



QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Rheumatology Service HDdUHB
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Mr Neil Griffiths, Service Delivery Manager, Scheduled Care Directorate

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is provided to update the Committee on the development of the Rheumatology Service and challenges arising since 2020. The report outlines the work being undertaken to address those challenges, in terms of increasing efficiency and reducing service fragilities.

The Rheumatology service has been in a transitional phase since the retirement of the previous Service Delivery Manager (SDM) in June 2024. During the handover period, several key challenges were identified with plans put in place to overcome these challenges.

The Service continues to experience challenges in meeting Referral to Treatment (RTT) targets and the timelines set in guidance by the National Institute for Health and Care Excellence (NICE) and the British Society for Rheumatology (BSR) for the treatment of patients with Early Inflammatory Arthritis (EIA) and Giant Cell Arteritis (GCA).

Cefndir / Background

1. Long Term Sickness

The Clinical Lead was on long term sickness absence from September 2023, leaving the service with one consultant in Withybush General Hospital (WGH). Commencement of the Long-Term Sickness procedure and subsequent retirement due to ill health, was delayed due to long term absence in the management team. This created uncertainty for the remaining workforce.

Workforce	WTE	Site
Consultant x 1 (new)	37.5	BGH
Consultant x 3	37.5	GGH + PPH
Consultant x 2 (1 vacant due to LTS)	37.5	WGH
6 Consultants		

Due to the long-term sickness absence, the service was impacted as follows:

- **Clinical/Complex Queries and Results** - Clinical queries that required a consultant's response had to be passed on to other consultants, leading to delays. This was problematic when the new consultants were unfamiliar with the patients, as it added time to their existing workload. This led to delayed medications/potential flare-ups.

- **Outpatient Clinics (Including Flare Clinics)** - Outpatient clinics, including the weekly flare clinic, had to be cancelled due to a lack of capacity. This cancellation affected 250 patients (6 new patients, 13 follow-ups, and 6 flare patients per week), which impacted the ability to deliver the Stage 1 over 52-week target.
- **More Dicto Utendus (MDU) /Homecare Prescribing** – Delays in prescribing led to patients on established treatments not getting their medications and having to remain on steroids.
- **Primary Care Email Advice Line** - The primary care email advice line allows GPs to contact consultants for professional advice. A shared rota was worked to cover the advice line. The inability to cover the rota led to delayed responses, enquiries not being addressed and a delay to patient care.
- **Ward Referrals** – Urgent ward referrals were prioritised over routine referrals. The rota was previously covered.
- **Inpatients** – Reduced cover has led to delayed discharges.
- **Triaging E-Referrals** – Reduced cover has led to a delay in triaging referrals via the electronic system.

2. Other Rheumatology Vacancies

- The service lost a pharmacist in 2023 as the post was recruited on a non-permanent basis. The remaining pharmacist had planned 12 months maternity leave commencing in July.
- The Clinical Nurse Specialist (CNS) prescriber moved to a non-clinical management role.

The consultants had to take on additional prescribing duties to cover the gap.

Two Clinical Nurse Specialist staff were supported through the non-medical prescriber's course and have now passed and are starting to prescribe. One for Disease Modifying Antirheumatic Drugs (DMARDs), one for biologics.

3. Nurse Led Advice Line Backlog - Existing deficit of capacity to support the Nurse Led Advice Line.

The patient contact system had 100 outstanding calls and waits of over 2 weeks. The aim of this service is to provide patients with specialist Rheumatology advice regarding diagnosis, treatment, and medications.

4. Incomplete Consultant job plans

Due to Long term absence in the management team the consultant job plans were due for renewal and incomplete.

5. PPH Rheumatology Day Unit

The Rheumatology Day unit in Prince Philip hospital is used to administer biologic medicine to both Rheumatology and Gastroenterology patients. Over time, the caseload of patients being managed at the day unit has changed and 40% of the patients are now Gastroenterology patients. This unit is however staffed solely by the Rheumatology nursing team.

6. Non Referral to Treatment (RTT) Target challenges

- Giant Cell Arteritis (GCA) patients need to be seen within 3 working days
- Early Inflammatory Arthritis (EIA) patients need to be seen within 3 weeks
- LUPUS patients are marked as urgent, and the service is continually challenged by a local advocate

Early Inflammatory Arthritis (EIA) and Giant Cell Arteritis (GCA)

According to NICE guidance, GCA patients require specialist evaluation, ideally on the same working day, and in all cases within 3 working days. Prompt treatment with effective doses of glucocorticoids can prevent serious complications, such as vision loss. Currently, our wait times for assessment by a consultant are up to 4 weeks.

Consultants have been allocated designated urgent slots for GCA patients. These patients are prioritised over routine patients. There are 2 to 3 GCA patients referred each week.

In addition, GCA patients are often accommodated as extras in clinics or during administrative/ Supporting Professional Activities (SPA) time due to the significant clinical implications of waiting beyond Clinical Guidelines.

Rheumatology currently has 763 EIA patients waiting, 72 are booked and 691 are awaiting appointments. The referral rate for EIA patients is between 10 to 14 patients a week. According to the British Society of Rheumatology (BSR) guidance, patients with suspected persistent synovitis should be assessed within 3 weeks of referral. Currently the longest wait for an EIA patient has been 68 weeks from referral to treatment.

Again, consultants have been allocated designated urgent slots for EIA patients which continues to challenge the capacity of the service.

Given the challenges in achieving these guidance targets, reported incidents and feedback remain very low.

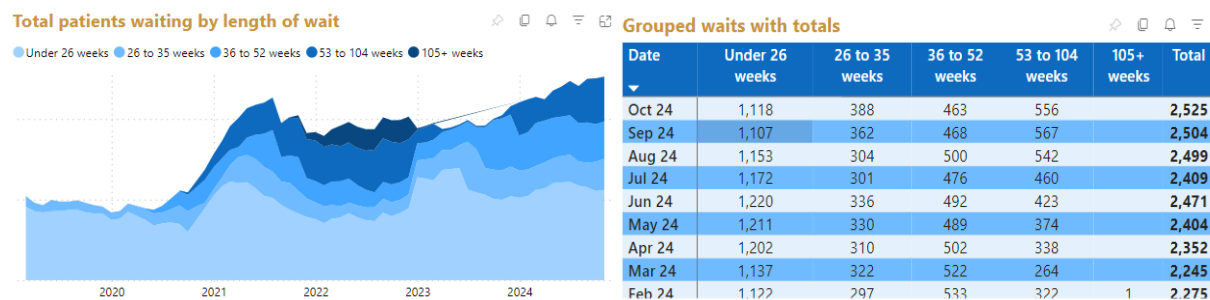
Connective Tissue Disease/Vasculitis

Other groups of patients such as those with connective tissue disease or systemic vasculitis are at risk of coming to harm due to the lack of timely follow up capacity available to monitor their disease by the right grade of staff.

As outlined on the Risk Register, clinic capacity has been challenged due to the CNS workforce experiencing high turnover, gaps in reappointing and reduced clinical skills of newly appointed staff and prescribers. The nursing establishment is not in line with British Society for Rheumatology (BSR) Guidance. The consultant workforce was fully realised in October 2023 but reduced back below this level due to long term sickness. The steps taken to resolve these issues are outlined in the assessment section below.

Waiting Lists

There are currently 2,525 patients waiting for their first outpatient appointment (556 are waiting over 1 year).



Asesiad / Assessment

1. Clinical lead and long-term sickness absence

Working in conjunction with Workforce and Organisational Development Team, a series of long-term sickness reviews over five months concluded with the clinical lead retiring due to ill health from October 2023. The replacement recruitment process has begun. It is currently on the TRAC Recruitment system. The advertised post closes on 16 November 2024.

A short-term locum consultant has been recruited (via MEDACS). This post is funded through recovery monies. This increased capacity for new patient appointments has been mapped into the capacity plan.

2. Other consultant recruitment and sickness management

One of the locum consultants has been suffering with long COVID causing intermittent absence. This post has been advertised as a substantive post on a job share/full-time basis. The existing doctor has reduced their hours with the remaining hours have been advertised. Once recruitment of both roles has been completed the appointing of a new clinical lead will be undertaken.

3. Rheumatology pharmacist with planned maternity leave

The gap in pharmacy during maternity leave absence was advertised for a one-year maternity cover. No applications were received. In the interim, support from within the department was organised with the senior nurse stepping back into a prescribing role. To ensure sustainability, a second full time permanent pharmacist is required. Recruitment plans are underway.

The funding is linked to point 5 below (Rheumatology Day Unit). The budget from unfilled posts in the nursing team would allow a second Band 8a pharmacist to be recruited. This plan is currently under way.

4. Backlog in replying to patients making contact through the nurse lead advice line

To overcome the delays in patient responses to queries raised via the Nurse Led Advice Line (SharePoint), a nurse will be allocated each day with a session planned in their job plan. New strategies were considered to manage this efficiently, ensuring that nursing time is prioritised and protected during SharePoint sessions. The addition of the new CNS in Bronglais Hospital (BGH) will support the recovery of this service.

5. Completion of Consultant job plans

All consultant job plans have been completed. Variation between clinic, administration time and volume of patients have been addressed. Once a substantive team has been recruited into the service will begin efficiency work streams to maximise throughput and efficacy.

6. Prince Philip Hospital (PPH) Rheumatology Day Unit

	Rheumatology	Gastroenterology
Jan-24	55	47
Feb-24	59	39
Mar-24	66	32
Apr-24	75	36
May-24	78	46
Jun-24	64	48
Jul-24	66	34
Aug-24	54	48
Sep-24	60	36
Oct-24	73	29
Total	650	395
	62%	38%

The unit is solely staffed by Rheumatology nursing staff which requires time in their job planned activity. The Rheumatology Day unit in Prince Philip Hospital sees around 40% of gastroenterology patients for infusions.

The Service Delivery Manager (SDM) and Senior Nurse Manager (SNM) are planning a meeting with site management in Prince Philip Hospital (PPH) and Gastroenterology management to discuss the staffing of the unit with the aim of releasing capacity for the CNS team.

7. Wider Governance and assurance

- The Risk Register is up to date with the key concerns outlined above.
- This paper outlines the work being undertaken to address the capacity deficit.
- Meetings have been held to address key concerns with wider primary care groups including Llais (regarding Lupus). Questions and concerns around Lupus patients will be jointly managed by the service and NHS Executive due to the sensitive nature of the subject nationally across Wales.
- Work with Robert Letchford of the NHS executive has led to Hywel Dda becoming involved in the newly established Clinical Implementation Network

8. BGH CNS Recruitment

A consultant in BGH undertook follow up clinics in the Ceredigion area due to a CNS gap. This vacancy continued for 12 months. This post has now been recruited into from December 2024. The part time CNS role will free up the consultant doctor to undertake new and follow up clinics alongside providing remote support to other members of the CNS team covering the SharePoint service.

Demand and capacity planning

The image below has been taken from the Rheumatology Demand and Capacity plan. It has been included to demonstrate the detailed service activity across all sites and clinics.

Rheumatology Stage 1: Mapped Activity per clinic																														Source / Comments	
Clinic Name	Frequency	Type / Sub Speciality	07/09/2024	10/07/2024	10/04/2024	10/21/2024	10/28/2024	11/04/2024	11/11/2024	11/18/2024	11/25/2024	12/02/2024	12/09/2024	12/16/2024	12/23/2024	12/30/2024	01/06/2025	01/13/2025	01/20/2025	01/27/2025	02/03/2025	02/10/2025	02/17/2025	02/24/2025	03/02/2025	03/09/2025	03/16/2025	03/23/2025	03/30/2025		
AA WGH Thurs AM CTD Clinic	2	Core	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
AA WGH Mon PM New Clinic	1,3,5	Core	4	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	
AA WGH Mon PM EIA/US Clinic	2,4	Core	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA WGH Tues AM New/FU Clinic	1,3,5	Core	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	
AA WGH Tues All Day Tel Clinic	2,4	Virtual	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	
JE PPH Mon AM EIA/GCA	Weekly	Core	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
MFP PPH Mon AM EIA/GCA	Weekly	Core	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
TI PPH Thurs New/FU Clinic	Weekly	Core	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
KR AICC Tues AM New Clinic	1,3,5	Core	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	
KR BGH Thurs PM New Clinic	Weekly	Core	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
Dr Rashid Face to Face Weekends	Ad Hoc	Extra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Unable to continue with F2F
Dr Rashid Attend Anywhere	Ad Hoc	Virtual				15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	Routine patients ONLY
Dr Mohamed Saleh						2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	NHS Locum left post 31/10/24 (Dr Rajamani)
Solution 1			0	0	20	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	Agency Locum Dr Olena (Helen) Sakyrynskaya - Funding from recovery monies £60k
Solution 2						2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Increased Nurse capacity and registrars to allow extra capacity in existing clinics
Solution 3						7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	Replacement for JB
ROTT			2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	Taken from Average Power BI data
1,496		Total "Gross" Capacity	24	30	39	48	39	69	65	67	34	78	67	78	10	38	74	74	65	49	48	42	44	33	36	37	38	51	34		
		Mar-25	1,300	1,281	1,256	1,217	1,159	1,108	1,039	974	907	873	800	733	660	650	612	538	464	399	350	302	260	216	183	147	110	72	0		
		Feb-25	1,165	1,147	1,125	1,086	1,023	978	909	844	777	743	670	603	530	520	482	408	334	269	220	172	130	86	53						
		Jan-25	1,081	1,013	991	952	896	851	782	717	650	616	543	476	403	399	355	281	207	142											
		Dec-24	911	896	879	836	785	743	672	607	540	506	433	366	299																
		Nov-24	800	786	769	732	684	641	572	507	440																				
		Oct-24	684	675	659	622	575																								
		Sep-24	575																												
		Aug-24																													
		Jul-24																													
			Actual	Actual	Actual	Actual	Actual	Actual																							

The team are working towards a zero-breach position by the end of March 2025, of no patient waiting over 52 weeks for their first appointment.

Work is underway to monitor our efficiency against national and Getting it Right First Time (GIRFT) standards. The findings will form the basis of future plans to ensure that capacity growth in 2025 and beyond is driven by efficiency gains rather than increased investment.

Having capacity to meet the demand will result in reduced waits for patients and the ability to increase appointments for EIA and GCA patients and meet the urgent timescale guidelines.

The **Rheumatology away day** held on the 11th of September led to further projects to improve the Rheumatology services. These are being explored.

Cost Saving Projects

- Based on work undertaken in Birmingham, a project has commenced looking at biologic drugs and the order in which they are prescribed.
- The Pharmacy team are also reviewing and swapping expensive biologic drugs to cheaper biosimilar alternatives.

Patient Knows Best (PKB) an E. Prom

Work is underway to see how PKB can be used in Rheumatology to aid in remote patient monitoring and reduce follow up appointments.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the challenges that have been facing the Rheumatology service since 2020
- **RECEIVE ASSURANCE** from the work being undertaken by all members of the team to meet those challenges.
- **NOTE** the next steps proposed in reducing the fragility and, increasing the efficiency of the service.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1786 (20) 1805 (20)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 5.1 Timely Access 3.1 Safe and Clinically Effective Care 2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff Protect Patients From Avoidable Harm From Care Focus on What Matters to Patients, Service Users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	BSR British Society for Rheumatology NICE National Institute for Health and Care Excellence
Rhestr Termiau: Glossary of Terms:	CNS Clinical Nurse Specialist SNM Senior Nurse Manager SDM Service Delivery Manager BSR British Society for Rheumatology NICE National Institute for Health and Care Excellence NEIAA National Early Inflammatory Audit DMARDS Disease Modifying Antirheumatic Drugs
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod:	

Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gyfrinachedd: Privacy:	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906

Cydraddoldeb: Equality:	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none">• Has EqIA screening been undertaken? es/No (if yes, please supply copy, if no please state reason)• Has a full EqIA been undertaken? es/No (if yes please supply copy, if no please state reason) <p>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</p>
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