Elective Care and Cancer Recovery and Reform Board - Update

Bury Locality Board, June 2023

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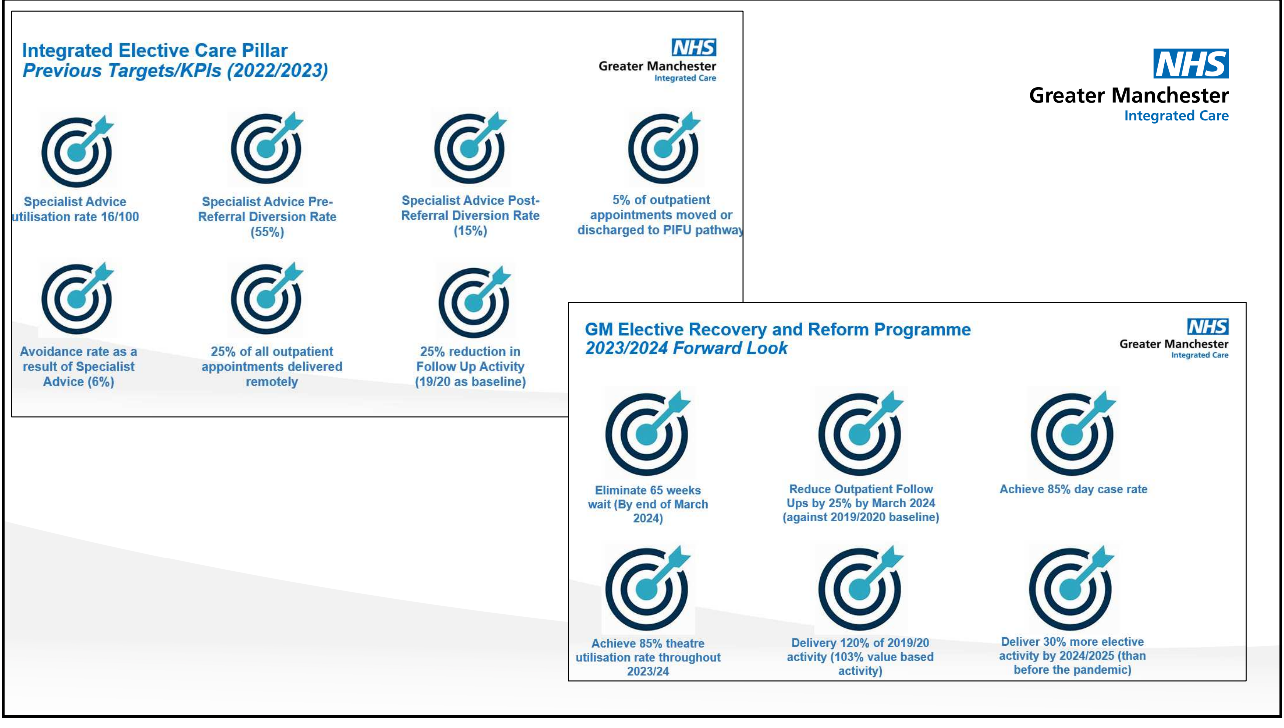
Part of Greater Manchester Integrated Care Partnership

GM Elective Care Recovery and Reform Programme - Overview

- **GM Elective Care Recovery and Reform (ECRR) Strategy -** established to help improve the elective care recovery position over the **next three years**.
- GM ECRR Programme - aims to **support GM recovery** through a number of objectives:
  - **Reduce** the overall size of the **elective waiting list**
  - **Reduce overall waiting times** for patients
  - Improve **patient experience**
  - Identify and address **health inequalities**
- **GM ECCR Programme -** reports into the **GM ECCR Programme Board,** chaired by John Patterson (Associate Medical Director NHS GM (Oldham) and Fiona Noden (Chief Executive, Bolton NHS Foundation Trust & Bolton Locality Placed Based Lead).
- **Alignment and collaboration** across the GM Strategic Recovery Programme areas (and wider) is crucial to enabling the delivery of GM Recovery.



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Elective Care Recovery and Reform Programme Board – Update Headlines: 2 May 2023

- **GM Elective Recovery Position**
  - Greater Manchester (GM) waiting list - gone up in the last month by approx. 5,000 to 541,000 people
  - Industrial action has impacted on the increase over the last month
  - GM Trusts to eliminate waits of 65 weeks or more by the end of March 2024
  - Northern Care Alliance NHS Foundation Trust and Manchester University NHS Foundation Trust – in national pilot looking at how to reduce waiting lists faster, learning will be shared.
  - Most people waiting across GM in General Surgery, T&O and Ophthalmology.
- **Endoscopy THRIVE Model**
  - THRIVE - make procedure recording and productivity reporting simple and efficient.
  - GM Endoscopy Network secured £58k to roll out THRIVE in GM -includes a 12-month license and tablets to support using the tool (1 per endoscopy room).
  - Most GM Trusts planning to implement THRIVE - all sites will have 'gone live' by 2 May 2023. Evaluation will inform business case for any future funding after 12 months.
  - Early indications positive - save time on manual data collection processes, improvement in data accuracy, the benefits of reports and highlighting job planning issues.
- **Sustainability Service Programme**
  - Under Provider Federation Board - links to the Elective Care Recovery and Reform Programme – looking at vulnerable services e.g. dermatology.
  - Sustainable Services Board set up May 23 - elective board to notify to Sustainable Services Programme of early warning signs in specialities.
- **GM Elective Recovery and Reform Programme updates**
  - Programme team - working on an outpatient transformation strategy.
  - Proposal being developed to support trusts to meet an agreed set of standards around patient engagement portals.
  - Funding proposals submitted by GM to increase capacity for Endoscopy at two GM Trusts – awaiting decision.
  - Children & Young Person's Pillar -focus on 5 specialties with most waiters- recruiting clinical leads to work on an improvement programme subject to funding agreement.
  - Funding for the Electronic Eye Referral System will run out this year and the programme team will need to do a cost/benefit exercise to assess whether to proceed to business case.

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Elective Care (Bury patients at all providers)

NHS
Greater Manchester
Integrated Care

Bury Waiting List: All Specialties

No of Waiters

■NCA ■Bolton ■MFT ■Oaklands ■WWL ■Spa Medica ■Christie ■BMI Healthcare ■Others

Source: Locality Elective Care report/Published data

Overall Waiting List:

- MFT data is now included from January 23.
- Published Feb data shows an decrease on Jan 23 (-1.8%, -505 pathways). Since Jan 23 there have been small decreases across several specialties, plastic surgery and Respiratory medicine showing the 5.9% increases.
- Reductions in Feb in Paediatric (-9.2% since Jan) and Other – Surgical Services (-6.3% since Jan) .

Long Waits:

- 104+: Feb shows 2 which is a decrease of 2 on Jan 23 (4).
- 78+: Significant decrease in Feb. Has jumped down from 413 in Jan to 261 in Feb (-37%) . Primarily derm which has decreased from 178 in Jan to 111 in Feb. Further reduction in all specialties, in particular Paediatrics (46 in Jan to 18 in Feb) and Gynae (77 in Jan to 51 in Feb). GM expects circa 600 78+ waits by end of March.
- 65+: Decreased to 773 in Feb. To be zero by March 2024.
- 52+: Decrease in Feb on Jan (-17.6%). Mainly derm (-33% v Jan)

Summary: Long Waits: Bury Patients

104+ weeks 78+ weeks 65+ weeks 52+ weeks

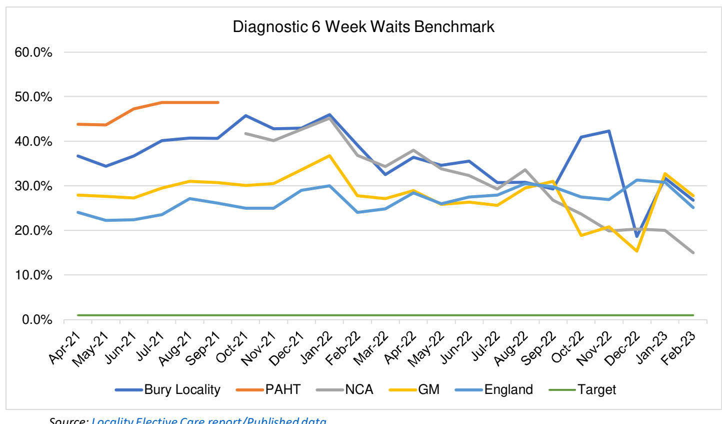
Source: Locality Elective Care report/Published data

78+ Week Waits: Specialty Breakdown >15

T&O Other – Paediatrics Gynaecology Dermatology

Source: Locality Elective Care report/Published data

Diagnostics (Bury patients at all providers)



Source: Locality Elective Care report/Published data

Diagnostic Performance notes:

- MFT Data is now included from Jan 23.
- Bury's Diagnostic performance has now settled since the Dexa issue was resolved and now that MFT data is included.
- February's performance of 26.8% is an improvement on the Jan figure of 31.7%.
- Across November to January NCA performance has remained steady.
- 23/24 requirement is to continue to work towards 95% of patients receiving diagnostic test <6 weeks by March 2025.

GM Cancer Alliance Work Programme 22-23

Greater Manchester Cancer

NHS Greater Manchester Integrated Care

Cancer Waiting Times inc FDS Backlog reduction	Increase Stage 1 & 2 Diagnosis to 75% by 2028	Increase survival, 2750 more patients in GM living with cancer beyond 5 years (2018 > 2028)	Be fully integrated with the NHS GM (ICS)
Operational Delivery and faster Diagnosis	**Early Diagnosis and Prevention**	**Personalised Care and Treatment**	**Structure**
Diagnostic Transformation (Single Queue, Shared Capacity and Reporting, Community Diagnostic Hub & Others)	Prevention (e.g. Smoking, Obesity)	Reduced Variation in treatment (Lung, GIRFT & Others)	Support ODNs in cancer (TYA, Children's Radiotherapy)
Best Practice Timed Pathway including Non-Site Specific	Symptom Awareness, presentation and referral	Personalised inpatient pathways & follow up (GM Living well with cancer, HNAs/PSCP/TSs/PSFU, supportive care & community services)	Models of Care (Breast, Lung, Colorectal & Others)
Treatment transformation to achieve CWT targets	Cancer Screening (Bowel, Breast, Cervical)	Genomics and targeted treatment	Collaboration with PCNs & localities
Innovation to drive recovery (Mastalgia pathway, tele-dermatology etc)	Effective Primary Care Pathways	Optimising for treatment (Prehab)	Integration with GM decision making
Effective secondary care pathways to reduce unwarranted variation in waiting time access	Targeted Case Finding (e.g. TLHC, Lynch, Liver)	Innovation to drive personalised care (Infoflex, Cancer Care Coordinator)	
Systemwide re-design of pathway delivery	Innovation to drive earlier diagnosis (e.g. NHS Galleri, FIT)		

Cross Cutting Programmes

- **Workforce and Education** e.g. Refreshed Cancer wf/ed strategy, Data, One Cancer workforce model, Cancer Academy, WF inequalities programme
- **Identifying and addressing inequalities**: e.g. Data, PCN Leads/DES, Locality engagement, Inequalities Working Group, Pathway Board Projects, Equality Impact Assessments
- **Communications & Engagement**: e.g. Patient Representative Programme, GM Cancer Conference, Annual Report, Podcasts & Others
- **Data Driven Improvement:** e.g. Tableau Developments, Clinical Outcomes, Dataset, Primary Care Dataset, Podcasts & Others
- **Research**: Research Framework, Activity and Inclusivity data, PWBs engagement, Charity-Industry Research Equity project, Annual report

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Cancer Bury Position - all providers

NHS Greater Manchester Integrated Care

Cancer 2WW Performance (chart: Bury Pts, GM, England, Target; Apr-22 to Jan-23)

Cancer 28 Day FDS Performance (chart: Bury Pts, GM, England, Target; Apr-22 to Jan-23)

Source: *Locality Elective Care report/Published data*

NCA Cancer Waits >62 days v Trajectory (chart: Trajectory, Actual (2WW source); Oct-22 to Mar-23)

Source: *Locality Board Metrics*

Cancer 2WW Target (93%)
(see specialist in 2 weeks of urgent referral):

- Increase in performance in Jan to 66.9% for Bury patients - highest performance has been since Aug 22, GM has also increased to 76.2%.
- Reduction to 322 breaches in Jan for Bury patients, 48% of which were in Skin (skin 2WW: 33% from 3% in Dec).
- Next highest were breast (70) and gynae (32).

Cancer 28 days Faster Diagnosis Standard (75%)
(patients diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer):

- Slight dip in Jan to 53.5% for Bury.
- Lower GI deterioration noted in January (64.5% in Dec to 44.9% in Jan).
- 23/24 guidance requirement to meet the 75% target by March 2024.
- 23/24 guidance requirement to increase the % of cancers diagnosed at stages 1&2.
- Latest data (2020) shows Bury as 3rd best in GM at 53.6% compared to GM at 51.4%.

Cancer 62 day waits (85%):
(patients to begin treatment following an urgent GP cancer referral)

- 23/24 guidance requirement - reduce the number of patients waiting over 62 days.
- NCA target is 222 patients waiting >62 days by March 23.
- NCA now below the trajectory.
- NCA has a weekly cycle of improvement - dermatology, colorectal, urology and gynae to recover against the trajectory.

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Delivering Against the 23/24 NHS Plan: Showcasing the work by Bury System Partners

GM Cancer Alliance Bury locality visit: 01 February 2023

- Purpose of the visits was to:
  - establish a 'peer to peer conversation', sharing best practice, progress, challenges / risks and determining ways in which the whole system can continue to work together to deliver the GM Cancer plan.
  - strengthen relationships between GM Cancer and the localities and further develop ways of joint working and mutual support.
  - focus on programmes of work which support delivery of the Long Term Plan Aims of improving early cancer diagnosis and survival.

- Bury Partners in Attendance:
  - Locality representatives – Placed Based Lead, Clinicians and Managers
  - Public Health
  - VCFA
  - PCN Cancer Leads
  - NCA representatives – Clinicians and Managers

GM Cancer Alliance Bury Locality Visit – GM Feedback Highlights

- Encouraged by the range of roles present at the Bury Locality meeting and the proactive nature of the discussions held.
- **Strong working relationship** between the locality and the PCNs on the cancer agenda was very clear in the meeting.
- **GM strong links with localities** is central to the success of the GM Cancer Alliance work as the knowledge and understanding of the needs of your population is the most relevant.
- Challenges with screening data – GM Cancer Alliance working with colleagues in the GM BI team to address. In the meantime **GM will ensure PCN and practice level data is available via Tableau.**
- Bury work on uptake of the **Breast Screening Programme -** GM Cancer keen to see the **outcomes of the project.**
- The Burden of Disease in Bury - Public Health– demonstrated a **clear understanding of the population need in Bury.**
- GM Cancer Alliance note the work that's being undertaken in Bury on the **E-Derma project** and will support locality staff in raising the profile of this in the **GM Dermatology Transformation Board meetings.**
- **Extensive work undertaken in the locality by the VCFA** was noted and it would be good to raise this for discussion in the GM commissioning leads meeting as a model of good practice and ensure this is also reported via the inequalities programme board.
- Considerable work undertaken in the locality to understand and address issues of **inequalities in cancer.** Locality encouraged to continue **to share this as a model of good practice** through the Cancer Alliance inequalities programme board and the locality sub-group. Noted that other localities could learn from and adopt the approach undertaken in Bury.
- Locality to **develop links into NCA through CCC** (Cancer Care Co-ordinators).
- All **PCN Cancer Leads** encouraged to attend the 7th of March PCN planning day.

Locality Challenges – Elective Care and Cancer

- **NCA** classified in **Tier One of the most challenged providers.**
- **Impact of North Manchester disaggregation**.
- **Backlog of patients waiting over 62 days at NCA.**
- **Diminishing capacity within Independent Sector Providers** (ISP) to support pressured specialities.
- **Clinical workforce shortages** in several key areas including clinical nurse specialists, radiologists and primary care.
- **Sustainability of posts and programmes funded** through short term funding.
- **Diagnostic capacity** across radiology, pathology and endoscopy.
- **Expansion of cancer screening programmes and new testing programmes – capacity/demand** issues, e.g., BRCA gene mutation.
- **Impact of financial challenges** across parts of the **health and social care system - demand** on elective care.

Examples: Bury Locality, Pan locality and GM Connectivity