



Llywodraeth Cymru  
Welsh Government

IMPACT ASSESSMENT

# **Integrated Impact Assessment: Programme to transform planned care and reduce waiting times, April 2022 – Summary**

Assessing the impact of improving health and social care on equality of opportunity.

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## SECTION 1. WHAT ACTION IS THE WELSH GOVERNMENT CONSIDERING AND WHY?

Over the last two years, the focus for the NHS has been on the response to the COVID-19 pandemic, as well as continuing to respond to people with urgent, emergency, and essential health conditions.

As a result, the number of people waiting – and the time people are waiting – for planned care services is now longer than ever, and the NHS faces the challenge of meeting the needs of almost 700,000 people. It is also estimated that around 500,000 referrals have not been received in secondary care services over the last two years. These are likely to present to primary care in the coming months and waiting lists will continue to grow for some time.

At the end of February 2022, the total waiting list was 691,885 (an increase of 235,076 on March 2020) and the number of people waiting more than 36 weeks was 251,647 (an increase of 223,353 on March 2020). It will take a whole-system effort to reduce these figures and ensure people are seen in a timely manner.

***Our programme for transforming and modernising planned care and reducing waiting lists in Wales*** (the plan) sets out the high-level deliverables, priorities and commitments of Welsh Government and the National Health Service (NHS) to transform planned care services and reduce waiting times over the next four years (2026). The plan builds on the priorities within the [NHS Planning Framework](#) (November 2021). It is based on the vision in *A Healthier Wales*, the five goals for planned care and the National Clinical Framework to ensure sustainable, prudent, and value-based services are delivered as close to home as possible. It also further strengthens integration between primary care, community services and secondary care and between health and social care.

While the plan focuses on planned care, which is predominantly linked to hospital waiting lists, it recognises that in other areas such as dentistry, primary care and mental health, a strong focus is needed on increasing treatments and capacity.

In responses to challenges during the pandemic, new innovative and flexible approaches were incorporated into many aspects of planned care services, demonstrating the pace at which transformational change can be achieved. It is time to continue to progress: to harness this will, reflect on lessons learned and maintain the momentum created to empower NHS colleagues to embed transformational change to improve patient care and outcomes in the future.

The plan sets out seven clear priorities for action over the next 4 years. They focus on immediate actions to release capacity to see and treat more people and slightly longer-term actions that will continue to transform the service in line with our vision set out in *A Healthier Wales*.

This plan confirms several commitments to the people of Wales to help them access the advice and services they need. They are:

**To increase the capacity of the health service** – there will be better access closer to home to doctors, nurses, dentists, and other health professionals so people receive the right care from the right health professional.

**To prioritise diagnosis and treatment** – there will be improved and timelier access to treatments and diagnostic procedures allowing prioritisation for those with suspected cancer or other urgent conditions, and clinicians working with you to make sure your treatment options are the best for you.

**To transform the how we provide elective care** - More care and support from a wider range of local services and professionals will be offered to help you stay well and remain at home. We will seek to establish dedicated surgical facilities and measures to separate elective care from urgent and emergency care.

**To provide better information and support to patients** – especially for those waiting for treatment, including greater access to personalised information. This will include targeted, accessible support to prepare people for surgery whilst they are waiting and for those waiting a long time, access to a national patient information portal and support services to help people get ready for their treatment.

The plan sets out the following outcomes as guiding principles for the delivery of our recovery and transformation:

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

The plan will deliver a planned care service that is both sustainable and able to meet the needs of our future service plans. We have utilised the learning from our approach undertaken in the COVID-19 pandemic to embed new ways of working supporting a modern planned care model.

### **Prevention**

Prevention and the role of the individual will be critical in the design of the new model. The plan seeks to create a culture of patient activation and empowerment. While waiting information will be provided to support people to manage their condition and actively prepare for treatment through prevention and self-management.

We will take a more targeted approach in the delivery of our healthcare services, for example within our screening, immunisation, and vaccination programmes. Two of the biggest causes of avoidable ill health and death, and drivers of health inequality, are smoking and obesity. To tackle these and other health inequities, health bodies

in Wales working with Public Health Wales will continue to promote healthier lifestyles including encouraging people to achieve and maintain a healthy weight, be more physically active and stop smoking. We 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. Through delivering on these measures, we will reduce the number of people who will need planned care intervention in future

### **Empowerment**

The plan sets out a clear mandate to enable early access to high quality advice and guidance to inform decision-making and give individuals more choice and control over their care, including support whilst waiting for treatment. Approaches such as virtual joint schools and pre-habilitation will contribute towards achieving an empowered, informed and engaged public. Individuals' needs and responsibilities through alternative pathways such as self-management, See-On-Symptom (SOS) and Patient Initiated Follow Ups (PIFU) will reinforce the shared responsibility between clinician and the individual. Alternative pathways will provide opportunities to establish a pattern for health early in life, providing strategies for mitigating illness and managing it in later life. Working with and supporting primary care to support people earlier will be an integral part of the new model and measurement.

### **Integration**

**The plan demonstrates an integrated approach of delivery recognising how the planned care pathway affects many different areas in health and wider partners such as social care. It recognises through its priority areas that all areas across the pathway need to be strengthened.**

### **Collaboration**

The plan builds on existing relationships as well as developing new ones, working collaboratively across boundaries to deliver improvement in health and well-being for the population of Wales.

The communication and engagement strategy recognises the range of partners, organisations, and stakeholder's contribution to developing and delivering the Plan to ensure sustainable and safe planned care services.

*Our programme for transforming and modernising planned care and reducing waiting lists in Wales* has been produced relatively quickly. A formal consultation has not taken place due to the urgent need to take immediate action, the plan however has been developed with the clinical boards, networks, groups and through discussions with health boards. **This helped shape and influence the document as it developed.** The Welsh Government have ensured that a range of stakeholders, including key clinicians and professional bodies, have been made aware of its development to ensure a consistent and collaborative approach.

Wider stakeholder views have also been sought to ensure collaboration, consultation, and co-production with our partners:

- **Welsh Government.**
- **Senior clinical, executive, strategic and operational NHS staff (primary and secondary care).**
- **National clinical bodies and boards**
- **Community Health Councils; and**
- **Voluntary Sector.**

The delivery of this plan will require considerable collaboration between health care providers. There will be a need to develop new regional centres that work across health case boundaries as well as looking at innovative approaches to treat long waiting patients at a local, national, or regional level.

### **Impact**

The Welsh Government is committed to reducing health inequalities. The pandemic has highlighted and worsened health inequalities and poor population health. Reducing health inequalities will enable more people to live longer, healthier, and more productive lives. Through improving levels of general physical and mental health, the need for costly clinical interventions may reduce and in the long term reduce pressure on the NHS. How we spend money on planned care will also be an important consideration, with the foundational economy and socio-economic duty in mind. Our priority is to maximise how NHS and recovery funding is spent in Wales.

The plan recognises the importance of reviewing and treating those in most clinical need first. It also recognises wider social needs, including those people who are waiting for treatment and who continue to experience pain and symptoms, whilst needing ongoing advice and support. This will continue to be a challenge for individuals putting additional strain on primary care services and possibly social care. For many their illness or condition will impact on their lifestyles in a way that risks increasing inequalities, for example isolation, inability to work or provide care, higher risk of trips and falls. The plan considers what matters to people and outcomes across the whole system.

The plan includes evidence-based targets to monitor performance and the impact this plan will have on planned care delivery. Aligned to the NHS performance Framework, this will include waiting times for diagnostics, treatment and follow-up and the rate of implementation of the new ways of working.

### **Costs and Savings**

In October 2021, NHS organisations were given a recurrent allocation of £170m to support planned care recovery plans, which were to be developed alongside Integrated Medium-Term Plan (IMTPs). This investment enables:

- Implementation of the recommendations of the National Endoscopy Programme.
- Regional cataract services in line with advice from the Planned Care programme.
- Regional plans for aspects of orthopaedic services based on the orthopaedic clinical strategy work.
- Strengthened diagnostic and imaging services based on advice commissioned from the National Imaging Programme.
- Implementation of the Critical Care Plan developed by the Critical Care Network.
- Plans for improving cancer and stroke services

£20m a year has been invested to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. This will support NHS recovery, with a focus on delivery of high value interventions that ensure improved outcomes for patients and support service sustainability and reducing waits for treatment over the medium term.

To support planned care sustainable transformation, an investment of £15m to support the planned care five goals for transformation is being allocated in line with the actions of the plan.

The plan will also seek support from other funds as part of their delivery plans, such as primary care, mental health, and workforce.

### **Mechanism**

**Legislation is not proposed as part of this work, a regulatory impact assessment is not necessary.** Progress will be monitored by the Recovery Board against identified metrics.

## SECTION 8. CONCLUSION

(Please note that this section will be published)

### **8.1 How have people most likely to be affected by the proposal been involved in developing it?**

The plan has been developed rapidly in order to provide our health and social care services in Wales with clarity on the strategic direction and priorities needed to respond to the growing waiting lists and increasing referrals. As we remain in an unprecedented environment, we have taken a flexible and robust approach to our planning so that our services are best able to deliver for their local populations.

This impact assessment identifies opportunities have been taken to ensure fairness and equality, and they have been adopted into the approach. However, it also recognises that the plan builds on existing policies and models as well as introducing new approaches.

People from ethnic minority communities, older people, children, and young people and those with mental health issues have all felt an impact not only from COVID-19 but also from the restrictions that were imposed to keep us safe. It is important for us to put in place plans to allow increases in capacity to respond to these needs.

*The plan* was developed through discussion with colleagues across the health and social services department within Welsh Government, professional leads, and senior colleagues from within the service, national groups, and clinical boards such as the National Planned Care Programme Board, Clinical Networks, Medical Directors, NHS Planning Leads, Chief Operating Officers, Chief Executives. The voluntary and third sector are represented on many of these groups. More detail is provided in Section 1 above.

The proposal has been socialised with senior NHS executives in primary, community, and secondary care, as well as the Royal Colleges and representative bodies.

### **8.2 What are the most significant impacts, positive and negative?**

The plan should have a positive impact on people across Wales as it sets out the strategic direction for rebuilding key health and social care services to address the significant impact of long waits and people not contacting the health services earlier enough to maximise their possible outcomes. It recognises that if we do not change and rebuild this would compound the current negative impact of covid and the lengths of waits could further increase, and patient outcomes would be significantly impacted.

Organisations will not be starting afresh but will be building on the developments they have already made over the past twenty-four months and the plan provides a clear direction going forward, building upon some great innovation over the last two years.

Health and social care services need to plan to meet the needs of their respective populations and must do so regardless of age, race, religion, sex, and sexual identity, etc. Organisations need to ensure that people have equal access to diagnosis and treatment.

Some groups of people have been adversely affected by COVID-19 and the plan reinforces the need for organisations to mitigate this.

### **8.3 In light of the impacts identified, how will the proposal:**

- **maximise contribution to our well-being objectives and the seven well-being goals: and/or,**
- **avoid, reduce, or mitigate any negative impacts?**

The plan is underpinned by the Well-being of Future Generations (Wales) Act 2015, providing the overarching building blocks that are needed, through the five ways of working (long term, prevention, integration, involvement, and collaboration), to support the health and care system recover. It is also underpinned by 'a Healthier Wales'. This approach will support our health and social services in Wales in providing appropriate treatment and care for people.

The Welsh language is important in the delivery of health and social care. For many people, being able to access information or describe their symptoms and talk with professionals in their preferred language is key to getting the right treatment and care. Health boards and trusts are subject to Welsh Language Standards (regulated by the Welsh Language Commissioner), which are a set of legally binding requirements that aim to improve bilingual services. The Welsh Government's More Than Just Words Action Plan sets out a range of actions which will underpin the recovery of our services.

Welsh Government have supported health boards to implement the plan by providing additional funding for resources and by providing a standardised approach and supporting resources. This work will be driven by a Recovery Board, reporting to the NHS Leadership Board.

### **8.4 How will the impact of the proposal be monitored and evaluated as it progresses and when it concludes?**

The impact of the plan will be monitored through a range of mechanisms which involves ongoing engagement between Welsh Government, NHS organisations and key partners on a regular basis.

Progress against the national commitments and targets will be monitored and published against the key targets and timelines up to and including March 2026.