Comisiwn Bevan Commission

Why wait?

Building on proven initiatives to reduce waits in Wales

January 2025

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1. Introduction

Health and care waiting times are at record highs in Wales, but with little sign of the improvement needed to return to pre-pandemic levels. Never far from the national headlines, these long waits not only cause distress to patients but fundamentally erode public trust – not only in the national health and care systems – but of those in government.

There has been much discourse around the root cause of protracted waits. Whilst they reflect increases in demand, backlogs following COVID-19, staffing and capacity issues, or lack of government investment, they commonly point to suboptimal allocation or waste of resources, inefficient and/or outdated processes and poor process management. This intensifies the levels of demotivation of a workforce already working at or above full capacity, and with record levels of absenteeism.

Most importantly, long wait times prevent access to timely care for those in need which compound problems for the future. They accelerate degradation of public health and a rise of complex multimorbidities, further exacerbating the pressures felt by the health and care systems. The temptation to turning to the private sector for those who can, feeds health inequity, and directly challenges the very principles of our national health service. Those waiting the longest also consume the most healthcare resources,[1] highlighting the economic imperative to minimise waiting times.

The Bevan Commission recognises that much of the root causes surrounding the waits will not be a quick fix but, to this end, we highlight a number of simple initiatives tried and tested by our Bevan Exemplars, demonstrating potential to alleviate the pressures on waiting lists by addressing bottlenecks, improving patient flow, and harnessing technological advancement.

In this report, we present a selection of our Bevan Academy Exemplar projects, which have identified opportunities to reduce waits across a range of areas. Some of these have been identified as candidates for the 2025 Bevan Commission's Adopt and Spread Programme, which aims to support the widespread adoption, adaptation and spread of the most impactful initiatives across Wales.

1 The cost of keeping patients waiting. James et al., 2024.

2. Waits in Wales – current context

The issue of lengthy waiting lists in health and social care has been a consistent and critical challenge in Wales, a topic that has also gained renewed visibility in recent months.[2]

Waiting times for healthcare services are at unprecedented levels. For example, as of October 2024;

- The backlog for treatments stood at 802,132 open patient pathways, an increase of 73.1% compared to pre-pandemic levels (463,402; February 2020).[3]
- 620,311 people were awaiting at least one treatment, equating to around one fifth of the population. Of this figure, 181,821 (29.3%) are therefore awaiting multiple treatments.[4]
- The NHS Wales Referral-to-Treatment (RTT) targets are for 95% of patients to be seen within 26 weeks, with nobody waiting longer than 36 weeks for treatment.[5] These targets are being consistently missed however, and by considerable margins.
- Most recent figures show that 46% (369,321) of waits are for over 26 weeks RTT, with over 34.9% (280,132) waiting over 36 weeks.

However, based on current trends, we predict that by the time of the next Senedd general election (May 2026), the total of those waiting for treatment in Wales will surpass 834,997, with over half waiting longer than 26 weeks (Figure 1).

2 PM attacks Wales NHS waiting times in TV debate. BBC News, June 2024

3 https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks (Accessed January 2025).

4 https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/uniquepatientestimates (Accessed January 2025).

5 Hospital waiting times – What do you need to know? Senedd Research, September 2019.

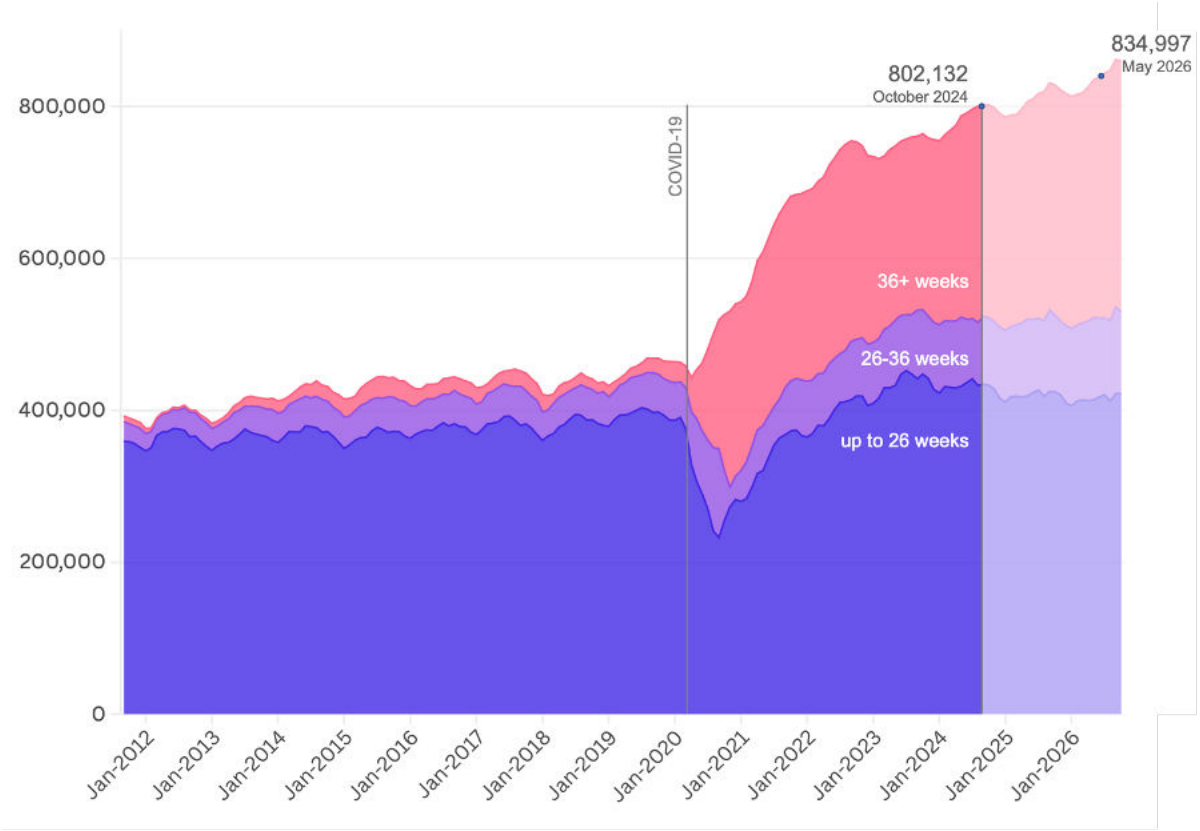

Figure 1. NHS Wales waiting lists and future projections. Size of waiting lists in Wales between September 2011 and October 2024 (adapted from StatsWales), separated into those waiting less than 26 weeks, between 26 and 36 weeks, and more than 36 weeks referral-to-treatment. Using the available data, projections for a further 24 months were predicted using Seasonal Auto Regressive Integrated Moving Average (SARIMA) modelling.[6]

Whilst the pandemic clearly exacerbated the situation, waiting lists had been steadily increasing across the UK prior to 2020. These were likely driven by several factors including;

- a prolonged slowdown of NHS funding growth,
- a rising demand for healthcare due in part to an ageing population plus,
- a general decline in public health, compounded by persistent workforce shortages.[7]

6 *Forecasting: Principles and Practice.* Hyndman & Athanasopoulos 2018.

7 *Our Workforce: Our Position.* King's Fund, 2022

As has been well documented, the situation in Wales has been consistently worse than that of other UK nations.[8,9] For example, significantly more adults in Wales reported waiting for an NHS waiting appointment, test or treatment than in England or Scotland (Figure 2).[10] Predictably, the length of waits in Wales were frequently used for political gain during the UK general election.[11] At the time, there was a 46% difference between average RTT waits in Wales (21.8 weeks) and England (14.9 weeks). Historically, waiting times were higher in Wales prior to devolution however,[12] suggesting demographic and/or cultural factors likely contribute considerably.

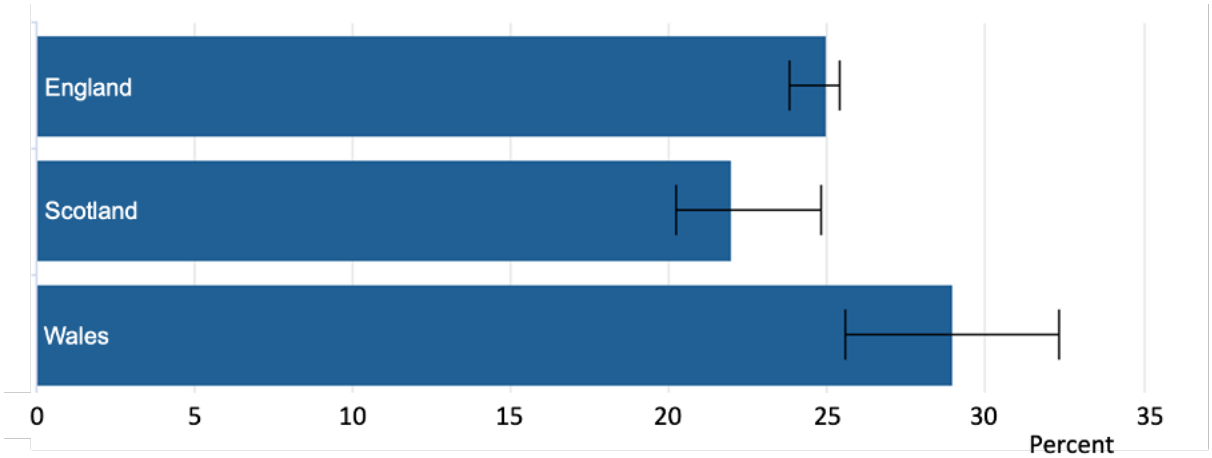

Figure 2. NHS waits across UK nations. Percentage of adults waiting for an NHS hospital appointment, test, or treatment between October 2023 and March 2024. Adapted from the Office of National Statistics.

The Welsh Government recently announced £50 million to help cut the longest waiting times[13] and careful consideration and urgent action will need to be made on how best this resource is used to impact on waiting times both in the short and longer term to ensure sustainability. The question remains however:

> ***What could and should be done to address these record waiting times to revive the health and care system in Wales?***

8 How well is the NHS in Wales performing? Nuffield Trust, September 2022.

9 Are NHS patients waiting longer in Wales? BBC News, June 2024

10 Opinions and Lifestyle Survey. Office for National Statistics (Oct 2023 – March 2024).

11 PM attacks Wales NHS waiting times in TV debate. BBC News, Junes 2024

12 Why the Welsh are waiting. BBC News, September 1998.

13 Response to latest NHS Wales performance data: September and October 2024. Cabinet Secretary for Health and Social Care 21st November 2024.

3. Lessons from the past

Looking back to what has worked previously, an obvious example would be the reforms made to the NHS in the 2000s. The NHS Plan, introduced by the UK government in 2000, included significant investments in healthcare and set targets for reducing waiting times.[14] One key target was to reduce the maximum waiting time for inpatient treatment to six months by 2005. The approach included 1) increased funding and financial investment; 2) workforce expansion; and 3) performance management including setting specific targets (e.g., maximum 6-month wait for inpatient treatment) and holding providers accountable for meeting these goals. By 2008, the NHS had reduced waiting times significantly, achieving an 18-week referral-to-treatment target for most patients. Median waits were reduced to 8.6 weeks for admitted patients and 4.6 weeks for non-admitted patients.[15]

The NHS Plan was introduced over two decades ago however, and was implemented in a very different economic context. The record levels of investment received by the NHS was sustained over a decade and was not preceded by a once-in-a-generation pandemic. There are other notable success stories from across the globe that highlight similar approaches (Appendix, Table 1). While there is no single "magic bullet", a combination of the following have demonstrated effectiveness in reducing waiting times;

- sustained investment
- better integration of services
- use of incentives or legislative measures to meet targets
- streamlined patient flow

The Bevan Commission is about to publish its Systems Flow paper which identifies a number of opportunities to improve flow and on waits across the system. It is also collaborating with the Health and Care Research Wales (HCRW) Evidence Centre to review the impact of integrated care on waiting times. Like many of the successful initiatives of the past, implementing these strategies require structural and cultural changes within health and care systems, supported by long-term commitment and resource allocation.

However, a critical question persists:

> ***What transformative changes need to be realised to ensure waiting times are more prudently and proactively managed in the future ? What can and should we do, now?***

14 The NHS Plan: a plan for investment, a plan for reform. 1st July 2000, UK Government

15 Alan Nye on hitting the 18-week target. April 2009.

4. 'No Brainers': Bevan Academy Exemplar projects tackling waits

Through the Bevan Exemplar and Bevan Fellow programmes, the Bevan Commission has supported over 500 innovative projects, led by individuals from within the health and care workforce, that address challenges within health and care systems. The main objectives are to embed more prudent and innovative health and care within which many have demonstrated tangible impacts on waiting lists and system capacity.

4.1 Prostate Active Care Together (PACT)

Helen Harries, Hywel Dda University Health Board

Hywel Dda University Health Board launched the Prostate Active Care Together (PACT) programme to address the increasing diagnoses of prostate cancer and the side effects that significantly impact patients' quality of life. The PACT initiative is rooted in the Primary Care Model for Wales 2021 and focuses on enabling patients to manage side effects of treatment through community-based assessments and digital transformation.

It allows patients to access tailored health and wellbeing resources at home, supporting self-management and reducing reliance on in-person GP or nurse visits. This innovative approach integrates virtual services into primary care, creating a scalable and patient-centric model to optimise health outcomes for prostate cancer patients.

Impact:

- 401 participants in 12 months
- This resulted in **2671 fewer GP contacts**, equating to 20 appointments a month for each of the 11 surgeries or health centres
- **445 GP hours** were predicted to be saved, yearly

Scaling the Prostate Active Care Together (PACT) programme across all 374 GP surgeries in Wales could potentially save 89,760 GP appointments annually—equivalent to over 15,100 GP hours. PACT offers a scalable, patient-centric model that not only optimises outcomes but could also be adapted to manage other chronic conditions, amplifying its impact across the Welsh health and care systems.

4.2 Mental Health Response Vehicles in WAST

Mark Jones & Simon Amphlett, Welsh Ambulance Service NHS Trust

The Welsh Ambulance Service NHS Trust introduced Mental Health Response Vehicles to address the high demand for mental health-related emergencies, which account for around 10% of its workload. These vehicles are staffed with mental health professionals who provide rapid, community-based assessments and interventions, reducing the need for conveyance to A&E.

Impact:

- Reduction in conveyance to A&E from 66% to 19% (**71% improvement**)
- One vehicle covering two health boards could save **circa £250,000 annually** after costs

Mental health patients spend an average of 5 hours waiting for support in emergency departments and are twice as likely compared to the general public to spend more than 12 hours there. If this scheme was scaled across Wales, this could equate to around 14,100 fewer A&E visits annually, saving a predicted 70,500 hours spent in A&E. Estimated national savings exceed £1 million.

4.3 Persistent Pain Management in Primary Care

Sian Jones & Monika Rusiecka, Powys Teaching Health Board

Powys Teaching Health Board developed a persistent pain management service to address the growing burden of chronic pain, which affects up to half of the UK population and accounts for 22% of all primary care visits. The initiative involved early intervention through medication optimisation clinics and extended consultations, delivered by an MSc Pharmacy Technician in collaboration with primary care teams. These clinics provide support while reducing the need for opioid prescriptions and unnecessary referrals to secondary care. Educational sessions for primary care staff were also included to enhance the approach.

Impact:

- 70 patients were assessed in 10 months
- 66% said they would have contacted their GP otherwise, saving **630 GP appointments (£26,460 in clinician time)** a year
- 25% would have visited A&E, and 8% would have called the 111 service

Expanding the Persistent Pain Management Service across Wales could significantly enhance patient care and yield substantial cost savings. With an estimated 2,021 individuals accessing the service annually, the initiative could prevent over 1,330 GP contacts, translating to approximately £763,938 saved in clinician time each year. Additionally, achieving just 50% replication across Wales could lead to pharmaceutical cost savings of up to £1.7 million.

4.4 Paediatric Outreach Respiratory Service

Samantha Davies, Mari Powell & Briony Guerin, Swansea Bay University Health Board

The Paediatric Outreach Respiratory Service, the first of its kind in Wales, was launched to provide care for children with complex disabilities and cerebral palsy who frequently require hospitalisation due to respiratory complications. This initiative focuses on delivering community-based assessment and care, enabling children to access timely respiratory support closer to home. The service aims to prevent unnecessary hospital admissions and optimise the use of healthcare resources while improving the quality of life for patients and their families.

Impact:

- In eight months, **16 hospital admissions were prevented**, with an additional **55 bed days saved** compared to 2021 data
- This translates to an **annual cost benefit of £28,350**

Based on the initial success, scaling this service nationwide could prevent approximately 232 hospital admissions and save around 797 bed days annually. This would translate to over £410,000 in cost savings each year. Beyond financial benefits, this approach would improve the quality of life for children with complex disabilities by providing timely, community-based respiratory support, reducing the need for hospitalisation, and allowing families to manage care more effectively at home.

4.5 UTI Treatment in Community Pharmacy

Kelly White, Hywel Dda University Health Board

Hywel Dda University Health Board implemented a programme to treat urinary tract infections (UTIs) in community pharmacies, reducing the reliance on GP surgeries, 111, or A&E services for these common conditions. By enabling pharmacists to diagnose and treat uncomplicated UTIs, the initiative aimed to provide more accessible care for patients while alleviating the burden on other healthcare services.

Impact:

- In just eight months, over 1,219 patients accessed the service.
- **71%** of which stated they would have otherwise visited a GP, equating to **1,300 GP appointments** saved annually.
- Projected cost savings of **£34,802 annually**

If scaled across Wales, the UTI Treatment in Community Pharmacy programme has the potential to significantly enhance healthcare efficiency by avoiding approximately 10,400 unnecessary GP appointments annually. This reduction in demand on GP surgeries would equate to an estimated £285,555 in healthcare cost savings per year, freeing up valuable resources to address more complex and urgent medical cases.

4.6 Realigning Community Occupational Therapy Services

Heather McNaught & Vicky Warburton, Betsi Cadwaladr University Health Board

This initiative focused on improving access to occupational therapy (OT) services by transitioning from paper-based referrals to an electronic system and embedding OTs within primary care teams. Previously, referrals were managed through inefficient post-based processes, leading to delays and extended waiting times. By aligning secondary care OT services with primary care, patients could receive early interventions closer to home, reducing the likelihood of functional decline or crisis.

Impact:

- Reduced waiting times by **nine weeks** on average
- Referral-to-treatment time **improved by 10 days** (from mid-2019 levels)
- Assessment-to-discharge duration reduced from 17 to nine weeks (**43% improvement**)

If a scheme like this were scaled across Wales, it could lead to transformative improvements in OT service delivery. The implementation of such a programme could result in a cumulative 40-week reduction in overall wait times, a 44-day improvement in Referral-to-Treatment Times (RTTs), and a 35-week improvement in the Assessment-to-Discharge process across the country.

4.7 Integrated Interdisciplinary Care for Dysphagia, Nutrition, and Medication

Sheiladen Aquino, Cwm Taf Morgannwg University Health Board

This project piloted a telehealth-based interdisciplinary care model for dysphagia, nutrition, and medication management, integrating services across speech and language therapy, dietetics, and pharmacy. A single point of referral was introduced to streamline processes, reduce waitlists, and enhance collaboration among professionals. The approach ensured high-risk patients received comprehensive, timely care, improving outcomes and reducing hospital admissions. By leveraging digital solutions, the initiative also addressed gaps in equity and access to care, particularly in remote settings.

Impact:

- 237 care residents served in 12 months, with 85% of referrals managed remotely
- Hospital referrals reduced by **56%**, freeing **66 hospital bed days** annually
- Increased interdisciplinary capacity by **150 patients per year**
- Potential **cost savings of £48,600 annually**

If scaled across Wales, this integrated service could deliver substantial benefits to the healthcare system. It has the potential to free up over 5,500 hospital bed days annually. By creating room for approximately 38,000 more cases each year, the service would address growing demand and reduce strain on hospital resources. Furthermore, these efficiency gains could translate into estimated cost savings of £4.1 million annually, providing a strong financial incentive to implement the service nationwide.

4.8 First Contact Dietitian-Led Gastroenterology Clinics

Thiriloganathan Mathialahan, Jeanette Starkey, Betsi Cadwaladr University Health Board

Features in the 2025 Adopt & Spread Programme

An audit in 2017 revealed that 20% of patients referred to gastroenterology services had functional gut issues, which could be effectively managed by dietitian-led care. Currently, Betsi Cadwaladr University Health Board East faces a severe backlog with a 144-week wait for routine gastroenterology and 53-week wait for urgent cases, exacerbated by a 39% rise in referrals and inadequate consultant staffing with only 3.5 whole time equivalent (WTE) consultants instead of the recommended 6 WTE per 250,000 population. The backlog has led to increased costs, reduced patient care quality, and unmet national standards.

The project led to the developement of triage and referral criteria to allow consultants to direct non-urgent patients to Advanced Clinical Practitioner (ACP) Dietitians. The dietitians provide initial assessments, diagnostics, and management, supported by clear pathways, protocols, and scopes of practice across primary and secondary care for robust clinical governance.

Impact:

- 318 patients removed from the secondary care waiting list
- **500 consultant appointments** freed, enabling more capacity for complex cases
- Approximately 14% increase in overall gastroenterology clinic capacity
- Wait times reduced from three years to four months (**89% improvement**)

As of August 2024, 48,820 people were on the gastroenterology waiting list across Wales, with 17,721 waiting over 36 weeks for referral to treatment (Stats Wales). If a 14% increase in capacity were replicated nationwide, it could enable over 6,800 additional people currently on the waiting list to access treatment.

4.9 Advanced Community Gynaecology - Using Point-of-Care Diagnostics to Deliver Prudent Local Healthcare

Alan Treharne, Hywel Dda University Health Board

Features in the 2025 Adopt & Spread Programme

Gynaecology services have faced challenges in COVID-19 recovery, often requiring multiple appointments for common issues, leading to inefficiencies. In rural Ceredigion, a need emerged for a community-based, one-stop service to minimise travel and appointment burden, improve patient experience and release diagnostics capacity, demonstrating prudent healthcare in action.

The project led to the implementation of a one-stop irregular bleed clinic for hormone replacement therapy (HRT) patients, integrating assessment and diagnostics to streamline the care pathway. It introduced a paperless note-recording system, optimising resource use and freeing capacity for urgent cases, including cancer diagnostics.

Impact:

- This scheme released 276 cancer diagnostic patients over one year, with just in one clinic day per week
- Over **£73,000 resource release**

Based on the estimation that 2.11% of registered GP population are prescribed HRT, this equates roughly to 71,478 people across Wales. If the estimated 40% of those on HRT experience irregular bleeding, 28,699 people nationwide will benefitfrom the clinic.

This project released 276 cancer diagnostic patients from just one clinic per week over the duration of a year. If this was scaled up across Wales, running at four clinic days a week, this would increase capacity by 9,067 patients per year, which is nearly a third of the 28,699 people estimated to experience irregular bleeding post-HRT.

The cost savings across Wales (at four clinic days a week) could approximate to £2.4 million a year.

4.10 Improving Planned Care for the Frail in Morriston Hospital*

David Burberry, Karina James, Duncan Soppitt, Greg Taylor, Swansea Bay University Health Board

Features in the 2025 Adopt & Spread Programme

With a growing ageing population and increasing waiting times for surgeries, managing the surgical waiting list for older, frailer patients has become more challenging. Older patients often experience longer stays and poorer outcomes postoperatively, highlighting the need for better perioperative care.

As part of this project, a written questionnaire was sent to all patients over 65 on the waiting list for a laparoscopic cholecystectomy (LC). Follow-ups included telephone screening with clinical frailty risk scores, hospital frailty risk scores, and the CRANE questionnaire. Multidisciplinary team (MDT) discussions were held to decide if patients required a comprehensive geriatric assessment (CGA). Frail patients reviewed in the CGA received a number of benefits including medical optimisation, being managed by a single specialist and shared decision making as to whether to proceed with surgery,

Impact:

- **15%** of patients were removed from laparoscopic cholecystectomy waiting lists
- Savings of **£250,000 in cost avoidance**

This approach has been shown to deliver similar reductions (15-20%) across other general surgery waiting lists. There are 84,284 currently waiting for general surgery in Wales (Stats Wales), a 15% reduction would equate to a removal of over 12,500 patients from general surgery waiting lists in Wales.

4.11 Establishing a Perioperative Care of Older People Undergoing Surgery (POPS) Service in Elective General Surgery*

Margaret Coakley & Nia Humphry, Cardiff and Vale University Health Board

Features in the 2025 Adopt & Spread Programme

This project included frailty assessments and comprehensive geriatric assessments (CGA) for patients aged over 65 awaiting general elective surgery. The aim was to optimise patients' health pre-surgery or redirect them to alternative treatments if appropriate.

Impact:

- 153 patients assessed by POPS Nurse
- 105 patients received a CGA
- 84 patients had nutrition interventions
- Annual recurring medication saving of £41/ patient
- **~17%** of patients did not proceed with surgery following a CGA and shared decision making

Based on the similar values projected for the project above, this approach could also remove upwards of 12,000 patients from the 84,284 waiting for general surgery in Wales.

*As part of our Adopt & Spread Programme, the two projects have been unified due to their shared goals and complementary methodologies . Together, they will be scaled up across Wales, ensuring better outcomes for older frail surgical patients while alleviating the strain on general surgery waiting lists nationwide.

4.12 Radiology Pathway Navigation: A New Direction

Louisa Edwards Brown, Sarah Maund & Sharon Donovan, Cwm Taf Morgannwg University Health Board

Features in the 2025 Adopt & Spread Programme

The current radiology pathway in Cwm Taf Morgannwg requires patients to attend in person for each examination, often resulting in delays and fragmented care across radiology modalities. The absence of a coordinated pathway hinders patient flow, leading to extended waiting times and increased anxiety for patients. Streamlining the radiology pathway aims to create a continuous, synchronous journey, reducing delays and supporting the Single Cancer Pathway (SCP) delivery.

Using a dedicated Radiology Navigator enables quicker, more coordinated and more efficient use of imaging, provides increased patient support, and improved pre-appointment communication. The streamlined process aims to reduce footfall, increase departmental and cross departmental efficiency while enhancing patient experiences.

Additional improvements to patient information and an electronic referral system are also planned to enhance flow and overall patient experience. Process mapping for radiology requests, starting with cancer pathways in lower gastrointestinal tract and lung, will further identify delays and optimise throughput.

Impact:

- Vetting time reduced from five to two days (**60% improvement**)
- Colonoscopy to CT timeframe reduced from 13 to four days (**71% improvement**)
- Increased CT capacity with 530 additional patients scanned in 12 months (**18% increase**)

While we do not have precise data on the number of patients specifically waiting on the Single Cancer Pathway (SCP) for radiology interventions, we know 166,155 patients in Wales were waiting for diagnostic and therapy services, including CT scans (StatsWales, August 2024). We strongly believe that implementing this streamlined radiology pathway across the country could significantly alleviate these wait times and improve patient outcomes. Expanding this coordinated approach nationally could not only support the effective delivery of the SCP but also reduce delays, enhance patient experience, and alleviate anxiety for patients navigating complex cancer care pathways.

4.13 Orthopaedic Waiting List Initiative (OWLi): Using a Digital Platform to Monitor Health and Support Patients Waiting for Planned Surgery

Christian Lambert & Catherine Cromey, Swansea Bay University Health Board

The project builds on foundational work undertaken with Pro-Mapp Ltd,[16] a technology partner specialising in digital solutions for healthcare optimisation. Together, they are developing a customised digital platform designed to monitor patients' health, detect signs of deterioration, and provide prehabilitation support to those on waiting lists. By integrating these capabilities, the platform aims to take a proactive approach to patient management, thereby improving health outcomes and reducing the risks associated with long waiting times.

This project is part of the most recent Bevan Exemplar cohort. Whilst it is in the process of evaluation, we believe this platform holds real potential for impacting waiting times in our health and care system.

16 https://www.pro-mapphealth.com/

5. Emerging themes

From the projects highlighted above, several key themes of approach have emerged:

Process Optimisation - involves systematically improving workflows, resource allocation, and care delivery to enhance efficiency, reduce waste, and achieve better patient outcomes. Methodologies such as Lean and Six Sigma play a critical role in this process by providing structured approaches to identify inefficiencies, eliminate unnecessary steps, and standardise operations.

Community-Based Care – delivering services locally, within the communities where people live, rather than in centralised medical facilities. This approach aligns with the UK and Welsh Governments' priorities for NHS reform.[17,18] This model reduces hospital pressures, shortens waiting times, and improves population health outcomes through more equitable service delivery.

Screening Waiting Lists – ensuring patients are prioritised based on clinical need rather than waiting time, enabling urgent cases to be addressed first and improving outcomes for those at risk of deterioration. Reviewing waiting lists also identifies individuals who no longer require or are unsuitable for elective treatments, focusing resources on those most likely to benefit.

Use of Technology – using digital tools and systems to enhance care delivery, streamline operations, and improve outcomes. The UK and Welsh Governments have prioritised digital innovation in the NHS advocating for greater adoption of electronic health records, telemedicine, and data-driven healthcare to support integration and efficiency.[19,20]

Role Development – clinical professions using extended skills including prescribing and diagnostics to provide a one stop shop experience, increasing service efficiency, reducing waits, improving patient skills, experience and outcomes and optimising the use of precious NHS resources.

17 Government takes first steps to fix the foundations and save the NHS. UK Government, 31st October 2024.

18 Building Capacity through Community Care – Further Faster. Welsh Government Cabinet Statement, 6th June 2023.

19 Government takes first steps to fix the foundations and save the NHS. UK Government, 31st October 2024.

20 Digital and data strategy for health and social care in Wales. Welsh Government, 27th July 2023.

6. Alignment with Welsh Government's ten-point Action plan

The Welsh Government's 10-point Winter Resilience Plan[21] and the recently launched 50-Day Integrated Care Winter Challenge[22]aim to address increasing pressures on health and social care systems during the winter months. Our Bevan Examplar projects closely align with these initiatives, both aimed at enhancing hospital discharge processes and strengthening community care.

Projects like **Realigning Community Occupational Therapy Services** exemplify the principles of embedding the Optimal Hospital Flow Framework by transitioning from paper-based to electronic referrals. This shift has reduced delays and improved access to timely, community-based interventions. Similarly, the Radiology Pathway Navigation project streamlines radiology processes, functioning as a navigation hub that enhances coordination and minimises waiting times. By facilitating smoother patient transitions, supporting hospital discharge, and reducing unnecessary community admissions, it also aligns closely with the goal of establishing 'integrated navigation hubs.'

Additionally, projects like **Integrated Interdisciplinary Care for Dysphagia, Nutrition, and Medication** align with moving Decision Support Tool (DST) and Continuing Healthcare (CHC) processes into the community by leveraging telehealth to deliver timely, remote care.

The call for proactive management of high-risk populations is addressed by the **Paediatric Outreach Respiratory Service**, which provides community-based respiratory support for children with complex disabilities. Another example is the **Prostate Active Care Together (PACT)** programme, which enables cancer patients to manage treatment side effects through community-based assessments, reducing GP and nurse visits.

Supporting the 'Home First' approach, **UTI Treatment in Community Pharmacy** delivers

21 10-point Winter Resilience Plan for successful hospital discharge in 50 days. Housing LIN, 12th November 2024.

22 New 50-day challenge to improve hospital discharge and community care. Welsh Government, 11th November 2024.

care directly in community settings, minimising the need for GP or A&E visits and allowing patients to receive timely treatment without leaving their local area. Similarly, the **Persistent Pain Management in Primary Care** project reduces specialist referrals through medication optimisation clinics, embodying the trusted assessor model by building confidence in primary care interventions.

Finally, the principle of weekly health and social care reviews of patients with extended hospital stays is exemplified by **Improving Planned Care for the Frail in Morriston Hospital**, which focuses on multidisciplinary assessments to reduce hospital stays and streamline preoperative care.

7. Further approaches for consideration

7.1 Patient-Initiated Follow-Up (PIFU): Reducing Outpatient Burdens

PIFU has demonstrated a reduction of **20–30% in outpatient appointments**, alleviating pressure on overstretched outpatient services.[23]

PIFU empowers patients to schedule follow-up appointments only when required, reducing unnecessary routine consultations and freeing up capacity for more urgent cases. This approach is particularly effective for managing chronic conditions and post-treatment follow-ups.

7.2 See on Symptoms (SOS): A Responsive Care Model

The SOS model is exemplified by initiatives such as the **UTI Treatment in Community Pharmacy Project**, which prioritises accessible and timely interventions. SOS pathways allow patients to return to services when their condition changes or symptoms worsen, rather than attending routine follow-ups. This ensures timely and targeted care while reducing inefficiencies in the system.

7.3 Surgical Hubs: Enhancing Elective Surgery

Evidence from NHS pilots indicates a **20% increase in surgical throughput**, particularly in high-demand specialties such as orthopaedics and ophthalmology.[24]

Surgical hubs consolidate elective surgical services into dedicated facilities, reducing cancellations caused by emergency pressures and improving patient outcomes.

23 Implementing patient initiated follow-up. NHS England, May 2022

24 New surgical hubs could speed up efforts to tackle hospital waiting lists. Health Foundation, September 2024

7.4 High-Intensity Theatre (HIT): Maximising Surgical Efficiency

HIT were a recommendation of the 2024 The Health Commission,[25] as pilots demonstrated around **30% increases in surgical capacity**, reducing waiting lists while maintaining high standards of safety and care.[26]

HIT approaches involve scheduling multiple procedures in rapid succession, supported by pre-prepared workflows and multidisciplinary teams.

These approaches all offer great potential for contributing to reducing waiting times with opportunities for immediate widespread adoption across Wales.

25 The Times Health Commission. February 2024.

26 NHS staff find innovative way to tackle surgery waiting lists. NHS Guy's and St Thomas', May 2022

8. Recommendations

While there are no quick fixes to enhance the sustainability of our health and care systems, building a workforce fit for the future, or reversing the decline in population health, we recommend implementing several actions and measures immediately to help improve waiting times:

1. **Leverage Bevan Exemplar 'no brainer' Projects**
   We have presented a small number of our Bevan Exemplar projects that have successfully reduced waits or increased capacity within the system. The evidence is there. Ensure that these are adopted and adapted for wider scale up so that their impact on waits can be maximised, benefitting the whole of Wales.

2. **Review the waiting lists themselves**
   It has been estimated that around 20% of people on waiting lists either no longer need or want treatment, or are not in the correct medical state to undergo the procedures planned. Ensure that all individuals on waiting lists still require treatment and that the planned interventions are appropriate for their current condition. For the nearly 181,000 people on multiple waiting lists, assess whether all treatments anticipated remain necessary and suitable. Prioritise those with the greatest need.

3. **High-Impact Theatre**
   For 'high-volume, low-variability' elective procedures e.g., hip or knee replacements, commission High Impact Theatre (HIT) sessions and/or surgical hubs to efficiently bring down backlogs.

4. **Patient-Initiated Follow-Up (PIFU) / See On Symptoms (SOS)**
   For outpatient appointments, especially for individuals with chronic conditions, empower patients to schedule follow-up appointments when they require them, rather than when they were scheduled. If communicated correctly, this will reduce unnecessary and inappropriate appointments, ensuring that those with the most need are prioritised.

5. **Improve Systems/Patient Flow**
   Advocate for streamlined pathways inspired by proven models such as Denmark's standardised cancer care system, ensuring patients move efficiently through the system with minimal waiting at each stage. Standardise processes to create clear, predictable steps for all patients, reducing variability in care delivery. Enhance co-ordination between primary care, secondary care and other sectors to eliminate bottlenecks in health and care systems.

9. Conclusion

Waiting lists are an enduring challenge for the health and care system in Wales, exacerbated by increasing demand, limited resources, and the lasting impacts of the COVID-19 pandemic. Innovative and transformative thinking and urgent action is needed as part of a multi-faceted approach to address the systemic pressures.

While strategic reform of the health and care services will undoubtedly be required, this paper has highlighted a number of strategies and innovative projects already tried and tested, that demonstrate clear and measurable potential to reduce waiting times and enhance system capacity which should be acted on.

These projects, ranging from community-based care models to process and role optimisation and technology-driven solutions, not only improve patient experiences but also deliver tangible impacts on waiting lists. If adopted across Wales, they could significantly alleviate systemic pressures, shorten waiting times, and improve outcomes for patients.

By adopting and supporting such innovations, and continuing to support those who have further work to do, Wales can take immediate and meaningful steps toward a more efficient, equitable, and sustainable health and care system—ensuring that no one waits unnecessarily for the care they need.

Annex

Table 1. Global Health Care Initiatives: Strategies and Impacts on Reducing Waiting Times

Scheme	Approach Summary	Impact on Waiting Times
The NHS Plan (UK, 2000s)	Modernisation through increased funding, workforce expansion, and structural reforms.	Significant reductions: no patient waited longer than six months by 2007.[27]
Alberta Hip & Knee Replacement Program (Canada, 2004)	Streamlined care with standardised clinical pathways and centralised intake.	Median wait times for surgeries reduced from 290 days to 110 days.[28]
The Canterbury Health System (New Zealand, 2007)	System-wide transformation integrating health services and emphasising proactive care.	Reduced acute hospital admissions and improved patient flow.[29]
Danish Healthcare System Reforms (2007)	Restructuring healthcare system to improve efficiency, patient flow and centralise services.	Two-month guarantee for life-threatening diseases.[30]
Swedish Waiting Time Guarantee (2005)	Implemented '0-7-90-90' rule: (Immediate contact with healthcare – GP contact within 7 days – Consult a specialist within 90 days –Treatments within 90 days).	Increased proportion of patients receiving care within stipulated timeframes.[31]

27 Dixon, J. (2000). As good as it gets - make the most of it. BMJ.

28 MacLean, C. H., et al. (2008). Effectiveness of quality improvement strategies for care.

29 Timmins, N., & Ham, C. (2013). The quest for integrated health and social care: A case study

30 Vrangbaek, K. (2008). The Danish health care system: Analysis of strengths and weaknesses.

31 Anell, A., & Glenngard, A. H. (2014). The use of outcome indicators in Sweden.

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