



Terms of reference

2019 Auditor General Review of Orthopaedics Services in Wales

Background

- 1 It is estimated that around 20% of GP consultations are for patients with musculoskeletal problems, and 1 in 2 adults will require orthopaedic surgery at some point in their life. As well as suffering pain and discomfort, orthopaedic problems can affect quality of life and the ability to work, which has wider socio-economic implications. Across the UK, over 30 million working days are lost due to musculoskeletal conditions each year. Orthopaedic and musculoskeletal services account for around 6 per cent of the total budget for NHS Wales. The budgeted cost for these services in Wales for 2016-17 was £378 million, an average of £121 per head of population¹.
- 2 In 2015, the Auditor General undertook a review of orthopaedic services in Wales. This followed the allocation of £65 million by the Welsh Government in 2013 to improve performance and to develop sustainable orthopaedic services. In 2015, the Welsh Government launched the [Wales National Orthopaedic Implementation Plan](#).
- 3 In June 2015, we published a [national report](#) which concluded that ‘*orthopaedic services have become more efficient in the past decade, but NHS Wales is not well placed to meet future demand because whilst there has been a focus on securing immediate reductions in waiting times, less attention has been paid to developing more sustainable, long-term solutions to meet demand*’.
- 4 The report made six recommendations to the Welsh Government and health boards (outlined in [Appendix 1](#)). A detailed [data pack](#) outlining comparative performance across the totality of the musculoskeletal pathway was also produced for each of the health boards.
- 5 Within the data packs, RAG ratings were used to identify areas for improvement. Each health board subsequently developed an action plan in response to the areas for improvement, and the Welsh Government provided a management response to the six recommendations. The Welsh Assembly’s Public Accounts Committee considered the report in January 2017 and have taken updates from the Welsh Government on progress during 2018.
- 6 Although waiting times for orthopaedics have reduced more generally over the last 10 to 15 years, the number of patients waiting more than 26 weeks for orthopaedic treatment has remained static since our work in 2015 with significant numbers of

¹ 2016-17 is the latest data available on [Stats Wales](#)

patients waiting for treatment. At December 2018, 15,447 patients were waiting more than 26 weeks for orthopaedic services, compared to 8,485 for ophthalmology services, the second most problematic area. High waiting times for orthopaedic services has been commented on by Welsh Assembly members and has had relatively recent press coverage.

- 7 The continued high number of patients waiting more than 26 weeks for orthopaedic services would indicate that health boards are still struggling to meet demand, and that sustainable solutions are still not being implemented to their full extent. Using performance comparisons, our 2015 work identified considerable scope to improve the efficiency of orthopaedic services with potential savings identified of £10 million based on improved day case performance, and a reduction in 'did not attend' rates. Our recent [follow-up outpatient report](#) identified that follow-up outpatient performance in orthopaedic services also continues to be problematic.
- 8 Given the level of investment in, and demand for, orthopaedic services, as well as the time since the launch of the Implementation Plan and the Auditor General's original review in 2015, the Auditor General has included a follow up review of orthopaedic services in his local audit programme at health boards in Wales. This terms of reference sets out the approach we will take to review orthopaedic services during 2019.

Scope and focus

- 9 The review will examine whether orthopaedic services have improved since our original review in 2015, and specifically the extent to which previous audit recommendations have been implemented at a national and local level. Our review will also include an assessment of the extent to which the national planned care programme is supporting service improvement and development.
- 10 Our focus will be on general elective orthopaedic services, but where appropriate we will also consider the impact on elective services from unscheduled care demand. We also understand that there is national work on Time-Drive Activity Based Costing (TDABC)² for elective knee replacement surgery. We will draw on the findings from this work where relevant and possible.

Audit approach

- 11 This review will be delivered in three parts.
- 12 **Data collection and analysis** - We will undertake a data collection and analysis exercise from January through to April 2019. This phase will utilise existing publicly available data sets but will also rely on data from health boards and national information providers such as the NHS Wales Informatics Service (NWIS). The analysis will be presented through an interactive data tool which we will seek to make available to all health boards during the course of our work.
- 13 **Local health board work** - We will undertake onsite fieldwork at all health boards between April and July 2019. This phase will seek to determine progress that has

² TDABC is a cost accounting process which seeks to identify the steps in a patient pathway, the resources and time associated with each of the steps, and then the associated costs for each step to calculate the total cost of the patient care. This process is then used to identify areas of efficiency.

been made in developing the orthopaedic pathway, addressing areas for improvement identified in our previous local data packs and progress against national recommendations where relevant. We will use the interactive data tool to help shape the work required at each health board.

- 14 As a minimum, fieldwork will include a visit to key services which form part of the orthopaedic patient pathway, a focus group involving representatives from key professional groups, interviews with the senior management team for orthopaedic services and a review of documentation. Core documentation required for our work is set out in [Appendix 2](#). Documents should be collated and sent electronically to the Wales Audit Office as set out in the appendix.
- 15 **Review of national arrangements** – During 2019 we will undertake work at a national level. This phase will include observations at key national meetings such as the Welsh Orthopaedics Board and Planned Care Programme Board. We will also review documentation and interview key stakeholders at appropriate stages.
- 16 Where we process personal data, this is in accordance with data protection legislation, including the Data Protection Act 2018 and the General Data Protection Regulation. Further information is set out in our fair processing notice attached at [Appendix 3](#).

Timing of the work

- 17 The timing of the key stages of our work with health boards is set out in [Exhibit 1](#). These timings may be subject to change if any difficulties are encountered in collecting evidence or clearing draft audit findings.

Exhibit 1: Timing of the work

Key stage	Timing
Data request	March 2019
Set up meetings at health boards	April 2019
Substantive evidence gathering	April – July 2019
Feedback and draft reporting to health boards	July – September 2019
Final reports to health boards	By end of November 2019
National summary report	January 2020

Reporting our findings

- 18 The main output from our work will be a report for each health board setting out local findings. In line with the Wales Audit Office's arrangements for public reporting, we will publish these reports on our website once they have formally been considered by the relevant Board committees. We will also seek to publish our interactive data tool.
- 19 Findings from our local work along with the results of our work undertaken at a national level will also be summarised into a national report which is due to be published in January 2020.

Wales Audit Office contacts

- 20 Further information on the review can be obtained from Anne Beegan, Project Manager (Tel: 07879 848666 / Email: anne.beegan@audit.wales) or Andrew Doughton, Performance Audit Lead (Tel: 07812 094642 / Email andrew.doughton@audit.wales).

Appendix 1

Recommendations from our 2015 report

Exhibit 1: Recommendations made in the 2015 report on orthopaedic services.

Recommendation	
R1	The wait associated with the Clinical Musculoskeletal Assessment and Treatment Services (CMATS) is currently excluded from the 26-week target, although some services are based in secondary care and there are variations in the way in which CMATS are operating. As part of the response to recommendation 3 in the Auditor General's report NHS Waiting Times for Elective Care in Wales , the Welsh Government should seek to provide clarity on how CMATS should be measured, in line with referral to treatment time rules, to ensure that the waiting time accurately reflects the totality of the patient pathway.
R2	Our work has identified that the rate of GP referrals across health board areas varies significantly per 100,000 head of population. The variations are not immediately explained by demographics suggesting differences in referral practices and potential scope to secure better use of existing resources by reducing inappropriate referrals. Health boards should ensure that clear referral guidelines are implemented and adhered to, and that appropriate alternative services are available and accessible which best meet the needs of the patient.
R3	Despite improvements in efficiencies, NHS Wales is still not meeting all its efficiency measures related to orthopaedic services. Our fieldwork showed that there is scope for even better use of orthopaedic resources, particularly in relation to outpatient performance. As part of the response to recommendation 2 in the Auditor General's report NHS Waiting Times for Elective Care in Wales , the Welsh Government and health boards should work together to reshape the orthopaedic outpatient system and improve performance to a level which, at a minimum, complies with Welsh Government targets and releases the potential capacity set out in Appendix 4 of this report.
R4	Our work has identified that, at a national level, there were weaknesses in the ability to influence the delivery of the National Orthopaedic Innovation and Delivery Board's objectives within health boards and to monitor and evaluate efforts to improve orthopaedic services. When establishing similar national arrangements in the future, including the National Orthopaedics Board, the Welsh Government should ensure that the factors that led to the weaknesses in the Delivery Board are considered and actions are put in place to mitigate those weaknesses being repeated.
R5	All health boards have made some progress in putting in place alternatives to orthopaedic surgery, specifically CMATS, but our work found that these are often small scale, at risk of funding pressures and lack any evaluation. The Welsh Government and health boards should work together to undertake an evaluation of CMATS to provide robust evidence as to whether they are providing sustainable solutions to managing orthopaedic demand.
R6	NHS Wales collects and produces a great deal of information about the performance and activity of musculoskeletal services; however, data relating to patient outcomes and patient experience is much sparser. The Welsh Government and health boards should work together to develop a suite of outcome measures as part of the Outcomes Framework, supported by robust information systems, which provide comprehensive management information as to whether orthopaedic services are demonstrating benefits to patients and minimising avoidable harm.

Appendix 2

Document request

- 21 The following table lists the documents the Wales Audit Office will require as part of the fieldwork for the review of orthopaedic services. Documents should be sent electronically to delyth.lewis@audit.wales by 26 March 2019.

Document	The purpose for requesting the document
<ul style="list-style-type: none">Local referral guidelines and pathways implemented within the health board to support the management of orthopaedic conditions.	To understand the range of guidelines and pathways in place to ensure appropriate management of patients with orthopaedic conditions.
<ul style="list-style-type: none">CMAT service model, structure, reports, staff resourcing, costs. Any self-assessments or reviews of CMAT services.	To understand how CMAT services are operating in the Health Board
<ul style="list-style-type: none">CMAT measures (such as rate of onward referral to acute or other settings, waits for CMATs)	To understand the quality and impact of CMAT services
<ul style="list-style-type: none">Service level agreements (SLA) with other NHS bodies or external or private orthopaedic service providers for 2018-19, and the latest monitoring information used to measure delivery against the SLAs.	To understand the extent to which services are provided from outside the health board, and the basis in which those services are commissioned and monitored.
<ul style="list-style-type: none">2017-18 Month 12 financial information relating to orthopaedic services (where possible this should include budgetary and actual financial information related to theatres, therapies and diagnostics and primary and community-based services).	To understand the level of financial information available to manage orthopaedic services and to understand the budgetary position at the end of the financial year.
<ul style="list-style-type: none">Savings plans relating to orthopaedic services for both 2017-18 and 2018-19 (where possible this should include theatres, therapies and diagnostics and primary and community-based services), and the latest monitoring information used to measure achievement of savings.	To understand the level to which saving requirements are being placed on orthopaedic services and how well savings are being achieved.
<ul style="list-style-type: none">Specific examples of lean orthopaedic surgical pathways developed and adopted. Any analysis of the impact of these and any other related good practice.	To understand extent and impact of innovative practice, efficiency and good practice.
<ul style="list-style-type: none">Reports relating to patient experience or patient outcomes (including PROMS) undertaken in the last two years, for example, local clinical audits, patient surveys or external reviews. Include any response to external reviews.	To understand the level of focus given to patient experience and outcomes within the health board in relation to orthopaedic services, and to understand the issues affecting orthopaedic patients in the health board.
<ul style="list-style-type: none">Demand and capacity analysis of current and future demand.	To understand the extent to which the health board understands the demographic factors which will impact on the current and future demands for orthopaedic services.

Appendix 2

Document	The purpose for requesting the document
<ul style="list-style-type: none"> Local orthopaedics strategy and plans including supporting operational, workforce, finance and capacity plans (where possible, plans should include theatres, therapies and diagnostics, and primary and community-based services). 	To understand the local vision for orthopaedic services and the extent to which integrated operational plans which cover the totality of the orthopaedic patient pathway have been put in place to achieve the vision.
<ul style="list-style-type: none"> Reports presented to Board and/or Committees (such as sub committees of the Board and executive management committees) in relation to orthopaedic services in the last two years. 	To understand the extent to which orthopaedic services have received a high profile within the health board, particularly since the allocation of WG orthopaedic monies. And to understand the key issues related to orthopaedics that senior management have been addressing over the past two years.
<ul style="list-style-type: none"> Latest reports outlining the performance of orthopaedic services at a department, directorate and health board level. Reports should cover the broad spectrum of performance including quality and safety. 	To understand the extent to which performance reports provide a comprehensive picture of performance across the orthopaedic patient pathway, and the depth at which information is available at the differing levels within the health board.
<ul style="list-style-type: none"> A document/diagram outlining the local structure of groups/committees which orthopaedic services are a key focus, as well as the terms of reference for these groups and the minutes for the last three meetings. 	To understand the structures in place within the health board, their focus and the impact that these groups have in shaping orthopaedic services.
<ul style="list-style-type: none"> Any benchmarking information relating to orthopaedic services. 	To understand the level in which health boards participate in benchmarking to support performance management arrangements.

Appendix 3

Fair Processing Notice

This privacy notice tells you about the potential collection of your personal information by the Auditor General for Wales (and by the Wales Audit Office on his behalf).

Who we are and what we do

The Auditor General's work includes examining how public bodies manage and spend public money. We are collecting information to help us to assess whether NHS bodies have proper arrangements in place to secure economy, efficiency and effectiveness in the use of their resources and whether these could be improved. The information collected will be used for this review, and where relevant, may also be used to inform the Auditor General's planned follow up of NHS Waiting Times for Elective Care in Wales. The information may also be used in our wider statutory audit work (such as the Structured Assessment and Annual Audit Report).

The relevant laws

Our work in relation to the NHS is done under section 61 Public Audit (Wales) Act 2004, Section 135 Government of Wales Act 2006, and section 145a Government of Wales Act 1998.

What we will do with your information

We are asking for opinions and information about NHS services and how they are provided. Some of this information may be information about identifiable individuals, which would make it personal information, even though the purpose of our work is not in itself to collect information about identifiable individuals.

The Auditor General and the audit team from the Wales Audit Office will have access to the information you provide. We may share some information with the Health Board in our discussions with its senior managers, and our report may include some information. The information that we share and publish will be anonymous and will be about the themes and trends that we identify.

We will not use information to investigate specific complaints arising from use of the service. If you have a complaint about a service, we will direct you to the Health Board's complaint procedure.

We will keep the information collected for a period of 7 years following publication of our report. We will keep personal data for a period of 7 years following publication of our report, or 25 years if published within a report, and we will hold data securely in accordance with our Information Security Policy.

Appendix 3

Your rights

Under data protection law you have the right to request a copy of the current personal information held about you and a right to raise an objection to data processing that causes unwarranted and substantial damage and distress.

If you wish to discuss any objections or concerns, or obtain a copy of the current personal information held about you, please write to: The Information Officer, Wales Audit Office, 24 Cathedral Road, Cardiff, CF11 9LJ or email infoofficer@audit.wales.

The Information Commissioners Office

If you require further information in relation to your rights under data protection law or are dissatisfied with how we are handling your personal data you may contact the Information Commissioner at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, or email casework@ico.gsi.gov.uk, or telephone 01625 545745.