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AUDIT COMMITTEE REPORT ON NHS WAITING TIMES

The Clerk's letter of 27 June requested my advice on the Welsh Assembly Government's response to the recommendations made by the Audit Committee in its report *NHS Waiting Times in Wales*.

In its generally positive response, the Welsh Assembly Government states that it has accepted in full nine of the Committee's thirteen recommendations and has partially accepted the remaining four. I deal in detail with each partially accepted recommendation in the attached Annex. The partial acceptance of these four recommendations does not reflect a resistance to the Committee's recommendations; but rather appears to be a desire to stress the progress already being made in addressing the concerns of my predecessor in his report published in January 2005. And in recommendations 1 and 2, whilst the Government appears to question aspects of the Committee's analysis and conclusions, it nonetheless accepts the recommendation.

Notwithstanding the generally positive response to the Committee's recommendations, we will, of course, continue to monitor the Government's efforts to grip waiting times. In particular, a key theme which ran through the Committee's report and recommendations was the need for a clear, whole systems strategy, within which to tackle waiting times. The publication in May 2005 of the Government's ten year strategy, *Designed for life*, has the potential to deliver the whole systems approach envisaged by the Committee, and we will continue to monitor the impact of this new approach on delivering improvements in the health service.

I hope that you find this response helpful. I should, of course, be happy to discuss this matter further with you or the full Committee.

Jeremy Colman
Auditor General for Wales

Annex

Commentary on partially accepted recommendations

Recommendation 1. The Welsh Assembly Government and trusts should develop systematic models of activity, demand and capacity to support the achievement of these targets [intended to achieve a total waiting time of 6 months by 2009]

Despite the partial acceptance of this recommendation, the Government's response agrees the need to develop systematic models of activity, demand and capacity. However, it appears to question the Committee's finding that a significant minority of Welsh patients faced waiting times of over 18 months. The response states that, by the end of March 2005, the numbers waiting over 18 months had fallen to 16 for inpatient/day cases and 28 for a first outpatient appointment. Whilst this reduction in the number of long waits since the previous month is very welcome, our examination of waiting times over recent years identified a pattern of increases in the number of long waiting times at the start of a new financial year. Indeed, more recent figures, as at the end of May 2005, record that 124 inpatients/day cases and 101 outpatients had been waiting over 18 months.

Recommendation 2. The Welsh Assembly Government should use the distribution of resources arising from implementation of the Townsend Review to better meet health needs and, as a consequence, reduce the current regional variations in waiting times displayed in Figure 1 of this report

The Government's response states its commitment to the Townsend direct needs formula which targets resources at the areas of greatest need, although it points out that this formula seeks to address health inequalities well beyond those relating to waiting times. The Government's response does, however, downplay the extent of regional variations, stating that two Trusts – Cardiff and Vale and Swansea – accounted for the vast majority of over 18 month waiting times. Of course, these two Trusts also provide tertiary services for patients across Wales. Furthermore, Figure 1 of the Committee's report identified considerable regional variation in waiting times, when related to the population of each Local Health Board area. Consequently, the fact that two Trusts accounted for the majority of waiting times of 18 months or more does not relate directly to the main thrust of the Committee's recommendation: the importance of reducing regional variations in waiting times between the resident populations of Local Health Boards.

Recommendation 3. Within a strategic framework, local organisations should then produce their own local targets, agreed and owned by clinical staff, for key measures of performance, including waiting times and their underlying causes. These local targets should reflect organisations' starting positions and should be subject to scrutiny, challenge and monitoring by Regional Offices. A strong framework of incentives and sanctions should support the delivery of these targets and reward good performance.

The Government's response sets out the action taken to refine and develop the longer term strategy, *Designed for life*, which was published in May 2005; to develop firmer performance management arrangements in 2005-06; and to develop a sharpened incentives and sanctions regime. This commitment reflects the sentiments of the Committee's recommendation and, in particular, the ten-year strategy set out in *Designed for life* marks a significant development in the Government's strategic approach to delivering improvement in the health service, of which improving waiting times is one aspect.

Recommendation 4. The Welsh Assembly Government and local health communities should further increase the amount of ring-fenced elective capacity available to improve the efficiency and speed with which the NHS Wales treats patients from the waiting list. In particular, they should, like England, take a strategic approach to the development of capacity on a regional basis, either through capital developments or re-designation of existing facilities.

Again, although the response states the Government's partial acceptance of the recommendation, there is nothing in the supporting text which suggests that the Government does not fully accept the Committee's recommendation. The response agrees the need to develop elective capacity that is protected from emergency admissions and sets out the capital developments underway to expand this capacity. Furthermore, *Designed for life* requires each regional office to prepare by March 2006 a secondary care reconfiguration framework, which will be a driver of the Capital Investment Programme in 2005-2008. In this respect, the Government response slightly underplays its plans to address the Committee's recommendation.