Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee
Monday 30 May 2022

Staffordshire and Stoke-on-Trent Integrated Care System (ICS) Elective Recovery

Recommendation(s)

I recommend that:

a. The Overview and Scrutiny Committee note the current position and actions being taken for the Staffordshire and Stoke-on-Trent ICS in respect of Elective Recovery.

Report Holder: Helen Ashley: Director of Strategy, University Hospitals of North Midlands (UHNM)

Summary

a. The Overview and Scrutiny Committee is asked to note the current position in respect of Elective Recovery, as a result of the COVID Pandemic across the three main Acute Trust providers for the Staffordshire and Stoke-on-Trent ICS.

b. The briefing contains actions that are being taken in respect of elective recovery and endeavours to reduce waiting times for patients waiting for an elective procedure.

Report

1. Background

1.1 In October 2021 Representatives of the ICS presented to Committee members on the situation in respect of the impact of COVID 19 on the delivery of the NHS Constitutional Standards.

1.2 At that time it was noted that the ICS continued to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures.

2. Elective Recovery

2.1 The continued prevalence of COVID 19, and the need to stand down elective activity in 2020 and again in 2021 and early 2022, with the agreement of NHS England (NHSE) has had a profound impact on performance.

2.2 The prolonged impact of COVID has had a significant impact on delivery against both inpatient and outpatient activity plans. Whilst occupancy levels of COVID inpatients started to decline in late March and early April, social distancing requirements remained in place until early April.

2.3 The number of patients waiting >52 weeks has increased throughout 2020/21. As at the end of February 22 there were 7,752 Staffordshire patients waiting more than 52 weeks for their treatment.

2.4 Providers continue to ensure that patients who have already had extended waits for their treatment can be prioritised alongside more urgent patients. The use of independent sector capacity continues to be optimised to support elective activity.

2.5 The system continues to work on delivery of actions by the Planned Care programme. Provider specific actions support this work through a range of work streams e.g., UHNM Outpatient Service Delivery & Performance work stream, the Enhanced Advice & Guidance sub work stream and the Patient Initiated Follow-up work stream.

3. 2022/23 ICS Plan

3.1 As part of the 2022/23 NHS England and NHS Improvement (NHSEI) Planning Guidance all ICS / Acute Provider Organisations were asked to deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

3.2 The ICS has been focussed on the delivery of elective recovery since summer 2021, more latterly the ICS has been supported by PricewaterhouseCoopers (PwC), the designated ICS delivery partner, in the development of an Elective Recovery Improvement Plan (ERIP) that will guide the ICS in delivering the priorities set out in the 2202/23 Planning Guidance.

3.3 The ICS planned care programme governance has refreshed the operational delivery priorities and governance structure for 2022/23 to support a clear focus on delivery of the overall elective recovery and performance of the system as well as the broader system transformation programmes.

3.4 The Planned Care Board (PCB) and Elective Recovery Governance structure has representation from the three main acute providers; UHNM, Royal Wolverhampton Trust (RWT) and University Hospitals of Derby and Burton (UHDB), as well as oversight of the two main Independent Sector (IS) providers performance and utilisation as NHS Providers, being a key focus of the discussion and actions to maximise opportunities for elective recovery.

3.5 In the short term the focus across all providers has been on addressing the number of patients waiting more the 104 weeks and the achievement of the 2019/20 baseline activity levels, however focus is now shifting to the reduction in the number of patients waiting 78 weeks, as well as opportunities for the development of alternative pathways and alternatives to surgery.

3.6 The ERIP plan will focus on three main areas –

- Demand Management - to minimise further increases in the workforce.
- Improving Productivity and Pathway efficiency – to reduce the existing waiting list and prioritisation.

- Increasing and protecting capacity.

3.7 A significant proportion of the elective activity in the southern part of the County is delivered by providers not based within the ICS. Elective recovery for the population of the Staffordshire and Stoke-on-Trent ICS will therefore be affected by performance at UHDB and RWT. The ICS activity submission is currently planning to deliver circa.101% of pre-pandemic elective and day case activity, with UHNM at 105%, RWT at 112% and UHDB at 93% against a requirement of 110%

4. Elimination of long waits

4.1 All Trusts submitted plans to eliminate 104 week waits by the end of June 2022. Whilst RWT remains confident of its ability to deliver on this requirement, having been supported by other Black Country Trusts to treat a number of these patients, both UHNM and UHDB are flagging significant risk of not being able to treat all patients by the end of June 22. Complexity of surgery and patient choice is a key factor in the Trusts ability to treat these patients.

4.2 All Trusts recognise the challenges they face in eliminating the number of patients waiting over 78 weeks. As it stands for UHNM it is estimated that there will be c.1017 patients waiting over 78 weeks by April 2023. Both UHDB and RWT are predicting zero 78 week waits by April 2023.

4.3 Three monthly clinical reviews will be conducted on this cohort of patients.

5. Outpatient Transformation

5.1 All ICS have been asked to make plans and put in place a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible.

5.2 To achieve this shift, it is anticipated that systems will do at least a combination of the following activities:

- Expanding the uptake of patient initiated follow-up (PIFU) to all major outpatient specialties, moving or discharging 5% of all outpatient attendances to PIFU pathways by March 2023.
- Ensuring patients are discharged when relevant clinical pathways have been exhausted and no further treatment/support is required, accompanied by clear expectation-setting with patients.
- Digital opportunities e.g., remote monitoring, peri-operative tools, waiting list management tools, outpatient appointment portals, Artificial Intelligence tools. As well as these, systems will also want to explore and include local approaches and solutions for reducing unnecessary outpatient attendances.
- All providers will continue to offer both video and telephone Consultations for outpatient services where clinically appropriate.

5.3 At ICS level performance is planned to be at 26%, only marginally above the 25% minimum national ambition. UHNM's activity assumptions plan to provide 28% of consultations taking place non face to face (F2F), with RWT at 22% and UHDB at 23% contribution to the overall ICS position outlined above.

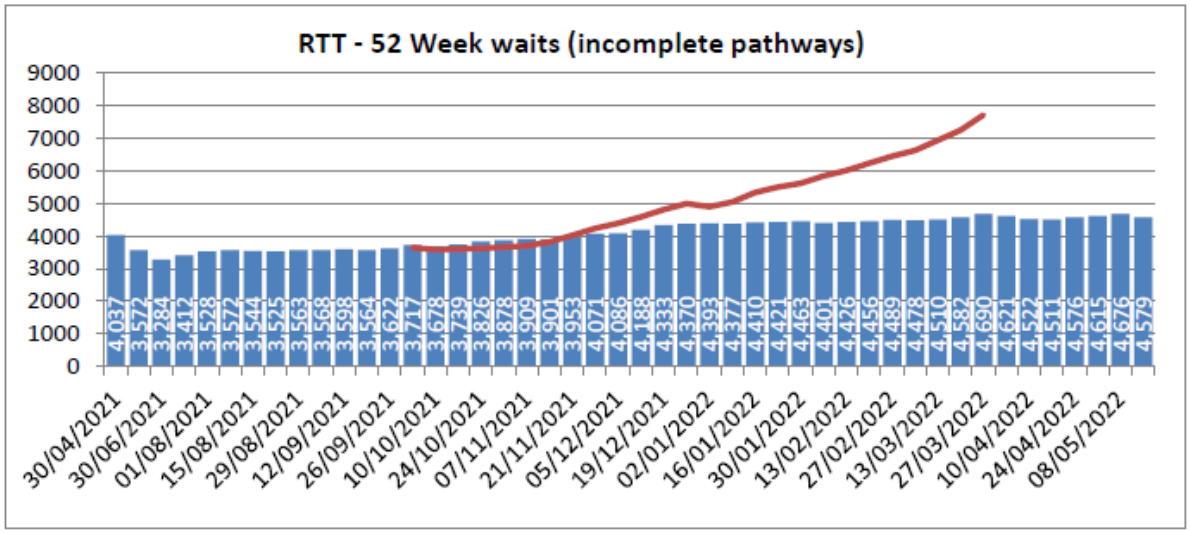
5.4 Additionally ICS are required to explore and implement local approaches for reducing unnecessary outpatient attendances.

5.5 The system currently falls short of the expectations set out in the Planning Guidance and work is on-going with the regional team to improve both data quality and potentials going forward. Specific actions to support increasing activity include:

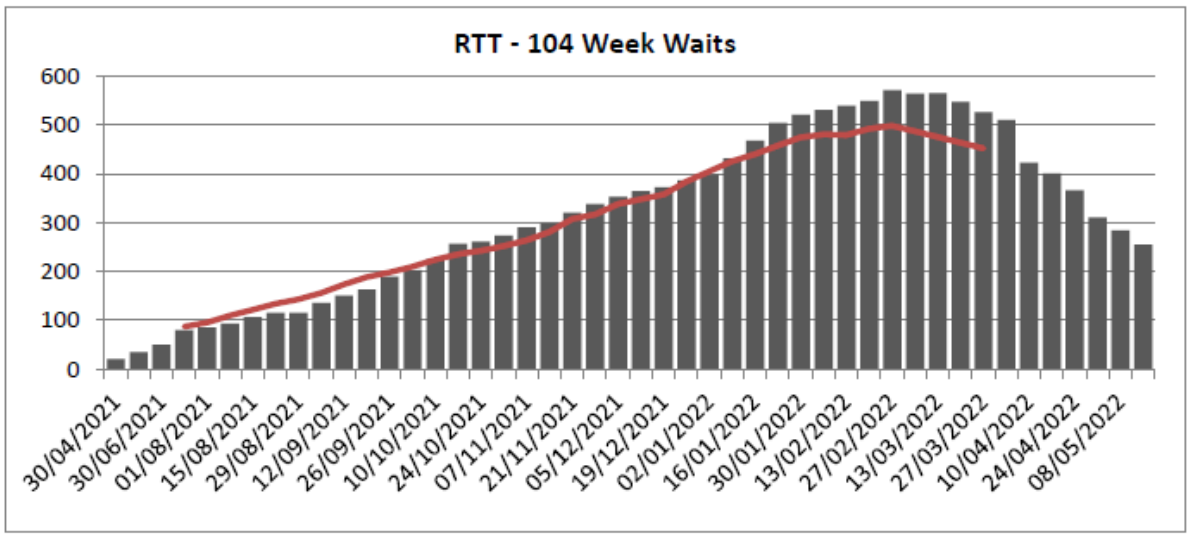
- Identify specialties with high volume of referrals, long waiting lists and follow up backlogs.
- Target GPs not currently using Advice and Guidance, engaging with GPs through the primary care networks.
- Link with Digital Transformation developments to explore development of a patient portal and other digital enablers to support Advice and Guidance.
- The ICS will explore the insourcing of additional capacity to operate at the interface of primary and secondary care, for challenged specialties.

6. UHNM Long Waits

52 Week Waits

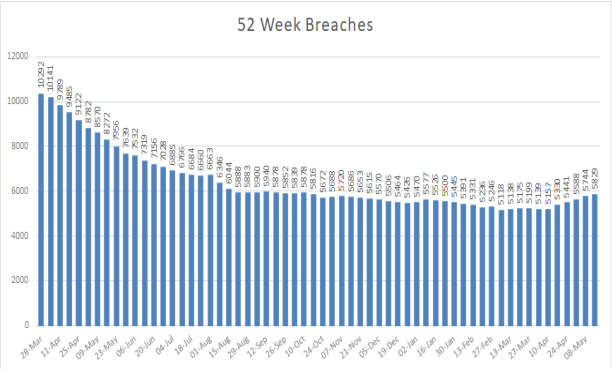


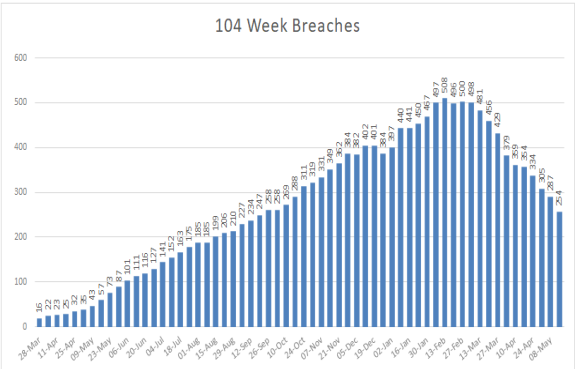
104 Week waits



6.1 As at week ending 15th May UHNM had 4,579 patients waiting more than 52 weeks and 255 patients waiting more than 104 weeks.

7. UHDB Long Waits





7.1 As at week ending 15th May UHDB had 5,829 Patients waiting more than 52 weeks and 254 patients waiting more than 104 weeks.

8. Key Actions to reduce the number of patients waiting

8.1 All Trusts are taking a series of action to reduce the number of patients waiting for treatment including:

- Trust continue to identify patients who are able and willing to be transferred to the IS at point of decision to admit, reducing overall waiting time for these patients.
- Insourcing of surgical and supporting theatre teams from external organisations to increase throughput on high volume low complexity cases.
- Increased use of advice and guidance between clinical teams across the ICS to optimise referrals and divert patients who don't need to be seen in secondary care.
- Review of the current utilisation of elective operations and supported by key metrics for specific areas of constraint (such as operational theatres), to address the elective challenges and improvement options to bridge the gap between current and target state.

9. Additional Elective Capacity

9.1 The ICS has been supported by NHSEI in a request for Capital monies to support investment in County Hospital Elective Capacity, though receipt of the funding is still subject to the preparation of a business case, it is anticipated that the investment will increase the level of activity at County Hospital and allow more patients to receive their treatment at County Hospital site.

9.2 Given the constraints and emergency pressures at the Royal Stoke site (RSUH), available capacity will be maximised through the use of County Hospital to recover and maintain elective activity during 2022/23.

9.3 This development over the 3-year period would be the initial steps in developing County Hospital as an Elective Hub transferring more elective activity from the RSUH site and in turn reduce cancellations, protect theatre sessions and future-proof additional surgical care on a dedicated elective care and COVID-19 secure site, away from emergency and acute pressures.

9.4 The County will benefit from further additional capacity through the further development of the elective hub at Cannock during 2022/23 and 2023/24.

10. Cancer Services Performance

10.1 For 2022/23 all NHS providers are required to return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020) and meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments.

10.2 Priority actions should centre on ensuring there is sufficient diagnostic and treatment capacity to meet recovering levels of demand, with a particular focus on the three cancers making up two-thirds of the national backlog (lower GI, prostate and skin).

11. UHNM Cancer Performance - as at April 22

11.1 In the early part of 2022 theatre, oncology, diagnostic and surgical workforces were impacted by COVID 19 affecting performance. The Trust continues to conduct a very high number of first appointments, with around 3649 patients being seen in March 2022.

11.2 There are currently 474 patients in the 2 week wait (2ww) backlog. A reduction since last month of the 2ww patients who have breached, 145 patients are in colorectal and 115 are in skin.

11.3 The 104 day backlog is slowly reducing, currently circa 100.

12. UHDB Cancer Performance - as at 04/04/2022

12.1 First treatment activity has steadily increased across April but is not exceeding the number recorded in 2021 across the same period. Subsequent Treatment activity lessened across March but has increased steadily across April. 2021 activity not exceeded.

12.2 Endoscopy activity (2 week wait patients that have had an endoscopic procedure whilst on a cancer pathway) remains high, higher than 2019 but not 2021 across most of late March and April.

12.3 The number of patients on the 2 week wait pathway waiting to be seen has lessened each week across March and April but remains well above last year.

12.4 The 62 day waiting list remains relatively constant but is well above the same period last year.

13. RWT Cancer Performance - as at April 22

13.1 Referrals have been fluctuating at a concerning high level since the turn of the calendar year, sitting at 118% of the level seen in April to February 2019/20. In February 2022, referrals were 121% above the equivalent month in 2019/20.

13.2 The increased level in the year to date explains the significant challenge in recovering the backlog as well as putting pressure on all other elements of the pathway, e.g. outpatients, diagnostics and surgery.

Staffordshire County Council

14. Focus on Health Inequalities

14.1 Acknowledging that during the period of the COVID pandemic there has been a widening in the gap on health inequalities all Trusts are focussing and achieving a better understanding of the inequalities that exist in their patients waiting, as well as tools to help them better understand and manage patients whose healthcare may be at risk of greater deterioration whilst waiting for treatment.

15. List of Background Documents/Appendices:

N/A

16. Contact Details

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