



Royal College
of Surgeons
of England
IN WALES



ACTION PLAN FOR THE RECOVERY OF SURGICAL SERVICES IN WALES

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KEY RECOMMENDATIONS

1	The exact number of surgical operations cancelled as a result of the pandemic and the scale of the projected backlog in Wales is unknown. The Welsh government should undertake modelling and publish projections for the number of people who need an operation in Wales. Forecasting demand is crucial to planning the recovery of surgical services and helping patients understand how long they will be waiting for surgery.
2	As an immediate priority, the Welsh government should ensure that all Health Boards urgently consider what measures can be put in place to support patients while they wait for surgery.
3	The Welsh government should urgently establish COVID-light sites, with a clear instruction to Health Boards to collaborate and plan strategically across regional boundaries to ensure equity of access to safe surgery for patients. The establishment of COVID-light sites will require significant re-organisation of surgical services and investment from the Welsh government.
4	The next Welsh government should commit to implementing a strategic plan for the recovery of planned surgical services in Wales, overseen by a national planned surgery recovery task force and named clinical lead. The recovery plan will need sustained investment in staff and bed capacity, along with support for new models of care such as surgical hubs.
5	The Welsh government should immediately undertake a review of the organisation of surgical services across Wales to plan for a more resilient model of care that can better withstand future pandemics, winter and flu outbreaks.
6	The Welsh government should urgently invest to increase bed capacity and critical care bed capacity in Wales.
7	The Welsh government should ensure that all Health Boards have measures in place to support the mental health and wellbeing of NHS staff.
8	Over the coming months and years, the Welsh government and Health Education and Improvement Wales should ensure that every opportunity is taken to support surgical trainees to gain experience and training time and complete their training.
9	Welsh government should publish monthly planned surgery activity levels for Health Boards in Wales, to encourage the restoration of surgical activity and ensure equity of access to surgical services for patients.



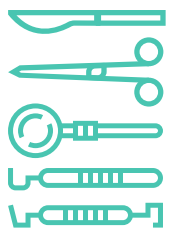
OVERVIEW

- **The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance patient care. We support nearly 1,000 members in Wales and nearly 30,000 members in the UK and internationally by improving their skills and knowledge, facilitating research and developing policy and guidance.**
- **Restoring planned surgical services in the context of COVID-19 represents one of the most complex challenges that the NHS in Wales has ever faced. The scale of the task should not be underestimated.**
- **Following the Senedd elections in May, resuming and restoring surgical services in Wales must be a national priority for any new Welsh government. It is key both to the health of the nation, and our wider economic health.**



WAITING TIMES IN WALES

- A huge waiting list for treatment and surgical treatment has built up in Wales under the COVID-19 pandemic. The latest available data show 221,849 patients waiting more than 36 weeks to start hospital treatment in January 2021. This compares to 27,314 in January 2020, an increase of 712%. There are now 541,702 patients in total waiting for hospital treatment in Wales, the highest number since records began.¹ Some surgical specialties and some geographical parts of Wales have been particularly badly affected.
- A significant planned surgery backlog already existed in Wales prior to the pandemic, so an already parlous situation has deteriorated much further.
- Although we are now fortunately seeing a reduction in COVID infections and admissions to hospitals, surgical activity has yet to return to normal levels in Wales. With each successive wave of the virus, surgical activity has dropped, due to reduced theatre access, staff shortages and infection control measures reducing theatre throughput.
- Furthermore, referrals for treatment from primary care have dropped significantly, a large number of patients waiting on outpatient waiting lists and people are still not presenting to primary care, so a huge 'hidden waiting list' will have built up over the past year in Wales. As with England,² experts predict the 'real' waiting list for treatment is far higher. We need to urgently understand what this might mean for waiting times in Wales.
- Research from Swansea University Medical School into surgical activity in England and Wales during the COVID-19 pandemic, outlines how much surgical activity was affected by the pandemic, and highlights that:
 - There was a 33% reduction in surgical volume in 2020 compared to the predicted number based on the years 2016-2019
 - There was a cumulative deficit of 1.5 million procedures by 31 December 2020 which would have been expected to have happened in a 'normal' year
 - They have modelled out the resumption of surgical services at the same rate as at the end of the first wave and estimate the cumulative deficit by the end of 2021 will have risen to 2.3 million procedures.³



541,702

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1

Recommendation 1:

The exact number of surgical operations cancelled as a result of the pandemic and the scale of the projected backlog in Wales is unknown. The Welsh government should undertake modelling and publish projections for the number of people who need an operation in Wales. Forecasting demand is crucial to planning the recovery of surgical services and helping patients understand how long they will be waiting for surgery.

THE IMPACT ON PATIENTS

- For many patients, a corrective operation is the best way to relieve debilitating pain and get people back up on their feet, back to work and enjoying life again.
- Long waits for planned care can have a range of negative impacts on patients. The common themes are pain, psychological distress, fears around deterioration in health, threats to employment and loss of income, and increasing lack of trust in care providers. This contributes to an overwhelmingly negative picture of life described at its worst as being ‘on hold’ or in a ‘no man’s land’.⁴
- Prolonged waits for surgery also risk further deterioration in patients’ condition, which can mean more complex surgery than being required, and there will sadly be some instances where patients die while waiting for a procedure.

2

Recommendation 2:

As an immediate priority, the Welsh government should ensure that all Health Boards urgently consider what measures can be put in place to support patients while they wait for surgery.

COVID LIGHT SITES

- The roll-out of a vaccine across the UK is a huge source for optimism, but it will still be many months before we feel its full effect. Additionally, vaccines are not 100% effective, nor can everyone safely, or choose to have a vaccine. In addition, there remains significant uncertainty with regard to possible further surges and variants of the virus.
- With the pandemic now entering its second year, we need to find a safe, sustainable way to ensure patients can access surgical services in Wales. For some time, we have been calling for COVID-light sites to be established at pace across Wales so that patients requiring cancer, urgent and planned surgery can be treated as safely as possible.
- There is a clear evidence base of the risks to surgical patients if COVID is contracted perioperatively, including a greater risk of mortality and pulmonary complications.^{5,6}
- No hospital site can be considered completely COVID free, but a number of measures can be taken to ensure that patients and staff who have self-isolated and have tested negative for COVID-19, are allowed to enter. The sites need to work alongside regular testing for asymptomatic front-line staff and patients.
- Although all Health Boards now have ‘green’ or COVID light pathways in place, when COVID admissions increase, these are not sufficient to protect surgical services, staff and patients. Furthermore, establishing COVID-light areas was a real challenge across Wales. Our survey of surgeons in Wales conducted in September 2020 showed that 30% of respondents were unable to access such facilities.⁷

3

Recommendation 3:

The Welsh government should urgently establish COVID-light sites, with a clear instruction to Health Boards to collaborate and plan strategically across regional boundaries to ensure equity of access to safe surgery for patients. The establishment of COVID-light sites will require significant re-organisation of surgical services and investment from the Welsh government.

PLANNING FOR THE RECOVERY OF PLANNED SURGICAL SERVICES IN WALES

- We welcome that the current Welsh government plans to publish an NHS Recovery Plan at the end of March.
- The implementation of a plan to eliminate the waiting list backlog should be an immediate priority of any new government. It should also be supported by sustained investment to increase the baseline capacity of the health service.
- Any recovery plan should ensure that use of capacity in the independent sector is maximised, along with scheduling modifications to increase hospital capacity. These should be not as an alternative to, but in addition to NHS hospitals in Wales and access needs to be equitable across all Health Boards.
- The new Welsh government should also give urgent consideration to establishing a national planned surgery recovery task force with a named clinical lead to oversee and strategically plan for the recovery of planned surgical services in Wales.

4

Recommendation 4:

The next Welsh government should commit to implementing a strategic plan for the recovery of planned surgical services in Wales overseen by a national planned surgery recovery task force and named clinical lead. This plan will need sustained investment in staff and bed capacity, along with support for new models of care such as surgical hubs.



A MORE RESILIENT SYSTEM

- The pandemic has shown that working across local health systems is key to delivering better services and improved patient outcomes.
- The Welsh government should ensure that Health Boards in Wales work together to provide “mutual aid” at times of extreme pressure, so that surgery can continue. There are examples of this working well in England, where by collaborating, Trusts have been able to designate a hospital as a surgical hub so that high priority elective procedures can continue. In London, system-level working has been crucial to establishing an elective recovery programme which utilises certain hospitals across the capital as hubs for specified types of surgical procedure.
- While the surgical hubs model is not a “one-size-fits-all” solution, it is a useful approach for some geographies, and for some surgical specialties. Surgical hubs may be the product of the pandemic, but they are also a useful approach to tackling the planned backlog in Wales, if they are properly supported.
- We are keen that a spirit of co-operation in Wales is nurtured, to retain the benefits of these developments and establish an approach to delivering surgical services which has patients’ timely access to surgery at its core.
- The suspension of planned procedures during the pandemic is not a one-off event in Wales. Surgery has been suspended during previous winters due to winter pressures and the impact of other infectious diseases such as flu and norovirus. In future, the use of models such as surgical hubs which split emergency and planned care can help maintain planned surgery through “normal” winters. The coordination involved means that it is best managed at system-level.
- Collaboration between clinicians and organisations was key to keeping services going through the pandemic. Perversely, the crisis proved to be an effective force for breaking down institutional and cultural barriers. We must retain and nurture this culture of collaboration to create a more integrated system in Wales, which makes smarter use of resources. This entails planning services on a population footprint that runs well beyond a single hospital or Health Board. Although changes to structures have a short-term cost because of the disruption brought about by change, over the longer term, if done well, they bring benefits to taxpayers in more efficient use of resources, and benefits to patients in improved access to high quality services.
- However, there will be the opportunity to learn the lessons from this challenge for the future of surgical practice. We should consider how the system can adapt, including by taking advantage of new innovative surgical technologies, implementing speedy testing, supporting surgeons and perioperative clinical professionals and reconfiguring care pathways.

Recommendation 5:

5

The Welsh government should immediately undertake a review of the organisation of surgical services across Wales to plan for a more resilient model of care that can better withstand future pandemics, winter and flu outbreaks.

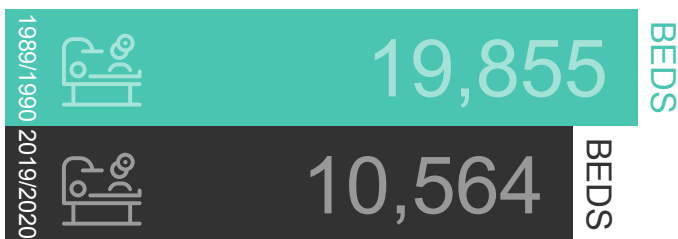
BED CAPACITY

- Our ‘State of Surgery in Wales’ report,⁸ highlighted the chronic lack of investment in bed capacity in Wales, particularly for critical care beds.
- According to the Faculty of Intensive Care Medicine in Wales, critical care capacity in Wales remains much lower than other European countries at 5.7 beds per 100,000 population, compared with Germany which has 27 beds per 100,000 of their population.⁹ It is disappointing that six years after we highlighted this issue in Wales, it is still a cause for significant concern.
- There is not just a shortage of critical care beds, but hospital beds more generally in Wales. Data shows a 46% reduction in the average number of daily available beds, from 19,855 in 1989/1990 to 10,564 in 2019/20.¹⁰ This may be a factor behind the significant waiting time problem that existed in Wales prior to the pandemic.

- If surgeons are to operate on high risk patients then it is essential that they receive the right level of care after surgery. There must be an appropriate number of critical care beds to manage high risk patients in the most cost effective and efficient way.

Recommendation 6:
The Welsh government should urgently invest to increase bed capacity and critical care bed capacity in Wales.

6



SUPPORT FOR WORKFORCE

- Throughout the course of the COVID-19 pandemic, we have been determined in our efforts to ensure that surgeons and surgical teams are supported in delivering vital patient care and are not exposed to unnecessary risk.
- Surgeons, their teams and colleagues across the health service in Wales have shown dedication and extraordinary hard work during the COVID-19 pandemic.
- However, the feedback from our members is that the pandemic has left NHS staff from a wide range of roles exhausted, burnt-out and traumatised. COVID-19 has had a detrimental effect on the psychological wellbeing of NHS staff working under huge pressure.

- Over the coming months it will be important to continue to be prepared for an unstable workforce related to fatigue, illness or social issues.
- Our guidance, “[Supporting wellbeing of surgeons and surgical teams during COVID-19 and beyond](#)” offers advice on how to spot when something is wrong and what healthcare managers can do to support staff.

Recommendation 7:
The Welsh government should ensure that all Health Boards have measures in place to support the mental health and wellbeing for NHS staff.

7

EXPANDING THE WORKFORCE

- An expansion of the workforce will be necessary to recover surgical services. We cannot rely solely on recently retired staff to address the waiting times backlog. In addition, we need to bolster training and make better use of the range of professionals that form a surgical team.
- Furthermore, although consideration should be given to extending hours of planned surgery and operating at weekends, staff should not exceed recommended weekly working hours. Instead, modified hours should enable flexible working, and less than full time working for members of surgical teams.
- It is important to note that surgical training has been severely affected by the pandemic and there is a risk of a lost generation of surgical trainees. Getting elective operations up and running again is essential to the future of the surgical workforce, as limited elective activity has been identified as one of the key barriers to enabling trainees to access appropriate time in theatre. Every elective operation should be considered a training opportunity.
- In order to reduce current waiting lists and address the predicted increase in undiagnosed activity, we will need to increase activity to above 2019 levels. Significant investment will be required to increase numbers in all surgical roles, to increase and ring fence beds, as well as in services such as diagnostics and critical care to ensure a whole system approach and eliminate bottlenecks.

8

Recommendation 8:
Over the coming months and years, the Welsh government and Health Education and Improvement Wales should ensure that every opportunity is taken to support surgical trainees to gain experience and training time and complete their training.



ACTIVITY TARGETS

- In England, stretching targets were set by NHS England for Trusts to restore elective activity levels by 80% by the end of September and 90% by the end of October 2020.¹¹ This provided a huge incentive and direction to the health service to restore surgical services over the summer, once the first wave of COVID had dissipated.
- In Wales, no equivalent activity target was set. After a significant reduction in provision of surgery during the ‘first wave’ of the pandemic, the feedback from our members in Wales was that the recovery of planned surgery services was patchy and inconsistent, with activity levels significantly diminished even up to December 2020. This was reinforced by the results of our September survey of surgeons, which showed that, in some specialties, only just over a third of surgeons in Wales saw elective services back up and running.¹²
- Recent evidence also highlights that between 1 January 2020 and 31 December 2020, there were 3,102,674 admissions for a surgical procedure in England and Wales. Of these, 2,981,161 (96%) were in England and 121,513 were in Wales.¹³
- As we plan for the recovery of surgical services once again, we need to ensure that planning is done strategically across Health Board boundaries to ensure equity of access to surgical services for patients.

Recommendation 9:

9

Welsh government should publish monthly planned surgery activity levels for individual Health Boards in Wales, to encourage the restoration of surgical activity and ensure equity of access to surgical services for patients.

You can read our specific recommendations for Northern Ireland in our [Northern Ireland Action Plan for Surgical Recovery: 10 Steps not 10 Years](#) and for England in our [A New Deal for Surgery](#).



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