

# UHNM Covid 19 Update

## Health Scrutiny Committee

### August 2020

**Tracy Bullock Chief Executive , UHNM**  
**Paul Bytheway, Chief Operating Officer, UHNM**



## Overview of Covid19

March 2022

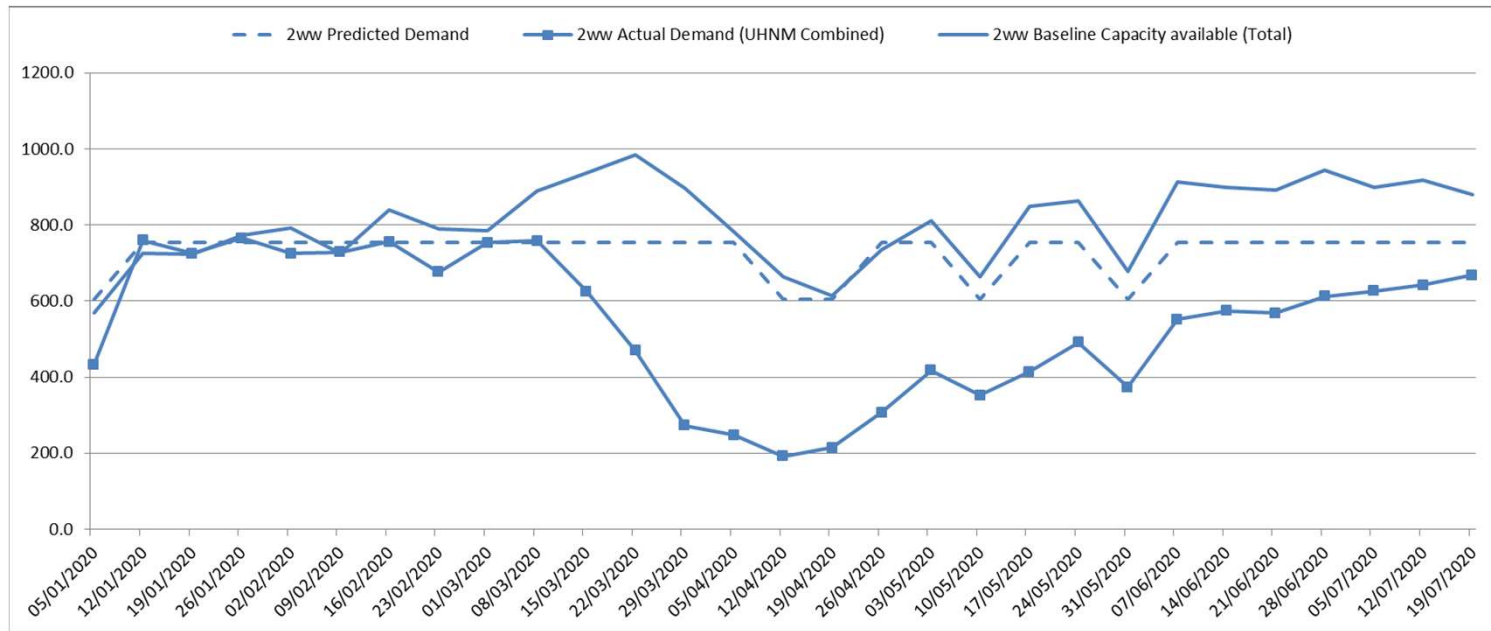
- In line with National guidance all routine activity was paused only and clinically urgent work to continue
- ED went from 2 departments on 2 sites to 'multiple zones' on each site to protect patients
- Cancer pathways were reviewed and appropriate clinical triage was initiated to support on-going pathway management
- All other pathways were either cancelled or where possible telephone clinics were initiated
- New oversight patient monitoring was initiated and a specific cancer backlog coordinator was commissioned to provide regular communication with patients
- Urgent operations were risk stratified against the urgency and the risk for Covid 19 – UHNM reorganised all surgery to take place over a 24 hour period with teams working shifts to continue with our urgent caseload
- Outpatient consultations delivered via Attend Anywhere video consultation commenced with now over 5000 patient interactions
- Relationship with the Independent Sector commenced and used to protect some of our vulnerable patient groups i.e cancer ward
- Multiple staff well being initiatives commenced

### From July

- New bed model initiated to provide designated zones for Covid and Non Covid patients
- Green surgical pathway to protect patients incorporating the appropriate infection prevention i.e. shielding 2 weeks pre-op and swab testing.
- All essential services recommenced and are at various levels of activity compared to Pre Covid levels including
- Operating at 85% Pre Covid levels but this is using IS to support
- Maximising capacity for delivering diagnostics by extending hours and into weekend and securing mobile vans for imaging
- All waiting lists have been clinically reviewed and patients allocated to 'time slots' to receive treatment based on clinical urgency and not length of time waiting as per national directive
- Big effort on staff well being continues - in some ways more so

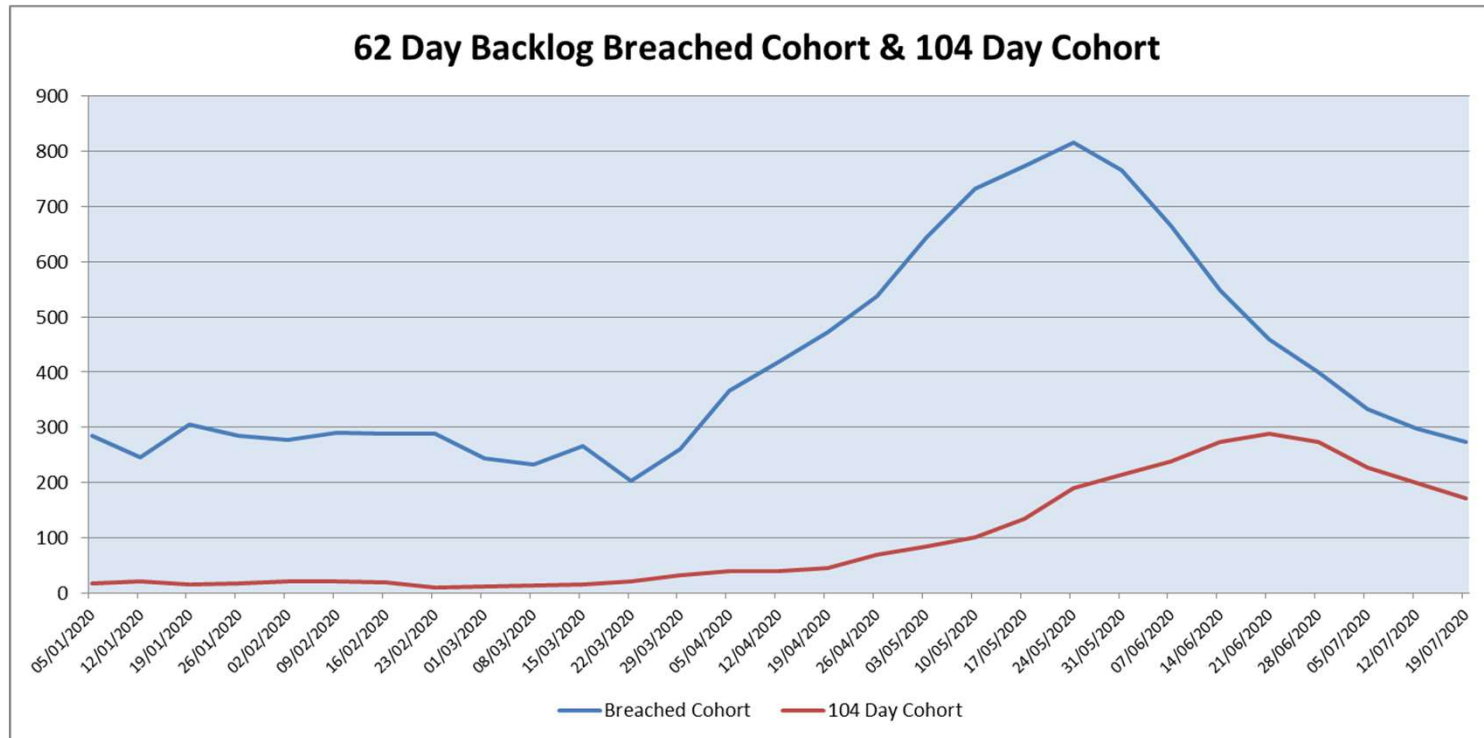


# UHM Cancer 2 Week Wait



- 2 week wait demand dropped late March/Early April but is building back up to similar levels pre covid-19.
- Currently demand is matching capacity regular demand v analysis continues as we see an increase in referrals .
- Clinical Triage Assessment and Virtual 2WW clinics have supported safe delivery of the First Seen standard since 19<sup>th</sup> March 2020 – there are plans in place to maintain this going forward
- Cancer Board is considering the reduction o cancer referrals and the effect that this has on the local population.

# UHNM Cancer 62/104 day waits



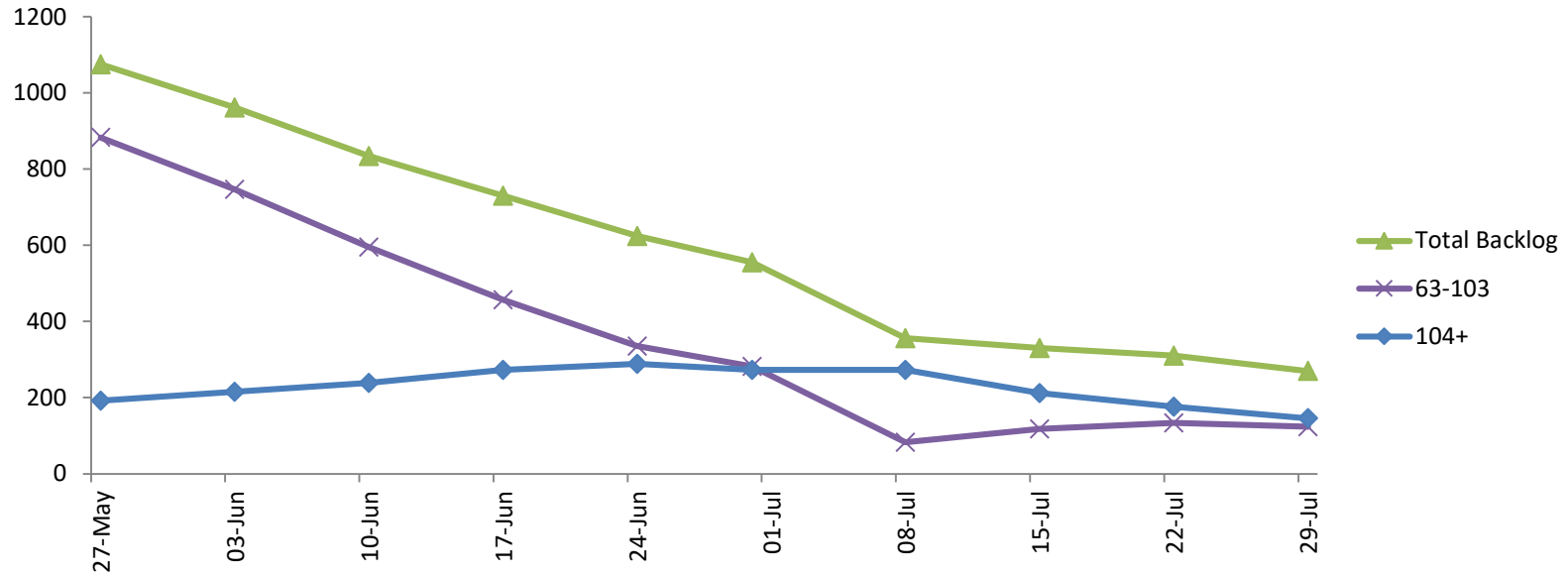
62 day backlog grew significantly in April/May due to Covid-19 however through June and July work has been on-going to reduce this back down to pre Covid-19 levels.

104 day backlog has followed a similar pattern to the 62 day. It is expected that this backlog will be reduced further through July and August. All patient 104+ on a cancer pathway currently now have a date for either diagnostics or treatment within August 2020 with the exception of those who are high risk / shielding or still unwilling to attend hospital.

Our working trajectory is that there will be 0 x 104 delays from the end of August - then further reduction in the over 62 day backlog over September and October as per the slide on the next page.

# UHNM Cancer 62/104 Backlog Reduction

Total Backlog (27 May – 28 Jul 2020)



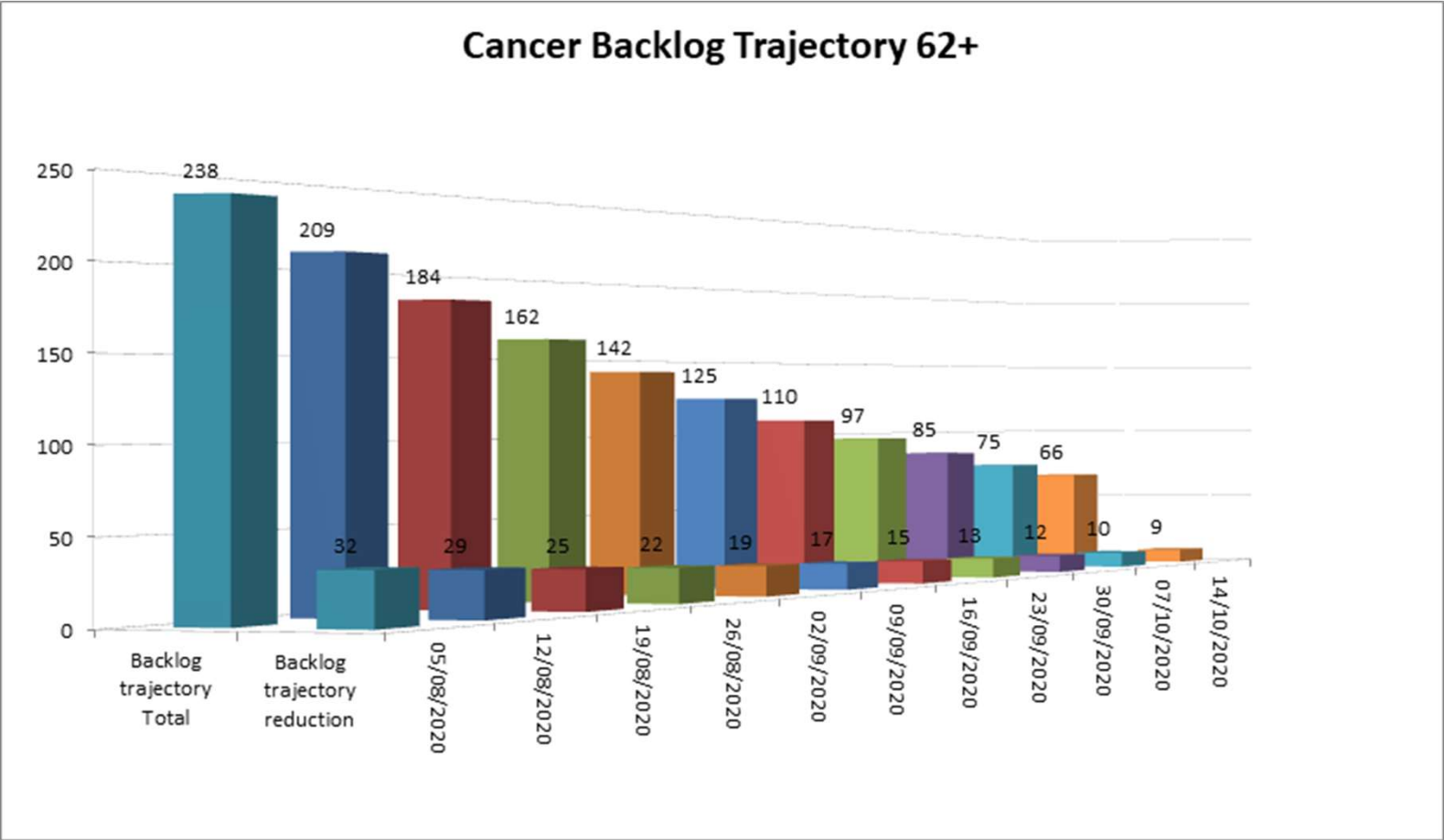
Actual Backlog	27-May	03-Jun	10-Jun	17-Jun	24-Jun	30-Jun	08-Jul	15-Jul	22-Jul	29-Jul		
Total PTL Size	2606	2660	2710	2797	2743	2935	2866	2838	2838	2976		
Total Backlog	1075	962	834	730	624	555	356	330	310	270		
63-103	883	747	595	457	335	282	83	118	134	124		
104+	192	215	239	273	289	273	273	212	176	146		
Actual reduction		113	128	104	106	69	199	26	20	40	<b>104</b> Median	<b>89</b> Average
% reduction		-11%	-13%	-12%	-15%	-11%	-36%	-7%	-6%	-13%	<b>-12%</b> Median	<b>-14%</b> Average

Since May 2020, the total backlog has reduced by 12% each week. There will be 0 x 104 at the end of August other than those shielding or high risk as agreed with the Consultants responsible

A key part of UHNM response has been the introduction of a designated administrator to communicate and engage with patients over 62 days and ensure patients are managed through the cancer pathways.



# UHM Cancer 62/104 Backlog Reduction



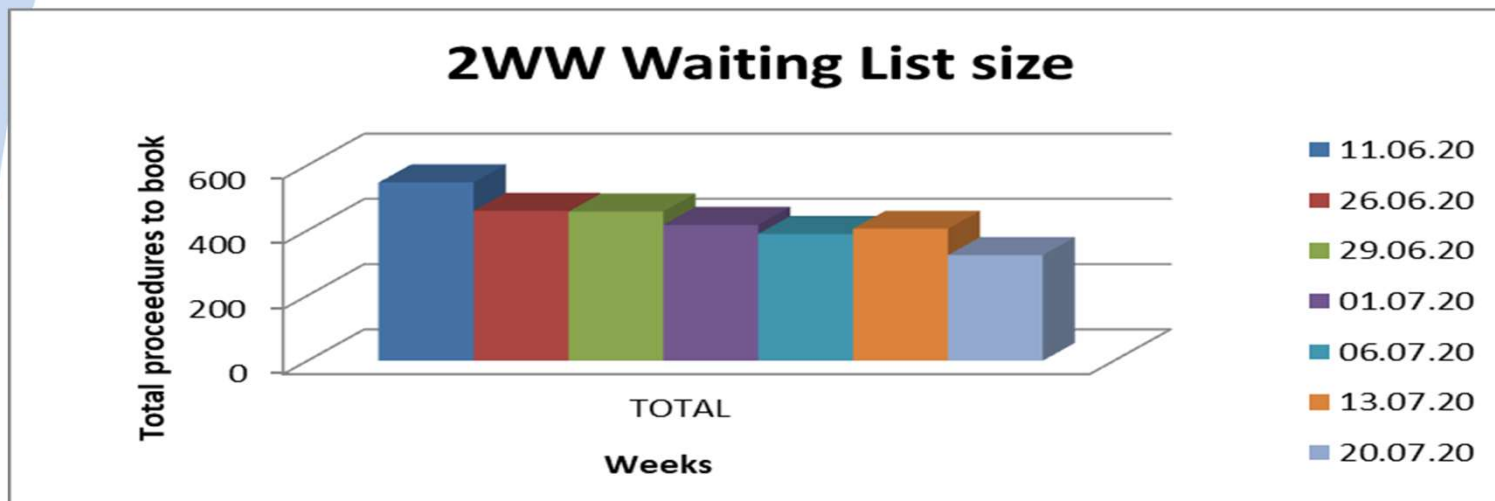
## UHNM 104 Breakdown

Below table describes comparison patient delay reasons and plans between 03.07.20 and 28.07.20

	03.07.20	28.07.20
104+ Position	273	140
Covid-19 Delay	263	139
Patient Shielding	67	9
Clinically High Risk	24	4
Diagnostic Surveillance	49	25
Diagnostic Tests Which Had Been Unavailable Prior To R&R	123	75
Non Covid-19 Related	10	1
Removed from pathway as treated	28	14
Will join 104+ pathway co-hort in the next seven days*	64	10
(*of which, will require Endoscopic procedures)	39	3



## UHNM Cancer Endoscopy waits CAN WE EXPAN THIS SLIDE BY END OF AUG AND SEPT



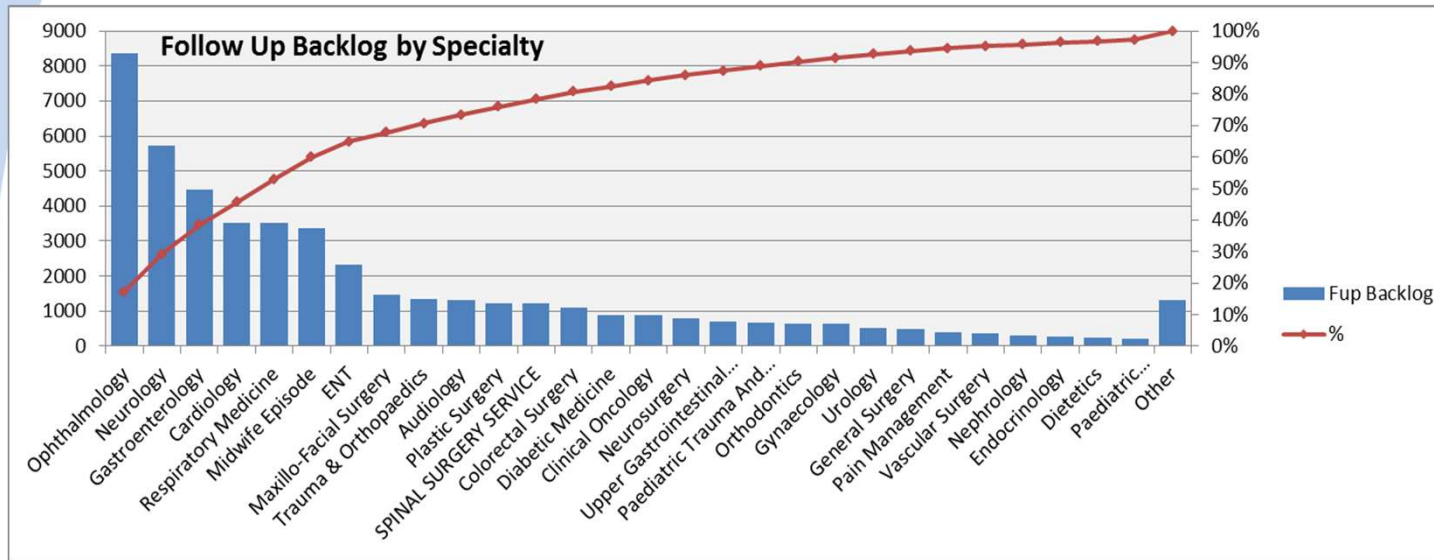
	11.06.20	26.06.20	29.06.20	01.07.20	06.07.20	13.07.20	20.07.20
FLEXI	88	61	61	46	29	26	15
EOA	22	16	11	10	11	10	13
EMR (Flexi)	4	4	4	4	3	2	1
THERAPEUTIC	6	6	5	4	3	4	1
OGD & FLEXI	3	4	4			1	
ERCP						1	3
DBE	1	1	0	0	0	0	
COLON	161	56	56	64	41	50	34
COLON & OGD	23	13	12	11	11	9	6
EMR (colon)	2	1	1	1	2	3	3
THERAPEUTIC	10	1	3	2	4	3	4
OGD	218	289	292	265	274	283	233
EUS	9	8	9	10	11	13	11
<b>TOTAL</b>	<b>547</b>	<b>460</b>	<b>458</b>	<b>417</b>	<b>389</b>	<b>405</b>	<b>324</b>



# UHNM Cancer Screening

National Screening Programmes	
<b>Breast Screening for High Risk Women</b>	<ul style="list-style-type: none"> <li>• High Risk Breast screening continued throughout the pandemic – there is no backlog or loss of service.</li> <li>• UHNM routine Breast Cancer Screening Mammography service re-commenced 20.07.20</li> <li>• new service taking 20 mins per appointment compared to 6 mins pre CV-19.</li> <li>• Service at closure had 746 appointments cancelled who had had an appointment date – these patients will have had their appointments by mid-August.</li> <li>• 5,841 patients who had been selected for screening but with no appointment – these patients will take until December 2020 to clear.</li> <li>• The national team are piloting a new ‘Open Invite’ system which will as the patient to call to make an appointment as opposed to being sent a set appointment. UHNM are part of this pilot scheme.</li> </ul>
<b>Bowel</b>	<p>Suspended on 24/03/20 and restarted 04/05/20. In May the service began with two lists per week, (25%) now there are four lists per week (50%) and by August we will be back to 100% with 8 lists per week.</p> <p>The screening HUB is back to full capacity as of 21/07/20 and the service have started to address the backlog by sending out invitations to all patients to attend screening</p> <ul style="list-style-type: none"> <li>• UHNM plan to have all back-log surveillance patients seen by mid-August 2020 and as such agreed with Commissioners to re-commence the service to new invites on 21.07.20</li> <li>• The screening hub has a backlog of 18,015 patients which is c.17 weeks behind plan. Initial estimates confirm the backlog will take approximately 12-18 months to clear.</li> <li>• Bowel Cancer Screening have 100% pre-CV-19 levels of clinic and endoscopy capacity available to meet the forecast demand which has been factored into the overall endoscopy capacity.</li> </ul>
<b>Cervical</b>	<p><b>Royal Stoke Hospital</b>          236 cervical screening patients eligible for restore and recovery since 23<sup>rd</sup> March 2020          222 patients seen and restored/treated in the programme as of 29/07/2020</p> <p><b>County Hospital</b>          128 cervical screening patients eligible for restore and recovery since 23<sup>rd</sup> March 2020          118 patients seen and restored/ treated in the programme as of 29/07/2020</p>

# UHNM Follow up backlog



The Pareto chart shows that the top six specialties make up 60% of the total Follow up back log (End of June).

## Top 6 Specialties – Covid-19 impact

	Pre Covid-19 (Jan-20)	Current (Jun-20)	Change
<b>Ophthalmology</b>	4,247	8,373	4,126
<b>Neurology</b>	4,283	5,729	1,446
<b>Gastroenterology</b>	2,904	4,479	1,575
<b>Cardiology</b>	3,756	3,514	-242
<b>Respiratory Medicine</b>	3,471	3,513	42
<b>Midwife Episode</b>	5,414	3,379	-2,035

### Ophthalmology

The follow up backlog has grown by 4,126

### Neurology

The follow up backlog has grown by 1,446

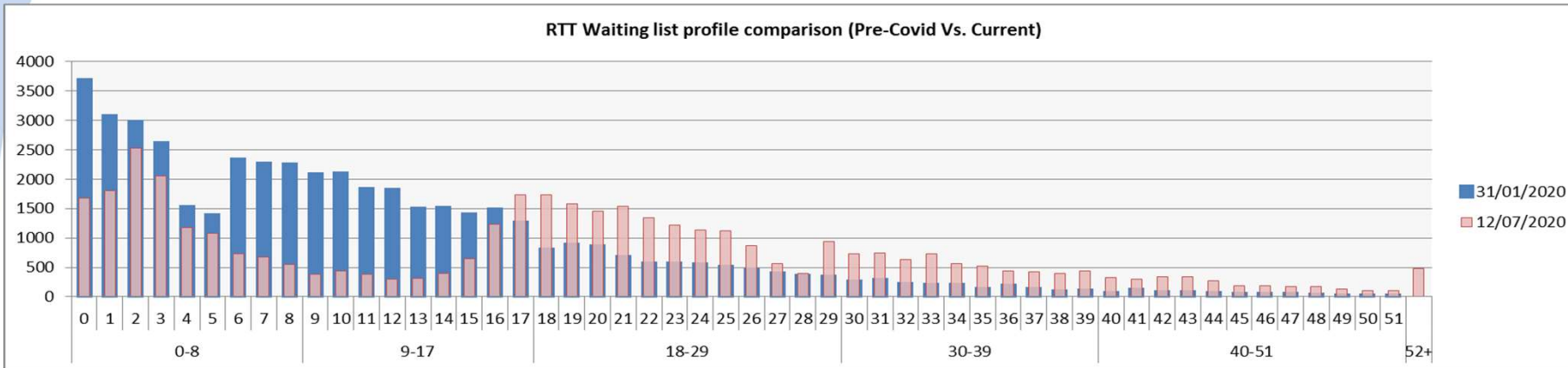
### Gastro

The follow up backlog has grown by 1,575

**Chronic disease management;** many of the follow ups within the top 5 fall under the guise of chronic disease management reviews.

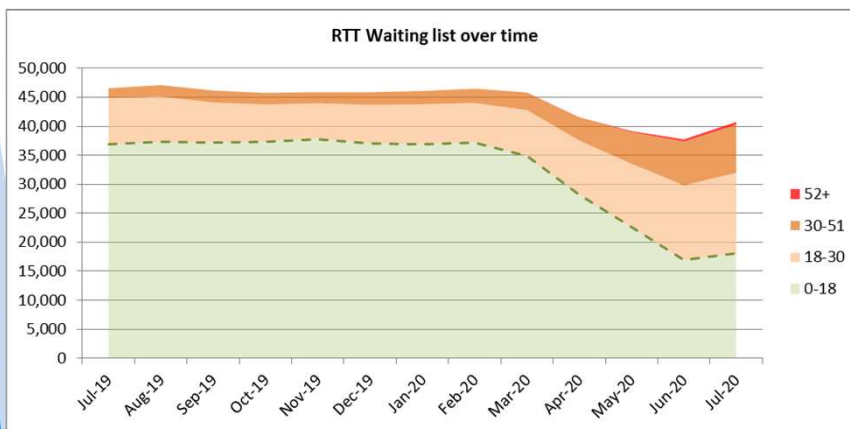


# UHNM RTT backlog Covid-19 impact



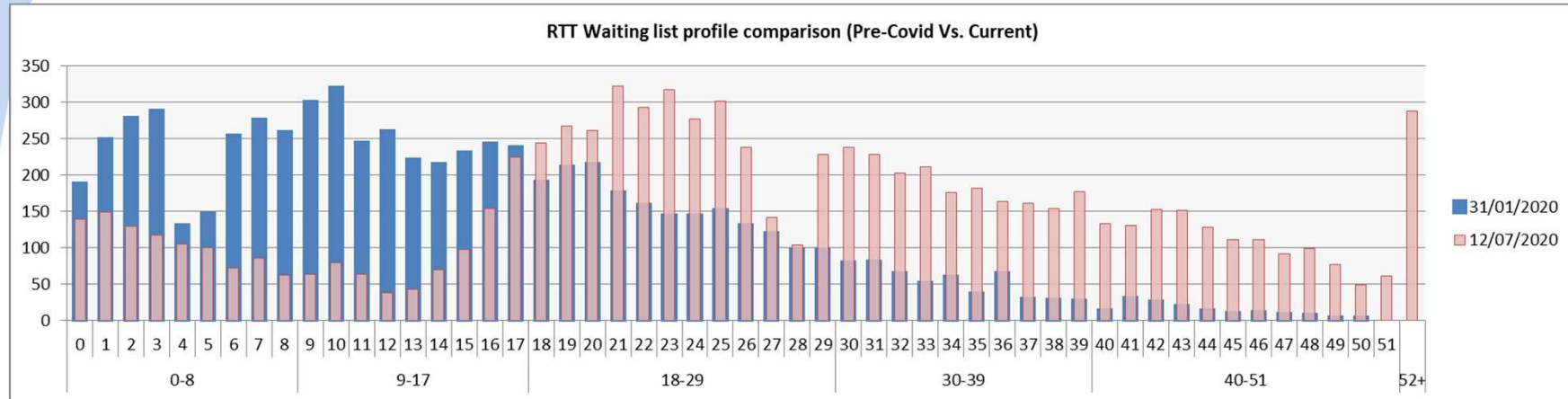
	0-8 Weeks	9-17 Weeks	18-29 Weeks	30-39 Weeks	40-51 Weeks	52+ Weeks
<b>Pre Covid</b>	22,039	14,914	6,854	1,736	549	0
<b>Current</b>	12,273	5,815	13,901	5,631	2,663	475
<b>Change</b>	-9,766	-9,099	7,047	3,895	2,114	475

	Within 18 weeks	Backlog
<b>Pre Covid</b>	36,953	9,139
<b>Current</b>	18,088	22,670
<b>Change</b>	-18,865	13,531



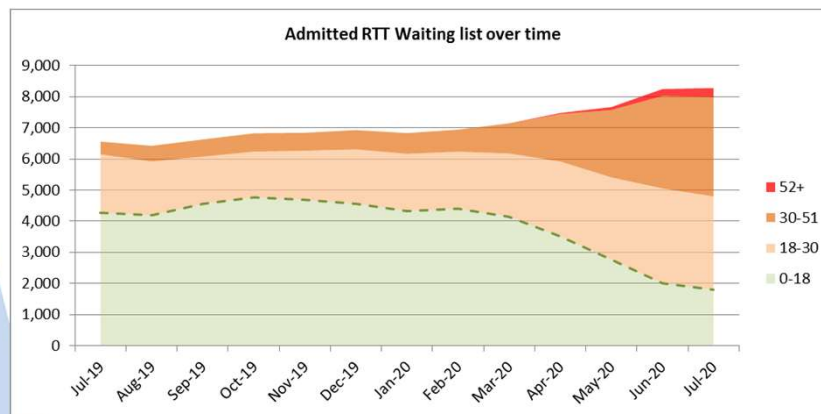
- Chart 1 shows over the last 4 months the profile of the RTT waiting list has shifted (blue bars to red). The dip in referrals being received due to CV-19 can be seen in the low numbers waiting 8-16 weeks.
- Chart 2 helps to show that the impact of covid-19 has seen the overall waiting list reduce by a little over 5,000 however the backlog has increased by 13,531.(larger proportion of orange in more recent months)
- There are now 475 patients on the waiting list at 52+ Weeks
- The longest wait is 141 weeks.

# UHM Routine Surgery - RTT Waiting list i



	0-8 Weeks	9-17 Weeks	18-29 Weeks	30-39 Weeks	40-51 Weeks	52+ Weeks
Pre Covid	2,067	2,268	1,833	520	146	0
Current	964	836	3,000	1,895	1,298	288
<b>Change</b>	-1,103	-1,432	1,167	1,375	1,152	288

	Within 18 weeks	Backlog
Pre Covid	4,335	2,499
Current	1,800	6,481
<b>Change</b>	-2,535	3,982



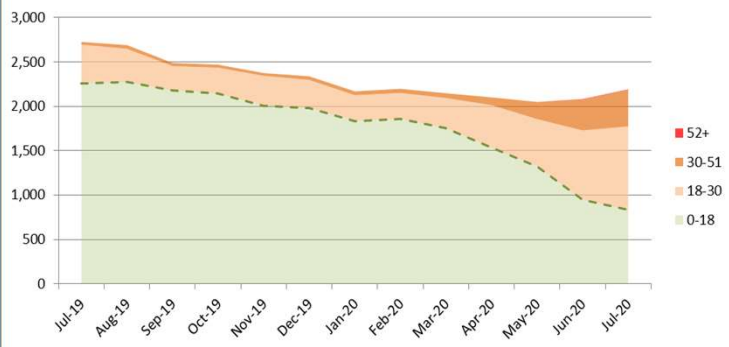
For the admitted RTT pathway over the last 4 months the profile of the waiting list has shifted. Since the end of January (pre covid-19) the shift has seen the overall waiting list increase by 1,447 (21%) with the backlog increasing by c4,000.

78% of the admitted pathway are now over the 18 week target.

# UHNM RTT backlog Covid-19 impact

## Ophthalmology

RTT Waiting list over time



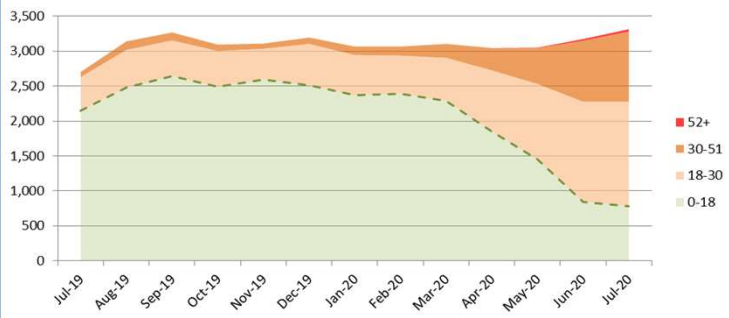
	Within 18 weeks	Backlog
Pre Covid	1,834	335
Current	832	1,359
Change	-1,002	1,024

## Ophthalmology

- Since January the Ophthalmology backlog has increased by 1024. There are now 5 52+ week waiters.
- Ophthalmology reinstated Cataract Surgery 3<sup>rd</sup> July 2020 utilising sessions within the Independent Sector.
- Current Cataract waiting list consists of circa 407 patients. List continues to be clinically prioritised
- Cataract Surgery will return to UHNM 31<sup>st</sup> August 2020 to support training and development of trainees
- Ophthalmology introduced 3 session days to support demand
- Introduction of Virtual Clinics to support Follow Up management

## T&O

RTT Waiting list over time



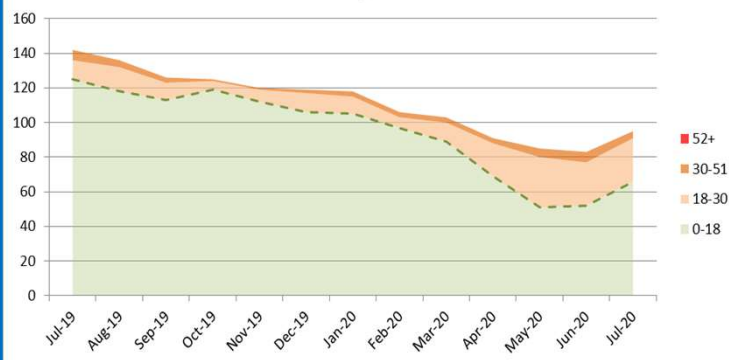
	Within 18 weeks	Backlog
Pre Covid	2,369	697
Current	786	2,529
Change	-1,583	1,832

## Trauma & Orthopaedics

- Since January the T&O backlog has grown by 1832.
- There are now 33 52+ Week waiters
- IPWL has been clinically prioritised.
- Introduction of Virtual Clinics to support Follow Up management.
- From 16 June T&O can access 20 hours per week of theatre capacity at Rowley.
- From 29 June T&O were able to access 88 hours per week of Elective theatre capacity at County
- From September there will be a further 8 hours per week available fro T&O elective capacity at County.

## Cardiothoracic

RTT Waiting list over time



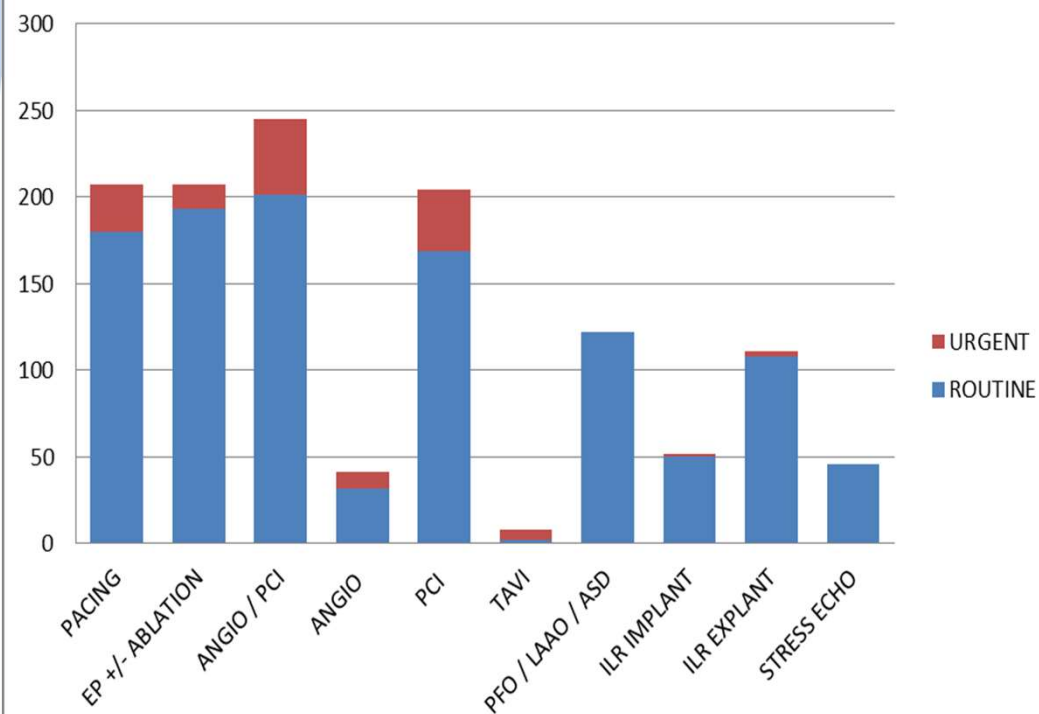
	Within 18 weeks	Backlog
Pre Covid	105	131
Current	66	124
Change	-39	-7

## Cardiothoracic Surgery

- Since January there has been little change in the backlog. There are no 52 week waits
- Currently 66% Cardiothoracic Theatre capacity
- All referrals go via MDT
- At peak of COVID-19 ITU capacity was limited and based on priority (non-elective / emergency / COVID demand)
- ALL elective Cardiothoracic operations ceased for ~6/52

## Coronary bypass and Angioplasty backlog

### Cath Lab Waiting List



#### Cardiology:

The main things to take from this are:

- TAVI waiting list is very minimal as we've continued to deliver this during COVID
- PFO / LAAO – these are newly commissioned services and as such there is a W/L that was in place pre-COVID with pts waiting.
- Angioplasty (PCI) – there are currently just of 200 pts waiting

#### Cardiac Surgery:

- There are 15 bypass procedures on the elective waiting list currently:
- 15 x CABG
  - >18 weeks 4
  - <18 weeks 11



# School Aged Immunisations (SAIS) – Impact of COVID 19

SAIS is Commissioned across Staffordshire and Stoke-on-Trent to deliver:

- Year 8/9 Human Papilloma Virus
- Y9 Diphtheria, Tetanus and Polio and Meningitis ACWY
- Reception to Y6 – Fluenz Tetra (Nasal Flu vaccine)
- Targeted Measles, Mumps and Rubella if missed in early childhood

## National Advice of Stepdown due to COVID 19

- All school aged immunisations ceased from 23<sup>rd</sup> March until 22<sup>nd</sup> June 2020
- Vaccinations not completed by SAIS during this time were approximately **19,200**



## MPFT – SAIS Recovery Plan

- Advice from PHE that recovery could take up to August 2021
- SAIS recommenced immunisations w/c 22/6/20 - Focus on schools already scheduled and health clinics (cross county)
- Support from schools has been very positive
- Innovation by setting up Drive Through sessions maximising reach in partnership with: -
  - Internal services MPFT Testing Site (St George's, Stafford)
  - bordering Trusts (Derbyshire) to reach East Staffs
  - Community venues (Uttoxeter Racecourse/Stoke City Football Club)

### Current Situation

- Current vaccinations undertaken (to 20/07/20): - **2250**
- Summer programme scheduled to continue catch up work – aim to offer a further **1000** appointments

### Future plans

- Scheduling undertaken to re-programme missed school sessions
- Business case submitted for additional resource to ensure catch up programme is achieved
- Possible increase in year group edibility for Flu programme will place additional pressures to the service
- Roll out of e-consent (target October 2020) to reduce administrative burden on service and schools.

### Challenges

COVID secure practice = decrease in capacity e.g. each vaccination takes approx. 4x longer