

Abridged Welsh Surgical Manifesto



The ROYAL
COLLEGE of
SURGEONS of
EDINBURGH

RCSEd's Manifesto for the 2026 Welsh Parliament Election

Despite the best efforts of NHS staff, 794,543 “patient pathways” were waiting to start in June 2025, 41% of which were for surgery.¹

The Welsh Government’s waiting times target states that 95% of pathways should wait no more than 26 weeks from referral to treatment and that no patient should wait more than 36 weeks.²

However, in June 2025, less than half of patients waited less than 26 weeks for their surgical treatment to start with 42% waiting more than 36 weeks.³

Moreover, many patients are waiting over a year for surgery. For example, 28% of patient pathways requiring orthopaedic surgery hadn’t started after 52 weeks⁴ with similar long waits in

Otorhinolaryngology (Ear, Nose & Throat) (28% pathways) Urology (24%) and General Surgery (23%).

According to the World Health Organisation, health inequalities in Wales costs some £322 million per year.⁵

Moreover, Wales’s population is on average older, poorer and sicker than most other parts of the UK, with those living in Wales’s most deprived communities being nearly four times more likely to die from avoidable causes.

Further, the British Heart Foundation Cymru also reports that people in more deprived areas are more likely to shoulder the greatest burden of disability and death from heart and circulatory diseases” and the premature death rate for these

conditions is 116.4 per 100,000 in Blaenau Gwent (one of the most deprived areas in Wales), compared to 58.2 in the Vale of Glamorgan (one of the least deprived areas).⁶

Studies have shown that patients from the most deprived areas are more likely to experience long-term health conditions and to wait longer for elective surgery.⁷ Black, Asian or mixed ethnic backgrounds also tend to wait longer for treatment than White patients, even when differences in age and deprivation are considered.

As found elsewhere in the UK, these patients also tend to have more post-operative complications and require prolonged inpatient stays, thereby contributing to Wales's longer hospital stays, bed blocking and poor patient flow. Indeed, doctors in Wales are more likely than the UK average to identify patient flow or bed pressures as a barrier to providing good patient care.⁸

1. Support New Models of Care and Innovation

The current situation:

- Between April 2022 and March 2023, 6,350 procedures were cancelled at the last-minute in Wales, with 75% of those being down to patients saying they were unfit to undergo the procedure.⁹ Many of these cancellations could be reduced through better preoperative planning and intervention.
- The Welsh Government estimate that 1 in 5 adults in Wales will be living with a major illness by 2040.¹⁰

- Our members and fellows already engage in innovations such as online consultations, remote monitoring of people with long-term conditions and community rehabilitation.
- There is only one Surgical Hub in Wales.

We therefore ask the next Welsh Government to:

- Promote cross-departmental working on health and determinants such as housing, education, the economy, transport, access to arts and leisure and environmental factors.
- Continue the 3Ps programme that prepares patients make informed decisions about their health care and equips them with the skills to manage their health while waiting for treatment.
- Create surgical hubs in each Health Board.

2. Invest in Infrastructure and Innovation

The current situation:

- The Health Foundation estimates that for every £1 spent on acute care results in £10.77 in economic benefits.¹¹
- In order for the Welsh Government to meet its pledge to reduce waiting lists by 200,000, to eliminate two-year waiting times for planned treatment and restore a maximum eight-week wait for tests by March 2026, it must address the estimate £793 million

maintenance backlog¹² and increase the number of acute surgical beds.¹³

- Wales hosts initiatives, such as the Life Science Hub that supports the use of AI. However, staff are not adequately trained for the increasing role of AI is expected to play in clinical and operational settings.¹⁴

We therefore ask the next Welsh Government to:

- Address and invest in NHS infrastructure in order to address the backlogs.
- Work with Medical Royal Colleges and patient groups to ensure new models of care reflect current and future patient need.
- Ensure the use of AI technologies is shaped by medical professionals and only AI that has been registered by the Welsh Government is used within the NHS.
- Develop a robust professional and ethical code of conduct for regulated use of AI, whereby only those listed on the Welsh AI register can be used.

3. Look after our NHS Workforce

The current situation:

- The number of medical and dental staff in Wales has been increasing over recent years, rising from 8,607 in December 2022 to 9,283 in March 2025.¹⁵ Additionally, NHS staff have the lowest sickness rate in the UK,¹⁶ and there has been a steady decrease in the amount of Health Boards spend on agency and locum staff.¹⁷

- Yet, 17% of doctors in Wales are believed to have taken 'hard steps' to leave the profession, with the physical working environment and poor infrastructure in medicine, such as insufficient and outdated IT equipment, estates, facilities, being key causes.¹⁸
- NHS Wales rely more heavily on doctors trained outside of its borders than the three other home nations and retains less of the doctors that it trains.¹⁹
- Wales has a clear NHS Workforce Strategy, however as workforce planning is done at local Health Board level, and within some medical specialities but not others. As the data can be patchy, workforce planning is fragmented and does not plan for future demand or supply of specialist care.

We therefore ask the next Welsh Government to:

- Work with HEIW, NHS Executive, NHS Shared Services and Social Care Wales to produce a new, future-facing Workforce Plan.
- Require NHS contracts to include explicit and binding reference to what training and development opportunities they will provide as well as built-in time for portfolio development, reflection, audit and appraisal work.
- Guarantee free onsite parking, rest facilities and hot food access for all NHS staffing working out of hours.
- Work with the profession to determine how undergraduate medical education programmes,

foundation year placements and speciality training can be improved to encourage more medical graduates to develop their careers in Wales.

Who We Are

The Royal College of Surgeons of Edinburgh is Scotland's oldest medical professional body. Created in 1505, we improve patient care through a range of training, education, examinations and professional activities, and work with the NHS to enhance surgical services. Although we are based in Edinburgh we are a UK-wide college representing members in all four nations.



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Sources

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⁹ Extra support for people on waiting lists could prevent some of the 6,000 cancelled NHS treatments Welsh Government Press Release 24 August 2023 <https://www.gov.wales/extra-support-people-waiting-lists-could-prevent-some-6000-cancelled-nhs-treatments>

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