

Scheduled Care Update

Yvonne Bagguley Scheduled Care Programme Manager

Sophie Spilsbury Head of Scheduled Care

Long Waiters

Wait Band	Number of Waiters by Month						
	Sep '21	Oct '21	Nov '21				
>104 weeks	66	77	83				
>52 weeks	1,099	1,078	1,024				
>46 weeks	1,471	1,440	1,522				
>40 weeks	2,007	1,961	2,027				

- Whilst we aim to eliminate waits of over 104 weeks by end of March '22 it's important to understand that a long waiter isn't necessarily a high clinical priority or more urgent due to the wait. Elective activity also slows annually when winter pressures hit and resources are reprioritised contributing to increased Elective waits.
- Patient choice continues to play a part in the increasing numbers as some opt to wait
 until the risk of Covid is significantly reduced. The new variants and ongoing waves of
 Covid impact the decisions of these patients even when the clinical implications of their
 condition are discussed so will contribute to the long wait cohort. All of these factors
 play in to the November increases we're seeing here as Omicron numbers rise but also
 as we approach the Christmas period and patients choose to delay to the New Year.



RTT Performance

Provider	Oldham Waitlist Size and % within 18 Weeks by Provider									
	September		0	ctober	Nove	mber				
NCA	14,227	60.8%	14,769	59.3%	15,266	58.7%				
MFT	4,536	53.9%	4,624	52.6%	4,545	51.4%				
THFT	740	69.3%	745	68.9%	710	67.0%				
Lanc Hse	344	95.9%	707	99.9%	398	96.5%				
PMSK	2,323	98.4%	2,535	97.4%	2,329	97.0%				
InHealth	410	93.7%	374	95.7%	295	96.3%				
BMI H'f	685	54.0%	696	51.3%	783	55.8%				
Other	1,162	83.4%	1,165	84.4%	1,111	84.8%				

- The reality is that the 92% Incompletes standard hasn't been achieved since long before Covid hit however Covid has had a further detrimental impact particularly on our NHS Trusts. The total waitlist in Mar '20 was 16,852 vs. 25,437 Nov '21.
- Our ISPs have been able to bounce back quicker as evidenced in the stats. The
 exception being BMI Highfield who have been impacted by taking on long waits from
 NHS Trusts where the patient 'clock' continues to tick. BMI are one of the main ISPs
 taking activity from the Trusts to reduce patient waits and support Elective recovery.



Diagnostics

- Diagnostic provision continues to be a challenge as increased waitlists result in increased demand on diagnostic services
- The standard continues to be set at 99% of diagnostics to be delivered within 6 weeks however NHSE/I have published new guidance in May '21 stating waitlists should be reviewed and prioritised according to clinical need rather than wait time where over half have been waiting over 6 weeks.
- In Nov '21 our breach rate was 42.2% (3,709) vs. 41.2% in Oct '21
- In Feb '20 our diagnostic waitlist stood at 4,596 but in Nov '21 was 8,798 a
 91.4% increase
- NCA account for 2,512 breaches and MUFT 571. There are also 476 breaches
 with NOUS provider Beacon which is being picked up with them separately as
 they've experienced a huge spike in referrals since new contracts were
 awarded to commence 1st October.
- ISPs are being utilised to support Trusts with diagnostic waits but can prove resource intensive to transfer out particularly if they need to be transferred back in for ongoing consultation/treatment.
- Echocardiography, MRI, NOUS and Endoscopy account for the majority of diagnostic waits



Summary

- We continue to operate under challenging circumstances with infection prevention and control (IPC) measures, stretched resources for various reasons (including staff sickness), patient choice and increasing waitlists
- When pressures rise in urgent care, Elective activity is the first to take the hit, as resources are prioritised accordingly to urgent and Cancer care
- Use of Independent Sector Providers (ISPs) depends on Trusts sending activity across but is supporting the recovery process
- It's likely to take a number of years to truly recover from the toll Covid has taken on Elective waits
- We've seen lots of transformation in delivery of services since Mar '20 but more needs to be done to ensure resources are used to their optimum potential across the system
- The following slides talk through some of the initiatives we are working on to support improved outcomes for our patients.



Overview of Activity

- Number of initiatives in line with '21/'22 priorities and operational planning guidance
- Renewed focus on long-standing high impact initiatives that haven't gained much traction to date e.g. advice & guidance (A&G) and patient-initiated follow-up (PIFU)
- New system-led initiatives being trialled at GM/ specialty level i.e. high volume, low complexity (HCLV) hubs ring fencing elective capacity, smart triage being trialled in Gynae with a proposed 6 week 'sprint', digital options, Community Diagnostic Centres ('22/'23)
- Use of the ISPs to maximise capacity and services available
- Waiting Well Framework to provide proactive support for patients on wait lists and maintain/optimise their health and wellbeing pending being seen in hospital
- NCA launched 'Being Well' programme Nov '21 to progress a number of these elements. Details on the next slide.



Key Workstreams

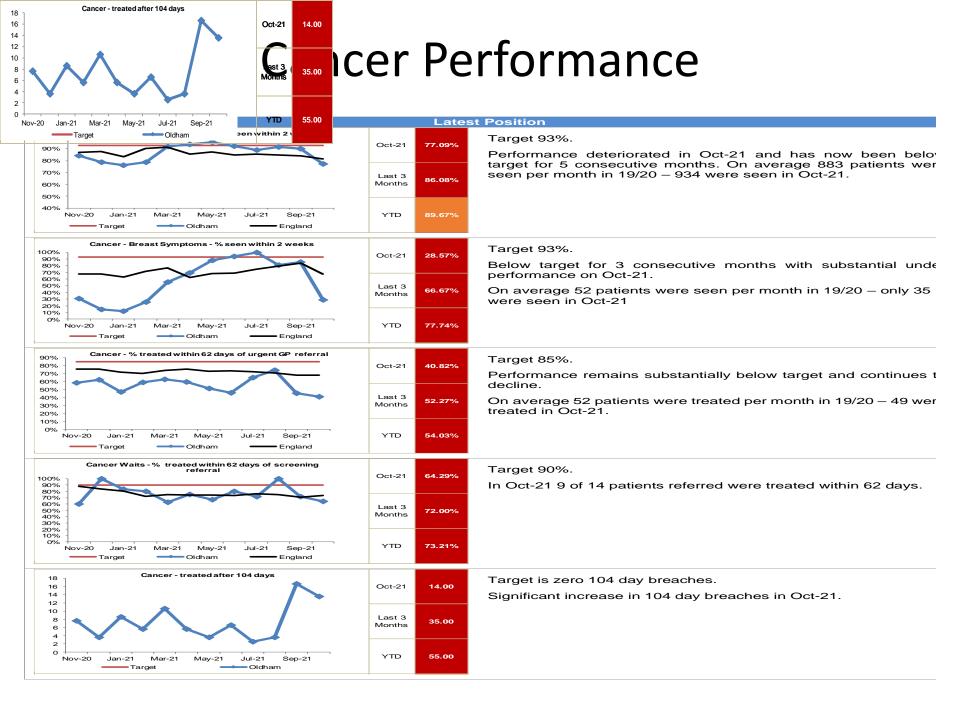
Being Well Programme – SRO Penny Martin NCA

Workstreams	Aligned to	Objectives
Deciding Well – NCA Kate Hurst	Advice & Guidance / Specialist Advice	 NHSE target of 12% min. of OPFA to be A&G / Specialist Advice by Mar '22 – EROC reported Currently c. 1%
Referring Well – NCA Rachel Scott	Redesign/perfect the administrative Elective Pathway	 NCA based work to separate the DoS following restructure with MFT Redesign the NCA DoS w/ GP involvement to launch Jun '22 Improve/perfect the referral process
Waiting Well – NCA Sarah Wiseley	'While you Wait' GM led supporting patients on hospital waiting lists	 To provide hospital-led support / reassurance for patients on wait lists and GPs Give specialty based focus/ support Improve comms
Recovering Well – NCA Gillian Ivey	Patient Initiated Follow Up - PIFU	 Identify existing examples in specialties Expand to other suited specialties NHSE target moving 2% of all OP attendances to PIFU pathways by Mar '22 – EROC reported

Locality Actions

- Advice & Guidance (A&G) has been on the Oldham agenda for a long time with limited engagement from Primary Care and our aligned Trust. We welcome the renewed focus and are fully engaged with NCA as they commence these new workstreams and are seeking GP support via the LLP to support a workable solution that will embed this in our patient care ethos.
- There are a number of Patient Initiated Follow Up (PIFU) pathways in existence under various other guises and again are engaged in the NCA work whilst exploring the possibilities with our Independent Sector Providers (ISP).
- We have rolled out a new standardised referral template to improve the quality of our referrals in to providers and support better triaging.
- Oldham lead the BMI Highfield contract on behalf of GM to maximise available capacity and services and reduce wait lists. We're also exploring options with other providers we work with that may have capacity in key specialties.
- Working with Public Health colleagues and ABL we have established a locality offer of supportive services for patients on a wait list as part of the Waiting Well Framework.
 This is shared via the WhileyouWait.org.uk website hosted by GM. This will be further developed alongside the NCA workstream.
- BI are working to improve use of eRS data feeds that support evidencing our locality position and EROC submissions.





Cancer Update

- Cancer services across Greater Manchester remain very challenged, and this is reflected in the deterioration of the performance position seen in Oldham.
- The current surge of the Omicron wave is causing pressures across the health system, particularly in terms of staff sickness and isolation. The GM position is to maintain Priority 2 (which includes Cancer patients) on green sites, and therefore it is hoped that despite the continuing pressures that cancer treatments will continue wherever possible.
- 2 week wait (2ww) referral demand is continuing to be high which is impacting on the 2ww performance. The CCG is working with the Trust to address any areas of concern in terms of 'inappropriate referrals', and continues to work on referrer education where appropriate.
- Diagnostics are still a main contributor to the delays in 62 day treatment pathways.
 The Trust are continuing to utilise the Rapid Diagnostic Centre (RDC) pathway to support internally, and also continue to develop the Community Diagnostic Centre which will provide additional diagnostic capacity to Oldham.
- Breast has seen a significant increase in demand as Trusts outside of GM are experiencing capacity pressures and therefore sending additional referrals into the GM system. This increase in demand has not being matched with capacity and therefore we have seen a steep decline in the breast symptomatic pathway. It is however, important to note that capacity is being utilised to support the 2ww breast pathway which is appropriate use of resource.



Primary Care Performance Update

Access to General Practice

General practice has remained open and continues to provide primary medical services 7 days per week through remote access and face to face consultations where clinically appropriate.

Practices have continued to provide urgent on the day care and maintained continuity of care for those with long term conditions and complex needs.

This year to date practices have provided 782,210 appointments

The last 3 months have provided over 100,000 appointments per month (average)



Access to General Practice





Access to General Practice

Oldham 7-Day Access Service Activity Data – September to November 2021

Total No. of Appointments

	Available - Phone	Available - F2F	Total Offered	Booked - Phone	Booked - F2F	Total Booked	DNA	Utilisation Rate	DNA Rate
Sep-21	2,405	554	2,959	2,214	243	2,457	161	77.59%	6.55%
Oct-21	2,574	579	3,153	2,346	256	2,602	169	77.16%	6.50%
Nov-21	2,437	599	3,036	2,227	279	2,506	118	78.66%	4.71%
	7,416	1,732	9,148	6,787	778	7,565	448	77.80%	5.92%

Total No. of Minutes

	Available - Phone	Available - F2F	Total Offered	Weekly Average
Sep-21	36,075	8,310	44,385	10,346
Oct-21	38,610	8,685	47,295	10,676
Nov-21	36,555	8,985	45,540	10,615
	111,240	25,980	137,220	

^{*}DNA figures include appointments booked over the phone where patients either did not answer or were not available



COVID Vaccinations / Boosters

Oldham Primary Care Networks (PCNs) are at the forefront of the COVID vaccination and booster programme

In the week ending 19th December 18,890 vaccines were provided in Oldham – the highest ever with previous high of 14,765 in April 2021

58.6% of the eligible cohort for a booster have now been vaccinated

Across the Oldham system capacity realised to deliver boosters to all eligible residents by 31st December 2021



COVID Booster Plan

			WHOPPING			HOL	HOL	HOL	HOL				
	1	1	. 1	1	1	1	1	. 1	1	1	. 1	. 1	
ALL	20/12/2021	21/12/2021	22/12/2021	23/12/2021	24/12/2021	25/12/2021	26/12/2021	27/12/2021	28/12/2021	29/12/2021	30/12/2021		KNOWN JAN BOOKINGS
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
Hrs Per Day	30.5	30.5	24.5	30.5	21.75	0	0	10	10	30.5	30.5	25.5	0
No. of Vaccinators	35.267	37.26	78.93	33.26	32.6	0	0	7	7	37.93	37.93	32.6	0
Vaccines per Hr	43	43	43	43	28	0	0	10	10	43	43	28	0
Total Planned per Day	5633	5319	8741	5841	3988	0	0	950	950	5915	5915	5515	7310
Total Actual per Day	2875	2472	4940										
Var'	-2758	-2847	-3801										

Oldham Cares

56076

51%

COVID Vaccinations / Boosters

		Oldhan	n Reg'd		Non-Oldham Reg'd				Grand
Date	1st	2nd	3rd	Total	1st	2nd	3rd	Total	Total
Mon , 13-Dec-21	45	114	1,762	1,921	76	16	216	308	2,229
Tue , 14-Dec-21	81	87	1,824	1,992	63	25	383	471	2,463
Wed , 15-Dec-21	113	215	2,370	2,698	56	39	437	532	3,230
Thu , 16-Dec-21	107	115	2,313	2,535	63	35	464	562	3,097
Fri , 17-Dec-21	93	165	1,887	2,145	63	37	258	358	2,503
Sat , 18-Dec-21	115	92	2,998	3,205	73	22	224	319	3,524
Sun , 19-Dec-21	111	138	1,376	1,625	49	32	207	288	1,913
Mon , 20-Dec-21	110	128	2,875	3,113	26	26	340	392	3,505
Tue , 21-Dec-21	99	144	2,472	2,715	11	22	239	272	2,987
* Wed , 22-Dec-21	162	183	4,940	5,285	8	6	134	148	5,433

^{*} Includes an estimated lag on previous days data of: 12%

'Whopping Wednesday' was the biggest days vaccinating Oldham has ever seen. Over 5k vaccines administered in a single day.



Enhanced Care in Care Homes

- All Care Homes are aligned to a GP practice in Oldham
- Safe Steps Update

Phase 2 of the roll out in progress with falls prevention functionality. Whilst under evaluation the programme is on track to proceed to Phase 3 roll out of the falls application.

What this means...

 All care homes will have access to the Safe Steps COVID & Falls Application



Population Health Management

Population Health Management is helping us understand our current health and care needs and predict what local people will need in the future.

This could be by stopping people becoming unwell in the first place, or, where this isn't possible, improving the way the system works together to support them.

Focus on the wider determinants of health - only 20% of a person's health outcomes are attributed to the ability to access good quality healthcare

Using data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of collective resources.



Population Health Management in Oldham

Delivery at Primary Care Network level – proactive and tailored to the needs of local people

Across the Oldham locality: Diabetes and Respiratory (including Asthma and COPD)

Early identification, patient education, support and access to high quality routine care

Priorities at PCN level:

North PCN	East PCN	South PCN	West PCN	Central PCN
Frailty	Frailty	Frailty	Frailty	Women's Health
Mental Health (Dementia)	Mental Health (Depression)	Depression	BAME inequalities	Child Health
Cardiovascular Disease	Breast Cancer	Cancer	COVID 19 and Mental Health	Cancer Screening



Population Health Management

- PCN specific plans developed and approved including workforce, training and education needs analysis
- PCNs in preparation for delivery from January 2022 subject to demand and capacity in delivery of the COVID vaccination and Booster programme
- North PCN Plan \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\North PCN\Final North Plan.xlsx
- East PCN Plan \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\East PCN\East PCN PHM Plan FINAL.xlsx
- Central PCN Plan \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health
 Management\PCN Plans 2021 22\Central PCN\Final Central PCN PHM Plan.xlsx
- South PCN Plan \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\South PCN PHM Plan.xlsx
- \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Manangement\PCN Plans 2021 22\South PCN\Oldham South Frailty.png
- \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Manangement\PCN Plans 2021 22\South PCN\Oldham South Depression.png
- \\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Manangement\PCN Plans 2021 22\South PCN\Oldham South Cancer.png

Any Questions?

