

Tackling Welsh NHS waiting lists: the role of anaesthesia

Manifesto 2026



Executive summary

- Anaesthetists are the largest group of hospital doctors, providing care across operating theatres, maternity wards, intensive care units and many other services.
- Critically, most operations cannot take place without anaesthetists, so they are essential to reducing NHS waiting lists.
- Unfortunately, Wales is short of 120 anaesthetists, 17% below what is needed to meet demand, the most severe shortfall of all the UK nations.
- This prevents an estimated 90,000 operations and procedures from taking place per year.
- It is imperative that the next Welsh Government fund more anaesthetic training posts. There are enough available trainers and plenty of willing applicants; it is only Government funding that is lacking.
- Retention of the current workforce is also important. Action is needed to support more flexible working hours, to engage with doctors constructively on pay issues and to improve career progression.
- NHS productivity in Wales is also undermined by avoidable issues, such as patients arriving in hospital unprepared for surgery, e.g. due to smoking, obesity, frailty or uncontrolled comorbidities like diabetes.
- Anaesthetists are key to providing solutions, e.g. by delivering early screening services to assess patients' health status as soon as they join the waiting list, and managing prehabilitation services to actively support patients to address any issues found.
- To support the roll-out of these services, we recommend: modernising digital systems; establishing an 'NHS Efficiencies Transformation Fund'; monitoring service delivery through an audit of perioperative care; and incentivising implementation by modifying Healthcare Inspectorate Wales' assessment framework.

Royal College of Anaesthetists

The RCoA sets the standards for anaesthesia, intensive care, and pain medicine across the UK, safeguarding patient care while supporting our members. With more than 27,000 active memberships across the College and its Faculties, we act as a voice for our specialties, delivering education, examinations, and professional development. This manifesto sets out our solutions to maintain and improve standards of care in Wales.

NHS Wales waiting lists

The NHS backlog in Wales remains intolerably high, with over 794,000 people waiting for hospital treatment.¹ Public satisfaction is also at an all-time low, with 72% of people in Wales dissatisfied with the NHS – the worst in the UK.²

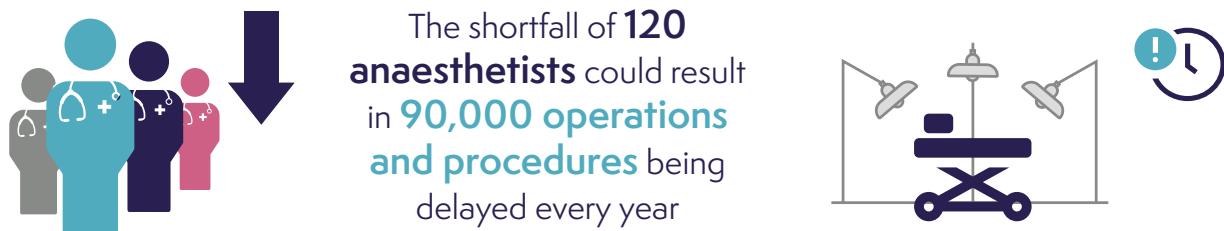
A key contributor to these crises is the shortage of anaesthetists.



Anaesthetic workforce shortages

Anaesthetists are the largest group of hospital doctors. They are a highly skilled and flexible workforce, providing essential expertise in a range of hospital settings, including operating theatres, intensive care units, maternity wards and perioperative care services. As such, they are critical to reducing NHS waiting lists.

Wales has around 430 consultant and 150 SAS (specialist, associate specialist and specialty doctors) anaesthetists. However, this is 120 (17%) short of what is needed to meet demand – the most severe shortage of all four UK nations.³ We estimate that this is preventing 90,000 operations and procedures from taking place each year.³



Without urgent action, this shortage is only going to grow, and patients will not receive the timely surgery, maternity care, pain relief and other critical services that they need.

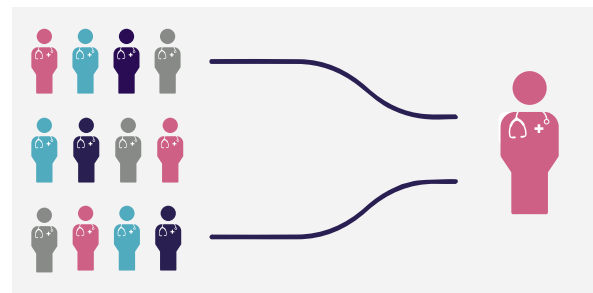
Solutions

Fund more anaesthetic training places

Training to become a consultant anaesthetist typically involves 5 years at medical school, 2 years of general medical foundation training, 3 years of core anaesthetic training and 4 years of higher anaesthetic training.

Anaesthesia is a highly competitive specialty, with many doctors eager to enter the field. However, a lack of funded anaesthetic training posts has created bottlenecks between stages of the training pathway:

- In August 2025, 6,700 doctors applied for just 532 core anaesthetic training posts across England and Wales – a ratio of 12.6 applicants per place. Of these posts, 26 were in Wales.
- For higher anaesthetic training, 680 doctors applied for 423 posts (16 in Wales) – a ratio of 1.6 applicants per place. This has left many doctors stuck in the system, unable to progress with their training.



With so many patients waiting for treatment, it is inexcusable that talented, committed and eligible doctors are stuck in limbo. There is capacity within the system to train more anaesthetists, but a shortage of training places persists due to insufficient funding from the Welsh Government. We believe that six additional anaesthetic training posts should be funded in Wales for 2026–27, with further gradual expansion in subsequent years. This is vital to start addressing the workforce gap.

The addition of new training places could form part of a comprehensive workforce plan, supported by accurate workforce data and planning. The Welsh Government's 'National Workforce Implementation Plan', released in January 2023, failed to specify the number of doctors needed now or in the future.⁴ This must be rectified.

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Retain the current workforce

Support for the current workforce is just as critical as the expansion of training places. Across Wales, anaesthetists are facing unmanageable workloads, challenging working environments and poor work–life balance – factors that are contributing to burnout and exit from the profession.

Of anaesthetic staff, 12% have reported feeling burnt out to a high or very high degree and a further 33% said that they felt ‘somewhat’ burnt out.⁵ Alarming, nearly one in five anaesthetists in Wales do not expect to still be working in the NHS in 5 years, and a further 20% are unsure.⁵

Almost **1 in 5**
planned to **leave** the
NHS within five years



Pay and working conditions

Factors that could encourage anaesthetists in Wales to stay include increased pay, but also more flexible working hours and improved career development opportunities. Lack of career development is a particular concern for doctors working on ‘specialist, associate specialist and specialty’ (SAS) contracts. SAS doctors are highly skilled and form an invaluable part of the anaesthetic workforce. Despite their experience, many feel undervalued and under-recognised for their work. A key problem is that many are eligible to move from the ‘specialty’ contract to the more senior ‘specialist’ grade contract, yet access to this is often restricted. This has left many doctors frustrated and demotivated.

What the next Welsh Government must do

- Fund additional anaesthetic training posts – starting with the six requested for 2026–7.
- Publish a comprehensive NHS workforce plan, outlining how workforce shortages across the board will be addressed.
- Implement measures to support staff retention, including:
 - engaging with doctors constructively on pay issues
 - more flexible working hours
 - more support for career progression.
- Ensure that SAS doctors are valued and treated fairly, with consistent opportunities for ‘specialty’ doctors to progress to the ‘specialist’ grade contract.

Unlocking NHS productivity in Wales

Anaesthetists play a leading role in optimising the surgical pathway and improving outcomes for patients. They work as part of multidisciplinary teams to provide essential care to patients before and after surgery – known as ‘perioperative care’. This is key to addressing the widespread, avoidable inefficiencies affecting NHS Wales.

- Each year, nearly 90,000 surgical procedures are postponed in Wales.⁶
- Of operations, 12% have complications, many of which are avoidable.⁷
- Surgical patients often remain in hospital 1–2 days longer than necessary.⁸
- In May 2025 alone, over 1,400 patients remained in Welsh hospitals despite being medically fit for discharge.⁹
- Over 11.5% of readmissions are preventable.¹⁰

The solution: optimising the surgical pathway

Simple but effective interventions can be embedded before and after operations to make the surgical pathway as efficient as possible. For example, waiting lists can be transformed into preparation lists. The healthier and better prepared patients are on the day of surgery, the less likely it is that their operation will be cancelled and the lower their risk of surgical complications.

Early screening of patients, as soon as they join the surgical waiting list to assess their health status and behaviours, is imperative. This should be age-appropriate, with comprehensive geriatric assessment for older patients and health screening for children. If patients are found to have addressable health issues, they should be offered targeted support. This could be through medical optimisation of issues such as anaemia and diabetes, or 'prehabilitation' programmes, which can provide support for exercise, smoking cessation, nutrition and much more.

Preparation for surgery has been shown to reduce complications by 50% and length of hospital stay by 1–2 days.⁸ It also leads to long-term health improvements, with up to 75% of patients who participated in prehabilitation programmes reporting lasting positive lifestyle changes.¹¹ Economic benefits have also been evidenced, with comprehensive geriatric assessment potentially saving £1,165 per patient, even after considering the costs of implementation.¹²

Furthermore, embedding proper shared decision-making improves patient understanding and satisfaction and results in around 10% of patients deciding not to proceed with surgery, freeing up valuable NHS capacity.¹³ Better discharge planning can free up hospital beds and has been shown to reduce readmissions by 11.5%.¹⁰ Finally, supporting patients to drink, eat, and mobilise (DrEaM) within the first 24 hours after surgery results in an average 37.5% reduction in length of hospital stay.¹⁴

Complications **reduce**
by up to **50%**

Hospital stay **shortens**
by **1-2 days**



Barriers to progress

The Welsh Government has taken initial steps to encourage patient preparation for surgery as part of their Promote, Prevent and Prepare (3Ps) policy.¹⁵ New guidance directs health boards to support patients waiting for treatment.¹⁶ Additionally, funding has been provided for initiatives such as Perioperative Care for Older People (POPS).

Although these are promising developments, implementation is inconsistent and health boards face significant barriers, including the following:

- **Outdated and fragmented digital systems:** different health boards use separate, often incompatible, systems, many of which are unfit for modern clinical purposes. This can lead to failure to record and share patient information that clinicians need for effective decision-making. It can also result in unnecessary duplication of effort and poor continuity of care and prevents working across regions. To address this, the Perioperative Clinical Implementation Network is developing an All-Wales' digital platform for early screening and pre-assessment, which should be supported and funded by the Government.
- **Lack of funding for set-up costs:** many health boards are unable to implement services due to a lack of funding for set-up costs, despite the long-term cost savings that they will bring.
- **Lack of monitoring:** there is currently no comprehensive monitoring of perioperative care services in Wales.
- **Lack of incentivisation:** the Healthcare Inspectorate Wales does not include a comprehensive list of surgical pathway interventions and outcomes in its assessment framework. As such, health boards are not being recognised for good practice or held accountable when they fall short.
- **Workforce challenges:** NHS Wales lacks the necessary multiprofessional workforce to deliver these services.

What the next Welsh Government must do

- Mandate and facilitate the consistent adoption of surgical pathway interventions, including those mentioned in this document.
- Modernise digital systems across the Welsh NHS.
- Establish an 'NHS Efficiencies Transformation Fund' to help health boards get schemes off the ground.
- Conduct an audit of perioperative care to identify what services exist, who they serve, where they perform well and where improvements are needed.
- Incentivise implementation by including surgical pathway interventions and outcomes into Healthcare Inspectorate Wales' assessment framework.
- Build a perioperative care workforce fit for the future.

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