SCRUTINY REPORT

MEETING: **Health Scrutiny Committee**

DATE: **21st March 2022**

SUBJECT: **Elective Care Waiting List Update**

REPORT FROM: **Will Blandamer, Executive Director of Strategic Commissioning**

CONTACT OFFICER:

1.0 BACKGROUND

1.1 When a patient is referred to a Consultant-led team of a secondary care provider, they are added to an elective (planned) care waiting list with the waiting list entry referred to as an 'incomplete pathway'. The pathway will generally be ended either once the patient receives the awaited treatment or it is confirmed that treatment is not required.

1.2 Throughout the COVID-19 pandemic, the waiting list size has increased significantly, not only in Bury but regionally and nationally too. This reflects elective activity having been paused during the early months of the pandemic followed by capacity limitations linked to workforce and estate and the implementation of enhanced Infection Prevention and Control (IPC) measures.

1.3 In April 2020 there were 14297 incomplete pathways for Bury patients against a target of no more than 15800. The target has been revised twice since that time. Firstly, in April 2021 the target was for the waiting list size to stabilise at the March 2021 position (18853 pathways) and then at the September 2021 position (23993 pathways).

1.4 By December 2021 the waiting list for Bury patients had increased to 25542. This is 6.5% above the current target and reflects an increase of 79% when compared to April 2020.

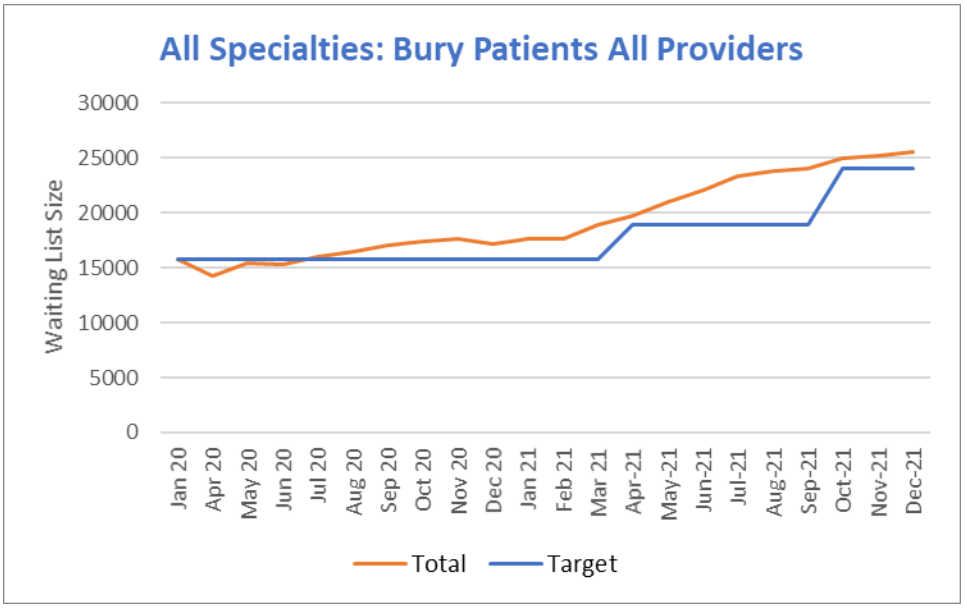
1.5 In addition to the waiting list increasing, the pandemic has also resulted in longer waits for many patients. Under the NHS Constitution, no patient should wait longer than 52 weeks to commence treatment though in December 2021 there were 1186 Bury patients with such waits. Of these, 81 pathways had exceeded 104 weeks.

1.6 In February 2022, NHS England published a delivery plan for tackling the COVID-19 elective care backlog, setting the following ambitions:

- 104+ week waits to be eliminated by July 2022;
- 78+ week waits to be eliminated by April 2023;
- 65+ week waits to be eliminated by March 2024; and
- 52+ week waits to be eliminated by March 2025.

1.7 To support this, there is an expectation for there to be a year on year increase in the amount of elective activity undertaken alongside improvement in the number of patients receiving diagnostic tests within six weeks of referral.

1.8 Bury's waiting list growth to December 2021 is shown in the following chart.



2.0 Waiting List Update for January 2022

2.1 As COVID-19 community cases and hospital admissions increased during the most recent wave, a decision was taken for elective activity to be paused across Greater Manchester (GM). This temporary cessation in activity took effect between the 4th and 24th January 2022. Waiting list data for January 2022 was published on 10th March 2022 and this section of the report will highlight the impact of this pause.

2.2 NHS published data for January 2022 shows a waiting list size of 26166 for Bury. This is an increase of 624 pathways compared to December and represents the largest in-month increase since October. At 26166, the waiting list is now 9.1% above the September 2021 baseline.

2.3 As at January 2022, 70% of Bury's waiting list is held at the Northern Care Alliance NHS FT (NCA) with 20% at Manchester University NHS FT (MFT) and 3.6% at Bolton FT. Prior to the North Manchester General Hospital (NMGH) transaction to MFT in April 2021, the NCA share of the waiting list had been 78%.

2.4 Between September and January, there has also been an increase in incomplete pathways assigned to some independent sector providers, particularly BMI Healthcare and Oaklands Hospital. Whilst this in part reflects some increased use of the independent sector, it is also linked to a new Patient

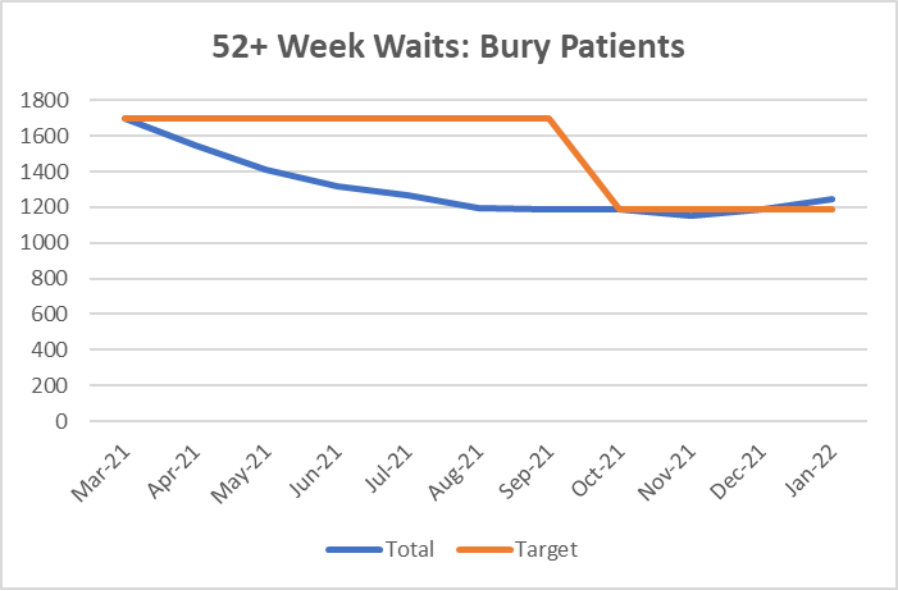
Administration System (PAS) being installed at Oaklands Hospital. Previously, some CCG pathways had been incorrectly allocated to NHS England though this has now been rectified. As lead commissioner, NHS Salford CCG is liaising directly with the provider about this on behalf of other GM CCGs.

2.5 Since the new target of returning to the September 2021 waiting list size was introduced, the most significant increases at a specialty level have been seen in dermatology (+25.8%), Ear Nose and Throat (ENT) (+16.9%), cardiology (+32.6%), orthopaedics (+9.1%), gynaecology (+17.5%) and urology (+11%).

2.6 In the same period there has been improvement in some specialties, for example, gastroenterology and respiratory medicine where the waiting lists have reduced by 6.5% and 20.1%, respectively.

2.7 For the first time since targets were revised, the number of pathways exceeding 52 weeks has increased beyond that target level with January data showing 1248 Bury patients with such waits. Overall, since September 2021 the biggest increases in 52+ week waits have been in gynaecology (+48 pathways) and ENT (+26 pathways). 52+ week breaches for 'other' surgery and general surgery have decreased since September by 47 and 33 pathways, respectively.

2.8 Prior to the recent increase in 52+ week waits, there had been a reducing trend, as shown in the following chart.



2.9 The biggest in-month increase for January was in 'Other Services' and relates to the new PAS at Oaklands Hospital referenced above. Oaklands has indicated that detailed reviews of patients on the waiting list are taking place with a particular focus on long waiters to ensure that those on active pathways are both willing to continue treatment and that they are correctly prioritised.

2.10 In terms of those waiting more than 104 weeks to commence treatment, January saw a further increase to 120 pathways. Apart from the increase in 'Other' which relates to the Oaklands PAS implementation, the biggest increase in these waits has been in urology. Feedback from the NCA is that many of the longest waiting urology patients have been awaiting a new procedure which is

now being undertaken at the 23-hour day unit at the Rochdale site. An improvement in urology is therefore expected in future months.

2.11 The table below summarises the waiting list numbers as at the end of January 2022 and also includes a specialty breakdown of 52+ and 104+ week waits.

Specialty	Incomplete Pathways		52+ Week Waits		104+ Week Waits	
	Sept 2021	Jan 2022	Sept 2021	Jan 2022	Sept 2021	Jan 2022
General Surgery	1,476	1,438	235	202	14	16
Urology	1,568	1,740	130	125	6	20
T&O	2,986	3,257	201	201	5	10
Ear Nose Throat (ENT)	1,981	2,315	99	125	12	16
Ophthalmology	2,076	2,165	28	30		*
Plastic Surgery	160	174	21	22	*	*
Gastroenterology	2,802	2,620	21	38	*	
Cardiology	886	1,175	6	*		
Dermatology	1,908	2,400	9	20		*
Rheumatology	391	373	*			
Gynaecology	2,094	2,460	179	227	10	15
Other: Medical	1,241	1,316	8			
Other: Paediatric	1,598	1,683	110	111	6	12
Other: Surgical	2,237	2,271	126	79	*	*
Other: Other	54	238	5	53		20
All other specialties	535	541	*	12	*	*
Grand Total	**23993**	**26166**	**1190**	**1248**	**63**	**120**

** denotes a value that is less than 5*

2.12 As stated within paragraph 1.6 of this report, the NHS England ambition within the delivery plan published in February 2022 is for 104+ week waits to be eliminated by July 2022. The NHS operational planning process for 2022-23 is currently underway and a GM level trajectory for reducing these numbers will be set as part of that process. Although there is a real focus on reducing long waits, it is as unclear whether this is achievable by July.

2.13 The While You Wait progamme continues to progress as a mechanism to offer patients increased support whilst waiting. The initial scope was to offer access to generic information with a drive now to develop specialty specific information, commencing with orthopaedics, gastroenterology and children's surgery. Work had already commenced in Bury prior to this on developing orthopaedic specific information.

2.14 Some GM analysis previously indicated that it could take up to eight years to clear the elective backlog that has grown significantly since the pandemic commenced. A major focus of operational planning is therefore to increase elective capacity beyond the level seen in 2019-20. The ambition for 2022-23 is for elective activity to reach 110% of the 2019-20 level with a year-on-year increase planned for thereafter.

2.15 There is a GM programme of work underway that all GM providers and CCGs are linked into. This includes looking at workforce expansion and increasing productivity, for example by increasing theatre utilisation. There is also a

structure of Clinical Reference Groups in place to ensure that specialty specific action plans are developed that ensure consistency across GM and equity in access across localities. Bury are full participants in the GM Elective Care Recovery and Reform Programme Board.

2.16 Locally, the challenge presented in elective care is the focal point of Bury's Elective Care and Cancer Recovery and Reform Board. This Board will report to the Integrated Delivery Collaborative Board (IDCB) and subsequently to the Locality Board, and is attended by all key system partners.

2.17 There is also a significant outpatient transformation programme underway. This includes increasing the amount of specialist advice provided by secondary care to General Practitioners and thus reducing the number of referrals made. The target is for 16 specialist advice requests to be facilitated for every 100 first outpatient attendances. Following treatment, there are also plans to increase the number of Patient Initiated Follow-up (PIFU) pathways in place to ensure that follow-up attendances only take place where required.

2.18 Locally at the NCA, the outpatient transformation work is being managed within a Being Well programme which is split into three main areas: Deciding and Referring Well, Waiting Well and Recovering Well. The CCG is engaged in each of the working groups associated with this work programme. The initial focus will be in gynaecology before progressing to other specialties.

3.0 CONCLUSION

3.1 Prior to the pandemic, capacity constraints meant that there were already backlogs in place in some areas of elective care. This position has been worsened by the impact of the pandemic and has been compounded still further by the pause in elective activity seen during January 2022.

3.2 As shown in the report, the overall waiting list and numbers of pathways exceeding 52 and 104 weeks have all increased during January and the prediction is that the knock-on effect of this will see continued increases over the next couple of months before any reduction becomes evident.

3.3 The scale of the problem means that to do nothing is not an option. Therefore, plans for the next financial year and beyond are focused on increasing the amount of elective activity undertaken, with a particular focus on treating those waiting the longest and addressing health inequalities, and transforming the way that outpatient care is delivered.

3.4 As outlined above, a focal point for partnership leadership in addressing this challenge is provided through the Bury Elective Care and Cancer Recovery and Reform Board which is attended by all key system partners.

List of Background Papers:-

Contact Details:-

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Executive Director sign off Date: Will Blandamer, 11/03/2022

JET Meeting Date:_____