Agenda Item 9

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 10 NOVEMBER 2021

# RESTORATION AND RECOVERY OF ELECTIVE CARE

# REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH SYSTEM

## Purpose of the Report

1. The purpose of this report is to provide the Committee with an update on the impact of the Covid pandemic on elective care and waiting lists for the patients of Leicester, Leicestershire and Rutland (LLR) with a specific focus on the scale of the impact for those people living in within the Leicestershire county boundary who are on the University Hospitals of Leicester NHS Trust (UHL) list for elective care, diagnostics and/or treatment.

## Background

2. Before the pandemic (March 2020), Leicester, Leicestershire and Rutland's (LLR's) health providers had a total of 66,000 on its waiting list. The UHL waiting list includes patients with a physical health need, diagnostics and/or treatments including cancer, for both paediatrics and adults.

3. UHL has an active and regularly reviewed access policy which describes each organisation's committment to ensuring that patients receive treatment in accordance with national standards and objectives. Both the policies and waiting lists include patients undergoing follow up treatment or investigations and criteria for the maximum time a patient could be waiting.

## Impact of Covid on Elective Care

4. During 2020/21, through the first two waves of the pandemic, the majority of elective activity was taken down, with only time critical surgery and appointments offered. This represents the strategic response taken by UHL in agreement with local health partners to ensure the immediate safety of both patients and staff, and contributing to the sustainability of emergency, intensive care and other critical services. This was a LLR specific decision made in response to a multitude of local factors including a three site model of care which currently delivers both emergency and elective care pathways concurrently across all UHL sites.

5. During this period, the total waiting list has grown by over 44,000 to a total of over 110,000 patients. 55.6% of these patients live in Leicestershire county or Rutland (are registered to a practice in either East Leicestershire and Rutland CCG or West Leicestershire CCG). The impact of this on people, their families and lives is not underestimated or fully understood, but the restoration and recovery of service for these patients remains a service, organisational and system priority.

6. The challenge to the system is two-fold. Firstly, to restore activity to pre-Covid levels so that waiting list growth is controlled and ultimately, stopped. Secondly, the system must create capacity over and above pre-Covid baselines to enable waiting list to be recovered to 2019 numbers as a minimum.

**Waiting List Management**

7. A challenge of this size requires a system response to waiting list management (prioritisation), service restoration and service recovery. As a result, a system waiting list process has been established which includes the adoption of the NHSEI digital waiting list prioritisation solution. This solution enables LLR to manage the most clinically urgent patients first, in addition to enabling waiting lists to be managed at a system level, increasing effectiveness of all available capacity.

8. As a result of the introduction of this process, all UHL patients have been clinically reviewed and prioritised with a digital code which guides services when listing patients and also feeds into a wider understanding of the clinical and social risk of patients waiting for care.

9. The digital code process clinically codes each patient from a P1 to a P6. P1 patients require surgery within the next 3 days and therefore are very limited in number on our waiting lists.

10. P2 patients are the next clinical priority as this group includes patients with cancer or potential cancer findings who require treatment. P3 and 4 patients are waiting for non-time critical surgery (from a clinical perspective) with P5 and P6 patients forming a group who have elected to delay care or for whom receiving surgery during a pandemic is not clinically recommended.

11. After the initial surge of wave 2, LLR health organisations began to mobilise services restoration and recovery of planned care. This document describes the approach taken to enable system based planned care service restoration, the plan to recover and progress made to date.

## Approach to Service Restoration

12. The restoration of activity is defined as delivering the same activity and access to services as delivered in the same month in 2019 (i.e. pre-Covid). As an example of how this works the following table demonstrates UHL's achievement against the NHSE target of activity in month, versus the same month in 2019.

| Activity Type | Apr | May | Jun | Jul | Aug | Sep |
|---|---|---|---|---|---|---|
| Total Elective Activity (Actual or Forecast) 2021 compared with 2019 | 83.0% | 83.4% | 91.6% | 92.5% | 95.1% | 94.6% |
| NHSE Target | 70% | 75% | 80% | 85% | 85% | 85% |

13. It is important to note that delivery of the NHSE restoration targets for UHL, contributes to the system accessing its proportion of the national ERF (elective recovery fund). This is important so that LLR can continue to invest into elective care service recovery.

## The Continuing Impact of Covid on Service Restoration

14. Prior to July 2021, UHL was on track to fully restore theatre sessions and outpatient clinical by the summer. However, due to the increasing pressures of Covid post-lockdown associated with an increased number of admissions and length of stay (LOS) of Covid positive patients requiring critical care, UHL has again had to look to staff redeployment to ensure safe staffing of critical care units. The staff group with the appropriate skills to support a surge in critical care capacity comes from both operating theatres and recovery, and includes Operating Department Practitioners (ODPs), theatre nurses, recovery nurses and anaesthetists.

15. The impact to date is a further reduction of elective theatres sessions during this financial year for a three month period resulting in a loss of over 2,000 operations for waiting patients. This in turn has meant that although operation dates have been offered to the most clinically urgent patients, it has become more difficult again to offer appointments for those of less direct clinically priority but who have often waited for the longest times.

16. The impact of this for the physical and mental wellbeing of this patient group, and the morale of our surgical teams, is significant. It is therefore

vital that UHL work with other health partners across the system to provider elective care capacity in other ways.

**Approach to Elective Recovery**

17. Recovery plans include both the use of restored capacity (as previously described) and additional capacity.

18. Additional capacity (that over and above 100% restored substantive capacity), is essential to enable the reduction of the waiting list to pre-Covid levels. Whilst UHL-based capacity is focussed on the safe management of cancer and other clinically urgent patients, additional capacity is focused on working through the longest of waiting patients who may be less time critical in nature.

19. Additional elective recovery capacity is being delivered via the following schemes:

- Waiting list initiatives (UHL staff are remunerated additionally to provide capacity over their contracted hours);
- Use of existing but "dormant" or under-utilised capacity (e.g. improving productivity of theatres in community hospitals, which may also be closer to home for County-based patients);
- Commissioning of additional capacity via insourcing models and working with Vanguard theatre capacity (including 3 session days);
- Further use of the Independent Sector;
- Use of Community hospital capacity (UHL Alliance pillar to include longer session days);
- Transfer of work to neighbouring units who have lower wait times (e.g. mutual aid, can also be a good option for patients living on our county borders);
- Additional community diagnostics in a new hub;
- Mutual aid arrangements with neighbourhood Trusts, for patients for whom travelling is an option;
- Outpatient appointment transformation including trialling of Artificial Intelligence solutions for routine follow-ups.

20. Many of these schemes are being financially enabled via the system's Elective Recovery Fund (ERF). UHL and system elective leads are working in collaboration with NHSE regional elective leads to ensure that all local service recovery opportunities are maximised and that LLR patients are able to access their care as soon as possible.

21. However, the positive impact of such schemes on waiting lists has already been reduced by the operational pressures associated with winter, ongoing numbers of Covid positive patients and the complexity of discharges seen across the health and social care system.

## LLR's Recovery Position

22. UHL's current position of losing elective capacity as a result of wave 3 pressures is not unique within the Midlands. The overall number of patients waiting over 104 weeks for treatment has increased by 14% in the last two weeks of August across the region (UHL's has increased by 10%, the position of Derby and Burton FT has also deteriorated by 10% and Birmingham Hospital's by 20%).

23. To understand the scale of the recovery challenge, the number of patients who completed their inpatient or daycase treatment pathway with UHL in 2019/20 was 49,457. For outpatients this number was 204,939. In 2020/21, the number of patients who completed their inpatient or daycase treatment pathway with UHL almost halved to 27,232. Outpatient care was predictably less disrupted with 140,141 patients completing pathways of care.

24. UHL's recovery plans must deliver this specific gap in capacity in addition to restoring normal levels of service to regain previous wait times. This plan is described in the following sections of this paper.

## Introduction to the LLR/UHL Restoration and Recovery Plan

25. This plan describes the strategic and tactical ambitions and key milestones of the LLR/UHL elective 9 fold restoration and recovery (R&R) plan, the associated risks with each step of the plan, and the extent of mitigations in place.

26. Whilst UHL are the main provider organisation responsible for the practical delivery of R&R activity, including the contributing to the system Independent Sector (IS) plan and insourcing activity, this plan is owned in collaboration by the health organisations working within and across LLR including the three CCGs. This strategic approach ensures that this plan is a system generated, led and delivered programme of work.

27. It is important to note that 10.4% of UHL's patients waiting for treatment do not live in LLR. However, it remains UHL's role to ensure that the waiting times for these patients are recovered in the same way as those who live locally. This arrangement is reciprocal in that recovery of wait times for Leicestershire patients waiting for treatment in other NHS Trusts remains the responsibility of the host organisation.

28. The 9 Fold R&R Plan is published to describe the strategic R&R plan for LLR, the links between service restoration (to business as usual), the creation of additional/new capacity for service recovery and how these plans will support service transformation, creating sustainability within the plans and reducing the impact of further waves of Covid/winter pressures on patients waiting for care.

**Forecasting the Impact of the 9 Fold R&R Plan**

***Cancer Pathways***

29. The cancer backlogs have grown after a period of stabilisation in March/April 2021 with the increase in referrals and conversion rates combined with a reduction in theatre capacity being the root cause across multiple tumour sites. In addition, we have seen a 140% increase in consultant upgrades of referrals from routine to urgent, since April 2020.

30. There is a significant risk for the 31 Day Radiotherapy standard throughout Q2 due to an increase in complexity of treatments as well as the increase in referrals as treatment modalities move from surgical to oncological as some patients have presented later.

***Urgent Operations (P2 Patients)***

31. P2 recovery trajectories (to return to pre-Covid waiting levels) remained on track for all specialties from April 21 until July 21. Our ambition was to return to pre-Covid levels of number of P2 patients waiting for treatment by the end of August 2021. This has now slipped until November 2021 for all specialties except Cardiology (forecast to recovery early December 2021).

***Patients Waiting More Than 104 Weeks***

32. UHL had specialty specific plans to reduce the number of patients waiting over 104 weeks to zero by November. Whilst further Covid driven demand has disabled plans to restore the substantive capacity required to treat P2 and cancer patients in a timely way, additional capacity previously intended for long waiter patients, has been reallocated to manage more clinically urgent cases.

33. The 104 week recovery trajectory has therefore now slipped from November 2021 to the end of March 2022 and remains challenging in terms of underpinning risk, particularly around the availability of theatre and anaesthetic staff and elective care beds.

***Diagnostics***

34. The target is that for a basket of 15 common diagnostics, known as DM01 diagnostics, no more than 1% of patients will wait more than 6 weeks. The return to a 6 week wait for DM01 patients is on track to be delivered by the end of March 2022. However, high activity for DM01 patients may increase conversion rates onto cancer and P2 lists, impacting further on 104 week trajectories.

**Patients Waiting More Than 52 Weeks**

35. The trajectory for these patients groups is still changing in response to all the other factors described in this paper. This will continue to be the case until 100% of substantive theatre capacity is restored. It is also essential that ACPL (Actual Cases Per List) does not fall, or despite theatre capacity restoration, the waiting list will continue to grow. This is a possibility as patients who have been waiting longer are often more complex when presenting for surgery, meaning that their operation time is longer and less can be performed on the theatre list.

36. The ambition remains to continue to transform outpatient, diagnostics and theatre scheduling pathways over the remaining ERF period, to enable the majority of specialities to recovery their 52 week waits to zero by the end of 2021/22. For 22 specialties, this will not be possible. A further 15 of the 22 specialties, are forecast to recover to zero 52 week waits within 2022/23.

37. 7 specialties have longer trajectories, but LLR's ambition to expedite significant elements of non-admitted and admitted pathway transformation, means the system intends to bring this date forward for every patient to within the 2023/24 financial year.

**<u>Support for Patients</u>**

38. All patients on a UHL waiting list have been written to by UHL's Medical Director, Mr Andrew Furlong. Patients have been offered an apology for the ongoing service waits and details of how to ensure their clinician learns of any changes in symptoms so that their case can be clinically reviewed and care expedited if indicated.

39. UHL are working with primary care providers (focussing initially on Orthopaedic patients), to provide an additional support to those waiting for surgery. This support includes access to additional services which may be of benefit to an individual and to help patients be as fit and well as possible for their surgery date. This includes development of a new prehabilitation service which will be linked to leisure and sports facilities across the County and emotional support.

## Summary

40. UHL's clinical and managerial teams are working together to ensure that normal elective care services are restored to pre-Covid levels as soon as possible. This will enable UHL to recover waiting times for cancer and clinically urgent patients.

41. Programmes to provide additional capacity for patients waiting long periods are advanced in planning and are being mobilised over the second half of 2021/22. This capacity is focussed initially on treating those patients who have waited over 104 weeks for care.

42. Trajectories for all of these patient groups, by specialty, are being planned and tracked weekly to ensure that UHL and partners deliver our ambitions Restoration and Recovery plan.

## Circulation under the Local Issues Alert Procedure

43. Not applicable

## Officers to Contact

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