

Elective Care and Cancer Recovery and Reform Board Update Health Scrutiny Committee

09th November 2022

Immediate Action

Surgical Hubs/Green Sites: Review learning from the existing surgical hubs and develop options for potential expansion of the approach including standards for theatre productivity.

Productivity and efficiency: Establish GM productivity framework and review of current productivity with GM COOs

Independent sector: Develop GM strategy for use of the ISP linked to clear understanding of demand and capacity. Identify capacity specifically to support the delivery of 78 week waits. Implement robust contract management and co-ordination mechanisms for utilisation of ISPs

Waiting list management: Develop 78 week wait plan for GM. Develop demand and capacity model to understand medium and long term requirements including potential 'bounce back' and with an understanding of the impact on health inequalities

Elective Care Transformation: Implementation of referral optimisation policy, care navigation hub pilot, consistent approach to PIFU and A&G. Further develop While You Wait resources and implementation of the My Recovery App

Medium Term Action

Surgical Hubs/Green Sites: Widen the implementation of surgical hubs to protect capacity for elective activity ahead of winter

Productivity and efficiency: Improving and standardising patient pathways. Focus on high volume low complexity pathways to improve wait times. Identify and implement opportunities to increase system theatre utilisation. Reducing length of stay for elective patients and overall day case rate. Expansion of virtual wards to increase capacity available for elective activity.

Independent sector: Further develop a sustainable model for working with ISPs including oversight and management arrangements

Waiting list management: Develop approach to eliminate 52 week waits. Understand impact of 'bounce back' on the overall wait list and model impact on capacity requirements

Elective Care Transformation: Implementation of peri operative care coordination teams. Flexible approach to outpatients and virtual consultations

Long Term Action

Surgical Hubs/Green Sites: Expand portfolio of specialties and procedures to be supported through surgical hubs

Productivity and efficiency: Identify and reduce unwarranted variation. Implement system wide 7 day working. Expansion of Virtual support systems to patients waiting, preparing for treatment and recovery.

Independent sector: Deploy a sustainable partnership model with the ISP.

Waiting list management: Ongoing monitoring of delivery of long waiters plan and impact on health inequalities

Elective Care Transformation: Expansion of proactive Long Term Condition Management with rapid access to clinical advice.

Cancer Care

Immediate Action

- System compliance with existing BPTP (4)
- Increase surgical treatment capacity, reducing %patients over 28 days clinical criteria for P2
- Implement GM Cancer Recovery Board with associated governance and freedom to act
- Deliver increased first line diagnostic capacity and reporting dedicated to cancer (increase capacity/risk assess delaying other cohorts)
- Procurement Board and full business case to delivery Single Queue diagnostics roll out, including PET and Interventional Radiology
- Accelerate roll out and compliance with FIT testing, dermatoscope use, utilisation of TULA, oncology outpatient consolidation
- Develop delivery plans for (3) new BPTP – Skin, H&N, Gynaecology
- Accelerate delivery of Breast pathway proposal
- Establish Dermatology work programme (linked to vulnerable services)

Medium Term Action

- Sustainable increase in diagnostics through CDC
- Enhanced mutual aid and approach to treatment and diagnostics including reporting
- Implement GIRFT recommendations
- Deliver all BPTP
- Pathway redesign – Skin
- Implement GM Lung model of care and accelerated roll out of targeted lung health check

Long Term Action

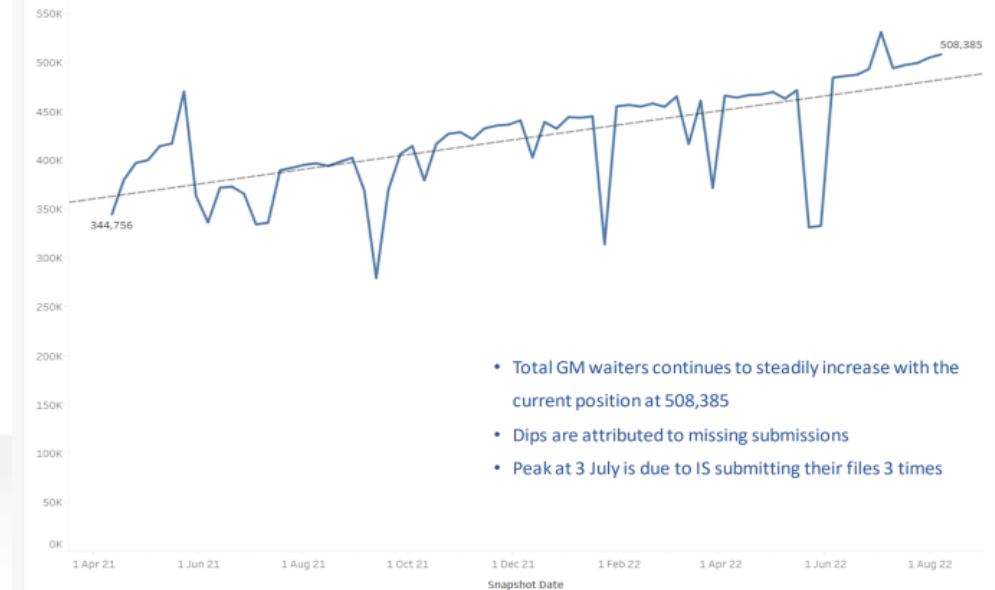
- Single cancer record system across GM
- Single PTL for key specialties
- Continued pathway innovation and transformation
- Design and Implement BPTP for tumour sites where national guidance does not exist
- Expand specialist cancer workforce

NHSE/GM Priorities- Next Phase of Recovery:

- Zero 78ww by April 2023
- Reducing cancer long waits (62 days) to pre-pandemic levels by March 2023

RTT- Waiting List Trend

Total Waiting List Trend



NCA RTT Performance

104+ Week Waits

Care Org/Specialty	Breached
GENERAL SURGERY	3
GYNAECOLOGY	1
MOHS MICROSURGERY	1
SPINAL SURGERY	1
TRAUMA & ORTHOPAEDIC	2
UROLOGY	1

(20/9) 9 patients have breached 104+ weeks (with a further 8 due to breach in September) – these breached pathways sit across the above specialties, 3 of the current 9 breaches sit within the national exclusion categories and the remaining 6 are dated in September.

78 Week Waits

Care Org/Specialty	Breached
DERMATOLOGY	696
SPINAL SURGERY	291
GYNAECOLOGY	182
PAEDIATRIC DERMATOLOGY	174
NEUROSURGERY	109

2,015 patients that have breached 78 weeks as of W/C 19 Sept (of which 410 are admitted and 1,605 are non-admitted) and the top 5 challenged specialties contributing to these figures are as above (these specialties make up approx. 1,500 of the 2,000).

52 Week Waits

Specialty	52+ Weeks @ 180922
DERMATOLOGY	3,772
NEUROLOGY	2,766
SPINAL SURGERY	1,964
GYNAECOLOGY	1,645
ENT	1,387

Approximately 16,800 patients have breached 52 weeks, the top 5 challenged specialties contributing to these figures are above (these specialties make up approx. 11,500 of the 16,800).

NCA Initiatives

- GM Orthopaedic Hub at Fairfield
 - Servicing NCA orthopaedic surgical patients in the main
- Super September
 - Gynae/ENT/Cardiology specialties, focussed non-admitted waiting lists
- Dermatology
 - NCA is engaged in the GM Dermatology Transformation Programme and also has an internal NCA Dermatology Programme. Some areas of focus include I.S. usage, advice and guidance, primary care education, estates and workforce.
- Neurosciences
 - A neurosciences strategy was approved in May 2021.
 - Focus now on additional surgical capacity to support Neurosurgery and Spinal services for short term waiting list reduction and long term service development.
 - Neurology are working on the procurement and implementation of a triage and booking system.
- HVLC
 - Rochdale used as HVLC hub for a number of NCA specialities, overnight beds now established.
 - Looking at widening offer of procedures undertaken at Rochdale to support waiting list reduction.

NCA Cancer

Performance

July '22 published performance:

	BCO	OCO	SCO	NCA	Standard
TWW	96.05%	94.56%	45.89%	73.84%	93%
28DY FDS	60.45%	45.44%	46.63%	47.88%	75%
62DY GP	31.25%	35.33%	63.19%	47.24%	85%

August '22 unpublished performance:

	BCO	OCO	SCO	NCA	Standard
TWW	95.92%	85.60%	40.51%	65.52%	93%
28DY FDS	64.80%	41.40%	41.60%	43.90%	75%
62DY GP	46.88%	41.32%	41.94%	42.24%	85%

Improvement plans

- GM Dermatology improvement work
- GM Diagnostic reset fortnight(end of October)
- Additional reporting capacity for radiology from next month
- Mutual aid being utilised from Christie for some cancer work (gynae)
- Opening of Oldham CDC will support with additional diagnostic capacity from November
- Investment in Lower GI nursing to support triage
- MacMillan Cancer Support Centre to open early 2023

Bury Locality Performance: NHSE Recovery Targets



Greater Manchester
Integrated Care

Bury Patients: 78+ Week Waits

- Published data for July 2022: **173** 78+ week waits.
- 53%** of these waits are at MFT and **40%** at NCA.
- Gynae accounts for **38%** of these waits across all providers. T&O is next highest (**15%**).

Provider	No of 78+	Specialty Breakdown
MFT	91	Gynae x 46; Paeds x 10; Urology x 9; Other Surgery x 8; Gen Med x 6; Others x 12 (5 specialties)
NCA	69	Gynae x 18; T&O x 18; ENT x 9; Other Surg x 6; Derm x 6; Urology x 6; Others x 6 (3 specialties)
Others	13 (6 providers)	

Bury Patients: Cancer Long Waits

Indicator	Period	Period Target	May-22	Jun-22	Jul-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23 Jul
E.B.12	Jul-22	85.0%	29.4% ¹	48.0%	47.9%	53.9%	61.7%	41.2% ¹	47.9%
Number of Breaches			24 ¹	26	25	76	51	57 ¹	25

¹ Excludes some or all NCA data and is subject to change

78+ week wait notes:

- 78+ week waits have increased by 7% since June.
- 52+ week waits have increased by 21% since June but 67% since April. Many likely to tip into 78+ category in coming weeks and months.

Cancer 62+ day wait notes:

- Performance against the 85% standard has been significantly below standard for some time.
- Urology, lung and skin have the highest breach numbers currently (Bury patients).
- The provider target is to return to the Feb 2020 number of long waiters by March 2023.
- July 2022 data put the NCA on trajectory to achieve the target (222 waiters) by March 2022.
- However, data shared at the NCA Cancer Improvement Committee meeting in Sept 2022 flagged that achievement of this target is now at risk as breaches increase, with the greatest number in skin.

NCA and Bury Locality Joint Initiatives

- Orthopaedic Improvement Programme
 - Shoulder referral template
 - Knee and Spine – MRI Efficiencies Pilot: BIMSK and Tower Practices
- Urology pathway review
 - LUTS
- Dermatology – e Derm
- Cardiology – Referral Pathway and A&G Utilisation and Cardiac Rehab GM Pilot
- Ophthalmology – Cataracts and Glaucoma Pathway
- Being Well Programme – Bury active partner

* Note: GM Dermatology Vulnerable Service Recovery & Action Plan: move to a GM single service model and other actions in the GM plan may create work that become a priority for trusts and localities.

Risks and Gaps

- % 52+ww likely to tip into 78+ww in the coming weeks/months.
- Growth in Cancer 62 + day waits, predominantly in skin, impacting achievement of the national recovery target for March 2023.
- Workforce
- Access to diagnostics (reporting in particular)
- Capacity
- Prioritisation of urgent and cancer could impact elective recovery

Potential wider risks

- Financial penalties for non achievement of activity levels – equates to what for Bury?
- Industrial action RCN – potential impact on recovery?
- Winter – UC demand and COVID rates.