REPORT FOR HEALTH OVERVIEW AND SCRUTINY

REPORT OF STRATEGIC DIRECTOR OF COMMISSIONING/CHIEF OPERATING OFFICER, OLDHAM COUNCIL AND CCG

SEPTEMBER 2021

HIGH-LEVEL ELECTIVE RECOVERY

Introduction and Context

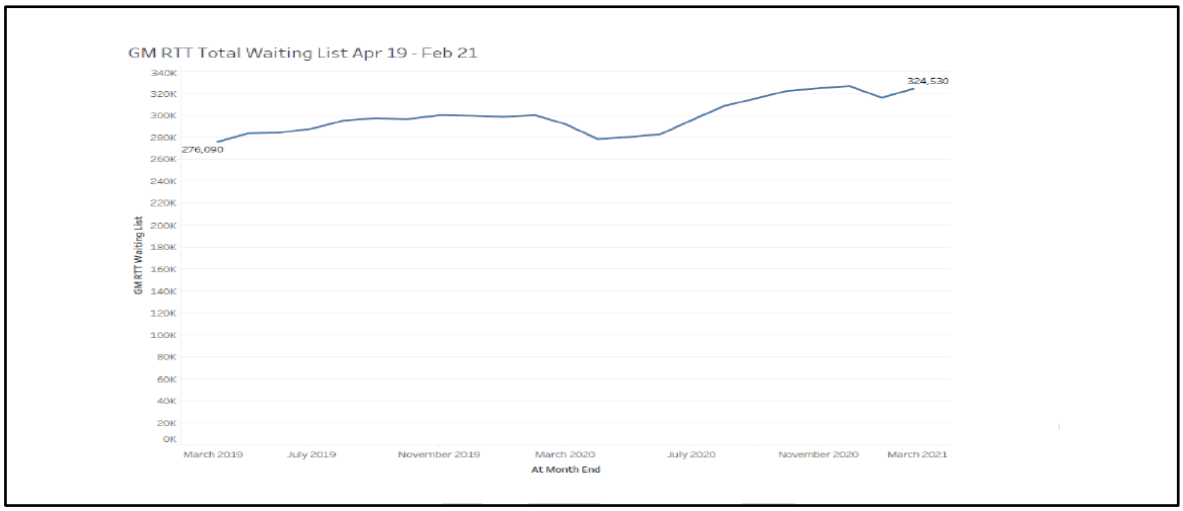
The pandemic has created significant challenges for providers in Greater Manchester in their processing of patients, irrespective of whether they are on admitted or non-admitted pathways and this difficulty spans all ages and all specialities. The consequences of this is a substantial increase in waiting times, including a level of patients waiting more than 52 weeks. This scenario has not been seen for many years.

Addressing this challenge will require collaborative working across providers, including the use of the independent sector and a focus on pathways between primary and secondary care. This work will provide opportunities for transformation and innovation in many of our specialities including within community and primary care services.

Collaborative working across hospital and community cells in GM has clearly been delivered successfully during the COVID pandemic and despite all the challenges new pathways, and innovative clinical practice has been delivered to the benefit of the GM population. The provision of mutual aid for critical care has exemplified this collaborative practice.

GM has however been disproportionately affected by the Covid pandemic, experiencing three waves each having a significant impact on ability to deliver wider elective activity. The decline following the third wave is also notably slower in GM than other parts of the North West Region and across England with critical care capacity still 50% Covid in GM compared to c 33% in Lancs & Cumbria and Cheshire & Mersey.

The total waiting list in GM has been steadily increasing overall number of years. In April 2017 RTT total waiting list was c. 220K. Although some progress was made in the early part of 2020, Covid has impacted on the overall RTT waiting list which how stands at c. 325K as seen in the graph below.



Overall GM approach to recovery

The principle of treating the patients in greatest need in priority order is fundamental to how GM has focused resources on elective activity during the pandemic and will be central to the ongoing elective recovery activity. This will result in clinical need being prioritised over wait time.

In response to the current context GM Gold Command along with the Provider Executive Medical Directors and Chief Operating Officers have already developed an approach to ensuring priority patients continue to receive treatment. This was implemented as the response to the third wave continued. Key to this was the development of a category for those with life/limb/sight threatening conditions (and associated diagnostics). The GM approach included a standard prioritisation matrix including the ability to escalate patients to a regional panel should providers in GM be unable to undertake the work in the required timeframe, the establishment of validation panels in trusts and adoption of a standard operating procedure. These panel will continue to validate patient waiting lists and ensure ongoing monitoring of patients to identify any who have deteriorated and therefore need to be treated more urgently. This will be undertaken in line with a GM SOP which will ensure standardisation and equity of access for patients.

As part of the daily data submissions to GM Gold Command each trust is asked to identify any issues with providing surgery for the highest priority patients so that mutual aid can be provided where necessary from across GM. To date GM have not required assistance from outside the ICS.

Cancer and other specialities such as cardiothoracic, complex cardiology, paediatrics, vascular surgery, ophthalmology and neurosciences have remained a priority for GM throughout the pandemic, ensuring those most in need of treatment receive care in a timely and clinically safe way. Each trust is developing a cancer recovery plan which is being drawn together into a GM wide collaborative plan for cancer recovery. Other specialist services also have restoration plans in hand.

To respond to the wider elective recovery challenge, GM is now developing an

approach based around three specific workstreams:

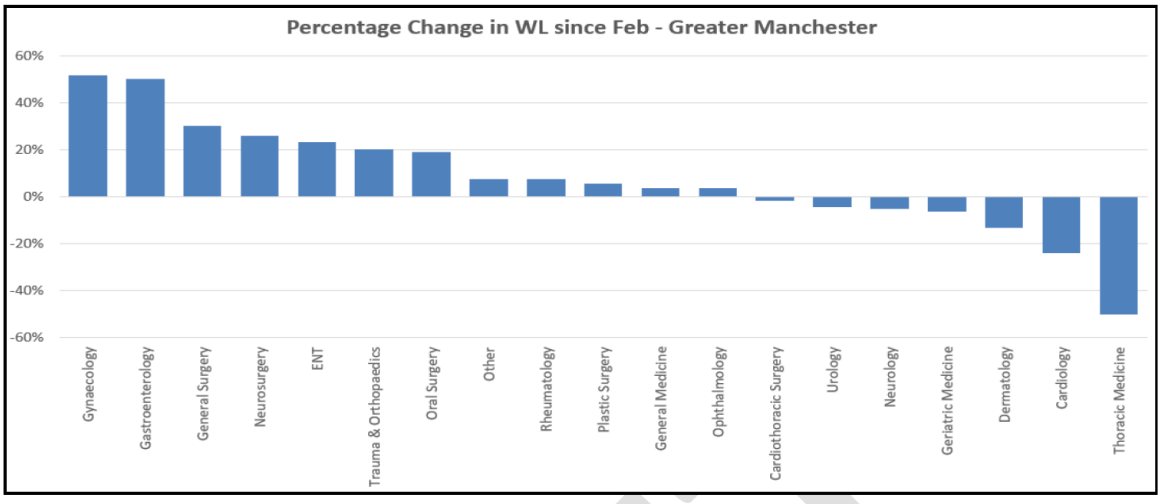
- An overall approach to ensuring the most effective use of available capacity and equity across GM
- GM Collaborative approach for a number of clinical specialities based on GM analysis, and clinical prioritisation which will utilise a system wide approach to elective recovery and transformation
- Adoption of National Adopt and Adapt programmes

Our GM approach to ensuring effective use of available capacity will build on the principle of mutual support that has enabled GM to successfully manage the pandemic. It will balance an overall approach to transparency and oversight of waiting lists across GM with PTLs remaining the responsibility of individual organisations for accountability.

In terms of clinical priority areas, GM had previously developed an approach to Covid secure facilities which have been used throughout the pandemic to meet P2 priorities. This principle will now be further exploited this year for the restoration of all elective activity.

Over summer 2020, GM had also successfully developed a system wide approach to endoscopy to address the significant waiting list. The principles of this system approach are now being applied to other clinical areas to support recovery. This potentially includes identifying opportunities to reducing the need for surgery, managing symptoms in the community, reviewing referral thresholds and using specialist expertise to ensure equity and the most appropriate care for patients. In addition to this we will also look at the prospect for increasing capacity through shifting settings between theatre, day case and outpatient procedure, use of IS, modular / mobile units as well as using the workforce innovatively.

Key to our early restoration of elective activity will be the identification of a small number of specialty areas the principles above can be applied to in order to deliver the greatest system benefit. The current data suggests gynaecology, general surgery and ENT are three specialties that have seen the greatest increase in waiting list size that could be considered for this type of approach.



In addition, Royal Manchester Children's Hospital and Alder Hey have been asked to develop a regional approach to oversight of the waiting times for children awaiting surgical interventions including paediatric dentistry. In addition, GM had an ophthalmology workstream in place which is being expanded to include the national eye care recovery programme and delivery of digital transformation. These two areas have therefore been added to the prioritised clinical areas for the GM Elective Recovery plan.

Current Position

Recovery of elective activity is continuing across GM, as outlined in the tables below. There has been an improvement in performance across a number of points of delivery, including day case and ordinary elective. However there is concern that the ongoing Covid19 and urgent care pressures will impact this delivery over the coming weeks.

Figure 1: GM Elective Recovery position

	England average	North West Average	GM	Change from last week (GM)
Daycase	88%	84%	84%	Down 2%
Ordinary elective	89%	95%	91%	Up 7%
First Outpatient	89%	102%	118%	Up 7%
Follow-up Outpatient	93%	101%	103%	No change
CT scans	113%	107%	101%	Down 15%
MRI scans	102%	102%	102%	Down 6%
Colonoscopy	111%	129%	126%	Up 14%
Flexi-sigmoidoscopies	67%	61%	73%	No change
Gastroscopies	101%	95%	105%	Down 8%

(Data source: NW restoration of critical services report 11th July 21)

Figure 2: GM Trust Recovery position

	Daycase	Ordinary electives	First Outpatient	Follow-up Outpatient	CTscans	MRI scans	Colonoscopy	Flexi-sigmoidoscopies	Gastroscopies
Bolton	93%	85%	108%	132%	245%	130%	125%	133%	75%
MFT	74%	89%	128%	111%	75%	80%	216%	75%	160%
Pennine Acute	85%	82%	182%	57%	92%	84%	101%	71%	96%
Salford	73%	87%	79%	82%	106%	108%	81%	154%	219%
Stockport	82%	70%	77%	70%	101%	116%	82%	108%	73%
Tameside	95%	102%	83%	88%	120%	200%	116%	93%	140%
The Christie	87%	106%	72%	87%	106%	113%	313%	200%	
WWL	139%	126%	138%	178%	111%	106%	109%	0%	0%

(Data source: NW restoration of critical services report 11th July 21)

The GM Elective dashboard indicates that the total number of patients waiting is 395,805 patients, with the number of patients waiting over 52 weeks having increased to 33,516 patients (9% of total waiting list). The three specialties with the biggest number of >52ww continue to be Trauma and Orthopaedics, General Surgery and ENT.

Recovery and Reform within prioritised elective specialties

Each of the relevant Clinical Reference Groups have reviewed the (high value, low cost) HVLC pathways and identified those pathways with greatest impact for the GM system. Each Trust is then identifying the gap between current provision and the defined pathway/standards, along with agreed actions to address the gaps.

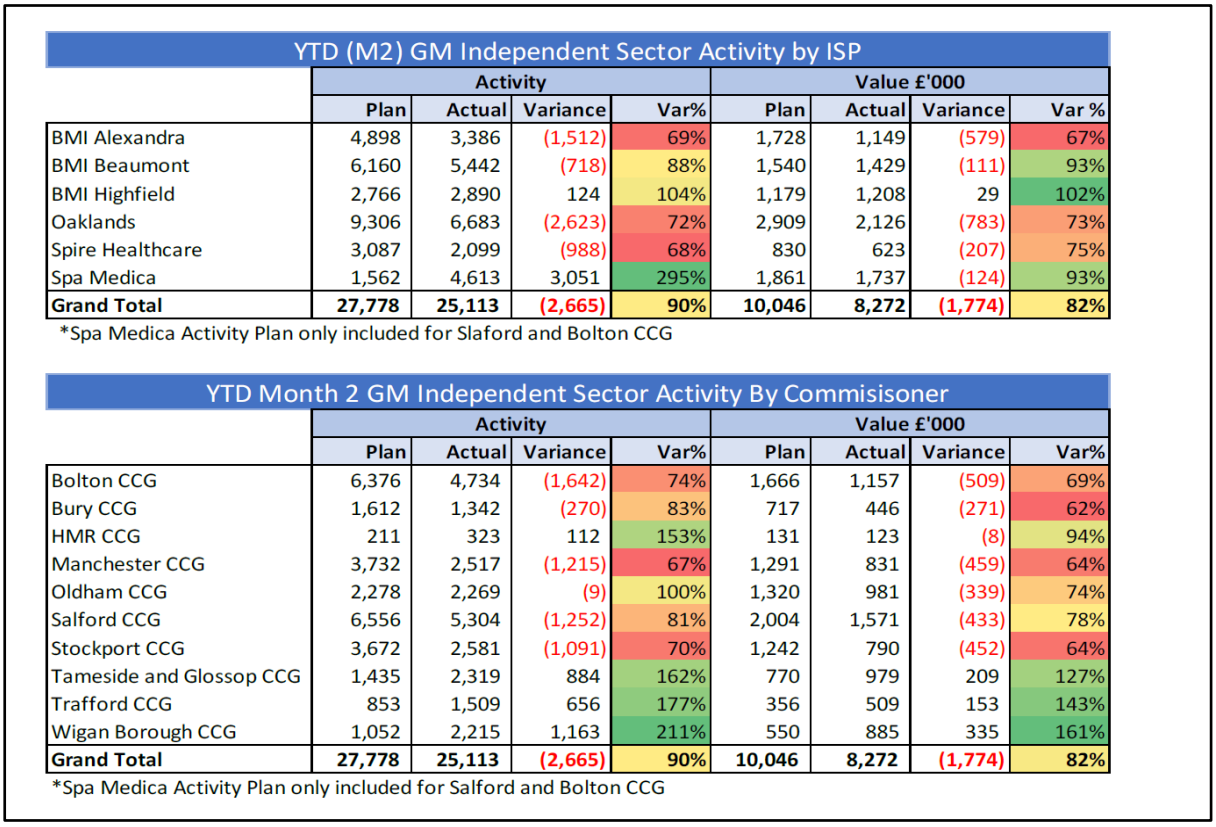
All GM Trusts have been asked to commence submission of the fortnightly theatre productivity dataset into Model Health System, which will provide the system with the ability to track improvement particularly in relation to released bed days and increased productivity.

In addition to maximising productivity within individual organisations/localities, the Elective Recovery and Reform team is continuing to support the development of elective hubs. The hub model (focusing initially on orthopaedics and children's surgery) has been considered by the GM Gold Hospital cell and the Provider Federation Board, with the expectation that progress is expedited in line with growing urgent care pressures. This will include exploring the ability to secure a modular unit for the south east sector.

Independent Sector usage for the main five Independent Sector Provider sites is managed through a lead commissioner model which includes both primary care referrals and patients transferring from NHS trusts. A GM IS coordination group has been established to oversee levels of Independent Sector utilisation. The five lead commissioner contracts secure minimum activity levels equal to that delivered in 2019/20, with additional activity to be negotiated as a variation during the year, as NHS demand and Provider supply dictates. The focus has been on those prioritised specialties with the biggest backlogs and therefore the Clinical Reference Groups have been utilised to encourage Trusts to send relevant patients to the Independent Sector to support recovery. The contract includes a clause on treatment principles including Priority-code and waiting time, as key criteria for prioritising NHS patients' treatment irrespective of the source of their referral.

The latest Independent Sector activity position shown below shows performance against the 2019/20 baseline contracted activity. The variable performance against contracted activity reflects the change in process to an Inter-Trust transfer model, some early mobilisation and workforce issues which are being smoothed and improved through quarter 1, including clinical engagement through the Clinical Reference Groups.

Figure 3: GM Independent Sector Utilisation (month 2)



YTD (M2) GM Independent Sector Activity by ISP

	Activity				Value £'000			
	Plan	Actual	Variance	Var%	Plan	Actual	Variance	Var %
BMI Alexandra	4,898	3,386	(1,512)	69%	1,728	1,149	(579)	67%
BMI Beaumont	6,160	5,442	(718)	88%	1,540	1,429	(111)	93%
BMI Highfield	2,766	2,890	124	104%	1,179	1,208	29	102%
Oaklands	9,306	6,683	(2,623)	72%	2,909	2,126	(783)	73%
Spire Healthcare	3,087	2,099	(988)	68%	830	623	(207)	75%
Spa Medica	1,562	4,613	3,051	295%	1,861	1,737	(124)	93%
Grand Total	**27,778**	**25,113**	**(2,665)**	**90%**	**10,046**	**8,272**	**(1,774)**	**82%**

*Spa Medica Activity Plan only included for Slaford and Bolton CCG

YTD Month 2 GM Independent Sector Activity By Commisisoner

	Activity				Value £'000			
	Plan	Actual	Variance	Var%	Plan	Actual	Variance	Var%
Bolton CCG	6,376	4,734	(1,642)	74%	1,666	1,157	(509)	69%
Bury CCG	1,612	1,342	(270)	83%	717	446	(271)	62%
HMR CCG	211	323	112	153%	131	123	(8)	94%
Manchester CCG	3,732	2,517	(1,215)	67%	1,291	831	(459)	64%
Oldham CCG	2,278	2,269	(9)	100%	1,320	981	(339)	74%
Salford CCG	6,556	5,304	(1,252)	81%	2,004	1,571	(433)	78%
Stockport CCG	3,672	2,581	(1,091)	70%	1,242	790	(452)	64%
Tameside and Glossop CCG	1,435	2,319	884	162%	770	979	209	127%
Trafford CCG	853	1,509	656	177%	356	509	153	143%
Wigan Borough CCG	1,052	2,215	1,163	211%	550	885	335	161%
Grand Total	**27,778**	**25,113**	**(2,665)**	**90%**	**10,046**	**8,272**	**(1,774)**	**82%**

*Spa Medica Activity Plan only included for Salford and Bolton CCG

Health Inequalities in Elective Recovery

The GM Health Inequalities in Elective Recovery has been established. The GM Business Intelligence team have collated a data pack that provides an informative picture of the impact of the elective pause on different cohorts on the waiting list across GM. There is agreement that the Task & Finish group now need to agree actions to be taken at a locality level as well as at a system-level as a result of analysing the data. A key action being considered is how the prioritisation approach could be amended to take into account health inequalities and how this would then be implemented. This will require further clinical engagement once a proposal is developed. In the meantime, each locality is undertaking a deep dive using 'last 10 patients methodology'.

Communications including Waiting well

The GM communications team have developed an updated stakeholder briefing in response to the increase in demand being experienced across the system. This includes key messages regarding elective recovery. Initial scoping of the national waiting list communication guidance and research of best practice is now complete. This has helped to form a clear definition of what waiting well is (and is not); for patients and for stakeholders. A Greater Manchester Waiting Well Framework has been drafted. The GM key public messages have been agreed as:

a) Waiting for your hospital care
b) Waiting times across Greater Manchester
c) What we mean by waiting well
d) Useful national resources

A ‘Locality offer’ framework has also been established. Localities will provide information and support under the following headers; Looking after yourself: body and mind; Support from your community; Support from you NHS and Where to go if you have concerns. Nine localities have initiated work on locality offers (Manchester CCG has not had initial meeting yet due to annual leave and staff sickness) with locality offers to be completed by first week of August.

The weekly GM waiting list communications group has been established to progress this work at pace, supported by additional external communications support, to roll out the framework by the end of August 21.

Targeted engagement with the public is on-going, through localities. Stakeholder engagement continues with Primary Care Board and PCN Network scheduled within the next fortnight.

Recommendation

The committee is asked to note the update provided in the briefing