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GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

16th February 2021

HT/SP/CS

Dr Dai Lloyd MS
Chair, Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay
Cardiff
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Sent via Email to: SeneddHealth@senedd.wales

Dear Dr Lloyd,

Evidence Submission from Powys Teaching Health Board to the Health, Social Care and Sport Committee Inquiry into the impact of COVID-19 on health and social care in Wales

1. I am pleased to provide this written evidence to contribute to the Committee's inquiry in response to the letter received on 20th January 2021 which sought responses on the matter of the impact of the pandemic on waiting times.

Context

2. Powys Teaching Health Board (PTHB) serves a population of approximately 133,000 people, in an entirely rural County with no major conurbations and no District General Hospitals (DGH) in its own borders.

3. The provision of healthcare for the residents of Powys is therefore complex, with significant cross border interdependencies. The health board is both a commissioner and a direct provider of healthcare. The issue of waiting times for the Powys population is set in this context of multiple providers across England and Wales.

Further detail is provided below on the specific Committee Lines of Enquiry.

What are the main areas of pressure, and what plans do you have in place to deal with these?

4. As noted in the context above, Powys has a complex network of provision and the areas of pressure are not solely in one provider but across providers in England and Wales.

5. The majority of Powys patients waiting times are dependent on the delivery of neighbouring providers all of whom are continuing to manage the ongoing response to the pandemic and make difficult decisions in relation to the subsequent impact on service capacity.

6. In addition, whilst the pandemic itself has not impacted as strongly in Powys as other areas, the wider socio-economic impact is significant in this rural area. Residents are experiencing the same set of restrictions on their social and economic lives with greater isolation, and a lower income and employment base. Initial analysis points to effects on the population of Powys over a very long period ahead and this has a consequential impact on health and well-being pressures.

7. The health board has a unique role as a commissioner as well as a provider of healthcare. It has a strong community based model which has played a crucial role in supporting flow across the DGH systems in both England and Wales during the pandemic.

8. The health board also has a shared long term Health and Care Strategy, 'A Healthy, Caring Powys', which is building and strengthening this community model of care. This work is even more important in the context of the pandemic, as a cornerstone for longer term renewal and recovery.

9. Our approach to addressing the challenge of waiting times is therefore in development as a holistic, strategic and operational programme of work which will be set out in more detail in our Annual Plan 2021/22.

How will you prioritise the delivery of non-COVID services to target reductions in waiting times?

10. All new referrals and existing referrals continue to be risk manage; this provides the most rapid and equitable care possible during the current period.

11. The health board has a clear 6 step approach to developing the organisation's priorities for 2021/22 and the formulation of the Annual Plan that underpins delivery.

12. A programme of renewal will be core to the Annual Plan. This is work that requires a depth of time, resource and consideration to fully explore the problem and target solutions. This will include value based approaches and careful assessment of relative risks, priorities and system impacts of any choices that are made.

13. It is already known that the impact of the pandemic is being experienced differentially by some groups in our communities, in Powys, and in Wales, as it is globally. It is this differential that will help form underlying principles for renewal and recovery.

14. The health board will be taking an approach, with partners locally, regionally and nationally, to ensure the challenges of equity and access for vulnerable groups are thought through and written into the design of the next year and beyond.

15. A focus on renewal and recovery is the key feature of partnership working, in particular the Regional Partnership Board. A draft plan has been developed and approved by the RPB which cover a range of schemes with particular expansion and emphasis on children, given the disproportionate impact on children and young people. The work of other partnerships is also key: Public Services Board, Mid Wales Joint Committee for Health and Care and other regional, cross border and national collaborations are key to our future strategy.

16. The key elements of the system working between primary and secondary care will be the wider impact of the unprecedented level of waiting times in terms of quality and safety, including:

    - shared decision making and to keep patients informed
    - risk stratification
    - investigation and response to a much higher volume of concerns
    - review of harm

17. 'A Healthy, Caring Powys' has an emphasis on collaboration not only between statutory partners for health and care but with an aim of connecting communities to improve resilience and well-being. This includes a recognition of the importance of the third sector as a first line of support for many communities. This whole system approach is critical to fully understand the roots as well as the more prominent branches of the problem now faced by our populations

18. The health board will develop its approach in line with national policies and positions to uphold equity and the principles of the NHS and to communicate and engage with communities to understand the situation, the options and the way forward.

How will you communicate with patients about what they can expect in terms of length of wait, prioritisation, and any management of their condition whilst waiting?

19. As noted above, the health board has a strong community based model which has been further strengthened during the pandemic. All health board essential services have continued to be delivered throughout the pandemic, albeit at reduced levels of capacity in the service, due to the requirements of infection prevention and control measures. Primary and Community teams involve health, social care and third sector professionals in case reviews and management.

20. Individual conversations with those most at risk or with the most complex needs are held on a daily basis through the Primary and Community teams including specialist nurses and therapists, to discuss their conditions and options. This may include well-being support, pain management or alternative local services for those people waiting for care.

21. For the wider population, a Communications Plan has been implemented focused on the promotion of access to healthcare, particularly in response to the significant change in the behaviour of the population in the first wave of the pandemic, which saw a reduction in people presenting in primary care and other access points.

22. The health board website has also been used as a portal for information on access routes to specific services and to explain any changes in the ways in which people are able to contact teams or the ways in which services may be delivered.

23. As noted above, for the majority of care pathways these will be dependent on the arrangements in neighbouring DGH providers, who are also providing tailored communications to their patients depending on the speciality and the current status of that service provision.

24. The health board established a 'DGH Log' in the early stage of the pandemic to ensure service status was tracked and communicated to stakeholders including the Community Health Council and key stakeholders.

25. The health board participates in the system arrangements and resilience forums in the main provider geographies for the Powys population to ensure the needs of Powys residents are built into their planning and communications. The main provider systems by scale of use are Shropshire, Telford and Wrekin, Herefordshire and Worcestershire and Dyfed Powys / wider NHS Wales.

What estimates or projections have you made of the time needed to return to the pre-pandemic position?

26. The time needed is determined both by external factors in relation to the pandemic but also to structural considerations across health and care. If the system operates in the same way as it did prior to the pandemic that is likely to be a slower route to recovery. The route to renewal can be quickened by innovations, collaboration and technologies already being forged during the pandemic.

27. As a provider the service capacity has held up well, and essential services have been maintained, albeit a 30% capacity reduction in some areas. More broadly, Health Boards and Trusts (England and Wales) have reduced elective activity to prioritise urgent and emergency care. The impact and timeframes across systems are not fully clear at this stage.

28. The health board has carried out initial analysis of demand and capacity and the associated trajectories over time and is conducting further work to ensure this is fully understood. The assessment is by necessity whole system and population focused, informed by an understanding of the latest evidence regarding impact on health and wellbeing. PTHB has commissioned specific pieces of work to provide this intelligence.

    - Population Healthcare Demand Trends: A desktop review of evidence is being finalised on the impacts of the pandemic on population healthcare demand in Powys including new forms and patterns of demand and inequalities.

    - Strategic Demand and Capacity analysis: this is being commissioned in partnership between health and care to provide a detailed analysis of impacts and opportunities.

    - Commissioned Services: Systematic tracking and analysis of commissioner demand and capacity including neighbouring health boards in Wales and English systems.

    - PTHB Provider Demand and Capacity Planning: local operational tracking and planning including acute flows across the system.

29. This analysis work has demonstrated that significant changes in demand were seen in 2020, in Powys as they were nationally across Wales and the rest of the UK.

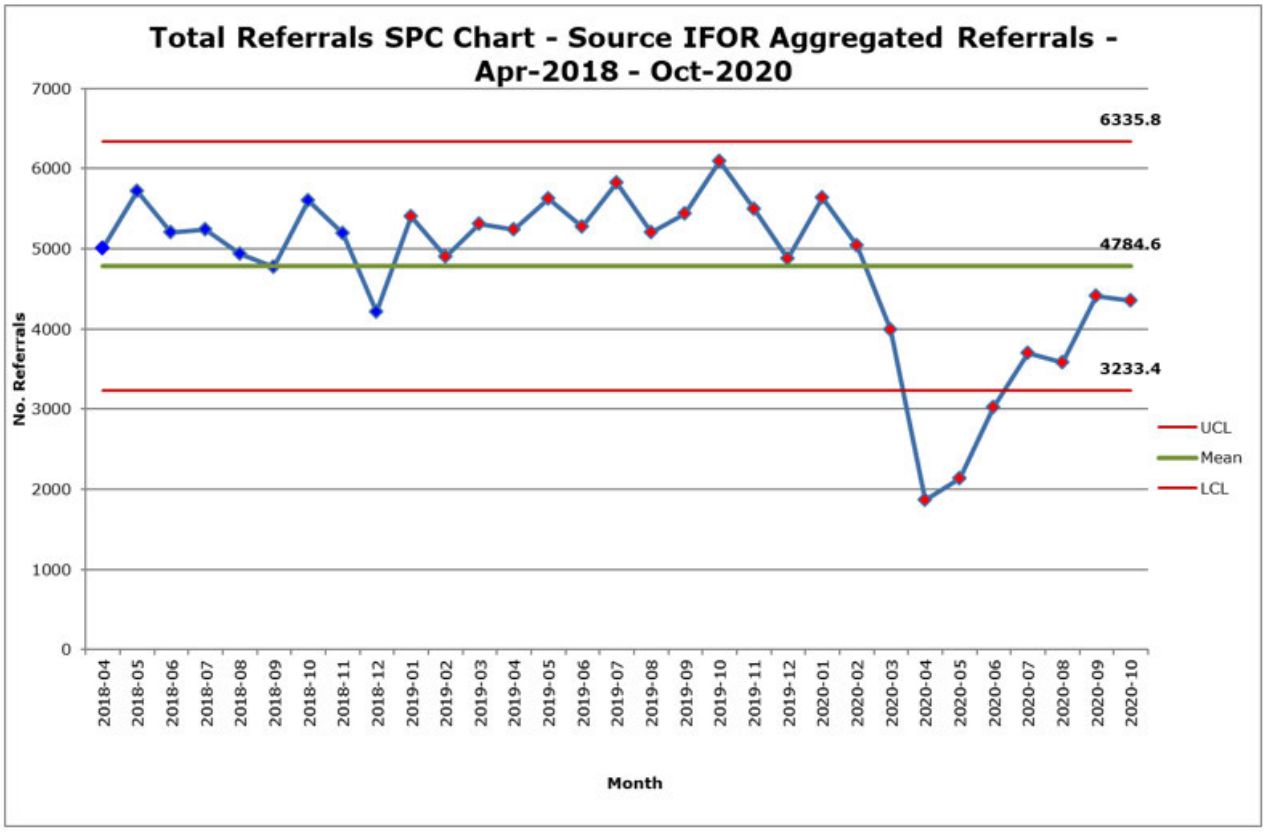
30. In the health board, as a direct provider, the use of primary and community care including community hospitals was significantly reduced as demand behaviour changed in the first wave of the pandemic Spring / Summer 2020.

31. A comprehensive communications and engagement programme was implemented to mitigate these reductions in demand and to ensure that residents understood that services were open and accessible.

32. Demand had gradually been increasing in the Autumn 2020 and Table 1 below (management information) demonstrates the pattern to the beginning of November 2020 which is the latest available data. Referral counts had returned to 92% of the mean.

33. Preliminary data for November and December 2020 is showing another wave of reduction in line with the timing of the second wave of the pandemic and the decisions being made by both providers and in terms of population behaviours at this time.

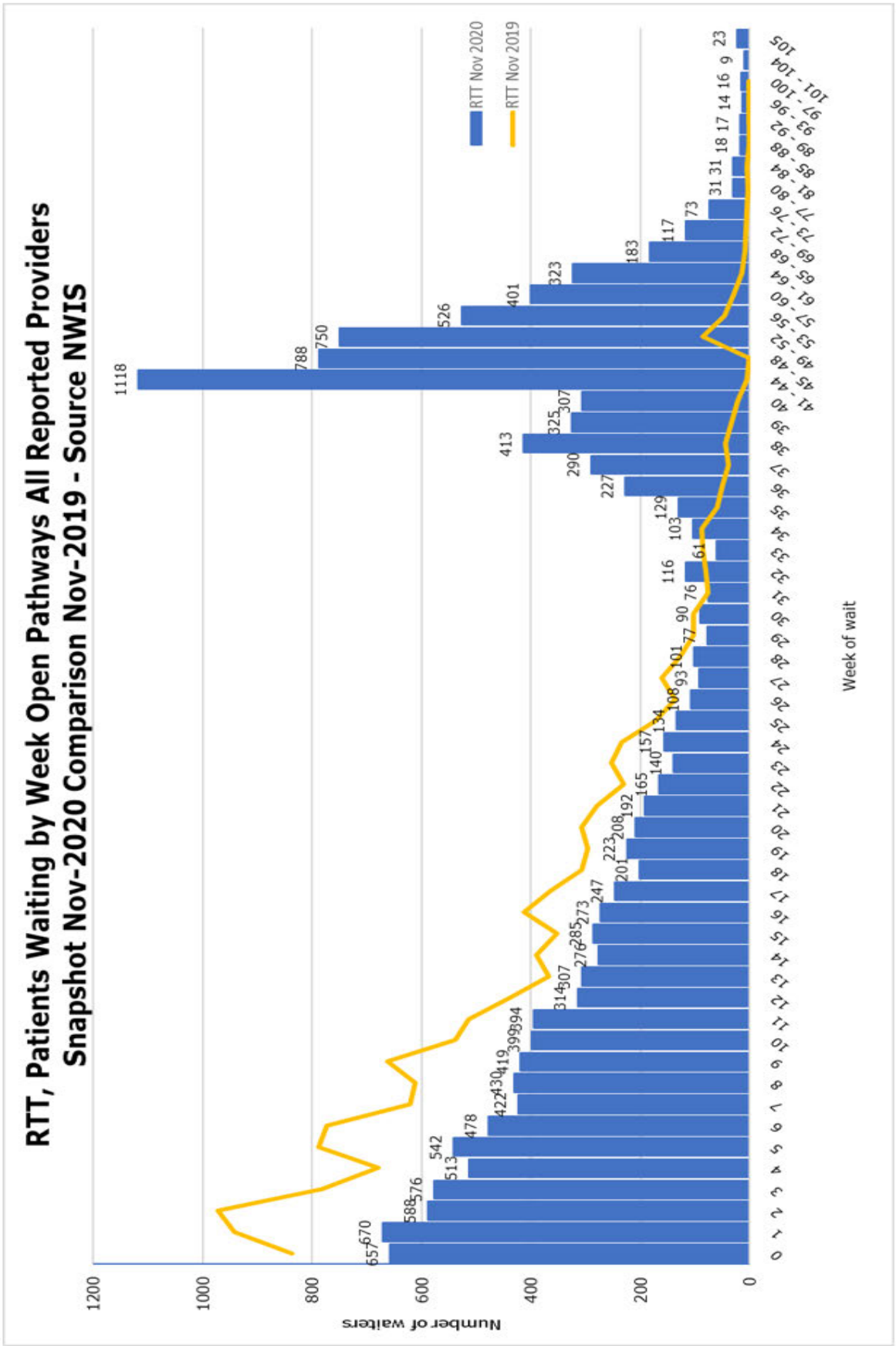
Table 1: Total Referrals (Apr 2018 – Oct 2020)



34. Table 2 below (management information) outlines the pattern of waiting times for all reported providers (PTHB provider, English and Welsh HB/Trust providers) at the November 2020 snapshot.

35. This shows the impact of national service suspensions during the first wave of the pandemic. Second wave/winter impacts are expected with a similar but potentially not as pronounced second cohort of impact resulting from service contraction/suspension.

36. Table 2: Referral to Treatment across all reported providers, Snapshot November 2020



Are you using or considering any new or different approaches to providing care in order to help reduce waiting times, including the use of new technologies, new care pathways, or of capacity elsewhere?

37. There have been significant innovations to date and these are being appraised and evaluated constantly as part of the response to the pandemic and the requirements for infection prevention and control, mitigation of nosocomial spread, physical space restrictions and social distancing. This will be a core part of the health boards Annual Plan 2021/22 and longer term renewal as part of 'A Healthy Caring Powys'.

38. For example, the digital rollout in Powys has seen significant acceleration of new ways of working and alternative service delivery, enabling healthcare to continue to be delivered across all essential services throughout the pandemic.

39. Virtual appointments have been embedded into practice where appropriate, including the roll-out of "Attend Anywhere" across our services. In many cases, the use of virtual methods of delivery facilitated even greater numbers of users supported and across a greater geography, with none of the usual travel and transport difficulties that can be experienced in a very rural County. In some cases where group work was delivered, this exceeded the contracted levels of activity across providers, at no extra cost, providing greater value and leverage of public monies.

40. Virtual delivery does not fully meet the needs of all clients such as those providing support for mental health or advocacy. In these cases the organisations have reinstated face to face support where it is safe and appropriate to do so, with some new measures and changes in the use and flow of physical spaces.

41. The third sector has also played a significant role, with an increase in activity, groups and volunteers as well as an increase in clients. The Community Connectors model was expanded to support multi-disciplinary case reviews and case management.

42. A pathway for 'Long COVID-19' has also been developed in line with NICE Guidance. This will provide access for any individual with on-going signs and symptoms or with Post-COVID-19 Syndrome.

43. Further areas are being assessed as part of the analysis of demand and capacity noted earlier. This is highlighting not only particular specialities as areas of both challenge and opportunity but also the importance of diagnostics as a critical enabler.

44. Similarly, the approach to outpatients and follow up appointments are key points in the several patient journeys across pathways which present opportunities for modernisation nationally and locally. This is

part of the health boards approach and will be given specific and detailed consideration.

What factors may affect your plans for tackling waiting times (e.g. further spikes in COVID-19 rates, issues with the workforce or physical capacity), and what plans you have in place to manage these?

45. The ongoing challenge and uncertainty of the pandemic is the primary factor.

46. Significant capacity and resource is currently being directed to the Covid-19 Vaccination programme which is a significant priority for NHS Wales, and the Covid Prevention and Response Programme, which has a number of components including Test, Trace and Protect.

47. The balance of delivery between covid and non covid healthcare, the risk of an overwhelmed system, a fatigued workforce and the wider societal impacts of the pandemic represent a significant and ongoing challenge. Addressing these 'Four Harms' will require a continual appraisal and rebalancing of priorities through the year.

48. There remain significant unknowns in relation to the course of the pandemic, and a need for a 'fluid' approach as recommended by Welsh Government in the Planning Framework for 2021/22. This will be reflected in the health boards Annual Plan.

49. Key transformation programmes will continue to be taken forward, in line with the balance of delivery noted above, reshaping and refocusing against the emerging learning and intelligence. This includes flagship partnership programmes such as the North Powys Well-being Programme, Powys Workforce Futures and the Powys Well-being Plan within which we are setting the Innovative Environments framework.

50. The key partnerships in Powys including the Regional Partnership Board and Public Services Board have begun to re-establish and reframe these key programmes and areas of work in line with our shared ambition for 'A Healthy Caring Powys' and are providing crucial spaces for wider reflection and learning across the region.

51. The response to the pandemic still requires the greatest amount of effort across all sectors, communities and individuals. It is also forging innovations that will be part of the solutions within longer term strategy, as the whole system learns and evolves.

What information have you received on your allocation from the £30m additional funding for waiting times, and how you intend to use the funding?

52. The health board is awaiting confirmation of the allocation to support recovery activity in 2021/22 having been informed that it will be subject to a separate funding allocation.

53. As a provider and commissioner, the health board will utilise the funding in line with our Annual Plan priorities and the agreed approach to 'Planning Ahead' (the Boards strategic priority for renewal and recovery). This will include further assessment of demand and capacity across provider plans internally and externally to understand the position and identify and cost robust activity and capacity plans.

54. In previous years funding has been allocated on a provider basis in Wales and we would seek to ensure that the appropriate commissioning allocation for the Powys population is fully included in any provider plans, given the unique arrangements for this part of the Welsh population. This will ensure that health board can agree appropriate levels of activity and funding for the Powys resident population share of that funding.

55. The health board is taking a whole system and value based approach to Planning Ahead, as noted above, building on the innovations and collaboration forged during the pandemic to accelerate capacity and speed of delivery and maximise the use of funding provided.

I hope this provides a useful overview of our approach. Please do let me know if the Committee requires any further information.

Yours sincerely

Carol Shillabeer
Chief Executive