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COMMISSIONING PARTNERSHIP BOARD
Agenda

Date Thursday 22 October 2020

Time 1.00 pm

Venue Virtual Meeting
https://www.oldham.gov.uk/info/200608/meetings/1940/live_council_meetings_online

Notes

1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Mark Hardman, email constitutional.services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Monday, 19 October 2020

4. FILMING – The meeting will be recorded for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be recorded, except where there are confidential or exempt items and the footage will be on the Council's website. This activity promotes democratic engagement in accordance with Section 100A(9) of the Local Government Act 1972. The cameras will focus on the proceedings of the meeting. Disruptive and anti-social behaviour will always be filmed.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD
Councillors Chauhan, Fielding, Moores and Shah
CCG Ben Galbraith, Majid Hussain, Dr Ian Milnes, Dr John Patterson,

Item No	
1	Election of Chair

The Board is asked to elect a Chair for the duration of the meeting.

2 Apologies For Absence

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

5 Minutes of Previous Meeting (Pages 1 - 4)

The Minutes of the meeting of the Commissioning Partnership Board held on 24th September 2020 are attached for approval.

6 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

7 Implementing Phase 3 Recovery (Pages 5 - 14)

8 Cancer Performance Update (Pages 15 - 34)

Presentation

COMMISSIONING PARTNERSHIP BOARD
24/09/2020 at 1.00 pm

Present: Majid Hussain (Chair)
Councillors Chauhan, Fielding, Moores and Shah

Ben Galbraith	Chief Finance Officer CCG
Dr. Ian Milnes	Deputy Chief Clinical Officer CCG
Dr. John Patterson	Clinical Commissioning Group

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Graham Foulkes	Lay Member for Patient and Public involvement
Dr. Shelley Grumbridge	GP Governing Body Member - East Cluster
Nicola Hepburn	Director of Commissioning
Lori Hughes	Constitutional Services
Anne Ryans	Director of Finance
Dr. Andrew Vance	GP Governing Body Member - North Cluster
Mark Warren	Managing Director Community Health and Adult Social Care
Dr. Carolyn Wilkins OBE	Chief Executive / Accountable Officer

1 **ELECTION OF CHAIR**

RESOLVED that Majid Hussain be elected Chair for the duration of the meeting.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Claire Smith, Helen Lockwood, Rebekah Sutcliffe, Dr. Gopi and Gerard Jones.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Commissioning Partnership Board held on 23rd July 2020 be approved as a correct record.

7 **INTEGRATED HEALTH AND SOCIAL CARE BROKERAGE FRAMEWORK**

The Board gave consideration to a report which requested approval to tender and implement an integrated Health and Social Care Brokerage Framework. The report provided an

outline for the requirements of a brokerage framework, provided some content regarding historic attempts to implement such a framework and provided assurance that full consultation had taken place with all stakeholders.

As there were no current framework agreements in place, it was very difficult to monitor and manage funds related to brokerage services and there was potential risk for the Council in regard to being accountable for public funds As more areas of health were delivered via a personal health budget, costs may increase, however it was unsure which of the health products would be delivered via a direct payment as yet. The introduction of the framework was more apparent than ever, especially following the implementation of other project workstreams, such as the Care at Home contract which resulted in an increase in brokerage services.

This framework would cover the administration of direct payments in line with the specification for adults and children's services and personal health budgets. As a consequence of the Care Act, local authorities were required to undertake assessments where people were in need. If residents were eligible for care needs and required support, there was a legal duty to determine how the individual would be supported through a support plan. When the support plan was agreed, a financial determined and the local authority or CCG would commission services. If the individual wished to commission their own support, from an employment point of view this could be quite difficult and would include the establishment of payroll and terms and conditions for the provider. If a brokerage service was in place, this could assist residents. Oldham currently had between 900 to 1,100 residents who chose to take direct payment. Since 2012, Oldham had progressed the personalised agenda.

A previous Cabinet report which had requested approval to tender for a brokerage service had technical difficulties and did not continue.

Members commented that the service needed to make sure it did not have a direct impact on service users and a framework created still giving residents choices where possible and ensuring they received the care they needed.

Members asked if there would be disruption to the broker being used currently or that would there be no disruption to care. Members were informed that there shouldn't be disruption and brokers would be recommended who were currently on the framework.

Members sought and received clarification on the direct payments and hourly rates, the move toward the Resource Allocation System and algorithms used to calculate the value of personal budgets.

Members sought and received clarification on the payments made via direct payment and those payments through a contracted commissioned provider which would include overhead payments.

Options/Alternatives Considered:

Option 1: Retain the status quo.
Option 2: Cease Funding Brokerage Services
Option 3: Tender for an approved framework

RESOLVED that the Commissioning Partnership Board would consider the commercially sensitive information contained at Item 9 of the agenda before making a decision.

NOTES:

1. The Chair and Board offered congratulations to Councillor Chauhan and Dr.Grumbridge who had been recognised as being in the top 50 doctors in the who had made significant improvements during the Covid-19 pandemic.
2. The Board noted the appointment of Nicola Hepburn as Director of Commissioning.

8 **EXCLUSION OF THE PRESS AND PUBLIC**

RESOLVED that, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they contain exempt information under paragraph 3 of Part 1 of Schedule 12A of the Act, and it would not, on balance, be in the public interest to disclose the reports.

9 **INTEGRATED HEALTH AND SOCIAL CARE BROKERAGE FRAMEWORK**

Consideration was given to the commercially sensitive information in relation to Item 7 – Integrated Health and Social Care Brokerage Framework.

RESOLVED that the recommendations as contained in the commercially sensitive report be approved.

The meeting started at 1.00 pm and ended at 1.30 pm

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Health and Social Care for Oldham

Commissioning Partnership Board Report

Date of Decision:	**22 October 2020**
Subject:	**Implementing phase 3 recovery**
Report Author:	**Mike Barker, Strategic Director of Commissioning**

Reason for the decision:

Summary:	*To provide the Commissioning Partnership Board with an overview of the confirmed 'phase 3 recovery' plan within local health and care services.*
What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):	*N/A as this is a plan that was mandated by NHS England and NHS Improvement.*
Recommendation(s):	*That the Board approves the phase 3 recovery plan for the Oldham health and care system.*

Implications:

*What are the **financial** implications?*	*Not applicable to this Board – the financial implications of the recovery relate to the Covid-19 budget dealt with at a national level in the NHS.*
What are the ***procurement*** implications?	*Not in relation to the core recovery work, although as the recovery work leads into transformation and redesign of some local services, there may be procurement implications.*
*What are the **legal** implications?*	*The CCG will be undertaking its legal 'duties to involve' by carrying out engagement with patients and communities about any changes to services that had to be made because of Covid-19, and also where further adaptations to*

	services need to be made.
*What are the **Human Resources** implications?*	*N/A*
***Equality and Diversity Impact Assessment** attached or not required because (please give reason)*	*Will be included as part of the CCG's legal 'duty to involve' obligations, as there may be various equality, quality and financial impact assessments that need to be made.*
*What are the **property** implications*	*N/A*
Risks:	*Risks are included on the CCG's risk registers, which as an overview relate to any issues arising with not being able to meet the national targets met, as well as further outbreaks of Covid-19 that could impact on the recovery programme as a whole.*

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution/CCG's Standing Orders?	N/A
Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the S.75 budget?	N/A
Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG?	No

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Reason why this Is a Key Decision N/A

There are no background papers for this report

Report Author Sign-off:	
Mike Barker	
Date:	

Please list any appendices:-

Appendix number or letter	**Description**
	None

Background:

Introduction

- Following the implementation of phase 2 recovery as part of the Covid-19 response, Oldham's health and care phase 3 recovery assessment and route to implementation has now been established.

- The overarching aim of this recovery work is to ensure that more, if not all, services are stepped back up safely, whilst operating within the context of enhanced infection, prevention and control (IPC) measures, which as well as impacting on care delivery, impacts on estate capacity also.

- A hospital and mental health activity template (data and accompanying narrative) for the locality is being submitted to Greater Manchester Health and Social Care Partnership.

- The data used for the planning is based on assumptions using existing and current capacity and demand modelling, and is aligned (for Oldham borough patients) with the Northern Care Alliance (incorporating Pennine Acute Hospitals – Royal Oldham) and Pennine Care.

Assessing the gap

- The data that has been compiled and submitted provides us with the ability to assess the gap between the national ask around phase 3 recovery and current local capacity and delivery - we also know there is a gap in relation to some of the expected timescales for implementation and completion, and the ability for some of the services to be able be meet these specified deadlines.

- Work is, therefore, now underway to establish how we can get local health and care services to the required levels for phase 3 recovery implementation – this builds on what was already taking place in Oldham prior to the Covid-19 response, due to many services not meeting the required national NHS Constitutional standards.

- Additional bed capacity was put in place across the North West, but more work is needed to establish what the acute and complex parts of the pathway need to look like in Oldham – the aim will be for independent sector providers to support lower acuity care, and builds on brokerage between organisations to help develop relationships across providers to enable them to work together effectively across the locality.

Activity context

- The CCG is required to plan for its population, which is anyone registered at an Oldham member GP practice, irrelevant of where they receive their care. Many Oldham patients receive care outside of Oldham, either due to circumstance or choice. Whilst the CGG commissioned a large amount of healthcare, it does not commission everything. Some services provided by hospital are commissioned by other agencies and are therefore not included the CCG's plans.

- Hospitals are required to plan for the utilisation of their facilities. They are location based and have to plan for anyone attending their services, irrelevant of where

those patients live or are registered. Many people from out of the Oldham borough access Royal Oldham Hospital, and in the last 12 months, only 62% of the activity for people who used Royal Oldham were Oldham-registered patients.

- For these reasons the CCG activity plan and the local hospital provider plan will never fully align. The CCG has submitted a plan that is broadly in-line, but slightly less than national and regional recovery expectations, with the exception of referrals, which are significantly less than required.

National activity target expectations

- **Referrals**:
  - The national expectation is that this returns to **100%** of the previous year's activity – The CCG is realistically planning for this to be back to **80%**

- **Elective inpatients:**
  - That national ask is that this activity incrementally returns to **70%** of the previous year **rising to 90%** by March 2021 – The CCG is realistically planning for this to be back up to **73%**

- **Elective outpatients:**
  - The national ask is that this activity incrementally returns to **90%** of the previous year **rising to 100%** by March 2021 – The CCG is realistically planning for this to be back up to **91%**

- **Non-elective inpatients:**
  - The CCG is planning for this to be back up to **83%** of the previous year's activity

- **Emergency department attendances:**
  - The regional ask is that this activity returns to not less than **75%** of the previous year – The CCG is realistically planning for this to be back up to **89%**

Proposals:

Cancer services

ACTIONS UNDERWAY

- Northern Care Alliance (NCA) has recently launched the Rapid Diagnostic Centre at its Oldham and Salford sites, which has seen an increase in referrals and is running at an 8-10% cancer conversion rate
- Two week wait (2WW) cancer referrals now only 8% down on pre-lockdown levels
- Contracting of routine endoscopy diagnostics were transferred to the hospital trust to provide support for cancer work – supported by a GM-wide programme to increase mobile endoscopy capacity
- GM-wide surgical hubs for cancer in place at Rochdale Infirmary and The Christie as 'green' Covid-secure sites
- CCG-chaired Board in place to transform outpatients system-wide (SWOP), focusing on diagnostics and service recovery

ACTION PLAN

- Improve cancer referral data
- Work with NCA on a diagnostic hub business case to provide additional capacity
- Work with NCA to ensure that its cancer recovery plan is reviewed and approved
- Implement additional PET-CT scan machine
- Continue to promote the bowel, cervical and breast proactive screening programmes in primary care under 'Primary Care Plus'
- Implement local and national cancer campaigns: "We are here for you"
  Utilise existing Covid-19 community engagement to provide information on cancer symptoms and services

Elective activity

ACTIONS UNDERWAY

- GM-level management of independent sector hospital capacity in place across the system
- Independent sector community elective providers being engaged in relation to capacity availability, and will be supported by the CCG regarding estates needs due to IPC measures
- Virtual solutions are being used to increase outpatient activity (including assessments and reviews) to the required levels
- Pregnancy terminations continued to be provided throughout lockdown, with medications sent via post
- Supply of all community elective providers to NCA to look at potential for additional capacity that can be offered on an provider-to-provider basis
- Implementation of tele-dermatology to reduce face-to-face contacts required and increase the numbers of patients managed outside of specialist services

ACTION PLAN

- Work with providers to enact key demand management tools, such as 'advice and guidance' to support the reduction in outpatient need
- Work with NCA on the broader 'System Wide Outpatient Programme' to continue to implement different ways of delivering outpatient care, as well as implementing new initiatives to support reduction in volumes such as PIFU
- Work with providers to consider and consult on a more permanent arrangement to the use of medication for early medical abortions (up to 10 weeks) in conjunction with over the phone or virtual appointments
- Roll out of new referral template to improve quality of referral information and support improved triage with advice and guidance responses back where appropriate

Primary care and community services

ACTIONS UNDERWAY

- Locality-wide post-Covid rehab pathway implemented across acute, community and primary care and is working well, and additional capacity has provided for the lung service
- Community service recovery plans in place

- A community optometry service was commissioned in May 2020 to support the national ask for local urgent eye care services, which has continued and will be expanded to include routine care to help reduce the demand on acute trusts
- Care home 'STICH' enhanced community nursing support in place for care homes and end of life
- Work underway for PCNs to take a greater lead role in proactively reaching out to vulnerable patients as part of the MDT approach
- All 6-8 week checks for babies have been maintained throughout
- Paediatric 'virtual' ward due to go live, with an additional 20 beds to support early discharge
- Paediatric 'rapid access clinics' due to commence for primary care community care services to refer into specialisms, with the aim of avoiding hospital admissions
- The children's community nursing team has maintained face-to-face contract throughout Covid-19 with children who have complex health needs and also children on the end-of-life pathway
- The school health services has scheduled community 'catch-up' clinics for out of hours immunisations and vaccines
- Practices and PCNs are undertaking weekly pastoral care calls with care homes

ACTION PLAN

- Ensure clinical pathways and standard operating procedure are signed off for the paediatric virtual ward
- As part of processes to deal with childhood immunisation issues, oversee (in collaboration with CHIS) the redesign of processes to improve the system going forward
- Assess the effectiveness and quality of the weekly pastoral care calls between primary care and care homes, as well as individual care plans and structured medicines reviews
- Development of a revised outcome-based district nursing offer to bridge the period up to March 2021, which will ensure caseload prioritisation and also areas of current commissioned activity that can be ceased/provided differently in the wider system
- Confirm next steps for STICH enhanced nursing support for care homes and end of life pathways
- Develop robust links between medicines optimisation team and the PCNs
- Commission the GM 'minor ailments' scheme as support to the 'self-care' policy work
- Work with secondary care to increase the amount of medicines provided at discharge to reduce pressure on primary care prescribing
- Ensure that clinical vulnerable children are prioritised in community service recovery plans
- Ensure oversight of children with complex health needs and who have been shielding who may not be able to return to school so that their care and educational needs are met
- Maximise and lock in the benefits and changes that have been realised during COVID-19
- The system deficit will need to be managed in the context of the impact of the pandemic and will focus on:
    - Managing the backlog of patients
    - Safely resuming clinical activity
    - Preparing for winter
    - Surge planning

- Supporting our existing workforce and securing a sustainable workforce
- Exacerbation of existing health inequalities

Mental health, LD and autism

ACTIONS UNDERWAY

- IAPT services activity is returning to pre-Covid levels – the service has continued to be in place throughout
- It is expected that the children and young people access target will be met
- Health checks for people with learning disabilities (LD) have continued throughout as part of the Direct Enhanced Service and Primary Care plus
- We are expecting the Transforming Care trajectories to be met for both secure and non-secure patient discharges by 31 March 2021
- The 'eliminating mixed sex accommodation' programme is now underway again following a pause in March 2020

ACTION PLAN

- Increase investment in mental health services in line with the 'MHIS' plan
- Oversee the implementation of the IAPT 24/7 helpline to include full crisis resolution and home treatment services, and work with Pennine Care FT to ensure that the appropriate recruitment is in place and delivered to support the workforce action plan for the service
- Work with providers to ensure that access to these services is clearly promoted and advertised – this will include continued borough-wide campaigns to support mental health and wellbeing for all
- Following a review of LD prescribing of anti-psychotics, develop an action plan for this area to support practices and provide them with implementation plans
- Develop an action plan to support LeDeR reviews and lack of capacity

Winter

ACTIONS UNDERWAY

- A robust flu immunisation programme plan is now in place for Oldham, with specific interventions for target and at-risk groups, integrated with the national and local communications and engagement flu and winter campaign
- A multi-agency flu programme group is in place to ensure the delivery of the immunisation plan – this includes a dedicated individual from the CCG's primary care team to coordinate work as needed with practices
- Community and primary care nurses are trained to administer flu vaccines
- Paediatric rapid access clinics are increasing in number, offering up to 30 appointments per week - GP 'advice and guidance' service in place, which will also coordinate with the rapid access clinic
- StartWell specialist nurses are back in the emergency department

ACTION PLAN

- Consider the establishment of a 'cold diagnostic site to reduce DNAs due to Covid-19 fears

- Consider a more joined-up approach with community pharmacy so that there is reduced competition for vaccine supply
- Work with community pharmacies to improve the signposting of key services and the best ways to access them during the winter, as well as promotion of the flu immunisation programme to encourage take-up
- Increase the number of paediatric multi-disciplinary teams across the neighbourhoods in the borough

Workforce

ACTIONS UNDERWAY

- Enhanced mental health initiatives, platforms and support for all staff across the Oldham system are in place
- Regular 'pulse' surveying is in place to track how staff in the Oldham Cares system are feeling
- Robust risk assessments are in place to ensure that all staff, and particularly those at risk, can ensure that working practices and work places are safe, and that adjustments are made for individuals when needed
- New equality strategy for Oldham is being produced by all partners and the community, voluntary and faith sector
- Oldham CCG 'equity' plan for recruitment, retention and progression is in development

ACTION PLAN

- Work across the Oldham Cares system to agree a collaborative approach and response to the NHS People Plan
- Produce a specific primary care response to the NHS People Plan, as a collaborative approach between the commissioners and Greater Manchester and Health Education England workforce leads
- implement the new primary care workforce programme to support the delivery of recruitment, retention and training objectives

Health inequalities and prevention

ACTIONS UNDERWAY

- Health inequalities are being addressed via Primary Care Plus in relation to key indicators such as by increasing prevalence and reducing exception reporting – those with severe and enduring mental health conditions are targeted, as well as those vulnerable to frailty
- Work is underway to address the issues that driver poor health outcomes, such as the recruitment of social prescribers who are deployed into PCNs
- GPs and the acute trust are reviewing all children and young people on the 'shielded' patient list and removing those from the list that are no longer deemed clinically 'extremely vulnerable' – all children and young people on the list are seen by services
- Increased testing is in place for all vulnerable people
- Regular 'sit-reps' are in place for care homes

ACTION PLAN

- Examine the potential to utilise medicines optimisation pharmacists working within PCNs to identify and support at risk patients as part of structured medicines reviews and health checks
- Extend the teams to support the 'continuity of carer' agenda, with specific teams to be put in place for vulnerable patients, including those with learning disabilities
- Phase in a new 'visiting plan' for maternity units to ensure the necessary family support is in place, as safety measures allow

Conclusions:

- The success of the phase 3 recovery plan will be reliant on:
    - Robust partnership working
    - Strong clinical leadership and engagement
    - Effective engagement with our communities and with patients
    - Clear programmes for service redesign and transformation
    - Good governance

- The core transformation programmes will centre around:
    - A new model for managing long term conditions, utilising a 'hub' that includes non-elective, elective and primary / community care
    - A new model for urgent care, as linked to the Greater Manchester model
    - Redesign of local community services

- The Board is asked to note some of the external factors that will also impact on phase 3 recovery, including the rates of infection of Covid-19 and the need to support the management of any outbreaks, as well as potential changes to the future of commissioning.

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Health and social care for Oldham

Cancer Performance Update

Sophie Spilsbury
Head of Scheduled Care

Yvonne Bagguley
Scheduled Care Programme Manager

Cancer Update

This Programme update will provide members with:

- An overview of the National Cancer Standards
- Current Oldham performance
- GM, North West and National performance
- Improvements to date
- Challenges in delivering improvements
- Actions in place to support performance improvements

Cancer Constitutional Standards

Maximum two-week wait:

- First outpatient appointment for patients referred urgently with suspected cancer by a GP.
- First outpatient appointment for patients referred urgently with breast symptoms (cancer not initially suspected).

Maximum of one month (31 day) wait:

- from decision to treat to first definitive treatment for cancer.
- from decision to treat or earliest clinically appropriate date to subsequent treatment (surgery/drug) for all cancer patients.

Maximum of two months (62-days) wait:

- from urgent GP referral for suspected cancer to first definitive treatment for cancer
- for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)
- from referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to treatment for cancer.

Cancer Performance - The Oldham Picture

Standard	Target	Apr-20	May-20	Jun-20	England Comparator (Jun-20)
Two week suspected cancer	93%	79.7%	97.0%	97.7%	92.5%
Two week breast symptomatic	93%	90.0%	100.0%	96.9%	90.6%
31-day first treatment	96%	96.0%	96.3%	97.1%	93.7%
31-day subsequent treatment (drugs)	98%	100.0%	100.0%	100.0%	98.7%
31-day subsequent treatment (surgery)	94%	94.4%	93.8%	92.9%	86.8%
62-day GP referred	85%	63.5%	54.6%	47.1%	75.2%
62-day national screening	90%	66.7%	100.0%	0%	12.9%
62-day consultant upgrade	85%	70.0%	53.9%	72.0%	82.3%

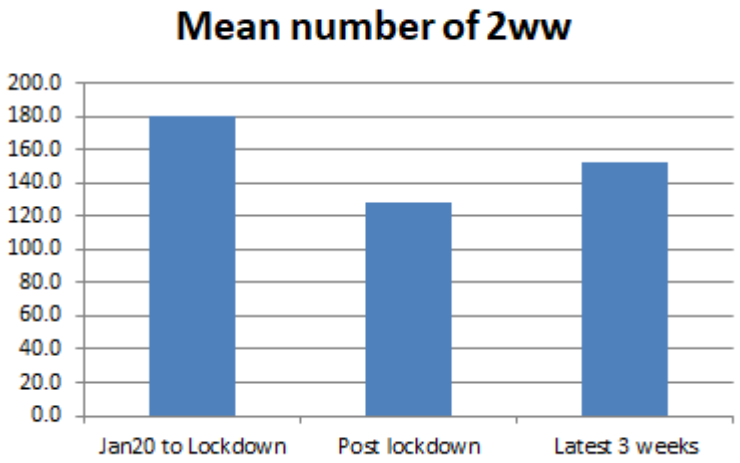
When were we last compliant in Oldham?

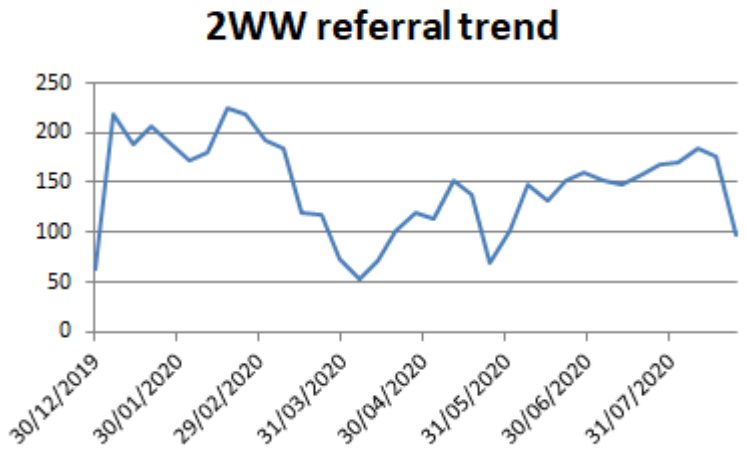
Standard	Target	Month compliant
Two week suspected cancer	93%	Jun-20
Two week breast symptomatic	93%	Jun-20
31-day first treatment	96%	Jun-20
31-day subsequent treatment (drugs)	98%	Jun-20
31-day subsequent treatment (surgery)	94%	Apr-20
62-day GP referred	85%	Oct-17
62-day national screening	90%	May-20
62-day consultant upgrade	85%	Dec-19

Cancer Performance - 2WW Pre-Covid & Now

Total 2WW Referalls 17/08/2020 Vs 02/03/2020

Total 2WW Referalls 17/08/2020 Vs UK lockdown





Cancer Performance – 2WW Summary

- The latest week of referrals (used WC 17/08/2020) compared to the WC 2nd March (baseline taken as approx. 3 weeks before UK lockdown) shows a decrease in number of referrals of 8.81%. This is a significant improvement from the last analysis (decrease of 20.21%). Notable specialties include:
  - Breast (58.62%)
  - Gynaecology (69.23%)
  - Colorectal (7.69%)

- The latest week (see definition above) compared to WC 23/03/2020 (UK lockdown) shows a 50.43% Increase in total referrals. This demonstrates a continuing gradual recovery trend since UK lockdown was introduced.
  - Breast (360%)
  - Colorectal (60%)
  - Upper GI (27.78%)

- The Mean average number of total referrals over the past three weeks is 152.3. This represents a 18.33% increase on the Mean number of total referrals since UK lockdown (23/03/2020).

- This is 15.29% less than the Mean average Between Jan20 and when UK lockdown was introduced (179.9 referrals). An improvement on the last analysis, demonstrating a gradual recovery.

Cancer Performance – Oldham CCG 62 Day+ by Specialty & Provider to 6th Sep '20

Number of patients waiting 62+ days for cancer treatment by cancer site

Cancer Site	62-103 Days	104+ Days	Total
Lower GI	89	84	173
Upper GI	46	17	63
Urological (exc testicular)	10	9	19
Skin	9	3	12
Gynaecological	6	4	10
Head & Neck	8	2	10
Lung	6	2	8
Breast	1	3	4
Other	1	1	2
Breast Symptoms	0	2	2
Sarcoma	0	1	1
Haematological	0	1	1
Total	**176**	**129**	**305**

Number of patients waiting 62+ days for cancer treatment by Provider

Provider	62-103 Days	104+ Days	Total
Pennine Acute Hospitals NHS Trust	156	121	277
The Christie NHS Foundation Trust	6	4	10
Manchester University NHS Foundation Trust	11	3	14
Tameside And Glossop Integrated Care NHS Foundation Trust	1	1	2
Salford Royal NHS Foundation Trust	2	0	2
Total	**176**	**129**	**305**

Cancer Performance – All Waits GM Comparison

62 Day PTL Summary from All Sources: All

		Grand Total		< 38 days		38 – 62 days		> 62 days	
		Patients	% of Total	Patients	% of Total	Patients	% of Total	Patients	% of Total
GM CCGs	NHS Bolton CCG	811	100.00%	661	81.50%	108	13.32%	42	5.18%
	NHS Bury CCG	1,139	100.00%	719	63.13%	210	18.44%	210	18.44%
	NHS Heywood, Middleton And Ro..	1,346	100.00%	808	60.03%	266	19.76%	272	20.21%
	NHS Manchester CCG	3,185	100.00%	1,868	58.65%	635	19.94%	682	21.41%
	NHS Oldham CCG	1,389	100.00%	798	57.45%	286	20.59%	305	21.96%
	NHS Salford CCG	1,229	100.00%	902	73.39%	188	15.30%	139	11.31%
	NHS Stockport CCG	1,754	100.00%	1,247	71.09%	274	15.62%	233	13.28%
	NHS Tameside And Glossop CCG	1,209	100.00%	895	74.03%	175	14.47%	139	11.50%
	NHS Trafford CCG	1,208	100.00%	723	59.85%	281	23.26%	204	16.89%
	NHS Wigan Borough CCG	1,415	100.00%	931	65.80%	217	15.34%	267	18.87%
Oth..	Other	676	100.00%	415	61.39%	144	21.30%	117	17.31%
	Alliance Total	15,361	100.00%	9,967	64.89%	2,784	18.12%	2,610	16.99%

Cancer Performance – July ‘20 Early Numbers

- 2WW Suspected Cancer Referrals – Jul ‘20 performance 96.9%

- 62 Day referral to treatment performance for July is up at 63.3% however numbers treated has dropped slightly meaning a small number of patients can make a big difference to the performance figure. We also have 305 62 day + waiters that need to be treated which will have a negative impact on performance figures as that number is reduced.

Month	Total	<62 Days	>62 Days	Perf %
Mar ‘20	53	36	17	67.9%
Apr ‘20	52	33	19	63.5%
May ‘20	44	24	20	54.6%
Jun ‘20	34	16	18	47.1%
Jul ‘20	30	19	11	63.3%

Cancer Performance – General Summary

- 2WW referrals are currently <10% pre-Covid rate in Oldham
- We consistently achieved >93% against the 2WW Standard from Oct ’19. This dropped in Apr ‘20 but recovered well in May & Jun to deliver >93% again
- 31 Day Wait from Diagnosis to First Definitive Treatment has been maintained relatively well during Covid. Subsequent treatments have followed this trend with Radiotherapy / Drug Regimen being at 100% however Surgery has understandably dropped slightly <94% in May and June.
- Whilst 2WW and 31 Day have faired well the 62 Day Standard has dropped significantly indicating extended waits from initial assessment to diagnosis.
- Diagnostics are the main driver for delays with Endoscopy remaining the key issue.
- Delays in diagnosis impacts heavily on achieving the 62 Day Standard in normal circumstances however we now have a significantly increased number of 62 Day + waiters at various stages of the Cancer pathway, some of which may not have received a diagnosis yet, so whilst 31 Day is being achieved the clock is starting on that far too late to support 62 Day performance.
- Long waiters will need to be prioritised for treatment which will result in a reduced 62 Day performance against the standard.

How does Oldham compare?

In order to contextualise the local cancer performance please see below GM, NW and national data as a comparison.

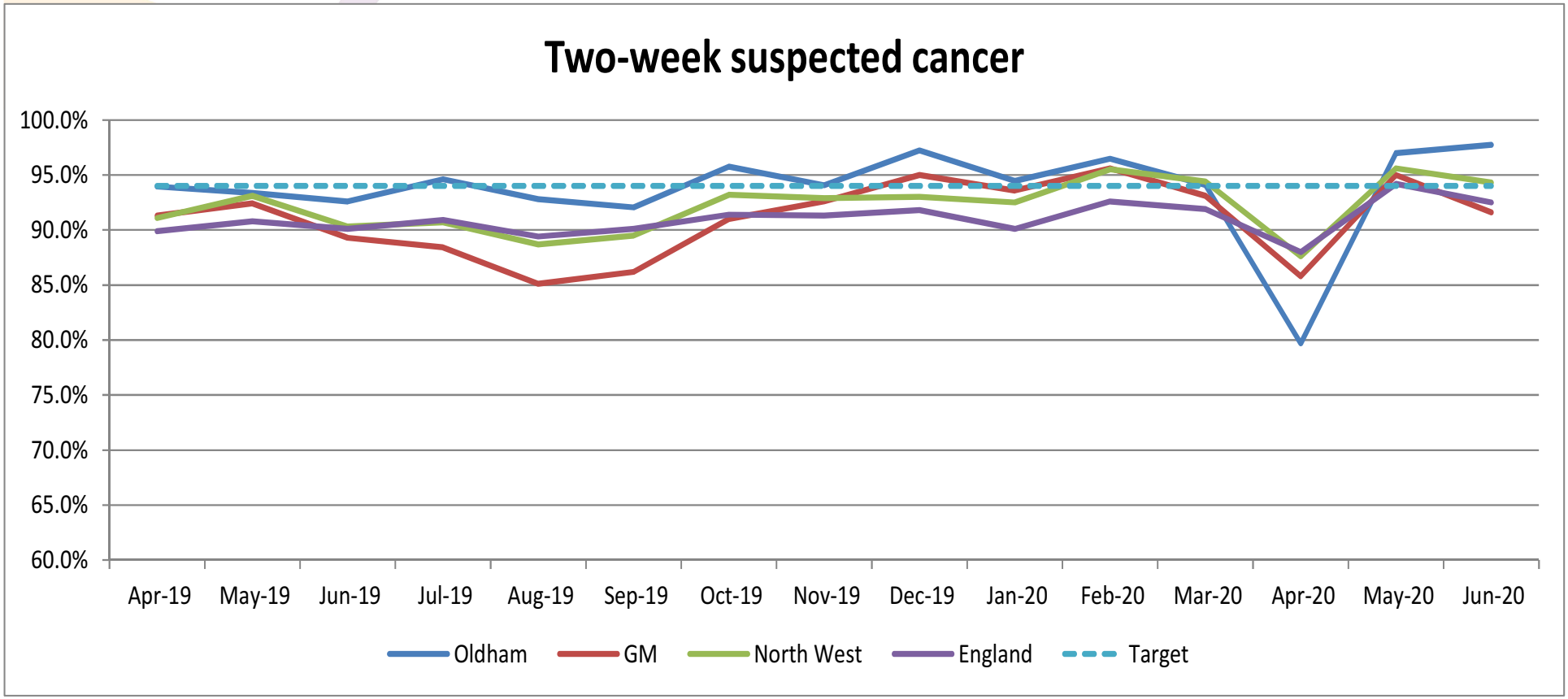
Standard	Two-week suspected cancer						
Locality	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**
Oldham	93%	94.5%	96.5%	94.1%	79.7%	97.0%	97.7%
GM	93%	93.6%	95.6%	93.1%	85.8%	95.0%	91.6%
North West	93%	92.5%	95.5%	94.4%	87.6%	95.6%	94.3%
England	93%	90.1%	92.6%	91.9%	88.0%	94.2%	92.5%

As demonstrated by the data above, Oldham CCG is consistently exceeding GM, NW and National performance with the exception of Apr '20.

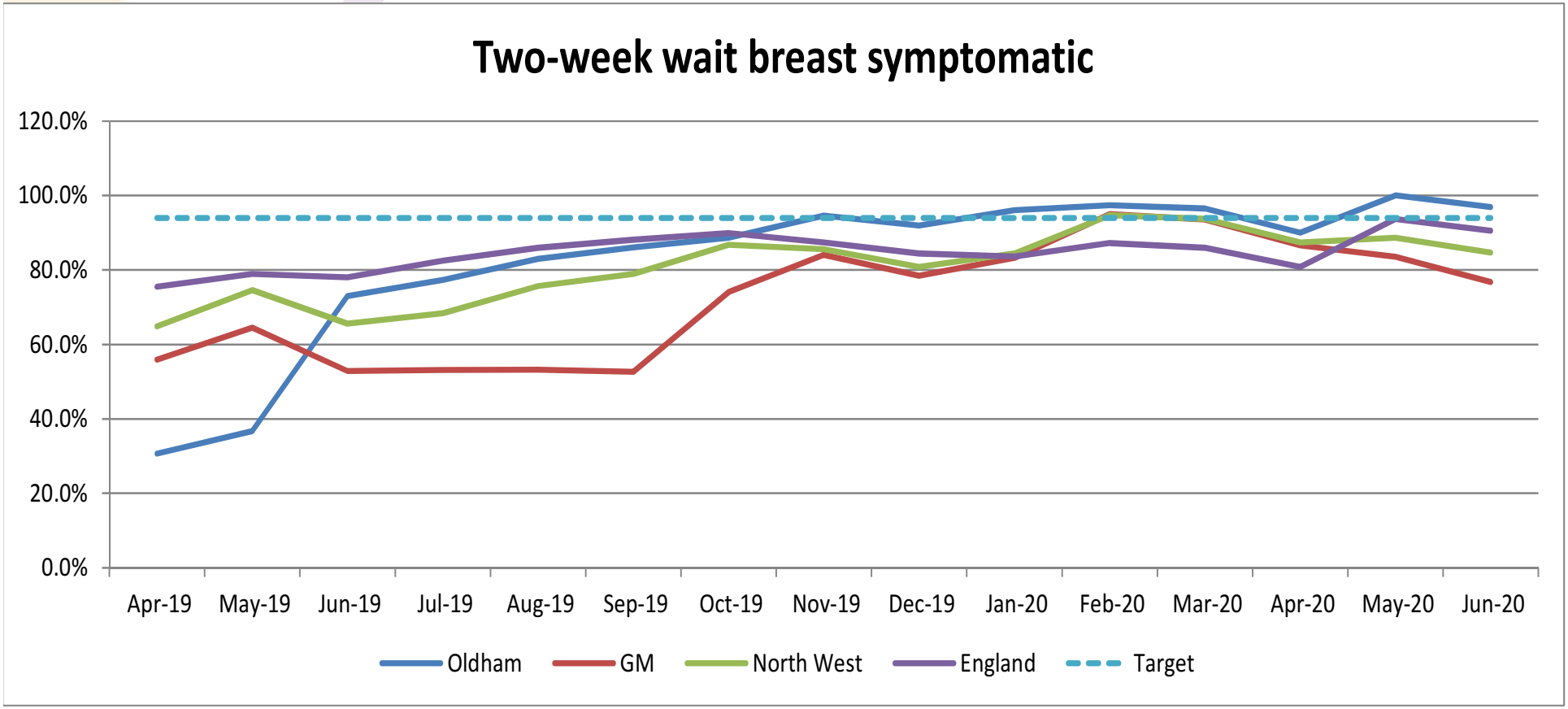
Standard	Two-week wait breast symptomatic						
Locality	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**
Oldham	93%	96.1%	97.4%	96.6%	90.0%	100.0%	96.9%
GM	93%	83.3%	95.0%	93.5%	86.6%	83.5%	76.8%
North West	93%	84.4%	94.7%	93.7%	87.4%	88.7%	84.7%
England	93%	83.6%	87.2%	86.0%	80.8%	93.7%	90.6%

Oldham CCG had performed poorly at the beginning of 2019, which was due to significant capacity issues in this specialty. A significant effort has gone into recovering the position and as demonstrated above Oldham CCG is now consistently exceeding GM, NW and National performance.

Cancer Performance – 2WW Referral Performance Graph



Cancer Performance – 2WW Breast Symptomatic Graph



How does Oldham compare?

In order to contextualise the local cancer performance please see below GM, NW and national data as a comparison.

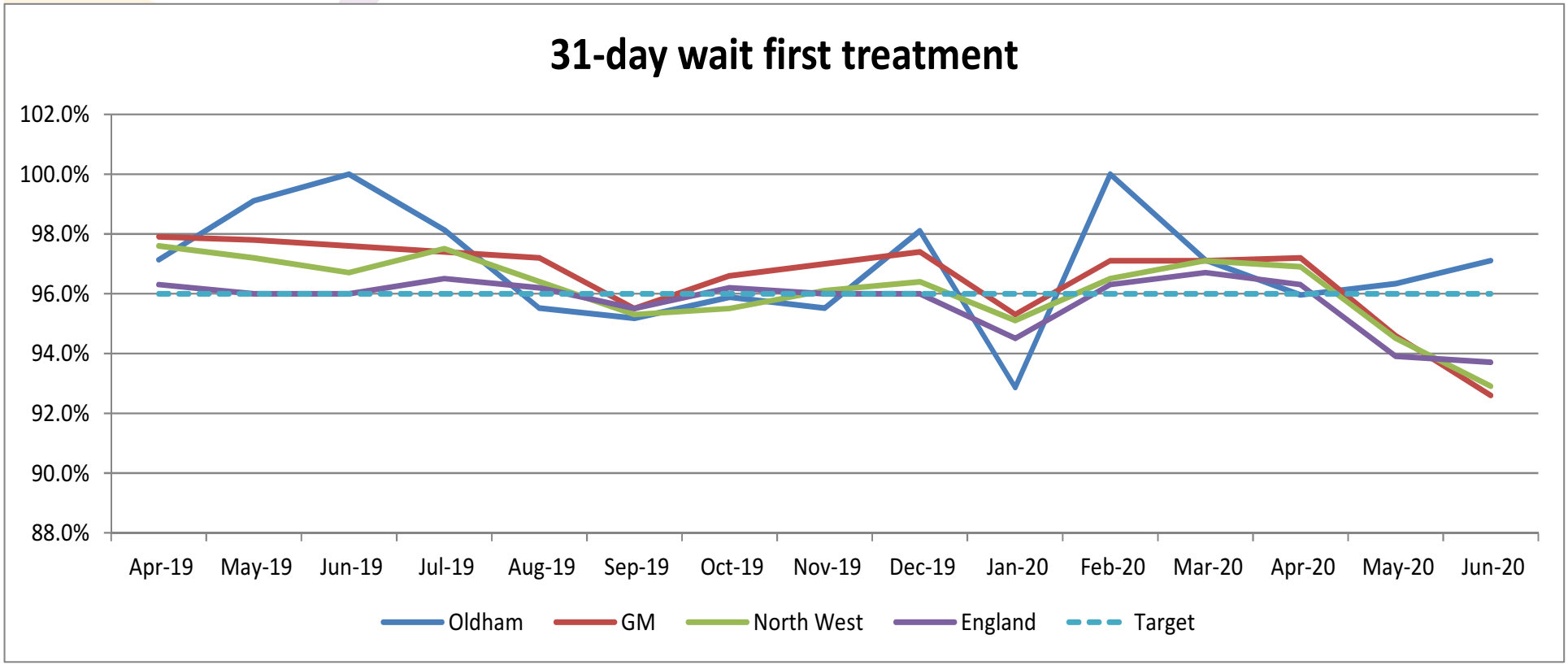
Standard	31-day wait first treatment						
Locality	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**
Oldham	96%	92.9%	100.0%	97.1%	96.0%	96.3%	97.1%
GM	96%	95.3%	97.1%	97.1%	97.2%	94.6%	92.6%
North West	96%	95.1%	96.5%	97.1%	96.9%	94.5%	92.9%
England	96%	94.5%	96.3%	96.7%	96.3%	93.9%	93.7%

Following a dip in Jan '20 Oldham consistency performs well across all 31 day standards, demonstrating that once a decision to treat is established treatment is delivered within a reasonable timeframe . This indicates that the issues within the pathway lie at the diagnosis and decision to treat stage.

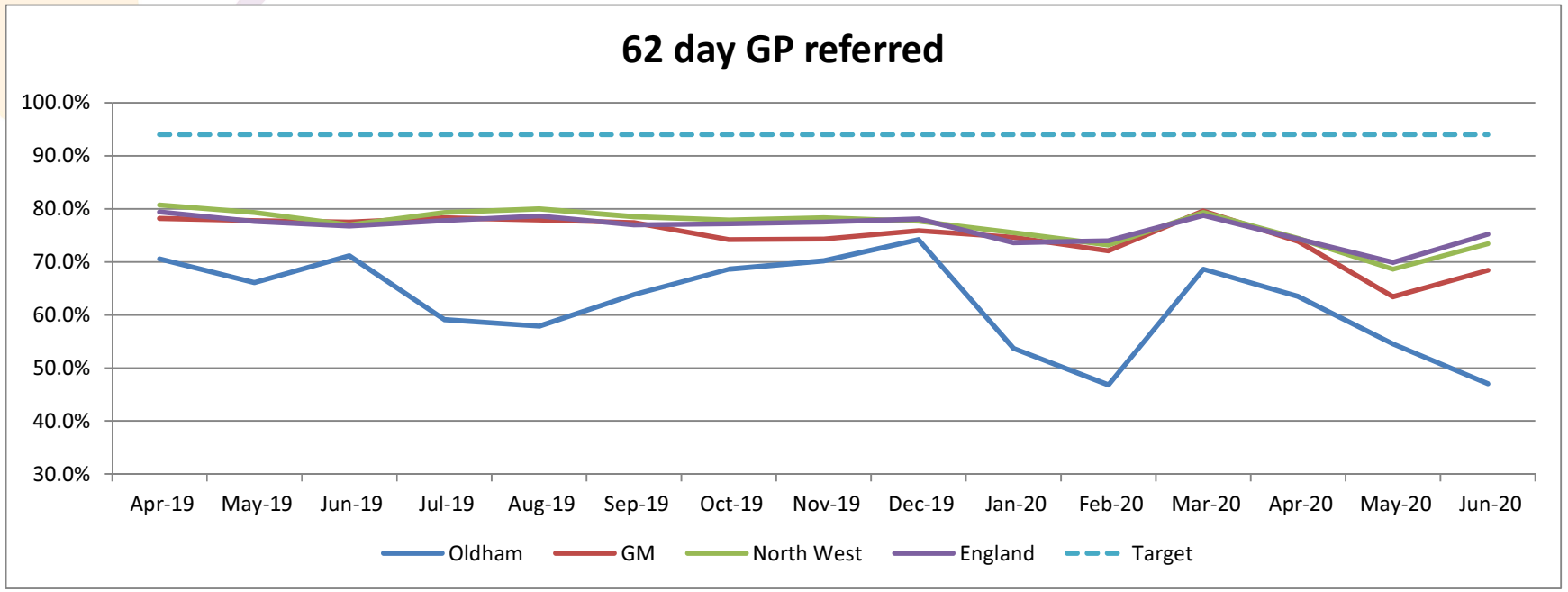
Standard	62 day referred to treatment						
Locality	**Target**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**
Oldham	85%	53.7%	46.8%	68.6%	63.5%	54.6%	47.1%
GM	85%	74.6%	72.1%	79.6%	73.9%	63.4%	68.4%
North West	85%	75.5%	73.2%	79.3%	74.4%	68.6%	73.4%
England	85%	73.6%	74.0%	78.8%	74.3%	69.9%	75.2%

The data above demonstrates that 62 day performance is an issue nationally with Oldham, GM, NW or England all not achieving this performance standard. Clearly our data indicates that we have a significant problem in Oldham as we consistently track below GM overall.

Cancer Performance – 31 Day First Treatment Graph



Cancer Performance – 62 Day Referral to 1st Treatment Graph



Cancer Performance – GM Update

- Suspected Cancer referral rates back up to 91% pre-Covid rates but significant variation across CCGs, Providers and Specialties.
- Lung is lowest at -38% and Upper GI at -24% however Skin is +17% pre-Covid levels.
- Endoscopy remains the key issue in diagnostics accounting for 96% of the diagnostics delay
- W/C 17.08.20 surgical treatment numbers were 86% of activity recorded that week 19/20.
- Since tracking GM are running at a weekly average of 201 treatments per week equating to 645 surgical treatments behind compared to 19/20.
- Chemotherapy deliveries between 01.08-16.08.20 on average 26% lower than 2019 and Radiotherapy Fractions are averaging 31% lower against the same time period.
- At the latest assessment (17.08.20) there are 164 P2 patients across GM awaiting a date for surgery (42 for diagnostics, 122 for treatment) and 81 P3 awaiting a date.

Any Questions?

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