

Oldham Elective Recovery Update August 2022

Context

In February 2022, NHSE published the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care, a plan that sets out a clear vision for how the NHS will recover and expand elective services over the next three years.

A central aim is to maximise NHS capacity, supporting systems to deliver around 30 per cent more elective activity by 2024-25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance- creating an elective care system that will be fit for the future.

The National plan, as is reflected in our locality plan, has a strong focus on improving patient outcomes and their experience of NHS services, delivering against the following key areas:

1. Make progressive improvements on long waits, with a goal to eliminate waits of over one year by March 2025, and waits of over two years by July 2022.
2. Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks by March 2025.
3. Deliver the cancer faster diagnosis standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024, and return the 62 day backlog to pre-pandemic levels by March 2023.

Context

The ambitions set out in the recovery of Elective Care are important for improving outcomes for patients, but they are still heavily dependent on maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence.

The plan requires a collective focus to:

- Increase capacity and separate elective and urgent care provision, while freeing clinicians' time for new patients and those with the greatest clinical need
- Prioritise diagnosis and treatment for those with suspected cancer or an urgent condition, and offering alternative locations with shorter waiting times for those waiting a long time
- Transform the way we provide elective care, including streamlined care and fewer cancellations, and more convenient access to surgical and diagnostic procedures, using digital tools and data to drive the delivery of services
- Better information and support to patients, providing personalised, accessible support to patients whilst they wait, improving outcomes and reducing inequalities in health outcomes.

Recovering elective services is going to require a huge, collective effort from systems and providers. This is not just in hospitals but across the entire health and social care system. The National ask is ambitious, however Oldham locality continues to strive to ensure we continue to make inroads and improvements and return to, and exceed, a pre pandemic performance position.

Context

Since the publish of Elective Recovery Plan in February 2022, and the marked success in delivering against the initial 104+ week waiter target, a subsequent letter from NHSE in July 2022 has outlined the focus moving forward.

Our next two performance ambitions are to return the number of people waiting more than 62 days from an urgent referral for suspected cancer back to pre-pandemic levels (by March 2023) and to eliminate routine elective waits of over 78 weeks (by April 2023), alongside increasing activity to above pre-pandemic.

In order to deliver the next stage of recovery there are several things that systems must do, including:

- o System management of long waiting patients and mutual aid.
- o Waiting list management.
- o Prioritisation and productivity.
- o Optimising capacity, within NHS and Independent Sector Providers.
- o Ensure best practice pathways are in place.
- o Transforming outpatients.
- o Prioritisation of 62-day cancer and 78-week patients.

Waiting Lists and Referral To Treatment

Waiting List Overview- June 2022 (latest position)

- The current all-provider Oldham waiting list has grown in month from **28,795** to **31,274**, an in-month increase of **2479 patients**.
- The net effect of the current position is that patients are being added to the waiting list in greater numbers than are being removed, whether as a result of treatment or data validation. It should be noted that this mirrors the national picture.
- If around half the 'missing demand' from the COVID-19 pandemic returns over the next three years, particularly if this is earlier in the period, then it is expected that the waiting list will be reducing by around March 2024.
- It is important to note that the locality experienced a system outage at NCA May into June, and therefore there is a data accuracy query in June's data submission as the large WL increase may be reflective in part due to
- Clearly there is much more to be done to bring the WL size down to a pre-pandemic level (??), which will require reducing demand, increasing capacity and transforming services to utilise resources effectively.

RTT - The National Ask

The NHS Elective Recovery Plan contains a number of RTT ambitions:

- All **+104 week** waiters to be eliminated by **July 2022**
- All **+78 week** waiters to be eliminated by **April 2023**
- All **+ 65 week** waiters to be eliminated by **March 2024**
- All **52 week** waiters to be eliminated by **March 2025**

Progress to date +104 and +78 week waiters

Good progress has been made in terms of treating the very longest waiters (+104ww and +78ww). The position at the end of June demonstrated that Oldham had almost eradicated 104+ week waiters, with only 5 patients remaining, as per the table.

Engagement with NCA has improved significantly over recent months. An Oldham commissioning representative now attends weekly access and performance meetings with the Trust, where 104+ and 78+ week wait targets are monitored and managed.

Provider	Speciality
Alexander Hospital	Gynaecology
Fullwood Hall Hospital	Oral Surgery
MUFT	Ear Nose & Throat
MUFT	Gynaecology
MUFT	Other - Surg

Following the 104+ week target, all our providers are now focused on the 78ww target and are managing their waiting lists patient by patient. In order to deliver against the 78 week target, the following are being implemented:

- PTL meetings are taking place in all specialties on a weekly basis.
- In addition, the NCA Access and Performance meeting takes place every week, with the COO overseeing progress against the target by specialty.
- Demand and capacity modelling work is underway to understand what additional capacity may be needed for each specialty in order to achieve the target.

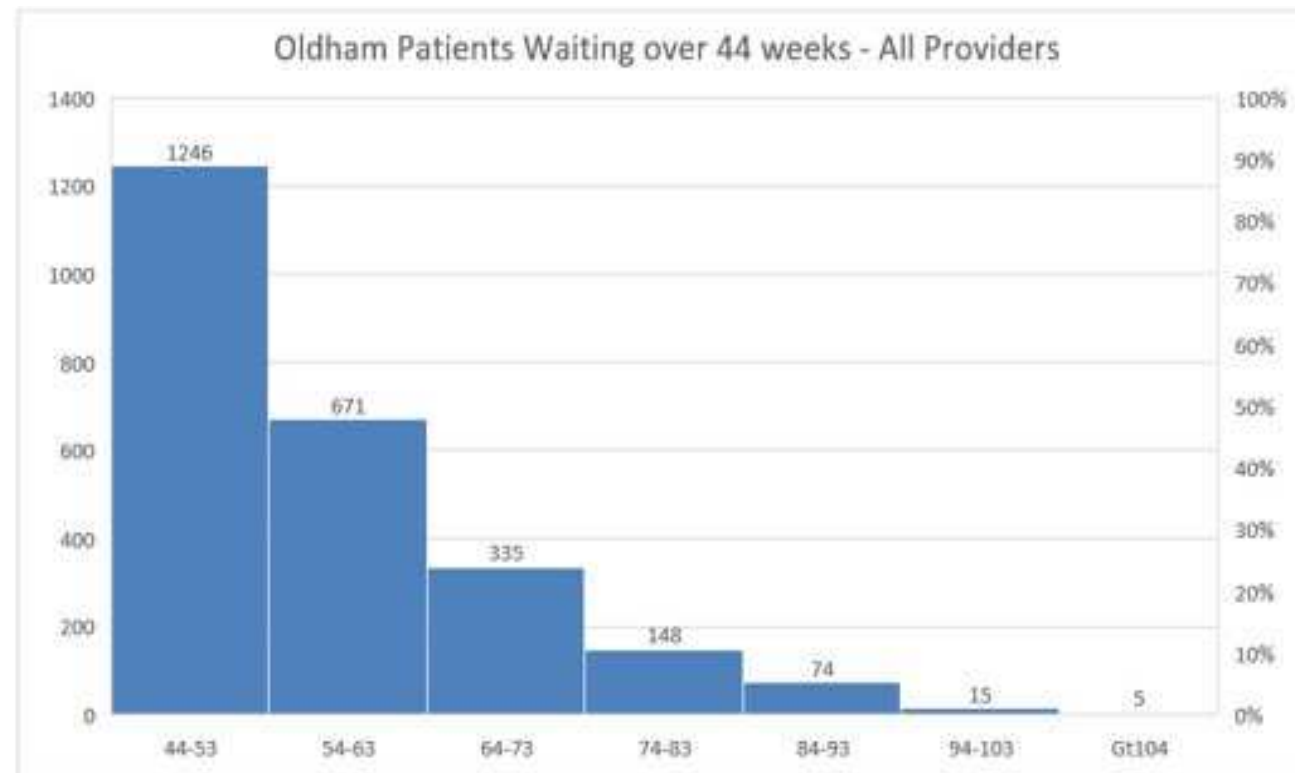
Patients Waiting over 44 weeks – All providers

In order to meet the target of 78-week waiters being eradicated by the end of March 2023, all patients currently waiting on an incomplete pathway at 44 weeks or above, will need to have received their first definitive treatment by 31st March 2023.

Currently, there are **2,494** patients

waiting at 44 weeks or above as of 28th July 2022.

Demand and Capacity modelling will enable the identification of any specialty level gaps, and utilization of system wide capacity will need to be maximized to enable delivery of this target. The locality remains well linked to the GM Independent Sector Provider Ops Group (ISPOG), to ensure any available capacity is utilized through use of IPTs. There is room for improvement in the utilisation of available capacity and this will be important in the success of the 78 week target.



DIAGNOSTICS

Context and National Ask

The need for radical investment and reform of diagnostic services was recognised at the time the NHS Long Term Plan was published in 2019.

The Covid-19 pandemic has further compounded the need for radical change in the provision of diagnostic services, and much more needs to be done in the recovery period to establish new pathways to diagnosis.

Historically the diagnostic target has stood at 99% of all patients need a diagnostic test to have received it within six weeks of their referral. Given the scale of backlogs, and the increasing demand as patients are re-engaging with services and diagnostics are also being utilised to aid prioritisation of patients, the national ask is now:

- ***95% of patients needing a diagnostic test receive it within six weeks by March 2025.***

Current Position (end June 2022)

The current breach rate for diagnostics (i.e. those seen outside of 6 week window) was **36.5%**. Therefore, the locality is currently performing at 63.5% against the March 2025 target of 95%.

Although this performance seems relatively low, this is a much improved position and places the locality in a favourable position to recover by the March 2025 target date.

The key headlines on the current June position are:

- A further reduction in the total W/L in June. Following a reduction of 1,253 in May – the list shrunk by a further 399 in June.
- Breaches reduced substantially 2,454 in May to 1,990 in June (-464). This was largely due to improved performance across the NCA and Lancaster House
- The breach rate was 36.5 Vs 42.0% in May (demonstrating continued improvements)

Actions to support Diagnostic recovery

There are a number of initiatives and actions in situ to support the recovery of diagnostics, and the improvement to date has demonstrated that these are proving successful to date:

- Additional Echo** provision provided via IS (PDS Medical) to support both direct access and community capacity.
- Extension of the **Inhealth community endoscopy** offer- a further 3 months capacity has been commissioned to aid recovery, and an offer of this capacity has been made to the NCA also. To date there has been no uptake by the local Trust, and therefore any additional capacity is now being offered to any GM locality who requires support.
- The Oldham **Community Diagnostic Centre** (NCA) is due to go live in September 2022 which will provide much needed additional capacity into the locality. Community Diagnostic Centres are one stop shops that are being created across the country to deliver MRI, CT and other diagnostic services to patients away from hospitals, so that patients can receive life-saving checks closer to home. These changes will make diagnostic services more accessible and convenient and will help improve outcomes for patients with cancer and other serious conditions.

Cancer Update

62 Days & Faster Diagnosis Standard (FDS)

62 Days Cancer Standard

The 62 days cancer standard states that no patient should more than 62 days between the date the hospital receives an urgent referral for suspected cancer and the start of treatment.

Faster Diagnosis Standard

The Faster Diagnosis Standard (FDS) has been introduced to ensure patients who are referred for suspected cancer have a timely diagnosis.

- The standard will ensure patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer.
- For patients who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly.

National Ask

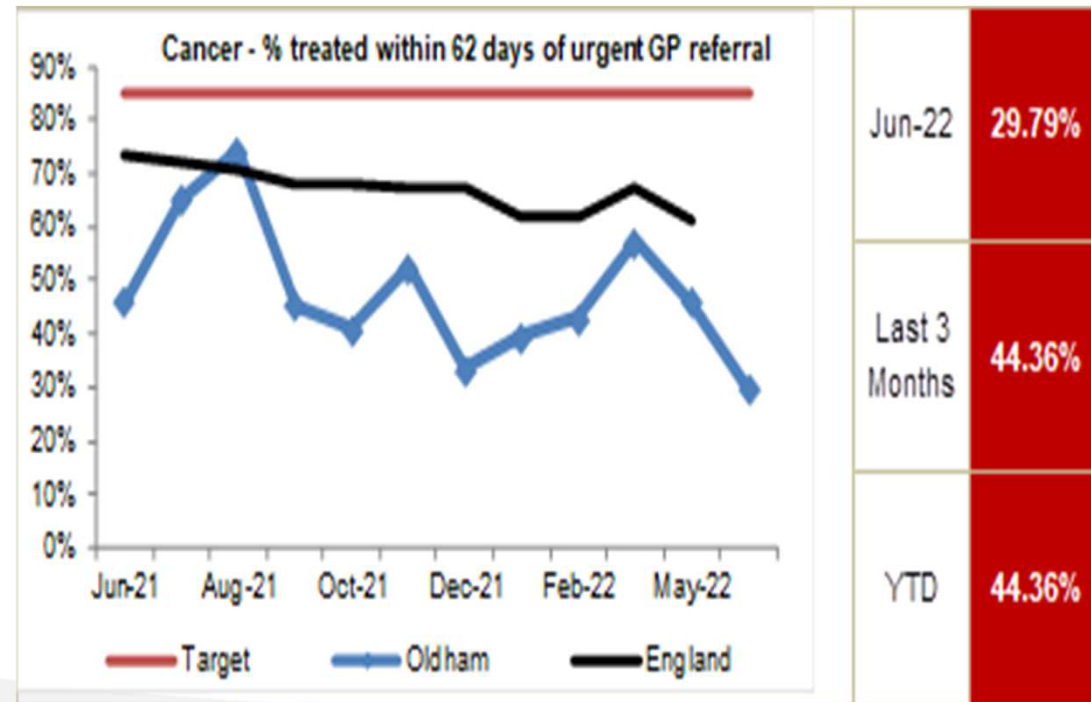
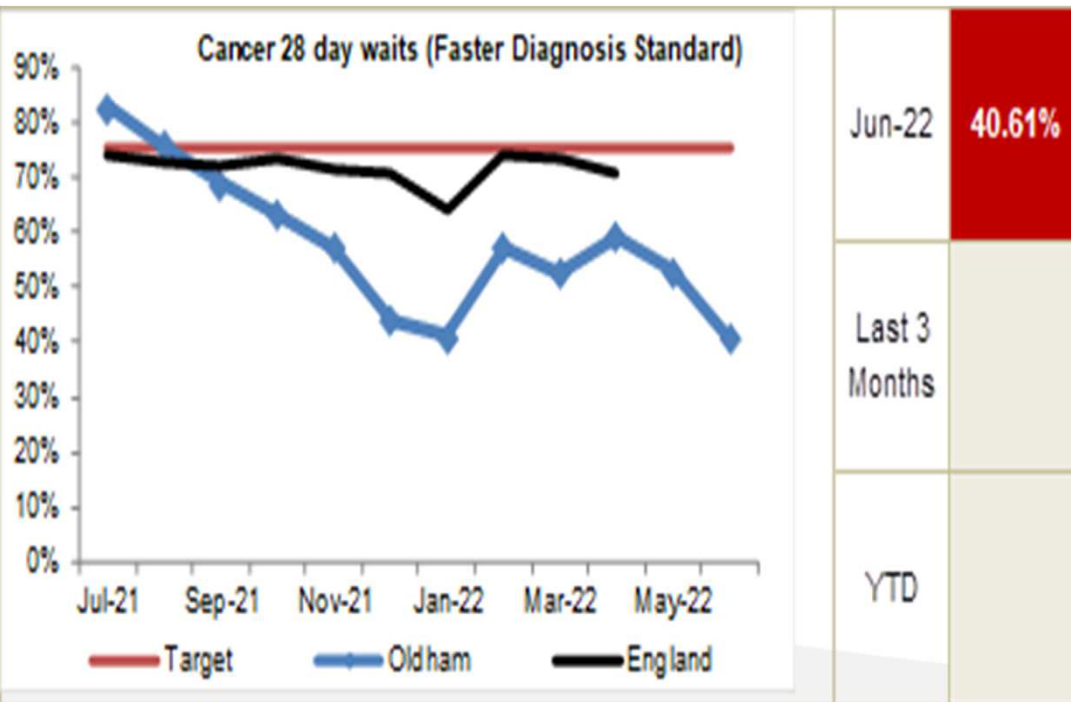
- *Delivery of the Faster Diagnosis Standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024.*
- *Return the 62-day backlog to pre-pandemic levels by March 2023*

It is important to note that 62 day performance has been significantly challenges both nationally and locally far before the impact of COVIS-19. To put this into context- Oldham locality was **last compliant with 62 day** performance in **October 2017**. This demonstrates the level of challenge already present, which has further been compounded by the pandemic period. The pre-pandemic 62 day performance stood at 68.63% (Mar 20), and therefore forms our target for recovery.

Oldham FDS & 62 Days Performance

FDS Performance

62 Days Performance



Current Performance and Challenges

Performance against the 62 day cancer standard in June 2022 was 29.8%. This is considerable below the target to return to the pre-pandemic level of 68.63% (Mar 20)

- The most challenged services are:
 - **Breast (14.3%)**
 - **Lower Upper GI (33%)**
 - **Dermatology (33%)**

The current factors contributing to this underperformance are:

- Treatment of long waiters adversely affecting performance- i.e. when a long waiter is treated, the breach is recorded at point of treatment and therefore the more long waiters (over 62d) treated the poorer the performance
- Diagnostic capacity is an issue, particularly reporting, which is causing significant delays.
- Changes are being made to the front end of patient pathways to improve performance, but this is still a work in progress in terms of impact delivered
- Sickness, annual leave and vacancies are also a significant factor.
- Demand within Cancer Pathways remain high- with GM currently running at 119% demand in comparison to pre-pandemic levels. This level of increased demand is outweighing capacity to assess, diagnose and treat currently, and therefore driving continued performance pressures across Cancer standards.

Actions Taken to Improve Performance

Breast

- An insourcing solution has been implemented and will see an increase in capacity of 800 TWW slots over an 8 week period.
- Sustainable recovery of the breast TWW position (following backlog clearance) will now be possible due to the recent implementation of the following changes. ·
- A major full clinic template change.
- Introduction of a referral assessment service.
- Robust triage provision is being provided by the broader clinical team.

Actions Taken to Improve Performance

Lower GI

- Oldham locality have recently extended the provision of the Inhealth community gastroenterology and endoscopy service by a further 3 months. This will provide additional diagnostic capacity, and this service has also been offered to the NCA as additional diagnostic/OP or 2ww capacity.
- NCA is currently working on an Endoscopy Strategy to ensure the future service provision is aligned to need.
- 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.

Actions taken to Improve Performance

Dermatology

- The Oldham locality is working with our partners to fully implement current Telederm across Oldham all G.P practices, with a potential for the further development of PCN level image clinics utilising dermatoscopes.
- This will improve the quality of dermatology referrals by ensuring that high quality images accompany all referrals to improve triage decision making and reduce the number of patients being seen in secondary care unnecessarily thus reducing outpatient demand.
- There is a drive towards all 2ww referrals having accompanying images as this will aid clinical prioritisation within the cancer pathway. This work will be undertaken in line with GM Cancer protocols and Pathway Board.

Elective Care Recovery Strategy- Next Steps

Context

In order to deliver against the national ambitions there is much work required. To date we have seen significant success with 104+ week waiters, however the scale of elective care recovery is great and the pace at which we move must now increase.

The key elements of the strategy to recover include:

- Demand Management
- WL Management
- Utilisation of all available capacity including Mutual Aid and IS provision
- Transformation of outpatient services
- Supporting patients whilst they wait

Being Well Programme

Being Well Programme captures a number of key areas that support the recovery strategy. The table outlines the 4 pillars of the programme and the related activities.

There is commissioning representation in all of the NCA Being Well sub groups- however pace to date has been slower than hoped. The NCA have recently committed to additional PMO support to ensure this programme can now expediate to support recovery milestones.

To date there have been identification and agreement for specialities, roll out plans and trajectories set for the next 12 months. PIFU Pathways have been implemented in the following areas:

- Paediatrics
- Gastro IBD
- Ophthalmology
- Rheumatology

Advice and Guidance has significant work still required.

Being Well Programme		
Workstreams	Aligned to	Objectives
Deciding Well	Advice & Guidance / Specialist Advice	<ul style="list-style-type: none"> • NHSE target of 12% min. of OPFA to be A&G / Specialist Advice by Mar '22 – behind schedule
Referring Well	Redesign/perfect the administrative Elective Pathway	<ul style="list-style-type: none"> • NCA based work to separate the DoS following restructure with MFT • Redesign the NCA DoS w/ GP involvement • Improve the referral process
Waiting Well	'While you Wait' GM led supporting patients on hospital waiting lists	<ul style="list-style-type: none"> • To provide hospital-led support / reassurance for patients on wait lists and GPs • Give specialty based focus/ support • Improve comms
Recovering Well	Patient Initiated Follow Up - PIFU	<ul style="list-style-type: none"> • Identify existing examples in specialties • Expand to other suited specialties • NHSE target moving 5% of all OP attendances to PIFU pathways by March 2023

Next steps and ongoing actions in Recovery

In order to bring further assurance and accountability into the locality's elective recovery, a new governance structure is under development. The Oldham Elective Care Recovery Board will hold its initial meeting in September 2022, and this forum will be accountable for providing assurance upwards to the locality ICB and System Leadership. This Board will receive monthly performance updates, achievement against recovery trajectories and agree mitigations for any programme risks.

The following initiatives will be progressed and feed into the Oldham Recovery Board:

- Advice and Guidance- (A&G) has been on the Oldham agenda for a long time with limited engagement across providers. We welcome the renewed focus and are fully engaged with NCA via the Being Well Programme and are seeking to engage primary care to support a workable solution that will embed this in our patient care ethos.
- PIFU- Further development of PIFU across NCA, but also across community elective services will ensure that patients are not routinely returning to clinic unnecessarily but instead are safely discharged with an open access route for review should the need arise.
- Community Diagnostic Centre- The CDC in Oldham will bring much needed additional diagnostic capacity into the locality. The streamline diagnostic offer will ensure we can offer diagnostics at the front end of patient pathways and move to a diagnose to refer system which will support the better use of acute provision.
- Development of Telederm- the current offer is limited as it entails patients taking images on their own devices. The locality has established a new programme of work to expand the use of dermatoscopes within primary care, to ensure high quality images are sent with all dermatology referrals (including 2ww), which will enable robust triaging and enable deflection of referrals with advice and guidance where appropriate.