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Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

RCP Cymru Wales response

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Key points

The Royal College of Physicians (RCP) has welcomed the publication of the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists ('the planned care recovery plan'). Below is our response to the Senedd Health and Social Care Committee consultation. We have tried to be concise (as requested) but where the committee would find more detailed information helpful, we are happy to provide further written or oral evidence.

In summary:

- There is a concerning lack of detail on how the plan will be delivered.
- There are too few measurable targets, especially on social care and patient outcomes.
- There is no detail on how ambitious cancer targets will be met.
- There is no clear measurement framework for delivering this plan.
- A clearly co-produced workforce plan should be an immediate priority.
- We welcome a commitment to better communication with patients.
- It is impossible to comment on funding without more detail about delivery of the plan.
- We welcome the focus on health inequalities. This needs to be cross-governmental.
- Data collection must improve and become more transparent.
- The move to digital healthcare needs investment in education, estates and equipment.
- The impact on health professional education and training is not discussed in any detail.
- There is a risk that without a strong central guiding hand, local plans will be inconsistent.

The plan lacks detail on accountability, delivery and engagement

It is difficult to disagree with the aims and intentions of this planned care recovery plan, including the assertion that 'reducing waiting times will require new solutions and a range of actions' (p2). Unfortunately, this document lacks any detail around the 'alternative options', especially around data collection, outcome measurement, workforce planning and digital technology. Page 2 sets out 'four clear commitments to people in Wales' which are neither specific nor measurable.

Page 3 does set out five new targets on capacity, diagnosis, delivery and information, but there is no detail on how these will be met without a huge increase in workforce and major investment, and some RCP fellows and members have described them as 'unrealistic'.

We understand that the Welsh government itself is developing the proposed planned care workforce plan (p8). However, it would be helpful to understand what role Health Education and Improvement Wales (HEIW) will have in the drafting of this plan, given that they are intended to be the national strategic workforce body for Wales.


It is unclear how much external stakeholder engagement there has been during the drafting of this plan. The RCP was not involved in its drafting or design, and neither were other royal colleges and professional bodies that we have spoken to. Without third sector and patient advocacy organisations as well as professional bodies involved, it is difficult to predict how successful or effective this plan will be.

We were pleased to see a focus on reducing health inequalities, promoting healthier lifestyles and engaging the workforce at the front of the plan. Again, however, there is little to no detail on *how* this will be achieved, *who* will take ownership and *when* it will happen. It is impossible to hold the Welsh government and NHS organisations to account without more detail.

A stronger central guiding hand is needed

We are concerned that Welsh government is placing too much responsibility on local health boards to decide *how* to implement these changes. This risks inconsistency across different NHS organisations, resulting in unequal access to high quality healthcare for patients across Wales.

A stronger central guiding hand would be welcome, as recommended by the [2016 OECD review of health care quality](#). The Welsh government published their national clinical framework more than a year ago, and we are still to see any tangible progress on most quality statements, clinical networks or implementation plans – or even a [system for prioritising, agreeing and publishing quality statements](#) (as promised by the Minister on 21 January 2022). The Welsh government has referred stakeholders to the individual integrated medium-term plans (IMTPs) of health boards as the delivery vehicles for these quality statements, but without sufficient national oversight, this is likely to result in a fragmented and piecemeal approach.



The Welsh government commit in this planned care recovery plan to ‘utilising the national clinical framework and our clinical networks [to] review and challenge unwarranted clinical variation’ (p24) but it is unclear from this document how the planned care recovery plan will complement the national clinical framework in practice and how planned care recovery at a national level will link to the new NHS Wales executive, clinical networks and the development of implementation plans.

Conclusions

Ultimately, while we welcome this planned care recovery plan and its focus on reducing health inequalities, improving communication, early diagnosis and treatment, building capacity and reducing waiting times, there are too many unanswered questions. There is not enough detail on *how* the plan will be delivered. We lack the workforce to deliver this plan – there are simply not enough health and care professionals in the system – and there are no clear milestones. There was little public or third sector engagement while it was being written. Commitments on improving data collection and digital technology are vague and unclear, and will require major investment in education, estates and equipment, including measures to increase digital inclusion for patients and avoid exacerbating existing inequalities in access to healthcare.

The Welsh government should now publish a detailed action plan or delivery framework with specific milestones to measure progress on meeting targets within this planned care recovery plan. This should provide more information on how NHS organisations will be held accountable for the delivery of the plan so that external organisations are able to scrutinise outcomes more effectively. The promised workforce plan should be published as soon as possible, following genuine engagement with the third sector and professional bodies, ‘based on a robust assessment of current capacity gaps and realistic proposals for addressing them’ (Audit Wales, 2022). After all, increased investment in the NHS cannot improve patient care if we simply don’t have the staff to treat patients.

Educating, improving, influencing

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. We represent over 40,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care. Over 1,500 members in Wales work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

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