

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
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Llywodraeth Cymru
Welsh Government

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Dear Adrian

Auditor General for Wales Report – Follow Up Outpatients

I am writing in response to the report on Follow up Outpatients Appointments. I acknowledge the recommendations and areas highlighted for action and will work in partnership with the NHS to address them. While the report acknowledges that the Planned Care programme is working to support the reduction of follow-up delays, I do recognise that further work to transform outpatients and improve waiting times for outpatients is required. We will work with the Outpatients Steering Group (OPSG) to ensure that the OPSG challenges and drives delivery against the recommendations in your report and those already made to health boards through local audit reports.

I also acknowledge that despite significant past additional investment in this area a greater focus on service redesign is needed to deliver a sustainable service model for the future. This redesign requirement is strengthened through “A Healthier Wales” to care for patients in the most appropriate setting. There are many opportunities for different pathways and innovative multi disciplinary services, in appropriate settings outside the traditional secondary care model.

Following a presentation from the WAO on their report, the national OPSG group has developed a national outpatient performance dashboard. This dashboard will be used to monitor and challenge the progress health boards are making in achieving improvements. The dashboard will support the formal performance management process within Welsh Government which monitors progress against agreed targets, such as to reduce the numbers of patients delayed more than twice as long as their stated target review date.

The introduction of the new eye care measure highlights the impact that national work led by clinicians can have on the service. In this instance it is driving the management and redesign of eye care services.



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I can confirm that we accept all the recommendations in the report, and I will now respond to each one in turn.

Recommendation 1

Set a clear ambition – set a clear target and timeframe to reduce the number of patients delayed twice as long as they should be waiting (i.e. 100% delays).

Recommendation – accepted

I have asked the OPSG to make recommendations to Welsh Government for a national target and timeframe for the reduction of the number of patients delayed twice as long as they should. Welsh Government will consider their advice before deciding on the actual target.

Recommendation 2

Strengthen the national delivery structure – adapt the Planned Care Programme Board and its underpinning structure to ensure it is delivering improvements that materially improve follow-up outpatient performance and drive the development of transformed service models and pathways that are efficient and meet expected growth in demand. In doing so, the Welsh Government should ensure:

- Membership of the Planned Care Programme Board and its supporting groups is appropriate;
- The lines of accountability for delivery of improvement actions at national and health board level are clear and work as required;
- There is sufficient capacity to lead change between meetings of the various groups, which should include consideration of the frequency of meetings, the use of task and finish groups between meetings, and the capacity of members to lead improvements between meetings;
- Ensure informatics is integral to the solution. NWIS needs to be a key stakeholder in procuring, developing and project managing solutions to improve outpatient services and new models of care. The service should be a key member of the Planned Care Programme Board. Where technological solutions are required, procurement rather than development may achieve better scalability and pace of delivery.

Recommendation - accepted

Membership and accountability of the programme is regularly reviewed. The next review of the programme role and function will form part of the “A Healthier Wales” recommendation looking at the role of programme boards and networks.

The review (due in early 2019) will also consider other aspects of this recommendation around resources and the role of digital support which is another key area of focus in the A Healthier Wales.

Recommendation 3

Develop a clear plan to support national level service developments – set out a clear plan of action needed at a national level to accelerate the scale and pace of outpatient transformation through the Planned Care Programme Board structure, which is costed and resourced, and makes maximum use of available technologies.

Recommendation - accepted

This will form part of the review of the role of national programmes and the linkage with the national transformation programme and fund, as covered in the response to recommendation two.

The OPSG are also in the process of developing an action plan that will accelerate a number of key actions to support the transformation required.

Recommendation 4

Plan sustainable services – ensure there are clear plans to improve follow-up performance and modernise outpatient services within health board Integrated Medium Term Plans (IMTP) and annual plans and we will revisit the detail of each organisations plans and commitments.

Recommendation – accepted

The need to improve follow-up performance and modernise outpatient services has been identified as a priority within the planning framework. I expect this to be fully addressed within health board Integrated Medium Term Plans (IMTP) and annual plans.

Recommendation 5

Align the priorities of the national resources – to maximise the impact of the national resources available to support improvement, such as the Delivery Unit, ensure that their programmes of work are aligned to support the transformation of outpatient services and reductions in follow-up delays. The national resources will include but not be limited to NHS Wales Informatics Services, the Delivery Unit, and the 1,000 lives team.

Recommendation – accepted

As part of the A Healthier Wales plan, work is in train to create a National Executive Function which will strengthen the national approach in key areas, including the transformation of the outpatient service. Whilst this is underway, my officials are aligning priorities across the support functions to ensure better alignment of the work of the Delivery Unit, NWIS and 1,000 Lives.

Recommendation 6

Strengthen and focus performance accountability – build on the developing focus at Quality and Delivery meetings with health boards, by strengthening the focus on holding health boards to account for delivering improvements to reduce follow-up outpatient waiting lists in the short, medium and long-term.

Recommendation – accepted

The outpatient dashboard described in our response to recommendation one will be formally used as part of the Welsh Government's accountability arrangements with health boards to ensure they achieve the required improvements and the appropriate redesign of services.

The national OPSG will be used to add additional challenge but and to support the sharing of good practice and national adoption where possible of evidence service redesign.

Recommendation 7

Strengthen clinical accountability – raise awareness amongst health board Medical Directors of their professional roles and responsibilities in driving through the required clinical changes and adherence to national follow-up outpatient guidance.

Recommendation – accepted

Through the Chief Medical Officers national group, NHS medical directors will be tasked with ensuring that local clinical leadership is fully engaged in the national OPSG as well as local outpatient improvement arrangements. This will accelerate and support the required drive in system changes. The clinical leads within the national planned care groups and the national planned care clinical lead will play an important role in providing visible clinical leadership.

Yours sincerely



Dr Andrew Goodall

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