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Quality Safety and Experience Committee
5th December 2024



The purpose of this presentation is to update the Quality Safety and Experience Committee on the various Planned Care Initiatives in place to support patients waiting on an elective care waiting list.



- Following the COVID-19 pandemic **waiting times** for elective care increased from 36 weeks referral to treatment to over 4 years. The Directorate continues to reduce waits lists.
- The **3 P's (Promote, Prevent and Prepare)** services aims to support patients awaiting planned care by promoting healthy lifestyle choices, preventing and identifying deterioration and preparing them for surgery and recovery.

Waiting Times Improvement



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- **Stage 1 (Outpatient Waits)**

- Patients waiting over 2 years has reduced by circa 4,000 since March 2022
- Delivery Plan forecasts no patients waiting >52 weeks by March 2025 (14,168 in July 2022)
- No growth in 36- & 52-week breach volumes = positive indications for future recovery
- Total Stage 1 waiting list is the lowest since July 2022
- September breaches reduced to 3,001 compared to 3,683 in August (682 improvement)
- Further improvement of 250 fewer patients in October 2024 with 2,750 breaches
- Ahead of cohort reduction needed (568 pts p/w) with an average reduction of 957 pts p/w

- **Total Pathway**

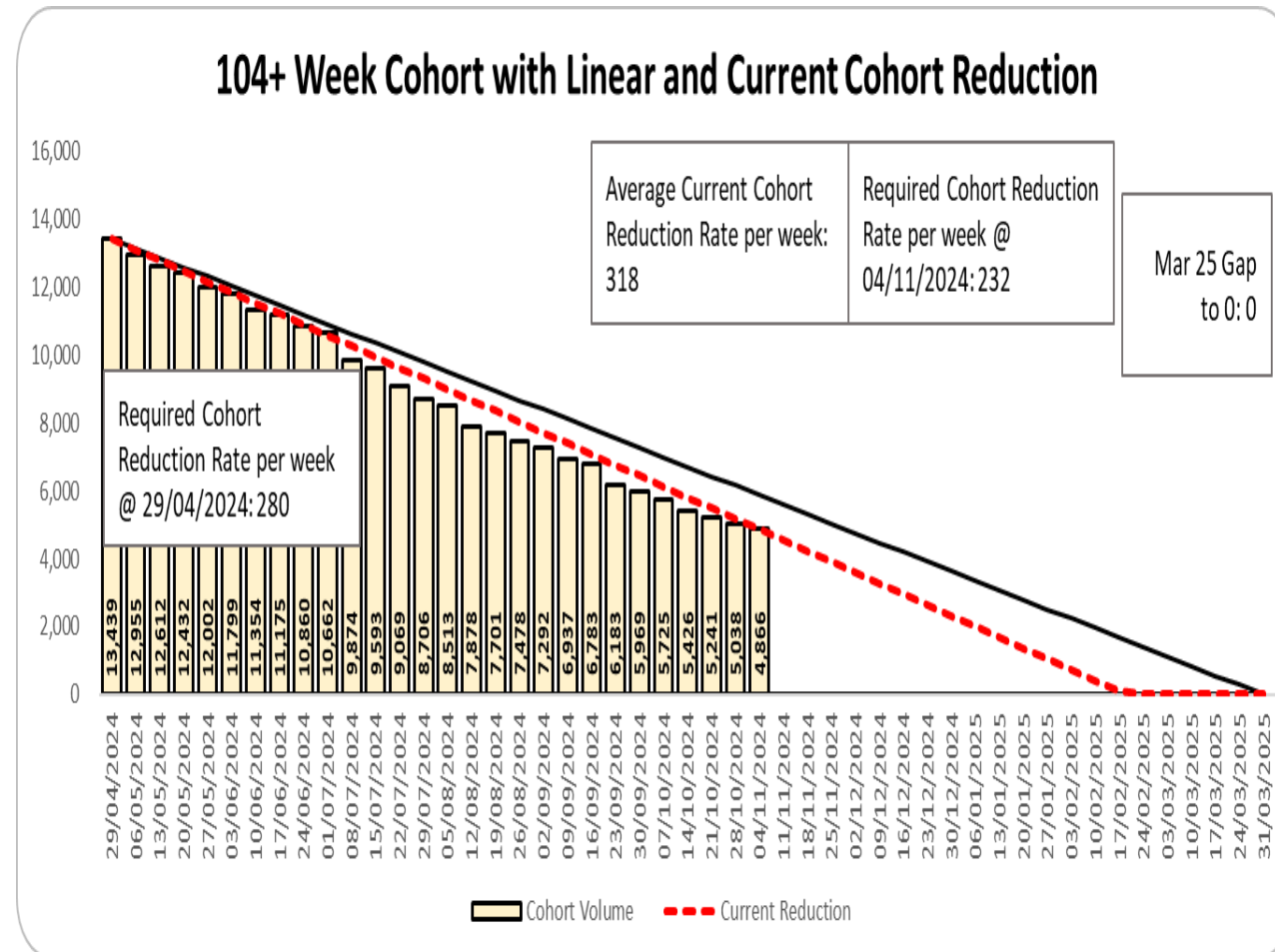
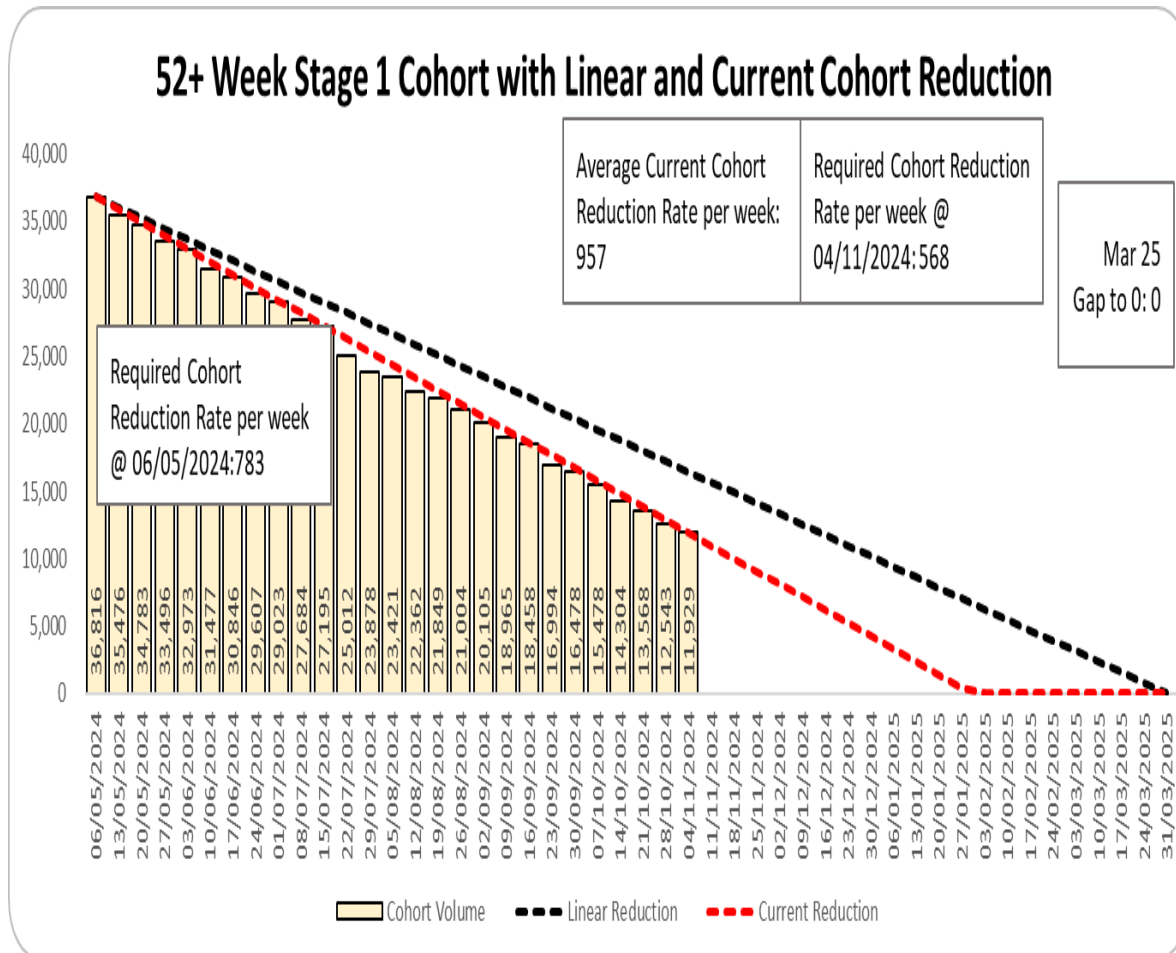
- No patients waiting over 3 years since August 2024 (compared to 1,960 in February 2023)
- No substantial growth in 36 week / 52-week total pathway breaches
- Ahead of cohort reduction needed (232 pts p/w) with an average reduction of 318 pts p/w

Stage 1 Cohort reduction (52 Weeks) Referral To Treatment Cohort Reduction (104 Weeks)



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See On Symptom (SOS) and Patient Initiated Follow Up (PIFU) Patient Feedback



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- PIFU and SOS was introduced 2020 through Welsh Government in response to COVID-19 Pandemic. Patient feedback introduced late October 2024, therefore still in the early stages.
- Six responses received to date. All indicate positive experience using SOS/PIFU
- A QR code is printed on the letter given to all patients when placed on the SOS or PIFU pathway.
- Between 2020-2023 there was a steady increase of clinician use of SOS and PIFU, with 2024 indicating a sharp decline of these pathways being initiated.

See on Symptom	2020	2021	2022	2023	2024	Total
SOS Outcome	1,650	6,690	9,879	11,847	5,671	35,737
SOS Returned within 12 months	386	1,290	1,997	2,320	754	6,747
SOS Percent Returned	23%	19%	20%	20%	13%	19%

In 2024 the services that saw the most returned patients on an SOS pathway were:

- Breast 52% (N=16)
- Colorectal 48% (N=84)
- Geriatric Medicine 50% (N=9)
- Ophthalmology 48% (N=184)
- Rheumatology 43% (N=55)
- Vascular 74% (N=14)

Patient Initiated Follow-Up	2020	2021	2022	2023	2024	Total
PIFU Outcome	716	3,185	6,601	8,158	3,705	22,365
PIFU Returned within 24 months	226	1,102	2,242	2,574	582	6,726
PIFU Percent Returned	32%	35%	34%	32%	16%	30%

In 2024 the services that saw the most returned patients on a PIFU pathway were:

- Rheumatology 123% (N=627)
- General Medicine 92% (N=22)
- Ophthalmology 75% (N=245)
- Breast 44% (N=20)
- Community Paediatrics 41% (N=51)
- Gynaecology 61% (N=398)
- Trauma and Orthopaedics 67% (N=662)

Follow Up Patients discharged to SOS/PIFU pathway

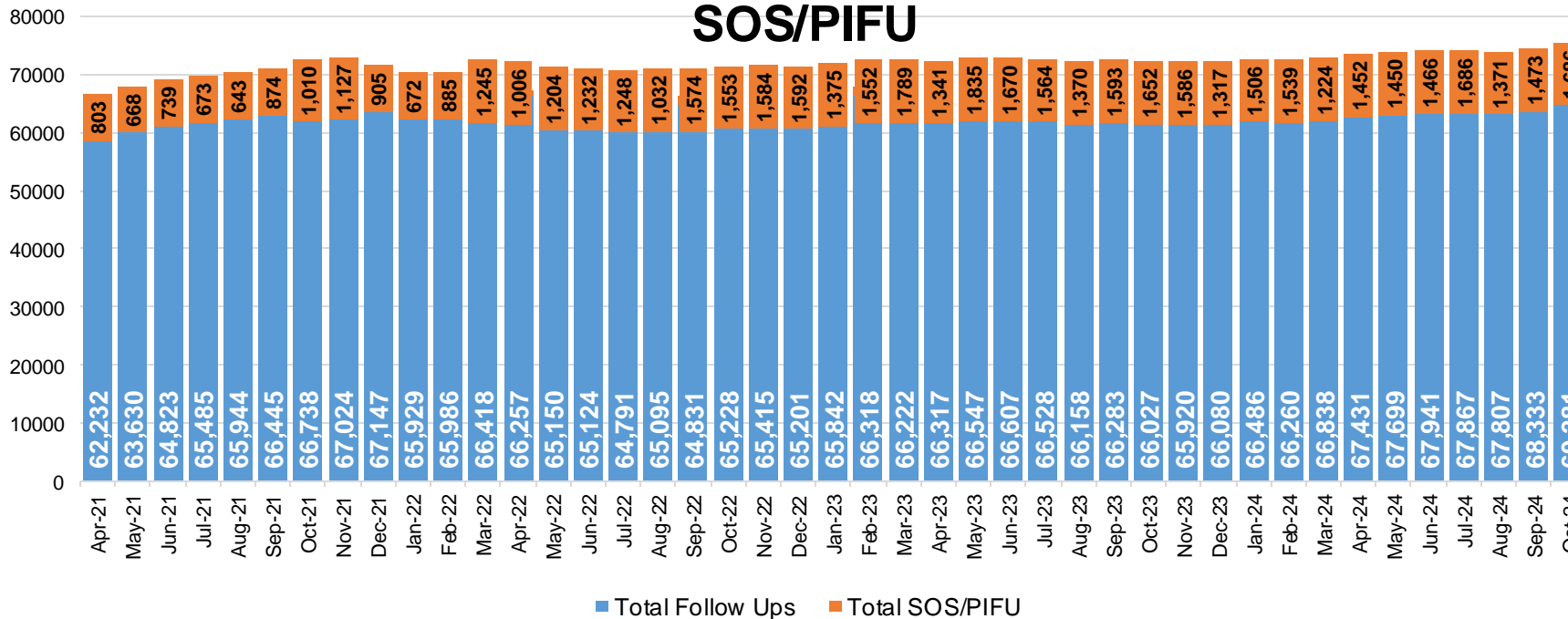


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- Currently 65,000 patients discharged to SOS/PIFU pathway
- These are across 27 specialist services with 218 clinical conditions covered
- There are 314 clinicians engaged with the utilisation of SOS/PIFU pathway

Patients Waiting for a Follow Up & Number of SOS/PIFU



3P's: Promote, Prevent, Prepare



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Service summary- Waiting List Support Service (WLSS):

- Keep patients informed of their current expected wait time
- Single point of contact should they need to contact us
- Provide advice on self-management options
- Offer advice on what do to if their symptoms deteriorate
- Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
- Offer alternative treatment options if appropriate
- Incorporate review and checking of patient consent

Service summary- Optimisation and Prehabilitation Service:

- Standardised tiered virtual optimisation and prehabilitation model supported by digital healthcare solutions
- Improved physical and psychological wellbeing
- Multi-disciplinary team

WLSS: Patient feedback



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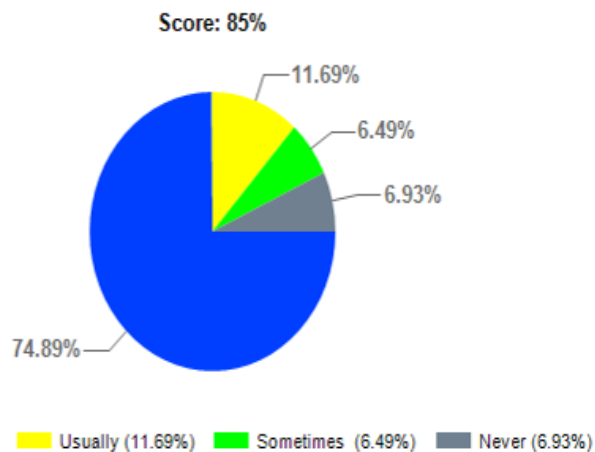
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Responses to 'FFT' automated service via CIVICA for WLSS

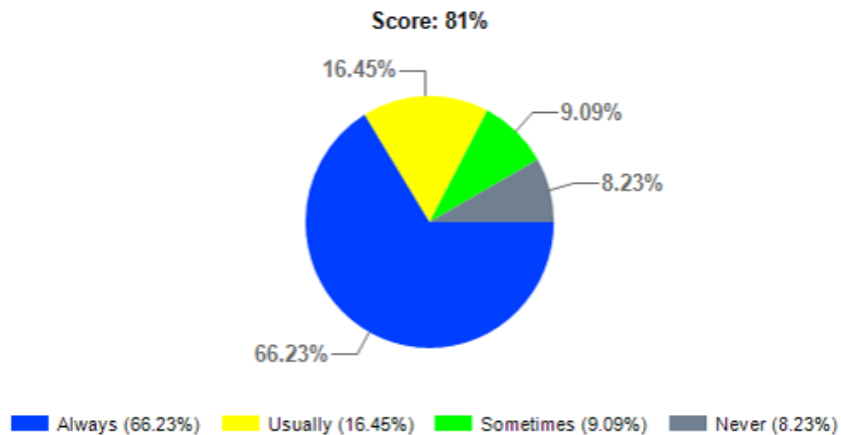
<p>I am very impressed that Hywel Dda have this facility. When on long waiting lists, people's situations can change and also you show an awareness that each person will have different issues to a greater or lesser extent. Thank you for doing this.</p>		<p>I was sent some apps that will help with my weight loss, and my anxiety... I already have the exercise app from physio which is very helpful. I felt much better after the call; EH was kind and cheerful and she listened very well. Thank you, everyone!</p>	
<p>Very friendly and informative</p>	<p>MT was brilliant. Non-judgemental, sympathetic and understanding. Knowledgeable and gave great advice and quick to forward on apps that will help me</p>		<p>Lovely to speak to <u>some one</u> who cares.</p>
<p>Confirmed I had been <u>referred</u> by my GP as I had no confirmation of it via email or letter. Link for form for applying for physiotherapy while waiting for treatment</p>		<p>I wasn't aware it existed. So much information/assistance available. It doesn't help your place on the waiting list but, there are people/organisations available to reach out to for help</p>	
<p>The lady who spoke with me, LJ was very personable and gave me lots of information/links to organisations who could help while I'm waiting</p>		<p>She went out of her way to try and help me.</p>	<p>Satisfied with current support</p>
<p>Staff very approachable and understanding, took time to explain all I needed to know</p>	<p>EH was extremely helpful</p>	<p>The service gave me very helpful advice supportive and friendly. Thank you</p>	
<p>Since my diagnosis I have days where I'm down in the dumps. AW explained who I could contact just to have a chat or get advice before my mental <u>well being</u> deteriorated.</p>	<p>Just knowing there their if I need to talk</p>		<p>The only time I got any answers from a lovely lady, after speaking to her, i had much more understanding about my concerns about confusion over my eye operation, she was very reassuring and gave me the answers I needed, <u>thankyou!</u></p>

WLSS: FFT and national reporting

Question 5: Did you feel that you were listened to?



Question 6: Did you feel well cared for?

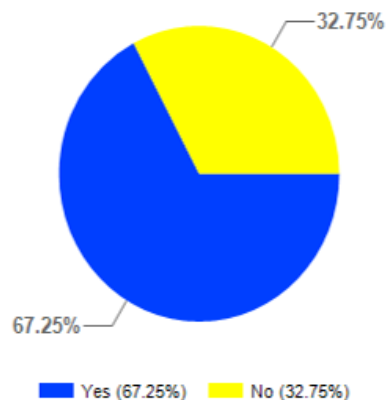


National 3P's reporting:

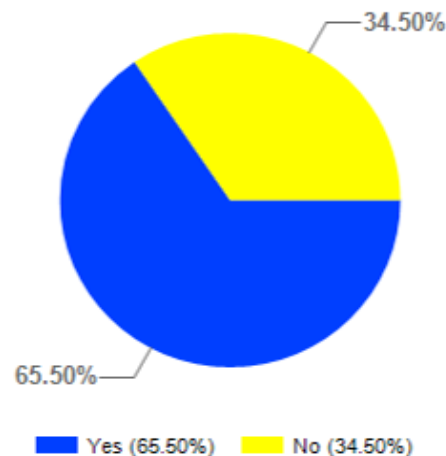
- WLSS activity and outcomes

Specialty	Contact Type		
	Inbound	Outbound	Other
Dermatology	23	13	2
ENT	6	14	0
Gastroenterology	2	1	1
General Surgery	8	20	2
Gynaecology	9	33	0
Ophthalmology	57	187	12
Trauma and Orthopedics	41	234	17
Urology	17	74	4
Other	46	15	3
Total *	470	659	41

Question 9: Were you given options of self-management while you were waiting for your procedure?



Question 10: Were you informed on what to do if your symptoms deteriorated?



Contact Outcome	TOTAL
Escalate to Specialty - Pathway concern	3
Escalated Internally to Nurse/Clinical Lead	24
General Condition Management Advice Given	400
GP - Deterioration of Condition	25
Link to Digital Health Apps Sent	75
Making Every Contact Count (MECC) Conversation	234
Primary Care Other	43
Ref back to GP re: New Health Issue	11
Ref back to GP for pain review	21
Ref Other Therapies	8
Ref to 3rd Sector charities	12
Ref to 999/Medical Emergency as Red Flag	1
Ref to Consultant	5
Ref to Early Optimisation & rehab team	7
Ref to NHS 111 Waiting Times	47
Ref to OT	4
Ref to PALS	7
Ref to Physio	5
Ref to Self Management Programme (EPP)	24
Ref to Smoking Cessation	4
Ref to Social Care/Local Authority	4
Ref to Specialist Nurse	4
Refer to Mental Health Services (GP, 111, CRISIS etc)	7
Self referral recommended to Weight Management/Drugs & alcohol	3
Signed up to PKB	6
Signposted to Online Resources	39
Other	0

WLSS: Identifying and managing deterioration and waiting list prioritisation



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- Patient communication advising them to contact the WLSS if their condition deteriorate.
- Scripts with “red” flags developed for non-clinical call handlers
- Telephone review by clinical staff within WLSS
- Escalation routes into services
- **New-** Piloting the Waiting Well Patient Reported Outcome Measure (PROM)/ EQ-5D-5L from point of listing and repeated 6 monthly till treatment

Case 1: Rheumatology (51 y/o)

Background:

Patient relocated from England and therefore was put as a 'new patient' in Wales. Although triaged as urgent, with a note on WPAS to 'book into cancellation slot', they had been waiting for a first outpatient appointment since May 2023 (more than 12 months).

Unfortunately, the person had seen a significant deterioration in their condition, including being unable to walk short distances and significant pain. GP expedites were unsuccessful. They reported their condition having 'regressed to before they started treatment years ago'. This was having significant impact on physical and mental wellbeing.

Action Taken:

- Holistic assessment conducted by WLSS Registered Nurse.
- It was confirmed that all first line actions had been explored e.g. pain review by GP.
- ‘Making Every Contact Count’ conversation conducted - person had a healthy BMI, non-smoker, minimal alcohol intake and had previously been active (enjoying walking).
- Registered Nurse therefore escalated to Clinical Lead due to risk of harm due to loss of independence, mental wellbeing and potential of irreversible musculoskeletal changes.
- Clinical Lead escalated into Speciality (RA service), giving a comprehensive account of the history and impact/ risks.

Outcome

- Patient was reprioritised and booking into the next available appointment.

The leaflet is titled 'Waiting List Support Service' and features a central graphic of a person in a wheelchair being supported by another person. The text is organized into sections: 'Promote improved health behaviours', 'Physical Wellbeing', 'Mental Wellbeing', 'Emotional Wellbeing', 'Stop Smoking', 'Eating Well', and 'Limit Alcohol'. It provides contact information for the service, including a telephone number (0300 303 8322), an email address (ask.hdd@wales.nhs.uk), and a website (www.hduhb.nhs.wales/waiting-well). A QR code is also present for more information.

3P's Waiting well PROM / EQ-5D-5L pilot



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- Started in August 2024
- EQ-5L-5D provide a self-assessed reported measure of patients' quality of life and ability to perform activities of daily living
- Waiting Well PROM – provides information about the patient (co-morbidities, smoking, alcohol intake, physical activity, weight, medications etc)
- Initial focus orthopaedics, rolling out to other specialities once automated on the Promptly PROM platform (currently done via the phone)
- PROM information used to stratify patients to the right 3P's services based on self-reported level of need

➤ Stratification Criteria (based on PROM results)	
RED ➤ Refer to Optimisation and Prehabilitation Service	<ul style="list-style-type: none"> ▪ BMI greater than 35 ▪ Exercise: 1 hour or less per week. ▪ EQ-5D-5L Scores: Score 5 in MOBILITY, SELF-CARE & USUAL ACTIVITES
AMBER ➤ Contact from WLSS Nurses	<ul style="list-style-type: none"> ▪ BMI: less than 18.5 or between 30 and 35 ▪ EQ-5D-5L Score 4 in MOBILITY, SELF-CARE and USUAL ACTIVITES. ▪ Score 5 in PAIN / DISCOMFORT and ANXIETY / DEPRESSION ▪ VAS Scores: Less than 20 ▪ Comorbidities: Responds 'yes' to any comorbidity (even if more than 1) ▪ Polypharmacy: 4 or more medications
YELLOW ➤ Contact from non-clinical call handler ➤ MECC conversation	<ul style="list-style-type: none"> ▪ BMI of between 25 to 29 ▪ Exercise: More than 1 hour and up to 2 hours & more than 2 hours and up to 3 hours. ▪ EQ-5D-5L Score 2 or 3 in MOBILITY, SELF-CARE and USUAL ACTIVITES, PAIN / DISCOMFORT and ANXIETY / DEPRESSION ▪ VAS Score: 20 up to 60. ▪ Smoking: Smoker ▪ Alcohol: 14 or more units per week.
GREEN ➤ No additional intervention required. ➤ Open access to WLSS and Waiting Well resources online	<ul style="list-style-type: none"> ▪ BMI: of 18.5 up to 25. ▪ Exercise: Above 3 hours per week. ▪ EQ-5D-5L: Level 1 in all domains ▪ VAS Score: more than 60. ▪ Comorbidities: Does not score 'yes' to any comorbidities. ▪ Polypharmacy: Less than 4 medications ▪ Smoking: Non-smoker ▪ Alcohol: Less than 14 units per week.

Optimisation and Prehabilitation service: Patient outcomes and experience



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Patient feedback:

"I have found the programme life changing. It provided me with the 'jolt' I needed to make changes and improve my health. I can't speak highly enough of the team the programme has been hugely beneficial. I am continuing with a healthy eating diet and exercise at home"

"I am happy with the programme and there were some great parts of the programme. I felt that the part on nutrition and diet and foods was very helpful and also the 1:1 opportunity with dietitian Ben Lewis. I also found that the mental health and well being week was really helpful and the exercises. I am doing the exercises on a daily basis and is using all the information I have received over the programme as part of my 'tool box' to better myself."

"I am really pleased I did the programme. Before starting the programme I was in a place where I just didn't see the point in doing things and I was really low. The programme has been nice, I have enjoyed speaking to others. The exercises have allowed me to move easier. I have started exercises in the booklet. I feel very prepared for my operation tomorrow"

"I have really enjoyed the programme and found it very educational. It has been great to have contact with the team, as I felt that I had just been forgotten about and this has given me light at the end of the tunnel. I have taken on board a lot of healthy eating tips and has been following the eat well guide religiously. It has made me think more about my diet and I have made changes like thinly spreading butter on bread and cutting out chocolate. Care and repair have been out and fitted an additional handrail on the stairs which is excellent and very handy and has made me feel safer on the stairs. Knowing that you haven't been forgotten about, having support and encouragement is nice to know. The exercises have helped my mobility loads also the talks in nutrition, managing pain has made me feel much more positive"

- 33% of patients lost weight
- Average weight loss 5.3kg
- Biggest weight loss 20kg (patient who has brought his BMI down to <40 which was his target)
- 27% improved their Oxford scores (ortho patients)- improved function and reduced pain in their joint
- 43% improved their EQ-5D-5L score (quality of life and activities of daily living)
- 30% improved their Patient Activation Level (amount of exercise/ physical activity)
- Digital inclusion- more than 30 patients provided with digital devices and training to enable them to access digital platforms (these individuals did not have access to devices and did not use them before)

Optimisation and Prehabilitation: Patient letter



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12th September 2024

To: all members of the Prehabilitation and
Optimisation team (Orthopaedic Surgery)

I hope you will all enjoy sharing
these biscuits when you take a break.
They are sent with my heartfelt thanks
for sharing your advice and expertise
with me on your 12 week course online.
It has truly been life-changing! I now
feel so much more ready for a major
operation on my hip. Eating sensibly
and exercising daily are now part of
a daily routine I hope (PLAN) to follow
for the rest of my life. They have given
me a new motivation to look after 'ME'
when 12 years' constant care of my husband
after his disabling stroke meant I had

little time for my own separate identity.
I am so GRATEFUL to you and
especially those I met online
each Tuesday. I feel we have
become friends and I shall MISS
you!

Particular thanks to:

Erica Jones and Joanne Crook for
all their physio routines
Rebecca Bowen (Dietician): I could
not have lost 12 kg without your advice
and encouragement

Others who give advice and support
you in your office

DIOLECH YN FAWR!

Recommendation



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The Quality, Safety and Experience Committee is requested to take assurance from the various Planned Care initiatives in place to support patients waiting on an elective care waiting list.