

Our ref: IG/FOI/FOI.258.25

25 April 2025

Sent via email to: [REDACTED]

Dear [REDACTED]

Request under the Freedom of Information Act 2000

I write further to your request for information, which was received on 26 March 2025, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) party holds the information that you require but have applied an exemption to elements of this request.

For ease of reference your request is set out below and my response follows.

Your Freedom of Information (FOI) Request:

Please see the following questions:

Q1. When a patient is referred to a hospital in England for treatment unavailable in the county, which hospitals receive the most Powys patients? Please assemble a table for the top 10 or so hospitals in England referred to from Powys hospitals, and the number of persons referred for the past ten years.

Q2. What is the longest wait on PTHB waiting lists for any form of treatment, out of those currently waiting?

Q3. How much money was spent in the fiscal year 2023/2024 (if unavailable, please use an earlier date) in referring Powys patients to NHS hospitals in England?

Q4. How much money is projected to be spent doing the same in the coming fiscal years, if the new proposed waiting list delays are incorporated?

Q5. How many people will be affected by the proposed waiting list delays?

Q6. What will be the longest projected wait for treatment under the proposals, and what would it have been under the current system. taking the 2023/2024 fiscal year as an example?

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Q7. What are the figures for QUESTION 1, applying only to cancer patients?

Q8. What are the figures for QUESTION 1, applying only to mental health patients?

Q9. How many people in Powys are currently on the waiting list for treatment or all other appointments in relation to mental health?

Q10. How many people in Powys are currently on the waiting list for any appointment or treatment in relation to Autism Spectrum Disorder (ASD)?

Q11. How many people in Powys are currently on the waiting list for any appointment or treatment in relation to a disorder giving rise to special educational needs (SEN) in children?

Q12. Under the proposed waiting list delays, what will be the average time added to a patient's wait for an appointment or treatment?

Q13. Following the forthcoming NIC reforms, how will Powys hospitals be fiscally affected? Is there a pre-existing financial projection accounting for this?

Q14. What is the current projection for the Board's finances, should these waiting list proposals NOT be implemented?

Q15. Following from QUESTION 14, how quickly would a deficit be resolved by the waiting list proposals? Will it be lifted at all?

Powys Response:

Q1. Please see FOI.258.25 Attachment 1 for the number of patients who have attended hospitals in England for treatment which is unavailable in the Powys. Please Note: Due to the rural and sparsely populated nature of Powys, patients may travel to English providers due to their geographical location, this does not mean treatment is not available in Powys.

Q2. I can confirm the longest waiting time for a Powys resident for externally commissioned planned care services with an English provider is over 290 weeks. Please Note: There are differing reasons for this length of time some of which are patient initiated or complexity of treatment required.

Q3. I can confirm the amount spent for referring patients to NHS hospitals in England was £72.0m.

Q4. Powys Teaching Health Board 2025/26 Annual planning assumptions indicates the Health Board is likely to spend circa £90m with English providers before any savings or efficiency initiatives are realised. The board paper dated 26 March 2025 (see link below for access) sets out two tactical commissioning options, one of which is for English providers to treat patients in line with Welsh Waiting times. The scenarios are hypothetical in nature, assuming patients will be treated exactly in line with Welsh Waiting time. This could potentially defer £11.7m of direct costs with English Commissioners, and associated costs (diagnostics, drugs and devices of circa £4.7m), affecting over 47,000 patient

contacts over a full year. This quantifies the maximum impact of such a proposal, whilst further work with providers would need to be carried out to refine these figures for 2025/26 based on timings and other practical matter in managing such as shift in waiting times.

We are currently working through the planning considerations with regards to the proposal to work to Welsh Government Targets with English providers however our initial planning is already referenced in board papers that are available to the public via: [Board Meetings - Powys Teaching Health Board](#)

Q5. Please see Q4 above.

Q6. Waiting times for English providers are available in the public domain via the My Planned Care website [My Planned Care NHS](#). Powys patients would previously have sat within these parameters. We are still working with our English providers to understand how they will operationally manage to the Welsh Targets and therefore are currently unable to say at what point in time patients will be treated.

Q7. I can confirm PTHB are unable to provide the level of information requested as we are unable to accurately provide the details around the number of cancer referrals as some patients are found to have cancer following initial investigation. However any cancer activity collected will be included in Attachment 1.

Q8. Please see FOI.258.25 Attachment 1 for the number of patients who have attended hospitals in England for Mental Health treatment which is unavailable in the Powys. Please Note: Due to the rural and sparsely populated nature of Powys, patients may travel to English providers due to their geographical location, this does not mean treatment is not available in Powys. Activity collected has been coded as the following:

Code	Speciality
656	Clinical Psychology
710	Adult Mental Illness
711	Child and Adolescent Psychiatry
712	Forensic Psychiatry
713	Psychotherapy
715	Old age psychiatry
722	Liaison Psychiatry

Please Note: Where an * is shown, PTHB is unable to provide these exact numbers due to the low numbers of individuals involved (5 or less). PTHB believes there is a potential risk of individuals being able to be identified, when considered with other information already available within the public domain, if this was disclosed. Therefore, the data is classed as personal data as defined under the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute unfair and unlawful processing in regard to Articles 5, 6, and 9 of UK GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

Q9. I can confirm PTHB are unable to respond to this question as we don't have Mental Health waiting list numbers for external providers as Mental Health is not submitted as part of Referral To Treatment (RTT). PTHB only have validated waiting list data for a subset of our internal Mental Health teams (Psychology, Local Primary Mental Health, Memory Assessment Service and Child and Adolescent Mental Health Services (CAMHS)).

Q10. I can confirm there are currently 350 adults awaiting assessment for Autism Spectrum Conditions (ASC).

Q11. In relation to Neurodevelopment conditions there are currently 1109 children waiting as at the 21st April 2025 for a diagnostic assessment. These figures include only those waiting for a first appointment of a Neurodevelopment assessment. It does not include those who are awaiting completion of their assessment.

Q12. Please see Q4 above.

Q13. A precise figure is not known at this stage of the year, as it is dependent on NHS Pay awards and the number of staff employed next year, and the Part-time makeup of these staff, which can have a significant impact on the National Insurance Contributions (NIC) costs give the threshold changes. Indications are that the Health Boards NIC cost pressure will be between 4% and 6% of the Health Boards total pay cost (circa £123m in 2024/25). These costs are usually fully funded by Welsh government.

Q14. As per the Health Boards 2025/26 Initial Financial plan, a deficit of £38.4m.

Q15. As above the financial impact would be £16.4m over a full year. However, once practicalities and timescales are worked through with providers, the value of the costs deferred into future years may be lower. The decision to adjust the commissioning of services from English Trusts to comply with maximum waiting times for Wales defers the cost of treatment into a future year. It does not result in a recurrent reduction in expenditure.

As per Q4, the initial projection in board papers already available to the public, however this proposal is just one of several that are being reviewed and implemented to reduce the deficit, and one single measure will not resolve this position. We will be working closely with English and Welsh providers to monitor the achievement and management of the Welsh Government Targets and look to reduce waiting times equitably throughout 2025/26 amongst all providers.

Under the terms of the Health Board's Freedom of Information procedure, individuals seeking access to recorded information held by the Health Board are entitled to request an internal review of the handling of their requests. If you would like to complain about the Health Board's handling of your request, please contact us directly at the address below or register your complaint via powys.foi@wales.nhs.uk

If after Internal Review you remain dissatisfied you are also entitled to refer the matter to the information commissioner at the Information Commissioner's

Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH.
Telephone Number: 0330 414 6421.

Yours sincerely



Helen Bushell
Director of Corporate Governance/Board Secretary

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay.