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Executive Summary

Doing Things Differently

Tackling the Backlog in the Aftermath of Covid-19

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At the peak of the pandemic, one in three of all hospitalisations in Wales were due to Covid-19.

Over half a million people are now waiting for treatment. What are we going to do differently?

Please note: this paper should be read alongside the Bevan Commission publication 'Doing Things Differently: Supporting Service Development in the Community'. Both papers will be followed up with detailed examples of how service change can be achieved and accelerated across Wales through a series of 'How To' guides.

Executive Summary

Tackling the backlog in the aftermath of Covid-19

Finding ways to reduce the huge and continually increasing number of people on a hospital waiting list in Wales is one of the biggest challenges facing the NHS. Before the Covid-19 pandemic hit, the backlog was already an issue. One year on, it has escalated. There are now almost 550,000 waiting for treatment - this is almost 1 in 6 people in Wales – and 217,655 of those people have been waiting more than 36 weeks, a rise of 192,021 since February 2020.

Tackling the backlog is a priority and will require bold, decisive action. We have do things differently if we are going to find a way forward and this paper will suggest possible solutions including the following:

Bold Transformative Leadership: Tackling the backlog will require bold leadership, imagination and drive to transform health and care in Wales. Covid-19 has shown the NHS can adapt and adopt innovative practice at pace when circumstances dictate it. The post Covid-19 environment requires the same mind-set and action moving forward.

Improving Quality and Efficiency: The system was not coping before the pandemic hit. There were many practices that added little or no benefit, including, for example, patients attending hospital appointments that could have been done remotely - or even not at all. Also, traditional ways of working and running services (9-5, Monday to Friday) need to be updated to allow the productive capacity of both facilities and staff to be fully realised. Alongside this is the need to adopt and spread best practice consistently and as quickly as possible. Moving forward, accountability for delivery of the required changes needs to be clear and driven with the same urgency that we saw the NHS respond to the Covid-19 pandemic.

Transforming Outpatient Services: Covid-19 has provided positive opportunities for the transformation of outpatient services. These must be urgently built upon, resetting outpatient services as "digital first" and eliminating all unnecessary appointments. This would require a fundamental review of follow up care, with Patient Initiated Follow Up (PIFU) and See on Symptoms (SoS) replacing traditional routine follow up appointments. Virtual care should be offered as the first choice but with a blend of options to ensure those who are digitally excluded are able to access the care they need.

Technology Embedded Care: Technology must be embedded and integrated between the various parts of the health and care system, with patients and the public, and in the planning and delivery of care. To enable this to happen technology must be easy to use, inter-connected and reliable. This requires further development of the single clinical record and much greater patient access to their results.

Establishing NHS Wales Regional Specialist Centres: Dedicated elective treatment, staff and diagnostic capacity is required to use available skills and resources to best effect. To do this, NHS Wales Regional Specialist Centres will need to be established to deliver a service to a regional population. Health Boards will need to work collaboratively to ensure they are established at pace and run effectively. Where elective services remain within hospitals that also deliver unscheduled care, there needs to be a strict separation of the bed stock. Innovative solutions to self-management and rehabilitation needs to be an integral part of all these services (see 'Transferring Services into the Community' paper for further details).

Clinical Leadership and Prioritisation: Many people will be on a waiting list with no immediate prospect of a surgical, or other secondary care based intervention. A clinical approach to risk stratification and prioritisation of cases to avoid harm to patients while waiting is needed. This should be determined by evidence of clinical effectiveness and likelihood of good outcomes as the basis of the management of the backlog. This means that Referral to Treatment Times

(RTT) can no longer be the main criteria for how patient treatment lists are constructed. As part of that, the provision of support and alternatives to surgery (where possible) needs to be available. We have to work proactively with patients to help them manage and minimise their symptoms through greater self-care, use of technology, support groups and community facilities.

Creative Staffing Solutions: In increasing proactive capacity, staffing is more often the critical constraint than physical space. NHS Wales recruitment, training and retention strategy has to learn from Covid-19, identifying opportunities to use all skills and resources effectively, including patients and the public. It will need to adopt more flexible roles and ways of working, and be resourced and focused enough to deliver.

Sharing Responsibility for Population Health: Wales has one of the unhealthiest populations in Europe. People need to have more control over the choices available and be involved in shared decision making about their own health and well-being. We will all have to take more responsibility for our health and be supported and encouraged to do so. The best chance of success is by taking a 'whole system' approach that enhances the infrastructure in communities to support people. Health, social care, local government, third sector and businesses will need to work together to deliver this.

Read the full report

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