the health board to develop plans to expedite treatment in the short term. The poor prospects of receiving treatment soon is evidently having a devastating impact on people's lives and emotional wellbeing*

The Health Board has developed plans to address a number of patients on the waiting list on a short/medium term basis.

- The Orthopaedic Department has recently commenced two additional theatre lists at NPTH, these lists are currently being utilised for patients waiting for hand surgery and knee surgery.
- Patients waiting for shoulder surgery are currently being “outsourced” for private surgery funded by the NHS in BMI Werndale Hospital.
- The Health Board has also recently agreed a contract with an “insourcing” company, HBSUK, to undertake theatre lists on weekends at Neath Port Talbot Hospital (NPTH) to target patients waiting for hand and joint surgeries.

The principle of “outsourcing” is where the NHS purchases service capacity from the private healthcare sector, using private sector infrastructure and human resource to deliver service.

The principle of “insourcing” is where local NHS infrastructure such as theatres is utilised when not being used by local NHS services. The insourcing company provides the human resource for this service.

The Health Board is also actively scoping other options for outsourcing of patients on a short/medium term basis. The longer term plan is to establish NPTH as a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology as outlined in the recent “Changing for the Future” public engagement exercise.

Updates on orthopaedic services / potential further service changes will be discussed with the CHC at their Services Planning Committee or Executive Committee meetings and the Joint Health Board and CHC Proforma for Proposed Service Changes will be utilised as required.

5. RECOMMENDATION

Committee members are asked to:

- Receive and note the content of report *“Is my life worth living?”: Lived experiences of patients waiting in pain for elective orthopaedic surgery* issued by the Swansea Bay Community Health Council in September 2021
- Note the actions being undertaken in response to the report recommendations
- Note the improvement work in progress to address the long term delivery of orthopaedic services within the Health Board.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
The Health Board fully recognises its duty of care to waiting to access all healthcare services.		
Financial Implications		
Please refer to Point 4.7 within the report.		
Legal Implications (including equality and diversity assessment)		
On the 1 st June 2020, the Health and Social Care (Quality and Engagement) (Wales) Act became law; it will come into force in Spring 2023. The Act will introduce the principle of Duty of Quality. Health services will be required to demonstrate a “system-wide way of working to provide safe, effective, person-centred, timely efficient and equitable health care in the context of a learning culture.		
Staffing Implications		
The availability of staff to deliver both baseline and additional service capacity to address existing waiting list demand is a critical constraint. All opportunities to reduce this constraint including securing private healthcare capacity are being utilised.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Please refer to the recent “Changing for the Future” public engagement document.		
Report History	No linked report	
Appendices	<ul style="list-style-type: none"> Swansea Bay CHC Report: “Is my life worth living?”: Lived experiences of patients waiting in pain for elective orthopaedic surgery 	

	<ul style="list-style-type: none">• Swansea Bay University Health Board: Inpatient (Stage5) Validation Letter (May 2021)• Swansea Bay University Health Board: Inpatient (Stage5) "Patient Choices" Form (May 2021)
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