

**Comisiwn
Bevan
Commission**



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

Planned Care Innovation Programme

Programme Report

October 2023

Executive Summary

Responding to the urgent challenges presented by the Covid-19 pandemic, the Planned Care Innovation Programme (PCIP) was launched in April 2022 to support people working in the health and care sector to take forward innovative ideas, opportunities, and new ways of working to improve planned care services across Wales. 17 projects were selected from across Wales to participate in the programme. The projects have evidenced an impact on planned care services in line with the Welsh Government's strategic priorities (Transforming and Modernising Planned Care Services¹) which are detailed in this report.

Programme Level Outcomes:

- **17 projects participated in the programme** having been selected from 74 applications by an expert panel
- **All seven NHS Wales Health Boards and two NHS Trusts** were represented
- **Clinical specialties included** orthopaedics, ophthalmology, gastro- enterology, oncology, urology, surgery, diagnostics and therapies
- **10 of the 17 projects (60%) have been adopted locally**
- **Two have successfully been deployed at an All-Wales level**
- Anticipated **positive Return on Investment (programme)**

Project Level Outcomes:

The project benefits evidenced included:

- **Reductions in waiting lists**
- **Improved referral to treatment times**
- **Financial efficiencies and evidenced cost savings**
- **Improved patient outcomes**
- **Greater service and staff capacity**
- **Improved patient and staff experience**

¹ [Our programme for transforming and modernising planned care in Wales and reducing the waiting lists \(gov.wales\)](https://gov.wales)

Combined Project Impact:

Overall, the projects have evidenced the following combined impact:

- **Waiting list reduction:** 41% of projects evidenced an impact on waiting lists, with a further 29% demonstrating potential to reduce waiting lists in the future. **Total = 70%.**
- **Cost savings/avoidance:** 35% of projects had proven cost savings/avoidance, with a further 29% demonstrating potential to save/avoid cost in the future. **Total = 65%.**
- **Increased staff capacity:** Finally, 47% of projects evidenced a saving in time/labour hours, leading to increased staff capacity. This can have an impact on waiting lists. A further 29% showed potential for labour hour savings in the future. **Total = 76%.**

Waiting List Benefits:

- **15-17% of 'frail' patients >65 years old were removed from hernia, cholecystectomy and general surgery lists** as a result of comprehensive geriatrician assessments (CGA) in perioperative outpatient clinics in Swansea Bay and Cardiff and Vale.
- **1/3 of patients diverted from the gastroenterology waiting list**, (functional gut disorders) in Betsi Cadwaladr into Advanced Clinical Practitioner (ACP) Gastroenterology Clinics.
- **Average CT waits for Single Cancer Pathway reduced from 13 to four days** in Cwm Taf Morgannwg as a result of a Radiology Navigator role.
- **553 hospital bed days saved** due to the Borth Integrated Care project with multi-agency weekly meetings introduced and led by a Clinical Care Coordinator to facilitate and optimise patient care.
- **Speech and Language paediatric waits for social communication delay was reduced from 12.8 to 3.3 weeks** for technician support, as a result of innovative workshops to upskill parents and Early Years Practitioners.
- **The Paediatric orthopaedic waiting list was reduced by 59 weeks** in Cardiff and Vale as a result of community cluster ACP physiotherapy clinics.

Financial Benefits:

- Four projects alone, with support from Value Based Healthcare, demonstrated a **cost benefit (avoidance) of £681,324.**
- In the year one post project period, the four projects alone are predicted to produce a **combined cost benefit of £1,110,178.²**
- Each of these four projects constitutes invest to save opportunities with all expecting **recurrent year-on-year net cost benefits.**
- Wider cost benefits were evidenced by other projects throughout the programme, demonstrating further. **financial impact.**

Service Benefits/ Capacity:

- **996 hours released from radiology staff and managers** due to dedicated Navigator role in Cwm Taf Morgannwg.
- **14% increased gastroenterology capacity in Betsi Cadwaladr**, with 300 patient appointments being diverted into ACP Dietician Clinics per year.
- **Speech and language paediatric clinical caseloads optimised and reduced by 18%** in Cwm Taf Morgannwg UHB following the introduction of workshops for parents and Early Years staff.
- **Reduced clinical management/support period from 12 months to 13 weeks and increased staff capacity** in proof of concept interfaced remote wearable devices for children and young people, in level 3 weight management service.
- **Interventional Radiology Exemplar status awarded** to the Grange University Hospital for Genicular Artery Embolisation (GAE) procedures.
- **Validation of digital screening tool to screen frail patients on waiting lists** in Swansea Bay UHB.
- **Reduced need for single specialist referrals** as a result of CGAs in Swansea Bay and Cardiff and Vale UHB.
- **GP and trainee GP curriculum training introduced** to improve knowledge and management of paediatrics with orthopaedic complaints in Cardiff and Vale UHB.
- **Information Governance established in four health boards** for remote and cross-boundary reading of Colon Capsule Endoscopy (CCE) procedures.
- **All Wales neurology data dashboard produced** to support future service delivery and design and roll out of an all-Wales Headache toolkit, **predicted to reduce referrals to secondary care by 14%.**

² First Contact ACP Dietician led Gastroenterology Clinics, Perioperative Outpatient Clinics (POPS) in Morriston Hospital and Cardiff and Vale & Borth Integrated Care

Patient and Staff Experience:

All patients and staff surveyed reported improved outcomes and experiences as a result of the project interventions, with example testimonials:

Patient feedback: *"I was told straight – didn't go round in circles ... I could make the choice I wanted then."*

Staff feedback: *"[the clinic] has been very helpful in reducing the waiting time for this group of patients and therefore reduced the time experiencing impaired quality of life."*

Additional Project Outcomes:

- Two projects are in the process of **gaining further evidence to support local adoption.**
- **Two have gathered evidence to support NICE approval** (expected in 2024).
- **Community mobile X-ray services proof of concept realised** in Betsi Cadwaladr UHB.

Programme Survey Findings:

A survey was sent to project leads at the beginning and on completion of the programme. All project members completed the surveys and survey results were compared from beginning to end:

- **95% of project teams considered their project to be a success.**
- **90% of project teams believe their innovation is scalable to an all-Wales level.**
- **100% of participants felt that they made a meaningful contribution to planned care.**

- 95% of participants reported they received sufficient support from the Bevan Commission.
- 85% felt they had increased leadership capabilities, skills, and confidence to manage change.
- 85% felt more aligned with the Welsh Government's goals and targets for improvement relating to planned care.
- 80% reported their motivation to innovate and transform the NHS had increased as a result of their involvement in the programme.
- **95% said they would take part in future Bevan Commission programmes and would encourage colleagues to.**

All innovation projects tested throughout the duration of the programme have demonstrated transferability potential, that could be replicated in other health boards to maximise impact and return on the investment to date.

Additional Achievements:

- Ten projects have successfully presented their innovative work at national conferences.
- Three projects have successfully presented their work at international conferences.
- Nine projects have submitted their work to journals for publishing.

Looking to the Future:

High impact projects with the most potential for wide-scale adoption, adaptation and spread, have been identified as follows:

1. [Improving planned care for the frail in Murrison Hospital](#)
2. [Establishing a Perioperative Care of Older People undergoing Surgery \(POPS\) service in elective surgery \(CAVUHB\)](#)
3. [Radiology Pathway Navigation – A New Direction \(CTMUHB\)](#)

4. [Introduction of an innovative social communication intervention pathway in paediatric speech and language therapy \(CTMUHB\)](#)
5. [Borth Integrated Health and Care \(H DUHB\)](#)
6. [First Contact Advanced Clinical Practitioner \(ACP\) Dietitian Led Gastroenterology Clinic \(BCUHB\)](#)
7. [Paediatric Orthopaedic Community Cluster Clinics \(CAVUHB\)](#)

The projects have demonstrated a positive impact on patient outcomes, waiting times, backlogs and financial efficiency, amongst many other areas. We must now ensure that they are systematically adopted across Wales to realise the full impact and return investment to date.

The Bevan Commission will continue to engage with each health board to determine the opportunity and mechanisms to support wider adoption and spread. The project teams have been encouraged to share their projects with their peers, other service leads and networks across Wales.

Looking Forward...

"We must support and champion the new services, ensuring they are sustained, ensuring that we reduce waste and increase service efficiencies."

Judith Paget, Director General of Health and Social Services, Chief Executive NHS Wales

"The next phase of this work is to see these projects adopted and spread across Wales through the National Planned Care Strategic Programme with its Clinical Implementation Boards, I expect this to be achieved."

Eluned Morgan, Minister for Health and Social Services

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Section 1: Overview of the Planned Care Innovation Programme

Purpose and Context:

Responding to the urgent challenges presented by the Covid-19 pandemic, the Planned Care Innovation Programme (PCIP) was launched in April 2022 to support people working in the health and care sector to take forward innovative ideas, opportunities, and new ways of working to improve planned care services across Wales.

Led by the Bevan Commission, Wales's leading health and care think tank, in partnership with the Welsh Government and wider stakeholders, the programme aimed to tackle some of the greatest challenges facing the delivery of planned care services in Wales, including reducing waiting times, and improving access to high quality and effective care for patients and their families.

Building on the success of the Bevan Commission's Exemplar Programme, the Welsh Government awarded funding to support seventeen innovative projects from across health and care in Wales to deliver their innovative solutions and work towards the adoption and spread of these innovations nationally. The projects focused on a wide range of specialties including urology, ophthalmology, gastroenterology, oncology, orthopaedics, surgery, diagnostics, and therapies. ***The seventeen projects strongly align and contribute to the seven priority areas in the Welsh Government strategy 'Transforming and Modernising Planned Care Services and Reducing Waiting Lists'³.***

Each project team worked tirelessly to develop and test the new ways of working with support and coaching from the Bevan Commission and key stakeholders. ***Benefits achieved to date include:***

- ***Reductions in waiting lists.***
- ***Improved referral to treatment times.***
- ***Improved patient outcomes.***
- ***Greater service and staff capacity.***
- ***Improved patient and staff experience.***
- ***Financial efficiencies and evidenced cost savings.***

³ [Our programme for transforming and modernising planned care in Wales and reducing the waiting lists \(gov.wales\)](https://gov.wales)

All innovation projects tested throughout the duration of the programme have **demonstrated transferability potential**, that could be replicated in other health boards to maximise impact and return on the investment to date.

Key statistics from the Programme:

All seven NHS Wales Health Boards and two NHS Wales Trusts were represented on the Planned Care Innovation Programme, with projects working across primary, secondary and community care settings. Key project partners also included industry, academia, and county councils. The full list of projects that participated on the programme are set out below in Table 1.

Table 1: Overview of PCIP projects

Organisation	Project Name	Specialty/Services	Project Category
Aneurin Bevan University Health Board	Genicular Artery Embolization (GAE) as a minimally invasive intervention to manage patients with mild-moderate osteoarthritis of the knee	Interventional Radiology	Research pilot/proof of concept
Betsi Cadwaladr University Health Board	First Contact Advanced Clinical Practitioner (ACP) Dietician Led Gastroenterology Clinic	Gastroenterology Dietetics	Service pathway redesign
Cardiff and Vale University Health Board	Establishing a Perioperative Care of Older People undergoing Surgery (POPS) service in elective general surgery	Frailty General Surgery	Service pathway redesign
	Paediatric Orthopaedic Community Cluster Clinics	Physiotherapy Paediatrics MSK/ Orthopaedics	Service pathway redesign

Organisation	Project Name	Specialty/Services	Project Category
	Colon Capsule Endoscopy pilot to reduce colonoscopy demand	Diagnostics Gastroenterology	Research pilot/proof of concept
	AFAL Connection	Public Health Paediatrics	Service pathway redesign
Cwm Taf Morgannwg University Health Board	Radiology Pathway Navigation - A New Direction	Radiology	Service pathway redesign Also: new role development
	Introduction of an innovative social communication intervention pathway in paediatric speech and language therapy	Speech and Language Therapy Paediatrics	Service pathway redesign
	Implementation of a Wellness Improvement Service (WISE)	Public health	Service pathway redesign
	Tackling the neglected disease in our midst: towards evidence-based treatment decisions for urinary tract infections at point-of-care	Diagnostics	Research pilot/proof of concept
Hywel Dda University Health Board	Borth Integrated Health and Care	Integrated Care	Service pathway redesign Also: new role development
	Preablement approach to elective surgery	Therapies	Service pathway redesign

Organisation	Project Name	Specialty/Services	Project Category
Powys Teaching Health Board , Led by Neurological Conditions Implementation Group	Development of a regional Neurology Triage and Advice Service	Neurology	Service pathway redesign
Swansea Bay University Health Board	Improving planned care for the frail in Morriston Hospital	Frailty General Surgery	Service pathway redesign
	Pigmented Ophthalmic Lesion Screening (POLs)	Diagnostics	Service pathway redesign
Velindre University NHS Trust	Pan-Wales Patient Centred Radiotherapy Service for Advanced Cancer Symptoms	Therapeutic radiology	Service pathway redesign
Welsh Ambulance Services NHS Trust	Xray Urgent Response Team (XURT)	Diagnostics Radiology	Research pilot/proof of concept

Projects included a range of clinical specialities and can be categorised into two project groups:

- Service pathway redesign – 76.4% (13 projects)
- Pilots/proof of concept – 23.5% (4 projects)

Additionally, two projects developed new roles within their service pathway redesign (11.7%):

- Borth Integrated Health and Care
- Radiology Pathway Navigation - A New Direction

Four of the projects included industry involvement (23.5%):

- Tackling the neglected disease in our midst (UTIs) – Llusern Scientific⁴
- Xray Urgent Response Team (XURT) – Fuji⁵

⁴ [Llusern Scientific molecular diagnostics for point of care testing.](#)

⁵ [Fujifilm \[United Kingdom\]](#)

- Colon Capsule Endoscopy (CCE) – Medtronic⁶
- AFAL Connection – Virtual Ward Technologies Ltd⁷

Six of the projects involved third sector partners/input (35.3%):

- Genetic Artery Embolization (GAE) – Versus Arthritis Cymru⁸, Daring to Dream⁹
- Borth Integrated Health and Care Community Services – Ceredigion Association of Voluntary Organisations¹⁰, Borth Community Hub¹¹
- Establishing a Perioperative Care of Older People undergoing Surgery (POPS) service in elective general surgery – Care and Repair Cymru¹²
- Development of a regional Neurology Triage and Advice Service – The Institute of Clinical Science and Technology (ICST)¹³
- Pan-Wales Patient Centred Radiotherapy Service for Advanced Cancer Symptoms – Moondance Cancer Initiative¹⁴
- WISE – Get Fit Wales¹⁵, Second Nature¹⁶

Programme Governance:

Programme Steering Group

The programme steering group comprised of executive health and social care service leads, a patient representative, NHS Wales innovation leads and Welsh Government Planned Care specialty leads. The group were involved throughout the design and delivery of the programme in various capacities, including the selection of the seventeen successful projects. The steering group met every quarter to discuss programme delivery, project progress as well as opportunities for further support, to address barriers and to identify enablers.

⁶ [Home | Medtronic](#)

⁷ [Platform – Virtual Ward Technologies](#)

⁸ [Wales | Versus Arthritis](#)

⁹ [Home - Daring to Dream](#)

¹⁰ [Home | CAVO](#)

¹¹ [Borth Community Hub - Connect Ceredigion](#)

¹² [Care & Repair | Improving Homes, Changing Lives \(careandrepair.org.uk\)](#)

¹³ [ICST](#)

¹⁴ [Home | Moondance Cancer Initiative \(moondance-cancer.wales\)](#)

¹⁵ [GetFitWales](#)

¹⁶ [Second Nature - Make losing weight feel easier](#)

Progress Reporting

The project teams were required to report to the Bevan Commission on a quarterly basis to demonstrate progress towards their identified project goals, use of authorised spend and to outline future actions and plans to address any challenges or issues identified. The Bevan Commission would similarly report the programme's activities and progress to the Welsh Government every quarter and provide relevant project and programme documentation.

Programme Support:

Progress Meetings

Over the course of the programme, from April 2022 to April 2023, a project initiation meeting and subsequent **quarterly progress meetings** were scheduled periodically to discuss project achievements against identified milestones and to understand the need for any additional support required.

Table 2: Schedule of progress meetings

Progress Meetings		
Session	Date	Projects In Attendance
Introductory meeting/Q1	April 2022	17
Q2	October 2022	16
Q3	February 2023	17
Q4	May 2023	16

The progress meetings were compulsory, with at least 16 project teams attending these each quarter (16 in Q2 and Q4, 17 in Q1 and Q3).

Quarterly evaluation meetings were offered to provide advice and ensure that all suitable evaluation methods had been considered, were in place, and progressing as intended.

Several network events and workshops were focused on evaluation, covering topics such as opportunity costing, SROI, ROI and economic modelling. Additionally, each project, with support from the Bevan Commission, developed their own bespoke

evaluation framework. The project teams were encouraged to use various approaches to understand the holistic outcomes and impact of their project, including the measurement metrics outlined below. Projects were also provided with evaluation guidance templates and documents to support this process.

- Return on Investment (ROI)
- Social Return on Investment (SROI)
- Clinical Outcome Measures
- Waiting list impact (number on list and time waiting)
- Time/labour hours saved
- Cost savings/cost avoidance
- Additional safety barriers put in place
- Staff skills gained and/or reconfigured
- Reduced touch points
- Patient feedback (PROMs, PREMs, surveys, patient stories, testimonials etc.)
- Staff feedback (focus groups, surveys, testimonials etc.)

The project teams commented that they found the evaluation documents extremely helpful:

“This is so helpful ... thank you very much”

Each project team was encouraged to book a slot in a quarterly evaluation clinic to discuss challenges related to their evaluation. The evaluation clinics were optional, with 14 teams attending in Q1, 16 in Q2, Q3 and Q4.

Table 3: Schedule of evaluation clinics

Evaluation Clinics		
Session	Date	Projects In Attendance
Q1	July 2022	14
Q2	October/November 2022	16
Q3	February 2023	16
Q4 ¹⁷	May 2023	16

¹⁷ Evaluation clinics in Q4 were combined with the progress meetings.

Positive feedback was received from project team members after their evaluation clinics:

“Good discussions and thanks for the support to add additional areas for us to look at”

Programme Learning Events

The programme of learning events included six network events and four workshops, alongside access to the full Innovation Intensive Learning Week (ILW), 2022. The network events and workshops were well received, with strong feedback from attendees regarding the usefulness and relevance of the topics covered.

Table 4: Schedule of programme network events

Network Events				
Date	Mode	Topic	Speakers	# Projects Represented
10/05/2022	Microsoft Teams	PCIP Introduction and Innovation Theory	Dr Tom Howson, Bevan Commission	15 (= 88%)
14/07/2022	In person	Project Management, Planning and Transformational Leadership	Professor Nick Rich, Swansea University	14 (= 82%)
27/09/2022	In person	Barriers and Enablers and Opportunity Costing	Dr Phil Coles, Welsh Government, Joanna Charles & Brendan Collins, Finance Directorate, Welsh Government	13 (= 76%)

07/12/22 and 08/12/2022 (IILW)	In person	Leadership in Health, Social Return on Investment (SROI), Developing a Business Case, Monitoring and Evaluation, Adopt and Spread, Open Surgery Sessions	Ashley Gould, Public Health Wales Chris Ham, Bevan Commissioner Kathryn Ashton, Public Health Wales Sion Charles, ARCH Stephanie Griffith, Social Care Wales	16 (= 94%)
12/01/2023	In person	Building a Business Case and Adopt and Spread	Professor Gareth Davies, Swansea University	14 (= 82%)
06/03/2023	Microsoft Teams	Boxing Up Your Innovation and Communicating Your Findings	Jenny Rees, BBC Health Reporter Nick Andrews, Swansea University	13 (= 76%)

Table 5: Schedule of programme workshops

Workshops				
Date	Mode	Topic	Speakers	# Projects Represented
24/06/2022	Microsoft Teams	Engaging Stakeholders (Including the Public) and Collaborating on Your Project	Barbara Chidgey, Bevan Advocate	11 (= 64%)
14/09/2022	Microsoft Teams	Involving Volunteers in Your Health Care Programme	Fiona Liddell, Wales Council for Voluntary Action (WCVA)	14 (= 82%)
10/11/2022	Microsoft Teams	Bevan Exemplar Alumni Q&A	Dr Karen Sankey Kelly White Catherine Pape	13 (= 76%)

08/02/2023	Microsoft Teams	Calculating your Project's Impact: ROI and Economic Modelling	Professor Nick Rich, Swansea University	15 (= 88%)
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Additional support provided to the projects included Bevan Commission expertise and advice via email and ad-hoc meetings when requested by project teams.

Each project team had access to a password protected **resources webpage**. The webpage contained slides and recordings from network events, workshops and ILW, 2022 speakers, alongside other project resources such as PCIP branded PowerPoint templates, poster templates, a programme information pack, case study templates and project planning/management resources.

Eight project teams requested support and were **linked with patient representatives**. Project teams were also **linked with expert professional mentors** and encouraged to meet on a quarterly basis.

Programme Promotion and Dissemination:

The Bevan Commission promoted the Planned Care Innovation Programme in a variety of ways. Social media, including Twitter (7767 followers) and LinkedIn (1981 followers), were used heavily to promote individual projects, the programme as a whole, and PCIP related events such as the National Showcase. The programme was also promoted through the Welsh Government National Planned Care Programme Update newsletter and the Bevan Commission monthly bulletin (1840 subscribers).

The Bevan Commission supported individual project teams by helping them submit to and be published in Swansea University's Momentum Magazine¹⁸ and the Public Health Network Cymru e-bulletin¹⁹. Several project teams also drafted blog posts to be published on the Bevan Commission blog webpage²⁰. Each project has a page on the Bevan Commission website to showcase their work²¹. The project web page includes an

¹⁸ [The Bevan Commission supports innovative patient care projects - Swansea University](#) and [Tackling the neglected disease in our midst towards evidence-based treatment decisions for UTIs at point of care - Swansea University](#)

¹⁹ [Food, healthy eating and nutrition in Wales - Public Health Network Cymru](#), pp. 27-28

²⁰ [Blog Archives - Bevan Commission](#)

²¹ [Planned Care Innovation Programme - Bevan Commission](#)

overview of the project, its aims, objectives, and approach, it contains a project summary poster, project showcase PowerPoint slides and relevant service material.

The Bevan Commission provided quarterly updates to Innovation Leads and Executive Sponsors and liaised with Health Board Communication teams to promote the projects. The Bevan Commission met regularly with Welsh Government planned care leads to discuss PCIP progress, to highlight projects with impact and to explore resources and opportunities for future adoption, adaptation and spread.

An NHS project management resource was funded as part of the programme allocated spend. The part time role was established to support the projects from within the NHS by linking them to suitable support and assisting projects with any internal difficulties. The Bevan Commission PCIP team worked closely alongside the NHS project manager resource throughout the programme, including arranging for project teams to present at the All-Wales Innovation Leads monthly meetings.

The Bevan Commission engaged with wider stakeholders to discuss the projects and potential opportunities, including Health Education Improvement Wales (HEIW), Health Technology Wales (HTW), Health and Care Research Wales (HCRW), Social Care Wales (SCW), the Wales Cancer Network, Swansea University and Wales Council for Voluntary Action (WCVA).

A National Showcase event was held in September 2023, with the purpose of showcasing the exemplary work and achievements of the 17 project teams, 82 people were in attendance, from:

- NHS Health Boards and Trusts
- County Councils
- Third Sector
- Private Sector
- Higher Education

The programme and project outcomes were endorsed by the Health Minister Eluned Morgan and the Chief Executive of NHS Wales Judith Paget. Alongside being promoted on social media and via the Bevan Commission's networks, the National Showcase was promoted in the Welsh Government Autumn edition of the Innovation, Technology and Partnerships Team newsletter.

Section 2: Project Level Evaluation

Key Achievements:

The project benefits evidenced were reductions in waiting lists, financial benefits, improved service and staff capacity and improved patient and staff experience.

Waiting list benefits

- **15-17% of 'frail' patients >65 years old were removed from hernia, cholecystectomy, and general surgery lists** as a result of comprehensive geriatrician assessments (CGA) in perioperative outpatient clinics in Swansea Bay and Cardiff and Vale UHB.
- **1/3 of patients were diverted from the gastroenterology waiting list** (functional gut disorders) in Betsi Cadwaladr into Advanced Clinical Practitioner (ACP) Gastroenterology Clinics.
- **Average CT waits for Single Cancer Pathway were reduced from 13 to four days** in Cwm Taf Morgannwg as a result of a Radiology Navigator role.
- **553 hospital bed days were saved** due to the Borth Integrated Care project with multi-agency weekly meetings introduced and led by a Clinical Care Coordinator to facilitate and optimise patient care.
- **Speech and Language paediatric waits for social communication delay reduced from 12.8 to 3.3 weeks** for technician support, as a result of innovative workshops to upskill parents and Early Years Practitioners.
- **Paediatric orthopaedic waiting list was reduced by 59 weeks** in Cardiff and Vale as a result of community cluster ACP physiotherapy clinics.

Financial benefits

- Just four of the 17 projects with support from Value Based Health were able to calculate their financial impact. **The four projects demonstrated a cost benefit (avoidance) total of £681,324.**

- The **four projects predicted a combined cost benefit in year one post project period of £1,110,178.**²²
- The four projects constitute invest to save opportunities and all reported expecting recurrent year on year net cost benefits.
- **There are uncalculated cost benefits from other projects demonstrating resource reducing impact during the project period.**

Service Benefits/ Capacity

- **Interventional Radiology Exemplar status was awarded** to The Grange University Hospital for Genicular Artery Embolisation procedure (GAE).
- **Validation of a digital screening tool to screen frail patients on waiting lists** in Swansea Bay.
- **A reduced need for single specialist referrals** as a result of CGAs in Swansea Bay and Cardiff and Vale UHB.
- **GP and trainee GP curriculum training has been introduced** to improve knowledge and management of paediatrics with orthopaedic complaints in Cardiff and Vale.
- **996 hours were released from radiology staff and managers** due to the dedicated Navigator role in Cwm Taf Morgannwg.
- **14% increased gastroenterology capacity in Betsi Cadwaladr** with 300 patient appointments being diverted into ACP Dietician Clinics per year.
- **Speech and language paediatric clinical caseloads optimised** and reduced by 18% in Cwm Taf Morgannwg following the introduction of workshops for parents and Early Years staff.
- **Proof of concept of interactive, interfaced remote wearable devices for children and young people** in level 3 weight management service has reduced clinical management/ support period from 12 months to 13 weeks and increased staff capacity.
- **Information Governance established in four health boards for remote and cross boundary reading of Colon Capsule Endoscopy (CCE) procedures.**
- **All-Wales neurology data dashboard has been created to support future service delivery and design and role out of an all Wales Headache toolkit, predicted to reduce referrals to secondary care by 14%.**

²² First Contact ACP Dietician led Gastroenterology Clinics, Perioperative Outpatient Clinics (POPS) in Morriston Hospital and Cardiff and Vale & Borth Integrated Care

Additional Project Outcomes

Of the 17 projects:

- **Ten have been adopted locally.**
- Two are in the process of gaining further evidence to support local adoption.
- **Two have gathered evidence to support NICE approval** (expected in 2024).
- **Community mobile X-Ray services proof of concept realised** in Betsi Cadwaladr UHB.
- **Two have successfully worked at an All Wales level.**
- Ten projects have successfully presented their innovative work at national conferences.
- Three projects have successfully presented their work at international conferences.
- **Nine projects have submitted their work to journals for publishing.**

Patient and Staff Experience

All patients and staff surveyed reported improved outcomes and experience as a result of the project interventions (detailed under '[Individual Projects and Impacts](#)').

Patient feedback: *"I was told straight – didn't go round in circles ... I could make the choice I wanted then."*

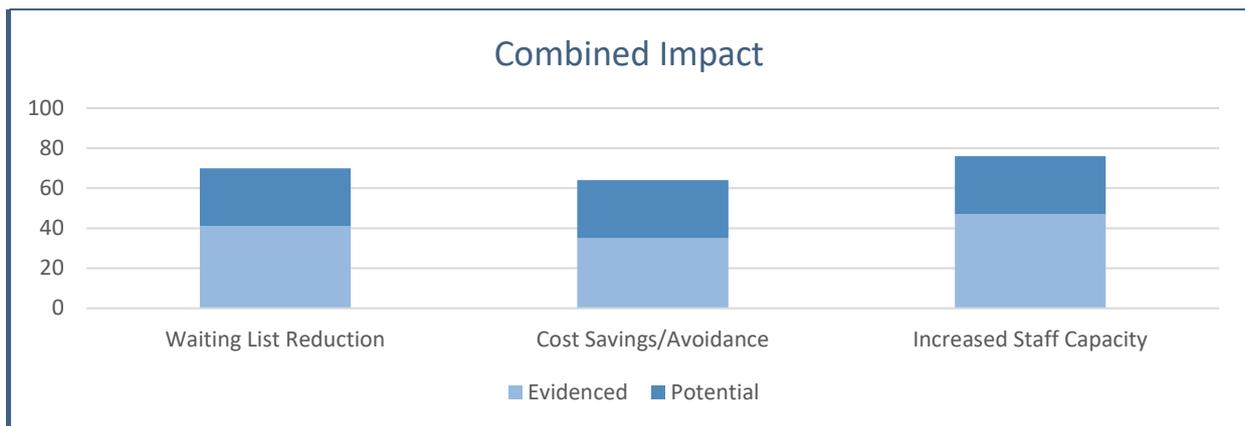
Staff feedback: *"[the clinic] has been very helpful in reducing the waiting time for this group of patients and therefore reduced the time experiencing impaired quality of life."*

Combined Project Impact:

Overall, the projects have the following combined impact:

- **Waiting list reduction:** 41% of projects evidenced an impact on waiting lists, with a further 29% demonstrating potential to reduce waiting lists in the future.
 - **Total = 70%**
- **Cost savings/avoidance:** 35% of projects had proven cost savings/avoidance, with a further 29% demonstrating potential to save/avoid cost in the future.
 - **Total = 65%**
- **Increased staff capacity:** Finally, 47% of projects evidenced a saving in time/labour hours, leading to increased staff capacity. This can have an impact on waiting lists. A further 29% showed potential for labour hour savings in the future.
 - **Total = 76%**

Graph 1: Combined impact across all projects



Section 3: Programme Level Evaluation

Programme Survey:

At the end of the programme, project leads/co-leads were asked to complete a survey to evaluate the support provided by the Bevan Commission throughout the programme.

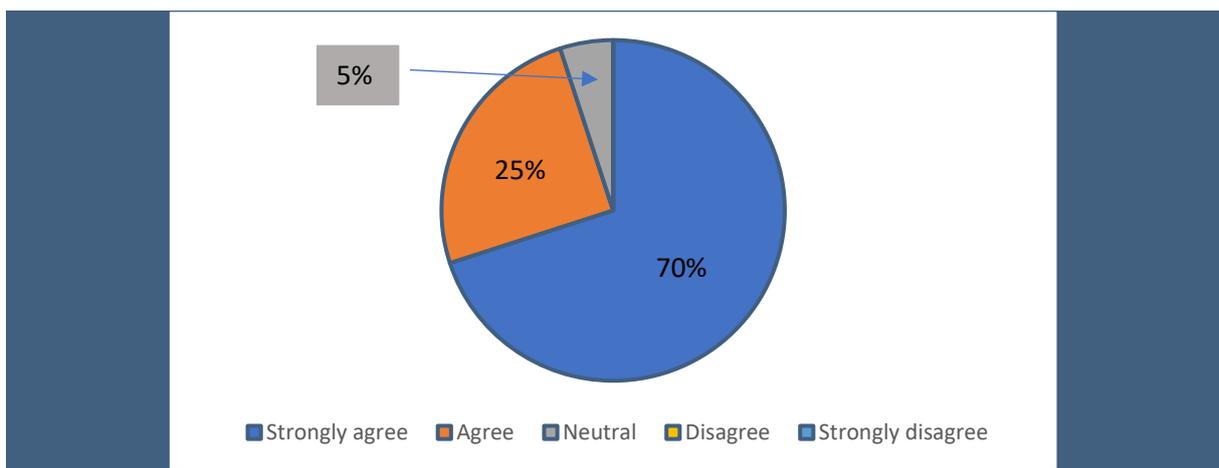
The survey was short, with only six questions. It was designed so that respondents could complete it anonymously, allowing for honest feedback.

To summarise, 95% of respondents found the network events and workshops to be helpful and informative, and 95% felt they had sufficient support from the Bevan Commission throughout the programme. Furthermore, 95% said they would take part in future Bevan Commission programmes and would encourage colleagues.

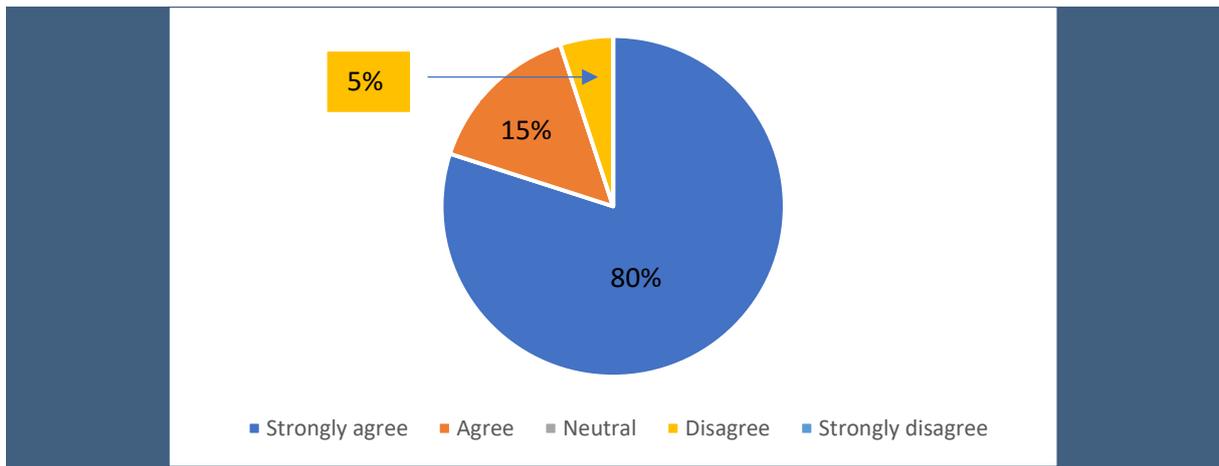
Programme Survey Results:

Q1. Bevan Commission network events and workshops were helpful and informative:

95% agreed with this statement.



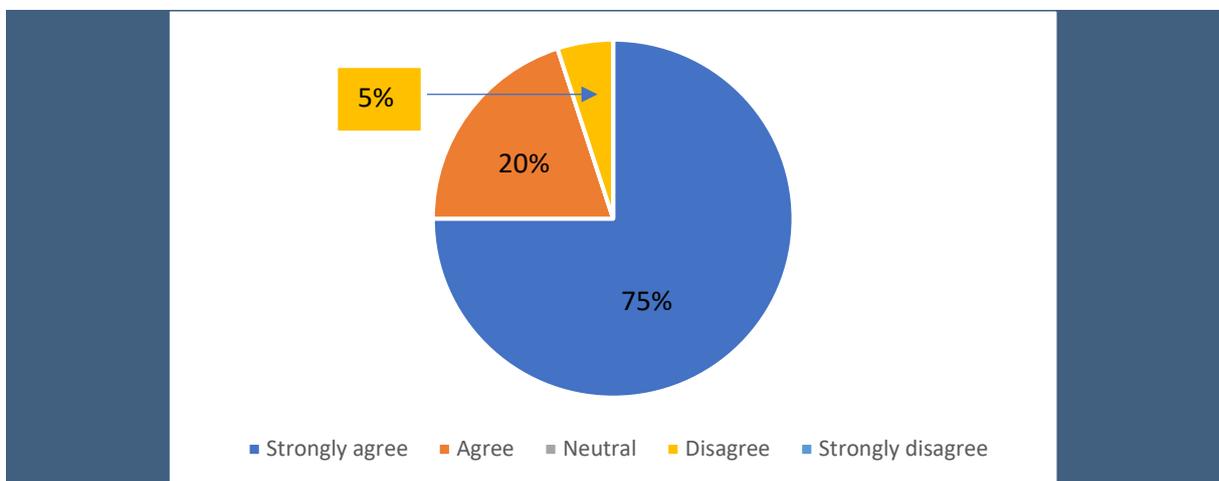
Q2. I (and the project team) had sufficient support from the Bevan Commission throughout the programme: 95% agreed with this statement.



Q3. If you selected 'disagree' or 'strongly disagree' to the questions above, please let us know how we could improve our support offering:

- o "More time to discuss individual projects in workshops, in particular the business case session. Lectures very long and detailed, I think presenting stage of BC and group trouble shooting facilitated by an expert would have been more useful."
- o "No specific solutions offered to our challenges and no solution to everyone's problem of being unable to scale and spread."

Q4. I would take part in future Bevan Commission programmes and would encourage friends/colleagues to take part in future programmes: 95% agreed with this statement.



Q5. If you selected 'disagree' or 'strongly disagree' above, please let us know your reasoning:

- *"Too many repetitive reports and presentations on top of the overwhelm of setting up a new project in the first place."*

Q6. Any other comments:

- *"Have gained a deeper understanding of system change and met some very inspirational people. Very positive experience."*
- *"I have found the programme extremely supportive and maintained my enthusiasm for the project throughout."*
- *"Really helpful and supportive staff, easy to contact and always received a reply. Enjoyed the variation of topics within the workshops and being able to connect with other teams."*
- *"Sarah's and Hannah's support was immensely helpful in prompts, reminders and encouragement to keep going."*
- *"Amazing experience and support from a fantastic team. Highly recommended."*
- *"It was very difficult to have time off to go to the workshops. I found them informative when I went."*
- *"I would only take part in future programmes if they were funded. I don't think they would be possible if they weren't. Funding acts as an innovation enabler."*
- *"I would ask colleagues at Bevan to reflect if they can extend the support beyond the term of a project for wider benefit."*

Project Testimonials:

In addition to the programme survey, testimonials from the project teams were collated. These were categorised into the following themes:

1. Praise for the programme
2. Praise for the Bevan Commission
3. Personal and professional benefits

Praise for the Programme

- *"I have valued being part of the programme".*
- *"We've learnt an awful lot being part of the Bevan Commission programme".*

- *"The programme has been thought-provoking and provided a great opportunity to network".*
- *"The programme has taught us a lot about the structure of the NHS, delivering innovation alongside improvement, and strategic business case planning/evolution".*
- *"It has been a very interesting and fulfilling year".*
- *"The programme has enabled me to access an expert level of clinical and academic knowledge provided by the impressive array of speakers over the year".*
- *"I have found the programme extremely supportive, and it maintained my enthusiasm for the project throughout".*

Praise for the Bevan Commission:

- *"Thank you for everything you have done to support me during the past year".*
- *"On reflection, the experience we have had throughout the past 12 months has been very powerful. The support and learning from the Bevan Commission team has been exceptional".*
- *"The Bevan Commission have not only provided excellent learning development they have also been extremely supportive. They are always on hand to ask for help when needed. When you are on a programme you are really welcomed into the 'family'".*
- *"Thank you to the Bevan Commission team for their belief, the allocation of funding, and the support and positivity to complete the project".*
- *"We have received very useful input re project planning/metrics and health economic analysis".*
- *"Working with the Bevan team over the past year has been an incredible experience. The team have been so supportive and provided clear guidance when things have occasionally become difficult".*
- *"The Bevan Commission support, training and targeted reporting supported a constant approach to delivery of outcomes".*
- *"We're very grateful for the support and help that the Bevan Commission team have given".*

Personal and Professional Benefits:

- *"It [the PCIP] really has changed my professional journey and I am forever grateful".*
- *"The whole process has been extremely beneficial personally".*
- *"Professional and personal development since working with Bevan team".*
- *"This has been a life-changing experience for me"*

Project Team Member Survey:

Methods

A survey was sent to project leads at the beginning and on completion of the programme. All project members completed the surveys and survey results were compared from beginning to end.

Summary of Survey Results

Upon completion of the programme, 95% of the project teams felt that their project had been a success and was scalable to an all-Wales level. The majority of the project teams reported feeling that they could positively influence NHS processes and that they possessed the knowledge, skills and confidence to influence change. The project teams felt they were making a positive contribution to planned care services as a result of their work.

The over whelming majority of project teams felt ready to promote their work and had engaged with potential adopters, with most forming relevant links with NHS organisations outside of their health board. A small proportion of project teams had formed links with England, Scotland and with international health care organisations, including in Canada.

While most of the projects comprised of multi-disciplinary team members and had focussed on establishing links with other NHS organisations, just 55% had engaged with patient representatives on their projects, an increase of 9% following commencement of the programme.

The majority of project teams felt that their motivation to transform and innovate services had increased following the programme, however, just 60% of the project teams felt that their morale had increased as a result of the work.

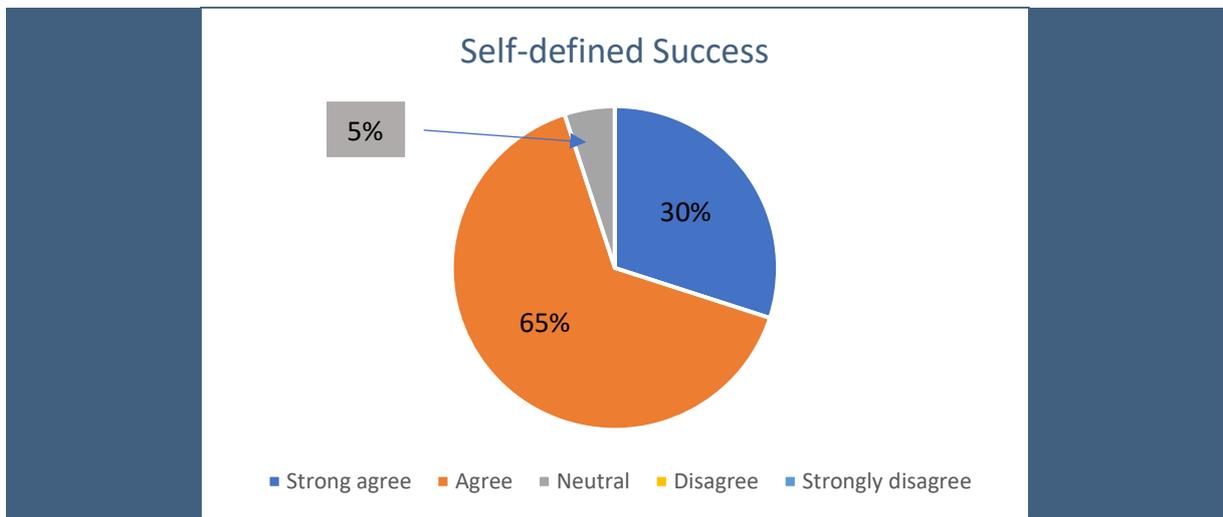
Over the course of the programme, the project teams reported feeling less supported by their organisation with respect to time for innovation and feeling that their organisation had a supportive innovation culture. The majority of project teams still reported feeling that they could discuss new ideas and their innovation projects with their line manager.

The programme has evidenced benefits related to increasing staff members knowledge and skills, their motivation to innovate and for wider collaboration. The survey findings suggest the need for a greater focus on patient representation and potentially

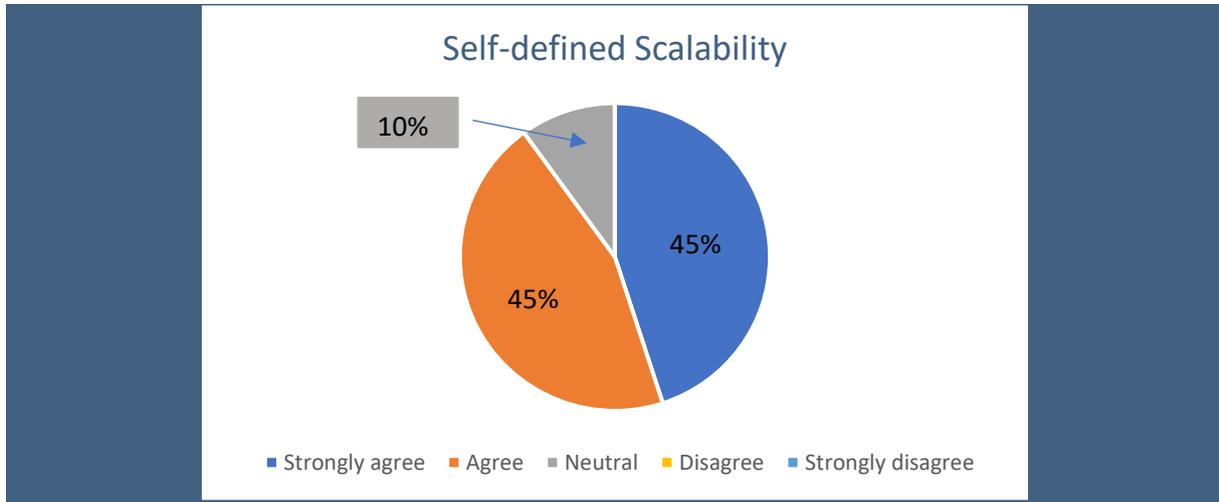
establishing wider mechanisms of support to project staff members to maintain their morale. Additionally, the survey results demonstrated that time for innovation and organisational support for innovation was perhaps a challenge that became more evident when completing their innovation project.

Project Outcomes and Future Scalability:

On conclusion of the programme, 95% of projects teams considered their project to be a success:

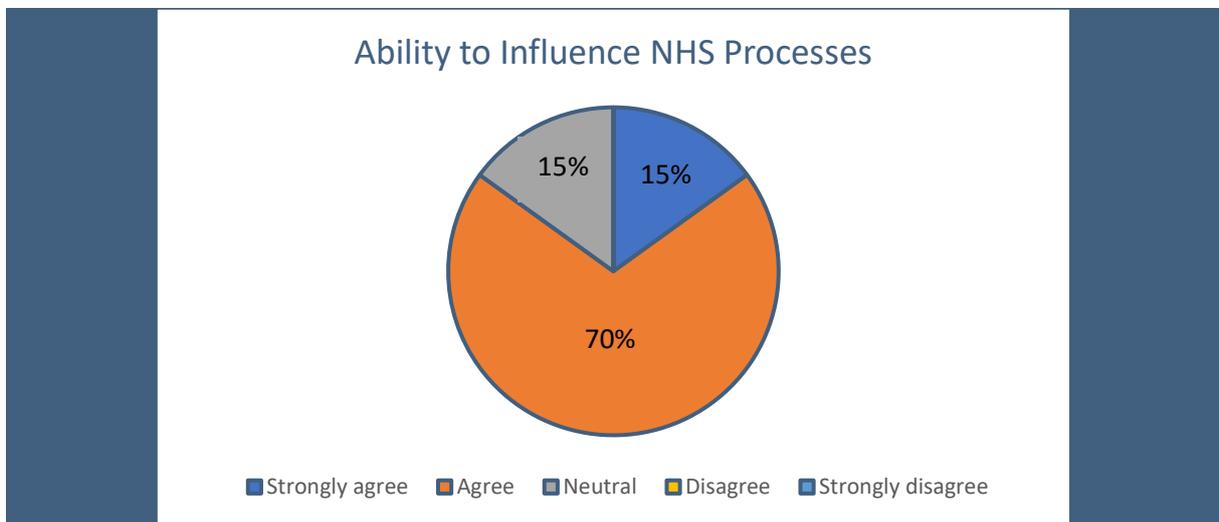


On conclusion of the programme, 90% of project teams believed their innovation is scalable to an all-Wales level:



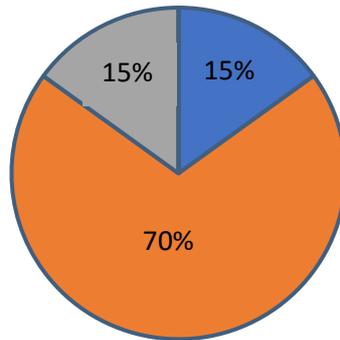
Project Team Members' Knowledge and Skills:

On conclusion of the programme, 85% of participants felt that they were able to influence NHS processes:



On conclusion of the programme, 85% of participants felt that they had increased leadership capabilities, skills and confidence to manage change:

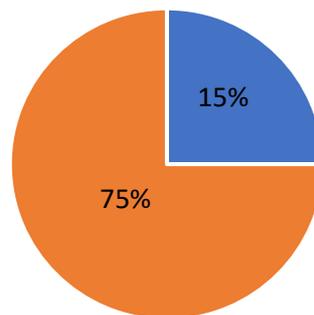
Increased Leadership Capabilities, Skills and Confidence to Manage Change



■ Strongly agree ■ Agree ■ Neutral ■ Disagree ■ Strongly disagree

On conclusion of the programme, 100% of participants felt that they were able to make a meaningful contribution to planned care:

Ability to Make a Meaningful Contribution to Improved Practice in Planned Care

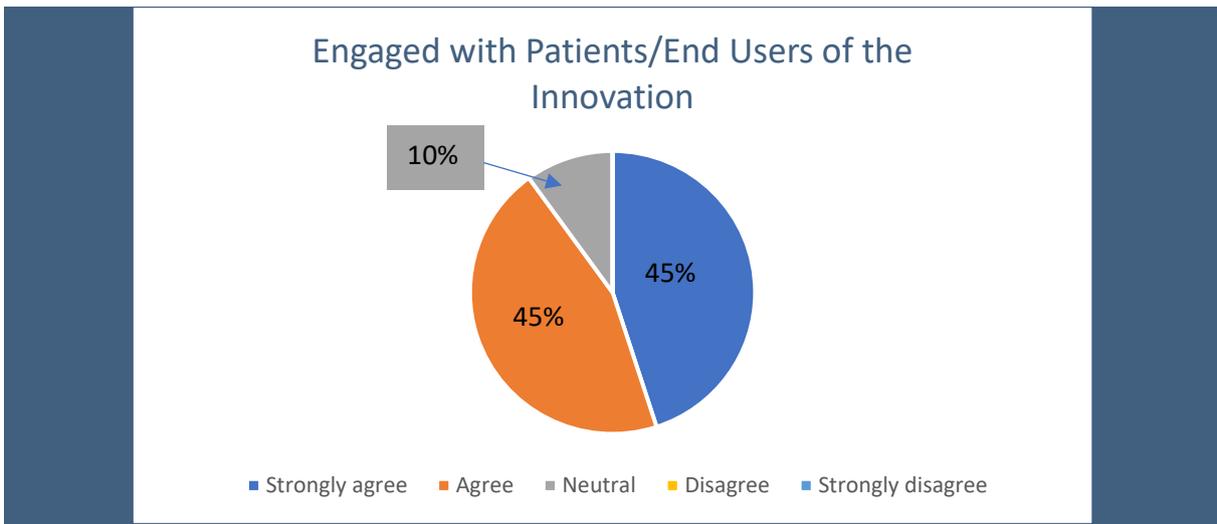


■ Strongly agree ■ Agree ■ Neutral ■ Disagree ■ Strongly disagree

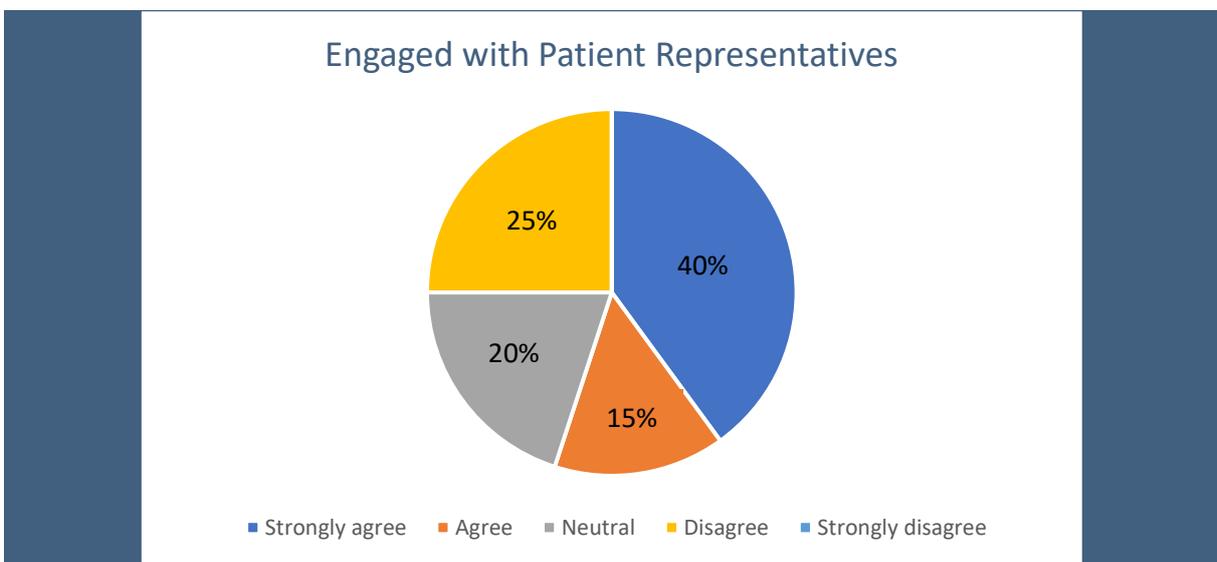
Project Engagement:

On conclusion of the programme, 90% of participants felt that they had engaged with **patients/end users** of innovation. At the beginning of the programme, only 14% of project leads strongly agreed with this statement, compared to 45% at the end of the programme. Additionally, 29% of projects disagreed or strongly disagreed at the

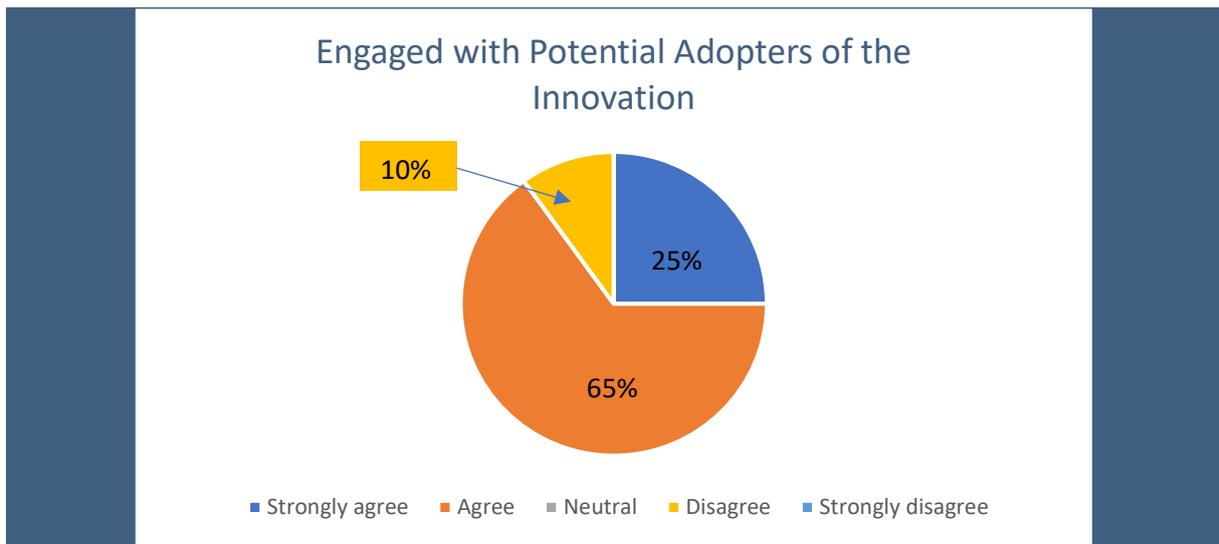
beginning, whereas at the end of the programme 0% of projects disagreed or strongly disagreed with the statement. This is potentially a result of the Bevan Commission encouraging project teams to engage with patients and collect their feedback.



On conclusion of the programme, 55% of participants reported engaging with **patient representatives** during the programme. At the beginning of the programme, only 43% of project leads agreed or strongly agreed with this statement, compared to 55% at the end of the programme. Additionally, 39% of projects disagreed or strongly disagreed at the beginning, whereas at the end of the programme only 25% of projects disagreed, with 0% strongly disagreeing. This is potentially a result of the Bevan Commission promoting patient engagement by representation and helping to link project teams with patient representatives.

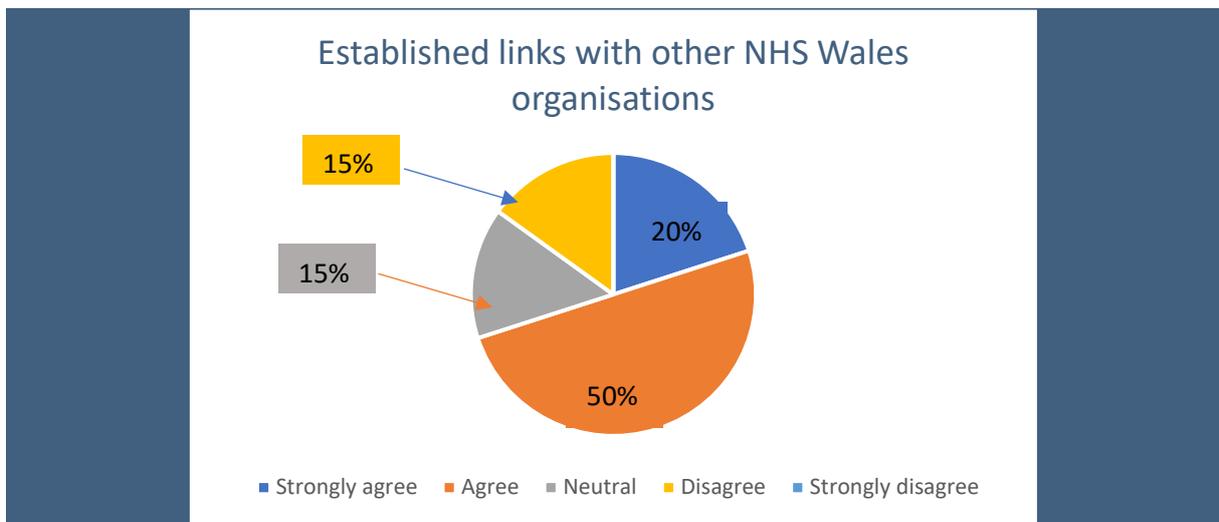


On conclusion of the programme, 90% of project leads had engaged with potential adopters. Whereas previously 67% of project leads had engaged with potential adopters, this figure has risen to 90%. The Bevan Commission strongly encouraged project teams to link with potential adopters early in the process to gain their support and feedback on their project.

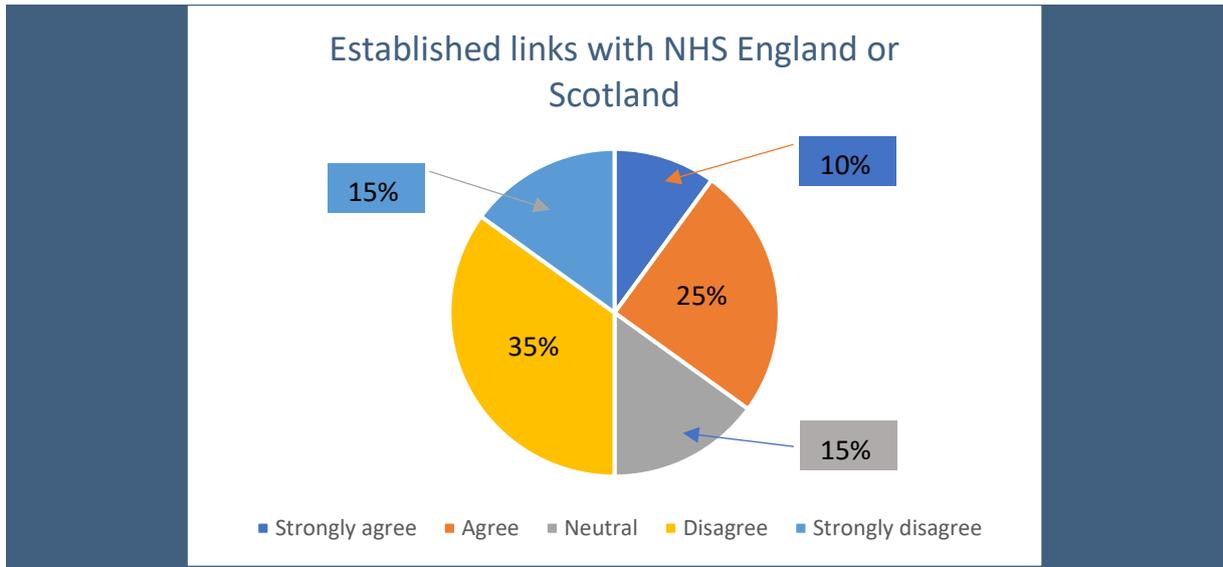


Relationship and Linkages:

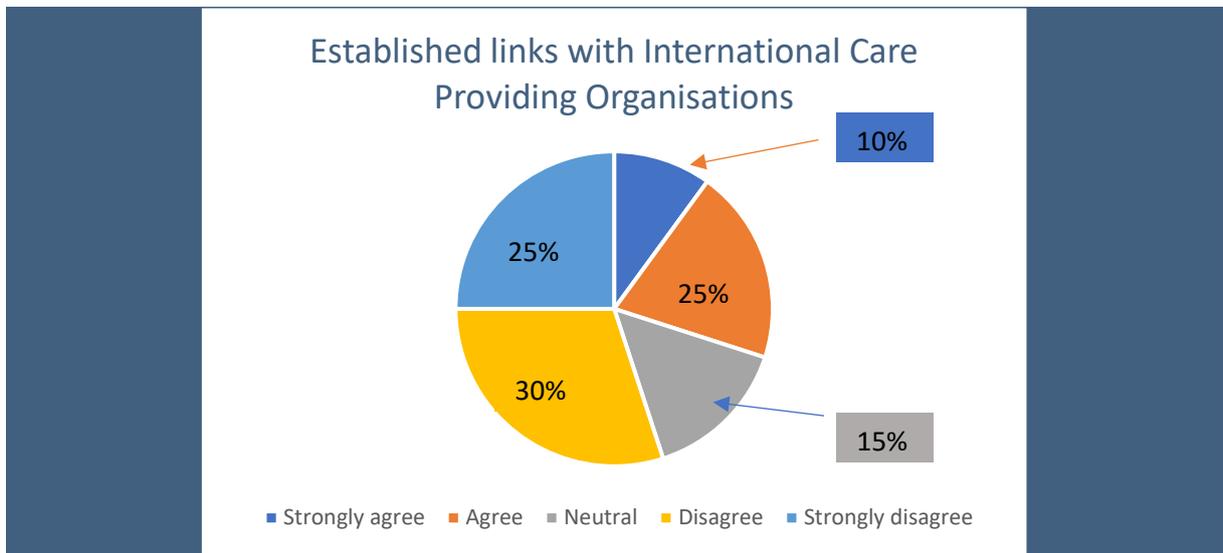
On conclusion of the programme, 70% of projects reported having established links with other NHS organisations:



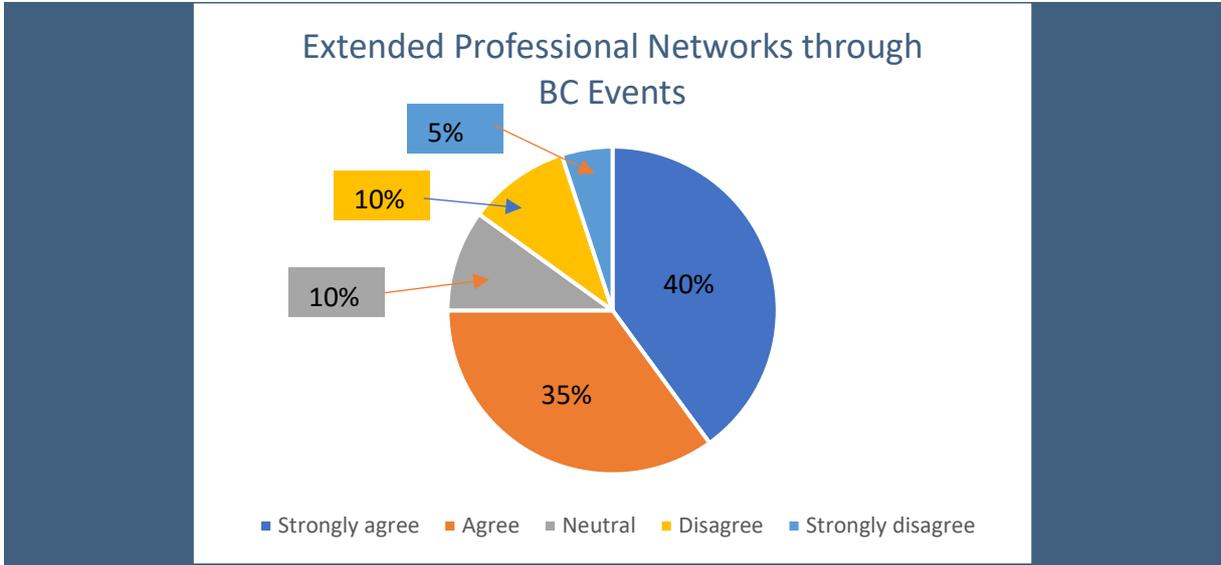
With 35% of projects reporting forming links outside of Wales with NHS England or NHS Scotland:



Additionally, 35% of projects reported forming links internationally with other care providing organisations:

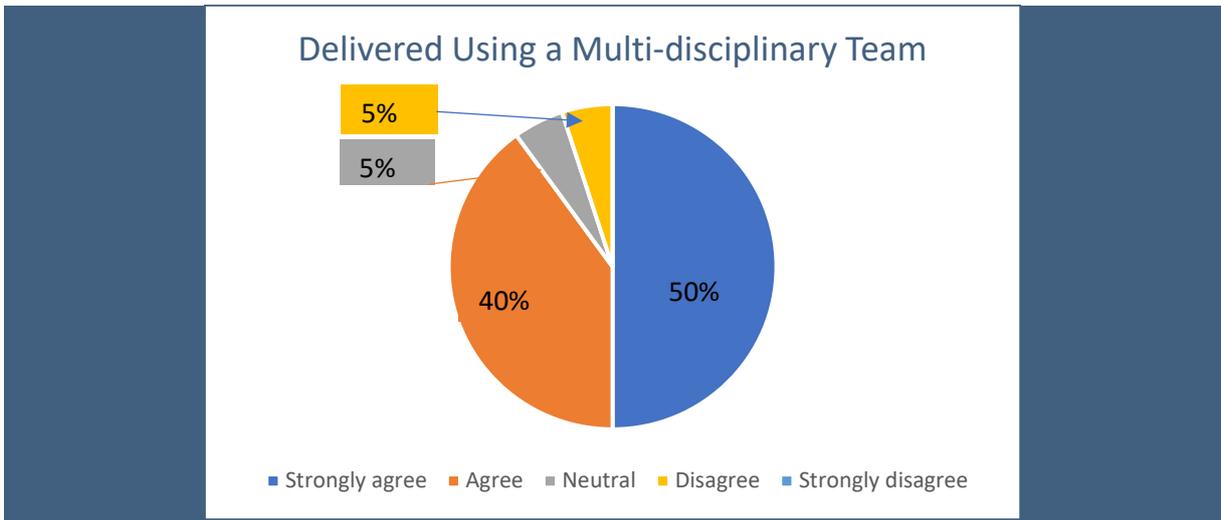


A total of 75% of participants reported extending their professional networks through Bevan Commission events:



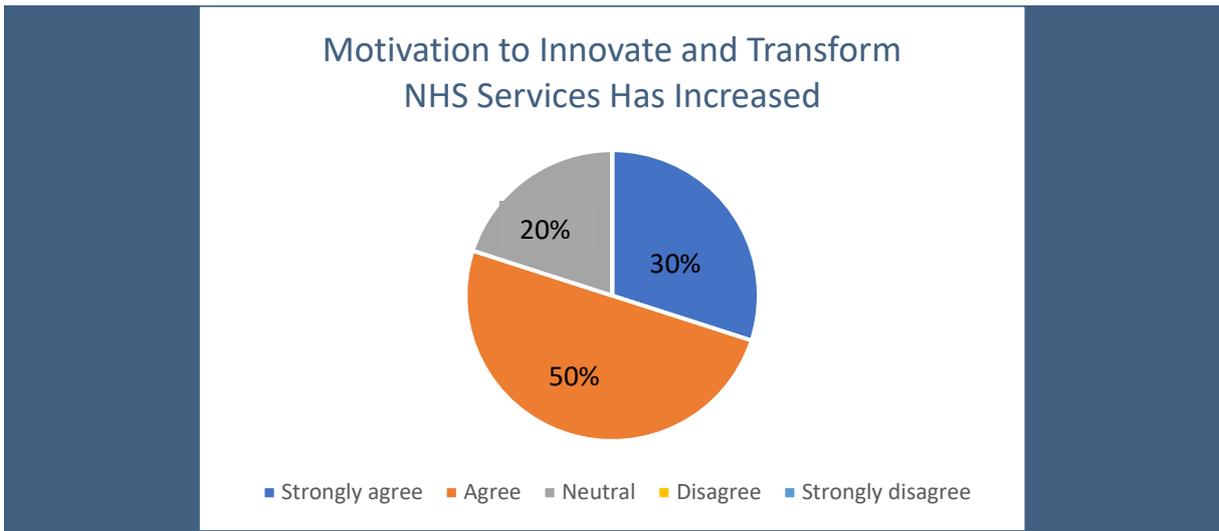
Organisational Design and Culture:

Of the participants, 90% delivered their project using a multi-disciplinary team style approach:

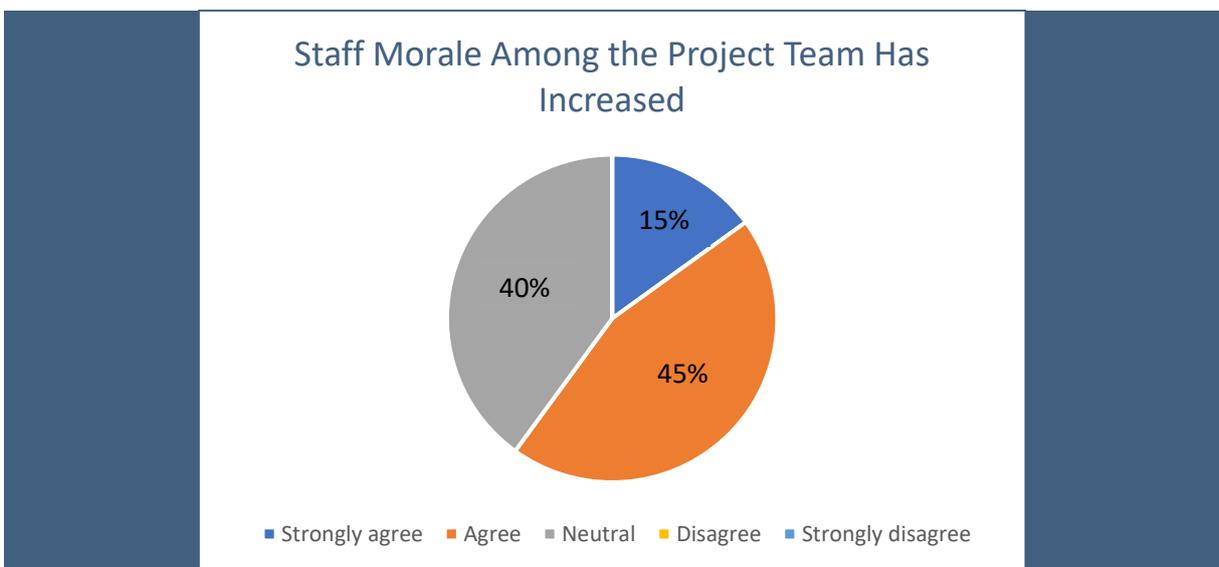


Characteristics of the Project Team:

As a result of their involvement in the programme, 80% reported that their motivation to innovate and transform NHS services has increased:

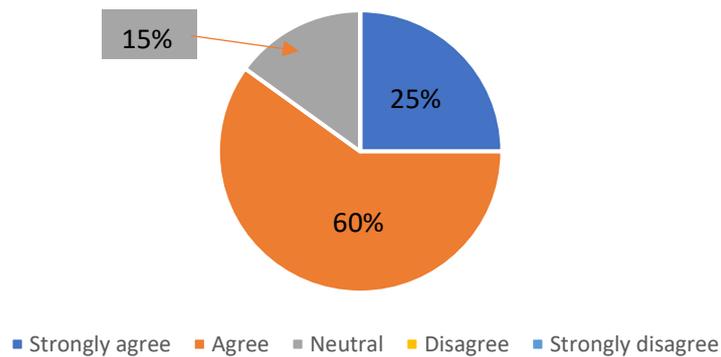


Of the participants, 60% felt that staff morale amongst the project team has increased:



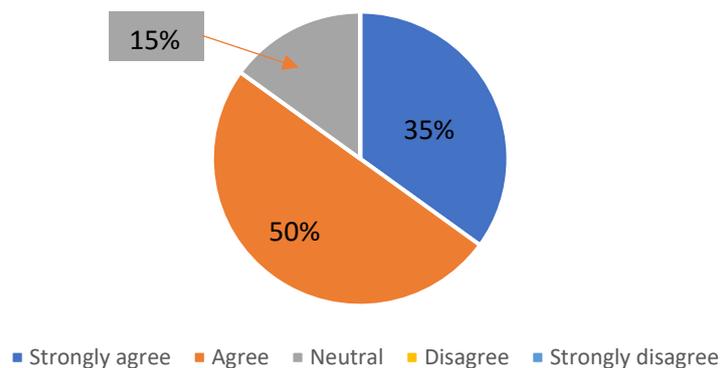
On conclusion of the programme, 85% of participants felt more aligned with the Welsh Government's goals and targets for improvement relating to planned care:

More Aligned with Welsh Government Goals and Targets for Improvement Relating to Planned Care



In addition, 85% of participant projects felt more aligned with Prudent Health and Care Principles as a result of participating in the programme:

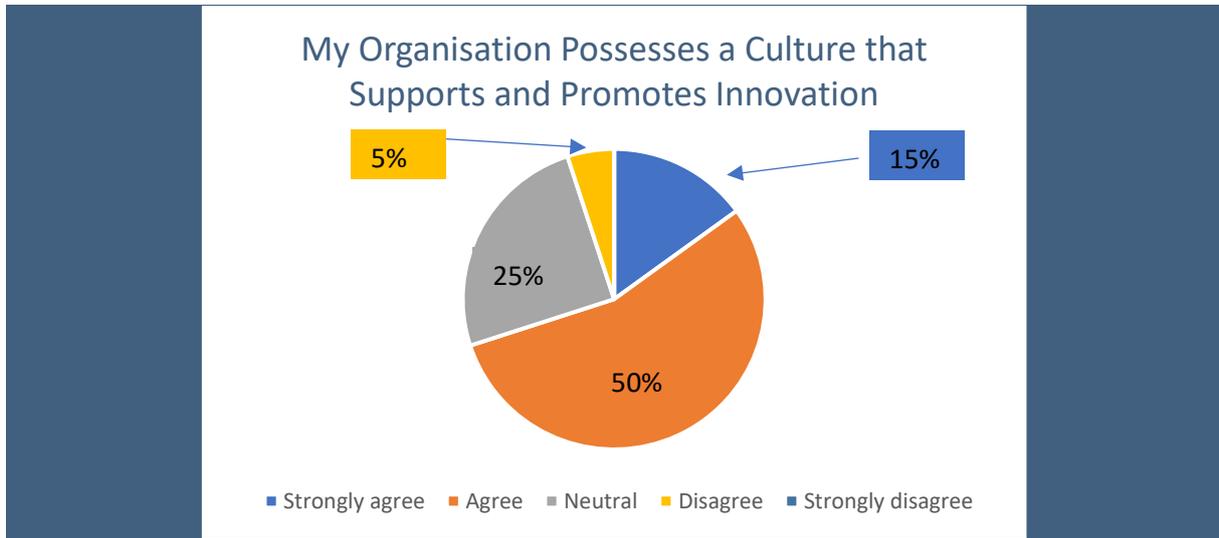
More Aligned with Prudent Health and Care Principles



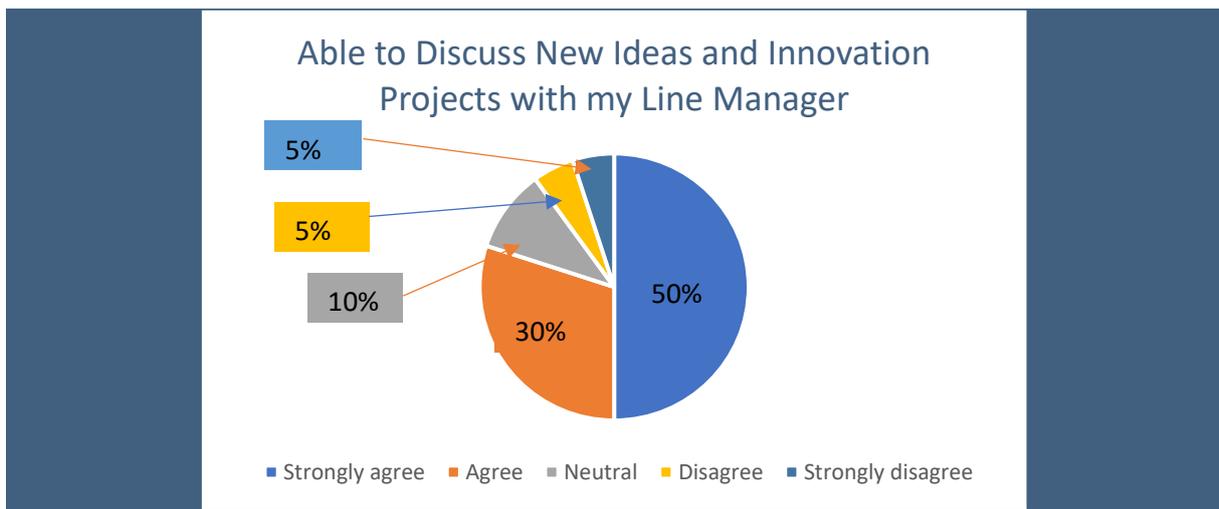
Organisational Culture:

Of the participants, 65% felt that their organisation possessed a culture that supports and promotes innovation. However, prior to the programme, 100% of project leads answered

strongly agree or agree to this question, meaning that those numbers have fallen over the course of the project, and now 30% have answered 'neutral' or 'disagree'.

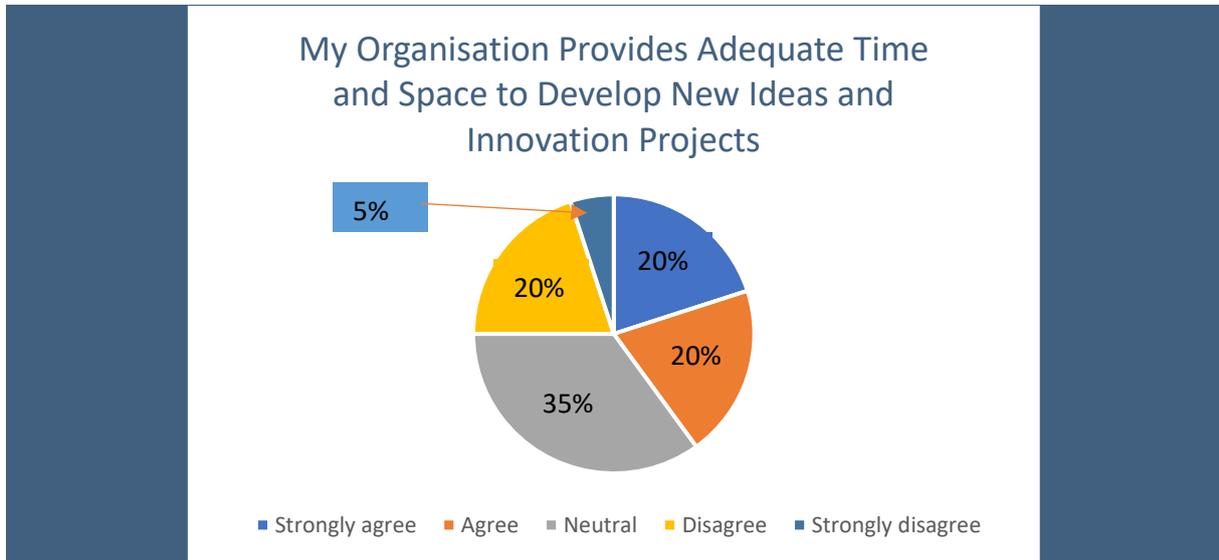


On conclusion of the programme, 80% felt able to discuss new ideas and innovation projects with their line manager. Again, these numbers have fallen over the course of the programme, where at the beginning 0% of project leads answered disagree or strongly disagree, compared to the end of the programme with 10% answering disagree or strongly disagree and 10% answering 'neutral'.



Of the participants, 40% agreed that they were provided with adequate time and space to develop new ideas and innovation projects. Following the above trend, 57% of project leads agreed or strongly agreed with this statement at the beginning of the programme.

This number has reduced by 17% over the programme. This is consistent with time and capacity being identified as barriers to innovation.



Project Risks and Issues:

Risks and issues were identified and monitored via a risk and issue management log and discussed, when necessary, with the Steering Group. ***The main risks and issues identified are detailed below.***

Capacity to complete project work

Some projects were unable to recruit into planned project roles. While the projects were still able to achieve success, it meant that the projects were of smaller scale.

One project team withdrew from the programme in the first quarter due to personal circumstances preventing the project lead from participating in the programme.

Delays impacting project work

The WAST X-Ray Urgent Response Team project was paused for a period due to ***winter strike action***. In addition to this, the original participating health board partner withdrew

from the project. A new health board partner was identified, however, this led to further delays. The WAST project has provided proof of concept, however, the scale of the project was significantly reduced due to time constraints.

Lengthy and complex data protection impact assessments were required for some projects, resulting in lengthy delays in the projects implementing and trailing their innovations. This led to shorter project implementation phases and smaller scale data collection.

Access to quality data to evaluate projects

Most of the projects were able to present a range of data to evidence their project outcomes. However, **data quality and range were limited for some projects without the support of financial and data analytic services**. Projects with more robust evaluation data reported support from their Value Based Health Care team.

Project Barriers and Enablers:

Participant's perspectives relating to barriers and enablers of innovation throughout their project were collected from final reports, and other data collection tools. These are outlined in the following section of this report.

Barriers to Innovation

The most frequently mentioned barrier was a lack of staff capacity and availability, along with having enough time and space to innovate. Staff shortages were noted to be a challenge in filling project roles, creating service dependencies or difficulty in releasing staff for project work, (project teams identified dedicated project roles and the allocation of suitable resources to support innovation as key enabling factors).

Organisational barriers reported by participants included siloed working, bureaucratic processes, lengthy information governance and data protection impact assessment processes, complex systems which led to duplication, challenges working across

organisations or services with different systems and processes, a lack of IT integration, general resistance to change and challenges with staff engagement.

Data collection evidencing project benefits was also noted to be a challenge, with a lack of data available to enable comparison, difficulty extracting data and the need for additional organisational support to produce the necessary economic benefit analysis.

In order of prevalence, the 16 barriers identified related to:



- Lack of staff capacity and availability
- Organisational culture
- IT systems and governance processes
- Funding
- Staff recruitment
 - = Aversion to change
 - = Lack of staff engagement
- Recruiting patients/patient engagement
 - = Data collection and analysis
- Lack of managerial support
 - = Lack of/remote supervision
 - = Lack of dedicated (internal) project support
- Volume of work involved in undertaking an innovation project
 - = Short time frames
- Changing staff roles
- Adopt and spread (unclear mechanism)

Enablers of Innovation

The project teams reported that **support and encouragement** from the Bevan Commission, their peers and managers helped to maintain their motivation when working on the project. They stated the importance of **strong leadership and good project planning and management**. Good **teamwork** was seen as a strong enabler along with **high levels of motivation, commitment and passion** for the project. **Collaborating on projects and developing networks** were also seen as enablers to success.

In order of prevalence, the 17 enablers identified by participants were:

- Bevan Commission support
- Managerial support
- Motivated individuals
- Team working
- Wider collaboration (within NHS Wales)
- Project planning and management
- Networks/networking
- = Innovation support
- = Patient engagement
- Stakeholder buy-in
- = Relationships outside of Wales

Programme Reflections

- ***Executive sponsor support is essential*** and should help to identify at the outset the necessary support and additional resources required to manage and evaluate the project fully.
- ***Mentorship and organisational support are of utmost importance.***
- ***Robust evaluation of the project, using staff with skills in this area is required*** to evidence the benefits and to support future adoption.
- ***Strong project leadership is vital for success.*** All stakeholders must be fully informed and engaged from the outset.
- ***Funding and suitable resourcing of projects is important,*** however, it was noted that projects were able to operate with less financial support than initially identified. Careful planning and dedicated project time proved to be invaluable.
- ***Projects are unlikely to produce large scale benefits within 12 months,*** especially if lengthy information governance processes are required or recruitment into project roles. This should not detract from the overall assessment of project success and suitability for adoption if a thorough evaluation has been completed.



Section 4: Project Level Outcomes

Individual Project Outcomes and Impacts

The section below details the individual outcomes and impacts from each of the 17 PCIP projects alongside the next steps. For full details, please refer to the project Compendium. Additionally, full project details and resource information can be accessed through the project webpages for which links have been provided in the adjacent footnotes.

Aneurin Bevan University Health Board

Genicular Artery Embolization (GAE) – a novel minimally invasive way to manage patients with mild-moderate osteoarthritis (OA) of the knee²³

Outcomes:

- 30 cases received the GAE procedure for OA knee
- Patient feedback:
 - On a scale of 0-10 (0 = negative experience, 10 = positive experience), patients gave an **average score of 9.9 when rating their satisfaction with the care received**
 - All reduced their Visual Analogue Pain Score (VAS) at 1 month follow up
 - Improvement in quality of life
- Further expected benefits:
 - Reduction in requirement for analgesic medicine
 - Reduction in visits to primary and secondary care
 - Improved ability to remain at work
 - A reduction in mental illness related to chronic pain

Impact: Offering the procedure is a first for Wales, second in the UK. The procedure can be offered to patients across Wales at The Grange University Hospital which has been awarded exemplar status.

Next Steps:

- Patients to be followed up for two years
- **NICE review of GAE in 2024**
- International Randomised Control Trial (RCT) comparing GAE with steroid injections
- **Offer all Wales procedure and training site at The Grange University Hospital**
- Significant interest from orthopaedics, advanced practitioner physiotherapists and other health boards

²³ [Genicular Artery Embolization- a novel minimally invasive way to treat osteoarthritis knee pain - Bevan Commission](#)

- Explore application for other conditions such as tennis elbow, frozen shoulder, plantar fasciitis and jumper's knee

Patient feedback: "It's changed my life ... I can walk for longer, I can walk further, I can walk faster. The recovery was so quick. I would highly recommend it."

Betsi Cadwaladr University Health Board

First Contact Advanced Clinical Practitioner (ACP) Dietitian Led Gastroenterology Clinic²⁴

Outcomes:

- Cases managed by ACP dietician through medication, lifestyle or investigation checks
- Waiting list reduction:
 - **318 patients removed from secondary care waiting list**
 - Routine functional gut waiting list reduced from three years to four months
- Increased capacity:
 - **500 consultant appointment slots released (299 hours)**
 - **14% increase in gastroenterology clinic capacity**
- **Cost saving: £108,000 minimum cost release (consultant time)**
- Patient feedback: 100% of patients scored the service as either excellent or very good

Impact: The service has become embedded within gastroenterology pathways as an alternative route for patients.

Next Steps: The project has received additional funding for a further six months, while long term funding for the service is being reviewed.

- Embed service locally
- Create ACP Gastroenterology Dietician Network

²⁴ [ACP First Contact Dietitian Led Gastroenterology Clinics - Bevan Commission](#)

- Create teaching resources
- Continue to work with consultants and specialist nurses to transform other gastroenterology pathways to a similar benefit

Patient feedback: “My life has been transformed.”

Staff feedback: “[the clinic] has been very helpful in reducing the waiting time for this group of patients and therefore reduced the time experiencing impaired quality of life.”

Cardiff and Vale University Health Board

Establishing a Perioperative Care of Older People undergoing Surgery (POPS) service in elective surgery²⁵

Outcomes:

- 153 patients seen by POPS nurse - 12% referred to Care and Repair preoperatively (reducing occupational therapy demand and workload post operatively)
- 105 patients seen by POPS doctor - 66 medications stopped, 43 started, 153 new medical diagnoses (most managed by POPS doctor)
 - **Annual recurring medication saving £41/patient, per year**
- Increased capacity: reduces GP, anaesthetic and occupational therapist workload and specialist referrals
- Cost savings:
 - **£73,324 saved from 17% of patients not proceeding with surgery following SDM (shared decision-making)**
 - **Opportunity cost calculated to be £10,000/month**
- Additional safety barriers put in place: delirium screening introduced
- Helps avoid inappropriate procedures and decisional regret

²⁵ [Establishing a Perioperative Care of Older People undergoing Surgery \(POPS\) service in elective general surgery - Bevan Commission](#)

- Patient centred, holistic service
- Other expected benefits: reduced post-operative mortality, complications and length of stay

Impact: Substantiative funding has been agreed for the service to be embedded in general surgery and extend into other surgical specialities including vascular and head and neck.

Next Steps:

- Wider Multi-disciplinary team involvement
- Introduce post-operative geriatrician input
- Increase patient involvement
- Develop a national toolkit

Patient feedback: "I was told straight – didn't go round in circles ... I could make the choice I wanted then."

Staff feedback: "I was really impressed with your service ... Your service relieved me of additional work I had to do to facilitate a safe discharge for patients."

Paediatric Orthopaedic Community Cluster Clinics²⁶

Outcomes:

- Waiting list reduction:
 - **Secondary care waiting list reduced by 59 weeks** (from 136 weeks to 77 weeks)
 - **108 patients removed from waiting list**
 - **70% of patients seen in two months**
- Increased capacity:
 - **90% of patients did not require orthopaedic input**
 - 69% managed and discharged in one appointment
- Patient feedback: 100% would recommend the service to family and friends
- Staff feedback: 47% increase in GP confidence in managing musculoskeletal conditions post training

²⁶ [Paediatric Orthopaedic Community Cluster Clinics - Bevan Commission](#)

Impact: The model has been commissioned for a further year by orthopaedics directorate.

Next steps:

- Embed service locally by hosting clinics in different areas
- Expand advanced practitioner physiotherapy role into soft-tissue knee clinic in paediatric trauma
- Introduce self-referral
- Expand training role to GP and paediatrician curriculum through continued link with HEIW

GP feedback: “Useful and practical advice and approach to paediatric MSK presentations. Really helpful mixture of clinical presentations to look out for and examination tips.”

Piloting Colon Capsule Endoscopy (CCE) in Wales²⁷

Outcomes: The project has been delivered using a national, coordinated, and collaborative approach, led by the National Endoscopy Programme (NEP) and carried out in partnership with CAVUHB, SBUHB, CTMUHB and BCUHB, Cardiff University, CEDAR Health Technology Research Centre, innovation teams across Wales and with industry partners (Medtronic).

- 49 patients recruited into the pilot across four participating health boards
- **Significant bowel disease detected in 57% of patients** (a more rapid diagnosis of pathology)
- **Demonstrable potential for reduced demand on colonoscopy services and reduced workforce pressures**
- **Reduced need/avoidance of invasive colonoscopy procedure**
- Patient feedback: 100% patients rated their experience as either good or very good
- Staff benefits: remote reading software training has been provided to clinicians

²⁷ [Piloting Colon Capsule Endoscopy \(CCE\) in Wales - Bevan Commission](#)

- Staff feedback: staff felt CCE had a role in reducing waiting lists and should be extended across Wales

Impact: The project has provided important insight into the use of CCE in routine clinical practice in Wales. **The project has paved the way for cross-health board reporting to be implemented as an innovative way of delivery and relieving work force pressures.** An all Wales working group has been established comprising of clinicians and managerial service leads.

Next Steps:

- Joint National Institute for Health Research (NIHR) funding application with England and Scotland
- Initiate development and adoption of technology
- Develop a multi-professional pool of experts using remote reader across boundaries
- Embed as national service in Wales based on evidence gathered

Patient feedback: “Rather than hanging around the hospital you get to have the test in the comfort of your own home and carry on with your day-to-day activities.”

Staff feedback: “I think one real positive is almost having that community of practice ... it’s been a real strength.”

AFAL Connection – Cysylltiad Project: Value-based weight management for children with BMI >98th Centile using virtual ward and wearable technology²⁸

Outcomes:

- **90% of patients engaged for full 13 weeks**
- **100% increased their step count and improved their sedentary time**
- Patient benefits:

²⁸ [Value based weight management for children with BMI >98th centile using virtual ward and wearable technology - Bevan Commission](#)

- Easy data viewing and capture
- Parents can buddy and support their child
- Reduces travel to appointments and time missed from school

- Cost savings:
 - Flexible, low cost check-in
 - **£49 saving for each patient seen compared to the traditional face to face model**
- Earlier discharge with 50% being discharged by 13 weeks as opposed to 12 months with the traditional model
- **No DNAs for new cases compared with 30% DNA rate** with the traditional service
- Increased capacity:
 - Increased multi-disciplinary team/ staff capacity to see new patients
 - Reduces requirement for clinical space

Impact: The project has received funding for a full economic evaluation by CEDAR who have reported economic benefits along with patient and service level benefits. Plans for further upscaling is under consideration.

Next Steps:

- Scale up service offering to larger cohort of young people
- Use of interfaced app for adult services could be explored

Staff feedback: “The impact was quite emotional; seeing young people and parents visibly more confident and smiling with what they had achieved.”

Cwm Taf Morgannwg University Health Board

Radiology Pathway Navigation – A New Direction²⁹

Outcomes:

- Waiting list impact:
 - **Referral vetting and booking process reduced from five days to one day** for urgent referrals and two days for routine referrals
 - **Average wait from colonoscopy to CT staging referral reduced from thirteen to four days (target - ten)**
- Touch point reductions:
 - Vetting process for CT requests – nine down to six
 - GI endoscopy to CT/MRI referrals – seven down to four
 - MDT to CT/MRI referrals – five down to four
- Increased capacity:
 - Radiologist time savings due to the navigator undertaking the vetting process: 6 hours 40 minutes saved per week, 346 hours 40minutes over 52 weeks
 - **996 hours of radiology and management time released by the dedicated navigator role**
 - **118% increase in CT capacity** due to the navigator undertaking their own clinical caseload on a weekly basis (531 extra patients have been scanned)
 - Managers and staff time savings due to dealing with less queries: 12 hours 30 minutes per week, 650 hours over 52 weeks
- Improved patient experience
- Staff feedback: 100% felt the Navigator role is beneficial to the service

Impact: The project has received funding to continue for an additional year, with the opportunity to submit further evidence of impact for long-term funding consideration. The scope of the role has now broadened to cover the head and neck pathway with plans to include urology.

Next Steps:

- Ongoing collaboration with cancer colleagues and network to promote the role
- Funding sought to expand the offering through CTMUHB, to include a 'Navigator Assistant'

Patient feedback: "The service was excellent, totally reassured by the Radiographer which placed me at total ease."

Staff feedback: "A smoother journey through a complex pathway."

*Introduction of an innovative social communication
intervention pathway in paediatric speech and language
therapy (SLT)³⁰*

Outcomes:

- **Time to deliver traditional input to eight families reduced from 80 hours to 16 hours**
- **Clinical caseloads reduced by 18%**
- SLT Technician waits reduced from mean wait of 12.8 weeks to 3.3 weeks
- No investment required - working differently
- Increased parent and Early Years Practitioner's skills, confidence and knowledge
- Better outcomes and support for children until they reach an age that they can benefit from treatment

Impact: CAVUHB, have adopted, adapted and implemented the workshops. Local authorities in CTM have expressed an interest in adopting the work and delivering the workshop packages through their SLTs. The project lead has linked with HEIW and as a result the work will help to inform the new all Wales Social Communication Pathway.

Next Steps:

- Project outcomes and resources to be shared with SLT colleagues nationally
- Inform the All Wales Social Communication Pathway

Patient feedback: "My confidence has grown due to the well-organised course I attended."

Staff feedback: "I think it's so helpful for parents."

³⁰ [A Prudent Social Communication Pathway \(in Speech and Language Therapy\) - Bevan Commission](#)

Implementation of a Wellness Improvement Service to deliver patient education to patients on specific waiting lists and reduce flow to secondary care waiting lists³¹

Outcomes:

- Patient benefits:
 - 95% increased their physical activity score
 - 95% improvement in validated wellbeing score
 - 94% improved blood pressure
 - 80% reduction in weight
 - 83% improved waist circumference
- Patient feedback: 99% would recommend to others

Impact: The project has secured ongoing funding.

Next Steps:

- Broaden scope from orthopaedics, neurology, cardiology, respiratory, musculoskeletal and pain services, to women's health, dementia care, cancer survivors and fibromyalgia
- Digital inclusion - including AI Coach Bot for digital wellness coaching and online training platform
- **Full external service evaluation to commence with recommendations expected by March 2024**

Patient feedback: "I loved the group dynamic ... my sleep has improved, and I have lost 1.5 stone."

³¹ [Wellness Improvement Service - Bevan Commission](#)

Tackling the neglected disease in our midst: towards evidence-based treatment decisions for urinary tract infections (UTIs) at point-of-care³²

Outcomes:

- **Good clinical sensitivity (on average 88.5%) and specificity (on average 94%) across six species** of bacteria
- Good at detecting true infections in mixed growth samples
- **Through improved diagnostic testing clinicians can target the >60% of patients with UTI symptoms but no confirmed UTIs, thus improving antimicrobial stewardship in primary care and reducing prescription waste**
- May work as a 'rule out' test to improve antibiotic stewardship at point-of-care
- Could have impact in primary, community, secondary care and emergency settings, leading to reduced service demand, reduced cost, better patient outcomes

Impact: The use of the POC test could benefit a number of clinical settings with widespread benefits expected. NICE have carried out an early value guidance consultation, which comments that the test shows promise.

Next Steps:

- Obtain UK CA marking (expected January 2024)
- Real world evaluations
- Comparison with dipsticks
- Engagement with policy makers
- Map out commercial pathway
- Setting up production lab in Cardiff
- Independent NIHR performance evaluation of test in primary care and care homes

Focus group feedback: "Great concept, good to see this kind of test being developed."

Hywel Dda University Health Board

Borth Integrated Health and Care Community Services³³

Outcomes:

- Increased capacity:
 - **Reduction in average number of GP appointments for frail regular attending patients**
 - Marked reduction in hospital length of stay
 - **553 hospital bed stays saved**
- Cost savings:
 - Likely reduction in resource usage for inpatient spells has been calculated to around £579,000 (fully absorbed) / £340,000 (releasable)
 - **Resources releasing calculated to be £250,000 net benefit**
- **Correlation with reduced hospital mortality rates**

Impact: The project has been fully embedded as an ongoing service in Borth Primary Care Practice. The service has been adopted by a federation practice with positive outcomes experienced similar to that of Borth.

Next Steps:

- Embed Clinical Coordinator role in regular service
- Support scale and spread

Patient feedback: "A very positive experience for me" (attending the MAT meeting).

Staff feedback: " It's been hugely time saving, the meetings are really efficient, well coordinated and well run".

³³ [Borth Integrated Health and Care - Bevan Commission](#)

Preablement approach to elective surgery³⁴

Outcomes:

- Small cohort recruited
- More integrated working with secondary care, primary and community services
- Increased physicality (mobility) and wellbeing (sleep and mood scores) reported by patients
- Occupational Therapy Technician role proved to be integral to supporting the service and increasing capacity and efficiency

Impact: Although a small scale project, **the service has been embedded in Pembrokeshire County Council and** will continue to be offered in conjunction with HDUHB's virtual Preablement Service.

Next Steps:

- The Preablement Service will be available for patients waiting for elective surgery who need more complex input

Patient feedback: "I feel relieved to have seen somebody face to face to talk about the things I have been worried about. I am so grateful that you noticed the issue with the stair lift, otherwise, this could have caused me real trouble".

Powys Teaching Health Board, Led by Neurological Conditions Implementations Group (NCIG)

Development of a regional Neurology Triage and Advice Service³⁵

Outcomes:

³⁴ [Preablement Approach to Elective Surgery - Bevan Commission](#)

³⁵ [Improving Triage and Diagnosis for those with Neurological Symptoms - Bevan Commission](#)

- **All Wales Headache Toolkit launched** (adopted from SBUHB, it has been shown to reduce referrals to secondary care for neurological headache related complaints by 40%)
- **Development of a national referral database** to inform/ support future specific neurological pathways
- **Development of resources and access to specialist information for GPs to aid decision making** and referrals into neurology
- **Development of resources for patients accessing primary care for neurological symptoms**

Impact: The Headache Toolkit is expected to reduce related referrals into secondary care by 40%. The resources for patients and GPs are expected to improve the experience and outcomes for both patients and clinicians.

Next Steps:

- Continue to evaluate the Headache Toolkit usage
- Work with service managers to develop a mechanism to record specific referrals into neurology to maintain and improve the data dashboard
- Use the learning from patients (importance of education, communication, coproduction and coordination) and data to inform future services- neurological workstreams and planning
- Primary care neurological clinic being scoped

Patient feedback: "Being able to ask questions, I have learnt things I haven't thought of before".

Swansea Bay University Health Board

*Improving Planned Care for the Frail in Morriston
Hospital³⁶*

³⁶ [Improving planned care for the frail in Morriston Hospital - Bevan Commission](#)

Outcomes:

- Waiting list reduction:
 - **15% of frail patients over 65 years old removed from cholecystectomy list** (following a Comprehensive Geriatrician Assessment - CGA)
 - **40% of patients seen in hernia clinic for a CGA removed from list**
- Cost savings:
 - **£250,000 savings/cost avoidance**
 - **The project has predicted expected savings in year one post-project of £632,178** and recurrent annual savings post-year one of £351,334 by offering the service to the four main surgical areas - general surgery, colorectal, hernia and urology
 - Reduced medicines cost
- Patient centred care with excellent feedback
- Reduced single specialist referrals
- Suitable electronic screening tool identified
- Identified and actioned unmet patient needs, such as arranging diagnostics, medication and providing advice

Impact: The team were successful in a bid for substantive funding to redesign surgical pathways and plan to extend the service to the four main surgical areas in Morriston Hospital.

Next Steps:

- Extend to general surgery, urology, vascular
- Swansea Bay Ways Project work (frailty)

Pigmented Ophthalmic Lesion Screening (POLS)³⁷

Outcomes:

- > 70 patients referred and imaged
- **Reduced time and touch points** for ophthalmology staff

³⁷ [Virtual Pigmented Ocular Lesions Clinic - Bevan Commission](#)

- **Reduced ophthalmology waiting list** and referral to treatment
- **Patient focussed service** with reduced patient time and patient touch points
- Referrals seen more quickly through Medical Illustrations
- Rapid triage reduces the risk of delayed assessments
- Service fits with the remit of ophthalmic photographers who are equipped with the knowledge, experience and skill set required for producing high quality diagnostically meaningful images

Impact: The ophthalmology service leads are in support of continuation of the service. A full audit of the service is due to be completed with a proposal for the service to be embedded to follow. HDUHB have expressed an interest in the service.

Next Steps:

- Full POLS audit due to be completed
- Further test the service on a wider cohort of patients and lesion types
- Extend the model to different levels of service provision, e.g., vascular ulcers
- Support other health boards across Wales to adopt

Velindre University NHS Trust

*All Wales Patient Centred Radiotherapy Service for
Advanced Cancer Symptoms – Building Capability and
Capacity³⁸*

Outcomes:

- Staff benefits:
 - **Seven radiographers in advanced practitioner (AP) training**
 - High quality clinical training and career development

³⁸ [All-Wales Patient Centred Radiotherapy Service for Advanced Cancer Symptoms – Building Capability and Capacity - Bevan Commission](#)

- **Three consultant led Radiographer AP clinics established across the three cancer centres in Wales**
- Cost savings:
 - **£57/hour cost saving** if service moved to band 7 radiographer (based on potential to see 2000 patients a year)
 - **Predicted cost release of £85,000 per year** by using AP Radiographers to take on some of the consultant workload in planning, consenting and prescribing
- Patient satisfaction: on average 9.6/10
- Patient benefits:
 - **Fewer hospital visits - 90% of patients seen in two visits**
 - **72% treated with one session as opposed to usual baseline of 42%** (with reduced carbon footprint and travel costs)
 - Percentage of patients receiving palliative radiotherapy for urgent symptom control improved from under 20% to 65%, >95% of patients treated within seven days
 - **90% of patients had their planning scan on the same day as clinic**
 - **90% were treated with just one fraction of radiotherapy** (i.e., clinic, decision, planning and treatment in just two visits)
 - Strong focus on high quality patient care and experience
- Waiting times: patients seen in two days as opposed to seven days
- **Up to 30% patients seen monthly across the three cancer centres could be diverted into the service**

Impact: Raised the profile of palliative radiotherapy services in Wales and developed strong connections with HEIW, The Welsh Cancer Network and the Clinical Oncology Sub Committee. Supported a multimillion pound bid to Moondance Cancer Initiative to set up the Advancing Radiotherapy Cymru Academy.

Next Steps:

- National Multi-Disciplinary Team Community of Practice to be established more formally with other cancer partner organisations supporting
- **Work to embed the operational changes**
- Work with Advancing Radiotherapy Cymru academy to develop further opportunities

Patient feedback: "A very efficient service. Staff are very professional with a personal touch to be proud of."

Staff feedback: "The rapid response to my referral has been impressive."

Welsh Ambulance Services NHS Trust

X-RAY Urgent Response Team (XURT)³⁹

Outcomes:

- Small cohort of patients recruited
- **Mobile community X-Ray found to be feasible**
- Image quality was good for limbs, otherwise body mass index (BMI) dependent
- XURT visits resulted in a 100% admission avoidance rate
- **End user satisfaction was high**
- Delivered added value for participating practitioners

Impact: Further innovation funding has been provided to explore the feasibility of mobile diagnostics in the community. There has been international interest in the project.

Next Steps:

- Potential for further pilot dates in BCUHB
- Second formal project with CTMUHB as lead - discussions ongoing
- Robust review of long-term efficiency savings (system-wide)

³⁹ [Xray Urgent Response Team \(XURT\) - Bevan Commission](#)

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