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To: The Chair and Members of the
Health and Adult Care Scrutiny
Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 15 January 2020
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 23rd January, 2020

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

AGENDA

8 Planned Care Performance: 52 Week Wait Performance – Devon STP (Pages 1 - 6)

3.50 pm

Report of the Associate Director of Commissioning (NHS Devon CCG) (Report attached).

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Membership

Councillors S Randall-Johnson (Chair), H Ackland (Vice-Chair), M Asvachin, J Berry, P Crabb, A Connett, R Peart, S Russell, P Sanders, A Saywell, R Scott, J Trail, P Twiss, N Way, C Wright and J Yabsley

Declaration of Interests

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

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Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's [Public Participation Scheme](#), indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make. The representation and the name of the person making the representation will be recorded in the minutes.

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Induction loop system available

Terms of Reference

(1) To review the implementation of existing policies and to consider the scope for new policies for all aspects of the discharge of the Council's functions concerning the provision of personal services for adults including social care, safeguarding and special needs services and relating to the health and wellbeing of the people of Devon, including the activities of the Health & Wellbeing Board, and the development of commissioning strategies, strategic needs assessments and, generally, to discharge its functions in the scrutiny of any matter relating to the planning, provision and operation of the health service in Devon;

(2) To assess the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity;

(3) To relate scrutiny to the achievement of the Council's strategic priorities and to its objectives of promoting sustainable development and of delivering best value in all its activities;

(4) To make reports and recommendations as appropriate arising from this scrutiny to the County Council and to the Secretary of State for Health, in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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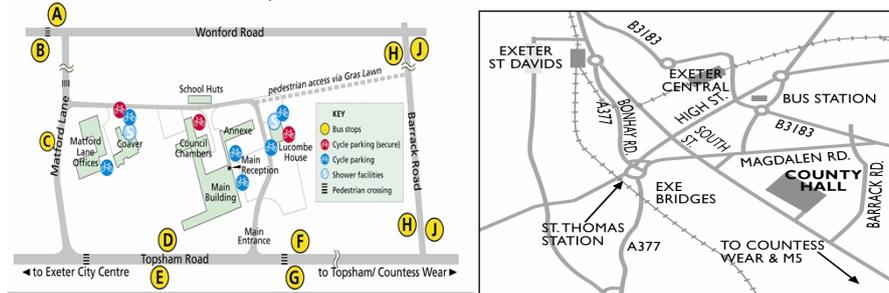
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NB   Denotes bus stops

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52 Week Wait Performance – Devon STP

Report Associate Director of Commissioning Devon Clinical Commissioning Group
52 Week Wait Performance – Devon STP

1. Recommendation

1.1 Purpose

For the Health and Adult Care Scrutiny committee to note the report on patients waiting longer than 52 weeks for routine treatment in Devon. Progress made to date to improve the performance and plans to consistently meet the performance standard in 20/21.

- 2.1 Over the last two years, the Devon Health System, has mirrored the national picture in seeing an increase in the number of patients waiting for over 52 weeks for routine surgery. This paper describes the current position with this performance standard, the reasons for the performance and how this is being addressed within local Trusts. The paper also outlines the Devon System-wide response which has been developed to address this challenge this year and into 20/21.
- 2.2 A long-waiting patient is defined for the purpose of this paper as a someone who has been waiting 52 weeks or longer from their referral to the start of routine treatment in a hospital. The NHS performance target for this kind of healthcare is 18 weeks. Patients referred for emergency treatments or to exclude cancer (2 week wait) are not covered in this paper.

2. Background

Nationally, Devon is an outlier in the number of people waiting for more than 52-weeks and the recovery of this position has been prioritised by all Devon health organisations. It has been agreed to mobilise a Devon STP System approach to address this issue and ensure that the longer waiting patients are prioritised according to their clinical need and length of wait.

At the end of November, nationally there were 1,378 patients' waiting over 52-weeks with Devon CCG having 282 of these breaches.

The organisations involved in this work are NHS Devon Clinical Commissioning Group, Royal Devon & Exeter NHS Foundation Trust (RDE), Northern Devon Healthcare NHS Trust (NDHT), Torbay & South Devon NHS Foundation Trust (TSD) and University of Plymouth Hospital NHS Trust (UHP).

There have been several contributing factors which have led to the increase in patients waiting 52 weeks or more in Devon and these factors are different across the local acute Trusts. This paper describes these issues in more detail and how they are being addressed locally and at a county wide level.

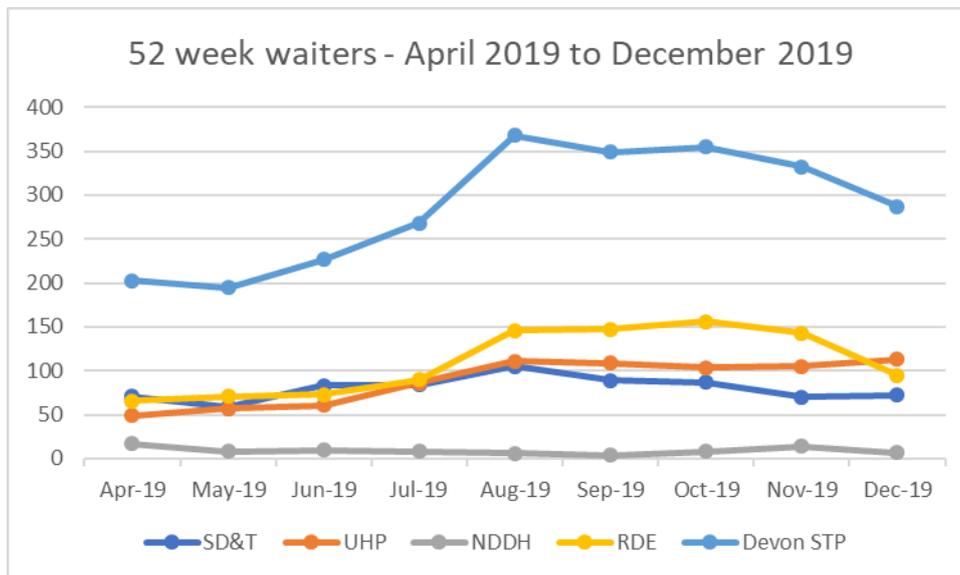
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This paper explains what has been done to understand and mitigate any impact on patient safety and experience due to long waits.

3. Where We Were vs Where We Are

In April 2019, there were 203 patients waiting for more than 52 weeks across Devon and there were different contributory factors that had led to this issue across the different localities in Devon. At the end of December 2019, there were 287 patients waiting more than 52 weeks across Devon. The table and graph below show how this position has changed between April and December 2019.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
TSD	71	59	83	84	105	89	87	70	72
UHP	49	57	61	86	111	109	104	105	113
NDHT	17	8	10	8	6	4	8	14	7
RDE	66	71	73	90	146	147	156	143	95
Devon STP	203	195	227	268	368	349	355	332	287



Torbay & South Devon Healthcare Foundation Trust (TSDFT) has been significantly impacted due to two theatres being taken out of use needing major unscheduled refurbishment between November 2018 and October 2019. The Trust also had issues with consultant sickness in several specialties. The main specialties where people are having to wait for this long in South Devon & Torbay are Upper Gastrointestinal Surgery and Orthopaedic Surgery.

University Hospital Plymouth Trust (UHP) provide spinal surgery through their neurosurgery department and as a result of national and local shortage of clinicians undertaking neurosurgery this has significantly impacted on the Trust's waiting lists for spinal surgery. There are also issues with long waits in Upper Gastrointestinal Surgery and Orthopaedic Surgery.

Royal Devon & Exeter Trust (RDE) has been impacted by staffing issues particularly in Cardiology and has issues with long waits in Upper Gastrointestinal Surgery and Orthopaedic Surgery.

North Devon Trust (NDHT) has had fewer issues with long waits compared with the other Trusts but has also been impacted by staff shortages and some of the general issues impacting on Trusts.

Some of the other more generic issues impacting on waiting times include, patients choosing to wait for their treatments, impact of new pension rules on consultants being able and willing to work additional hours to clear backlogs, availability of Independent Sector capacity and willingness of patients to move their care to another provider, clinical criteria which prevent some patients being treated in the Independent Sector (e.g. Patients with high anaesthetic risk are not always suitable for treatment in the independent sector).

4. Local Delivery

Each Trust has prioritised recovery of long-waiting patients within their organisation and have a wide range of responses in place to deliver an improvement in performance as part of their Trust recovery plans. This includes “insourcing” arrangements (i.e. the use of hospital facilities out-of-hours by another organisation but the hospital’s own staff) and Trust clinicians providing additional weekend lists. They also have robust patient tracking systems and processes to manage the long waiting patients at an individual patient level. The individual patient tracking is aimed at ensuring that there is a plan for achieving the treatment of each individual patient in as timely way as possible, either within the Trust itself or by using system-wide opportunities. Each Trust has engaged with the System wide programme to maximise the opportunity to address the long waiter issue across Devon.

RDE have worked closely with Nuffield hospital in Exeter to transfer patients waiting for cardiac ablations to be treated at the Nuffield by RDE clinicians.

TSD have worked closely with Mount Stuart hospital in Torquay to transfer patients waiting for Upper GI surgery to be treated at Mount Stuart by TSD clinicians

UHP have been holding “mega clinics” (one stop clinics) in neurosurgery to reduce the neurosurgery waiting times. UHP has partially closed access to their neurosurgery spinal service to new patients and are triaging clinically appropriate patients to alternative capacity in Independent sector providers and these patients are offered the alternative providers at point of referral.

UHP have set up a partnership with Care UK treatment Centre in Plymouth to maximise the utilisation of orthopaedic capacity for their patients.

Each Trust have an agreed forecast to recover their long waiting position with TSD and NDHT forecasting to return to zero people waiting more than a year by the end of March 2020, and RDE forecasting to get to 38 patients waiting over 52 weeks (30 orthopaedic and 8 cardiac) and UHP to 66 neurosurgery spinal patients by the end of March 2020.

NHS England/Improvement have recently identified some non-recurrent additional funding which will be made available to Trusts to support recovery of the 52-wait position and this has enabled Trusts to secure more capacity and treat more patients over the next 3 months and provide this improved forecast.

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5. System Delivery

Working at Devon system-level to support recovery of the 52-wait position has aimed to ensure that there is clear visibility of long waiting patients across Devon and to ensure that the capacity in Independent providers is maximised for these patients to ensure that the patients with the greatest clinical need and longest wait are treated. There is also an opportunity to identify where local Trusts could support each offer to offer capacity to for certain specialties.

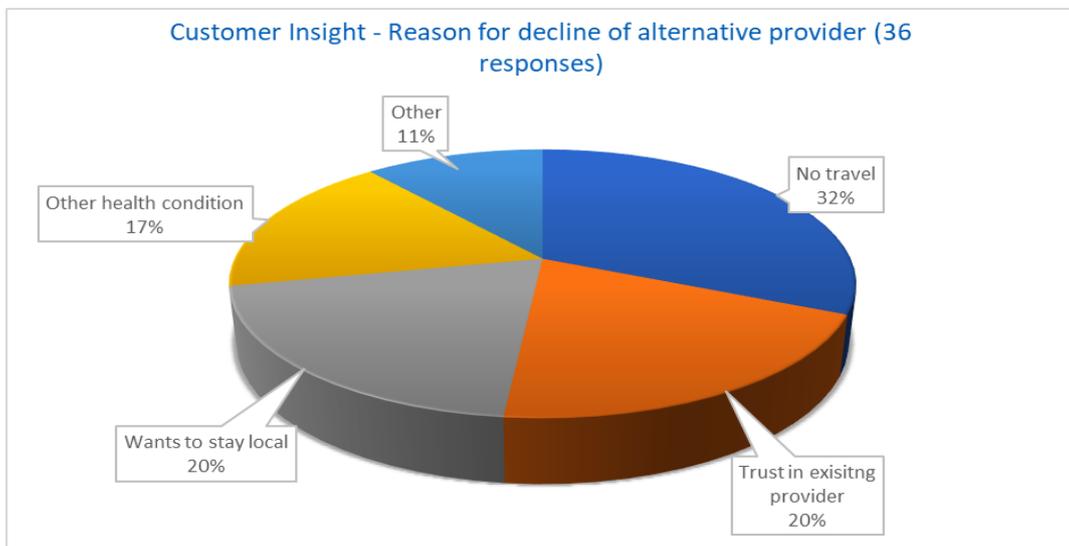
There are three key areas of work which are being taken forward at System level:

a. A system view of all patients waiting over 52 weeks.

Each Trust shares an anonymised weekly list of all patients waiting over 52 which is shared across the System and with NHSE/I. This report enables system leaders to monitor the recovery; be clear as to how many long waiting patients have been treated, how many new long waiters have been added to the list; identify the specialties where there are capacity issues and where system commissioning actions are required to identify additional capacity and actions that need to be taken.

b. Co-ordination and management of outsourcing to independent providers to maximise the uptake of capacity available and to identify additional capacity required.

The Devon Referral Support Services (DRSS) on behalf of the System have set up a team to support the patients to choose alternative providers where they can be treated sooner, to maximise the uptake of available capacity and to ensure patients with the greatest clinical need and longest wait are prioritised across Devon. A process has been set up for the Trusts to send DRSS of patients waiting over 40 weeks and DRSS will contact the patients to offer alternative providers where people can be treated sooner. Initially, there was little uptake and work has been done using Customer Insight – Mosaic Segmentation tool to help understand why patients were not choosing to move to an alternative provider with a shorter wait.



Through the Customer Insight work, it was shown that there were several reasons why patients were unable to or did not want to accept the offer of an alternative provider and there seemed to be some inequalities into patients being able to access the alternative providers. It was identified that for some cohorts of patient's further support was needed in terms of social and financial resources to ensure that all patients had an equal opportunity to take up the offer of shorter waits for alternative provider.

The offer for alternative providers has now been enhanced to understand what support packages would enable patients who meet the criteria for alternative providers to accept this offer and these support packages are developed on an individual basis. An example of how this has worked recently is a patient wanted to go to an independent provider but was needle phobic and the provider pathway was to give injectable DVT (deep vein thrombosis) prophylaxis. The team worked with the provider to agree an alternative prophylaxis and the patient was able to go to the independent provider. Another example is a patient wanted to go to an independent provider which was a distance from home and the patient's wife would have had to travel up and down to the hospital over two days. The team organised overnight accommodation for the patient's wife and this enabled the patient to move provider.

c. First mover for 26-week choice.

As part of the national requirement to offer patients waiting over 26 weeks an alternative provider, Devon has been identified as a first mover for implementation of this 26 weeks choice and our model is being used to help other health communities to develop appropriate models for their 26-week delivery. This programme is helping to address the long waiters in the system to minimise future 52-week waiters, by releasing capacity to treat the long waiting patients, maximising use of capacity in IS providers and to validate patients who no longer need treatment who are still on the waiting list. This has started with foot and ankle surgery and will move to other pressured areas within the system to ensure that we are addressing the specialties with the longest waits.

6. Patient Safety

Across Devon, the performance within NHS providers for 52 week waits has the potential to impact on quality; experience and safety. The CCG seek assurance from providers that patients are not adversely impacted upon when they experience long waits and that patients are treated in order of clinical priority; and for those with the same clinical priority, in the order they were added to the waiting list

Detailed, specific work in this area has been undertaken; a recent CCG Quality Assurance Committee 'diagnostic delays' report demonstrated whilst the number of serious incidents is few, some involve many patients and experience is clearly impacted upon. However, from completed serious incidents, there is little evidence of physical harm as a result of the delay.

In addition to formal reporting, the CCG attends providers' meetings and reviews to test whether patients are impacted upon due to long waits. The CCG and partners continue to work together to develop a consistent approach to checking for harm when delays occur. It's important to detail that for patients in Devon the clinical outcomes are good once treatment is received and in important areas of clinical care

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such as “cancer “the clinical outcomes and patient experience are nationally rated as “outstanding”.

7. National Programme for RDE and UHP

As part of the national recovery programme for 52-week recovery, a national team has been set up and members of the team have visited RDE to do a deep dive into situation. Recommendations from the national team have been received and the RDE team are implementing these actions. They have also shared the recommendations with the other providers. The national team are due to visit UHP to complete a deep dive on 52-week recovery on the 30th January

There are currently a number of patients included in the 52-week waiters who have chosen to wait longer than 52 weeks. NHSE/I are planning to provide clarity on whether these patients can be reported as exceptions for 52-week performance or whether they can be moved to be actively monitored outside of the performance reporting. It is expected to get this clarity by the end of February.

8. Next Year Plans

Moving forward into 20/21, it is expected to start the position with a total 104 patients waiting over 52 weeks (UHP, 66 and RDE 38) this does not include any patients choosing to wait over 52 weeks.

It is planned to continue to have a system approach to manage outsourcing and maximising utilisation of additional capacity and for the Trusts to continue to maximise internal capacity to ensure that there are no 52-week breaches by the end of 2020 and to maintain this position moving forward.

During 2021, we will maximise the 26-week choice opportunities to offer patients alternative providers earlier in their pathway rather than offering alternative after significantly long waits and will focus on the most pressured specialties to reduce long waits for patients in the System.

9. Summary and conclusion

The Devon Health Community has a high number of patients waiting longer than 52 weeks for hospital treatment and there have been a number of contributory factors which have led to these long waits. The CCG and Trusts have been working together as a System to reduce the long waits and will continue to do so in the future. The aim will be to have no patients waiting for more than 52 weeks by the end of 2020.

John Finn
Associate Director of Commissioning

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: John Finn

Tel No: 01392 675365 Room: Second Floor Annex