PROPOSAL

Primary Care Contracted Services: Outpatients Waiting Lists First Appointment Scheme:
PCCS: OWLS (FA)

Background

1. Waiting lists in Wales have been disrupted significantly in responding to the Covid-19 pandemic, resulting in increased waiting times across varying specialisms within the wider health and care system. This is having an impact on those patients waiting to be seen whose conditions are more likely to deteriorate and require more complex interventions. The impact is also being felt in primary and community services who are responding to needs in the community.

2. The Planned Care Plan 2025/26 has the aim of providing access to diagnostics and treatments more quickly alongside resetting waiting lists to pre pandemic levels.

3. It is recognised that Primary Care practitioners play a vital role in managing referrals and advising patients on the access to treatment.

4. We have been working with contractor professions for some time to gain their involvement and engagement in supporting secondary care in reviewing waiting lists including clinical reviews of those currently on the waiting list for their first appointment.

5. This proposed multi-contractor model will enable Health Boards to commission primary care practitioners to support the review of, and reduction in, where appropriate, waiting lists which are both a priority and appropriate for primary care intervention.

6. This initiative targets the first appointment waiting lists as a greater benefit can be realised from these reductions.

Overview

7. The scheme will be divided into 2 components:

Component 1 Patient Review

8. A review of outpatient first appointment waiting lists for those patients who have been waiting for less than 26 weeks and referred before 15 October 2025, to see a secondary care clinician, including waiting list validation where needed and optimisation of the patient pathway. Component 1 expects engaged providers to:

- **Consider if there is an ongoing need for a secondary care referral** (waiting list validation and triage).
- **Manage the patient in the practice** according to local and nationally agreed pathways and remove them from the waiting list.
- **Ensure patient care and referral information are optimised** according to local pathways, with advice and guidance if necessary.

Component 2 Learning and Improvement

9. The nominated practice lead will undertake monthly clinical review of all new referrals and consider if they meet the guidance in the local Community Health Pathways where available and provide feedback and learning opportunities to each referrer. This is expected to be a clinical meeting or alternative feedback mechanism where relevant clinicians are not available. This is intended to embed the use of the pathways in everyday clinical practice.

10. The scheme will support Local Health Boards to manage the risk of harm to patients on outpatient waiting lists, by prioritising those patients with the greatest need of specialist care, while embedding Community health pathways into the routine clinical practice of Primary Care Contractors.

Purpose of the Scheme

11. The underlying purpose of the scheme is to enable a review of outpatient first appointment waiting lists by dentists, general medical practitioners, optometrists and NHS pharmacists, for those patients who have previously been referred to secondary care where the first appointment has not yet been undertaken or booked and, where a review indicates that definitive safe and effective treatments, investigations or assessments could be made within primary and community care to enable the provision of services to those patients.

12. It also aims to embed Community Health Pathways into clinical practice within Wales.

Information to be supplied by the Health Board for each patient to be reviewed

13. For each patient requiring an outpatient waiting list review the relevant Local Health Board must provide the engaged provider with the patient's —

i. name,
ii. NHS number,
iii. address,
iv. telephone number,
v. specialist/specialty waiting list,
vi. date of referral, and
vii. source of referral.

Component 1 Patient Review

14. The engaged provider must:

a. review the patient's contact details (address and phone number) to ensure they have the correct information, and review the clinical records to determine whether the first outpatient appointment is still required (e.g., the patient has been seen privately, or their condition has resolved);

b. review the patient's care record and
    i. review the patient's care using Community Health Pathways as a reference and discuss treatment, therapies or investigations that should be offered.
    ii. contact the patient to discuss whether the condition of, and/or risk to, the patient has altered since the patient's referral, this may require a face-to-face clinical assessment, and if appropriate report this back to secondary care
    iii. where appropriate, obtain specialist advice; or similar relevant to you

c. report to the relevant Local Health Board, within 14 days, the agreed outcomes of each patient review using the standard template at Appendix 1.

15. The outcomes of the review could include but are not limited to:

- removing the patient from the waiting list as that patient is—
  - incorrectly included on the list,
  - able to be managed safely in primary care and the patient consents to the same,
  - put on to a OWL Initiated First Appointment (OWL- IFA)/ or SOS pathway which is initiated immediately and reinstates the patient's position on the waiting list once pre-referral care has been optimised according to the CHP and the clinical indication for referral still exists in spite of optimising care in the community.

- retaining the patient on the waiting list owing to—
  - expediting the patient's referral,
  - there being no change to the initial referral made,
  - the engaged provider arranging an investigation, the result of which will aid the decision on future treatment options.

- where, on review, a patient has been identified as no longer on a practice registered list, the patient is not to be removed from the waiting list in these circumstances. The Local Health Board should validate this and take any appropriate action.

Patients on more than one waiting list

16. Where a patient is on more than one outpatient waiting list, the engaged provider must conduct a full review in respect of each waiting list that patient is on.

17. The engaged provider is entitled to claim payment for the amounts specified in paragraph 19 for each waiting list reviewed commensurate with the actions completed as part of each review.

Component 2 Review against Community Health Pathways

18. Over the period of this scheme to March 2026, the engaged provider will undertake a monthly audit of their new referrals to 8 specialities identified by the local health board or their 8 highest referral pathways. Where appropriate, alternative specialities and number of specialities can be agreed between the Local Health Board and the engaged provider. For each speciality they will hold a clinical meeting within the practice where they review the speciality pathways guidance on Community Health Pathways and correlate to the 10 most recent referrals to that speciality. Individual Clinicians will be asked to reflect on their practice in this meeting. Minutes and actions for each meeting will be provided to the HB for evidence of activity.

Funding

19. Component 1 Review of individual patient care

- Completion of 14.a.- £10 per patient
- Completion of 14.b. i, ii, & iii - £40 per patient
- Completion of 14.c. - £10 per patient

20. Component 2

- Each Clinical Meeting - £500 per meeting for practices up to a median list size as at 1st April 2025, with a further £0.03 per patient on the patient list, up to a maximum of 8 meetings up to 31 March 2026.

Record keeping

21.The engaged provider must, as soon as reasonably practicable, and no later than 14 days, ensure that all stages of the outpatient waiting list review are recorded in the relevant patient record of each patient who has been reviewed under the Scheme.

Data Sharing agreements

22. All data collected including patient registers and review documentation, must be retained in accordance with Local Health Board data sharing agreements and within retention period guidelines. Practices must:

- Use approved systems and methods for data deletion.
- Maintain audit trails confirming the destruction of patient-identifiable data.
- Ensure that any shared or locally stored data is removed from systems no longer in use for this service.

Termination of arrangements

23. An arrangement between an engaged provider and a relevant Local Health Board for the provision of services made pursuant to these Directions and this OWLS (FA) Specification may be terminated—

i. automatically, when the Scheme comes to an end;
ii. immediately, where the relevant Local Health Board requires that the engaged provider withdraws from the arrangement because the relevant Local Health Board is of the opinion that the engaged provider is not complying with their obligations under the Scheme;
iii. by the relevant Local Health Board giving the engaged provided not less than 4 weeks' notice in writing, where the relevant Local Health Board wishes to terminate the arrangement with the engaged provider for any reason other than that specified by sub-paragraph (b); or
iv. by the engaged provider giving the Local Health Board not less than 4 weeks' notice in writing, where the engaged provider wishes to terminate the arrangement with the relevant Local Health Board for any reason.

Appendix 1: Outcomes of patient reviews

			OUTCOME		
Speciality	Number of patients on waiting list provided by Health Board	Number of patients reviewed by practice this quarter	Number of patients discharged from waiting list	Number of patients remaining on waiting list	Number of patients uncontactable
e.g. Dermatology					