

# **Health and Adult Care Scrutiny**

## **17 March 2022**

### **What does planned care and elective recovery look like for 22/23, following cessation of winter pressures?**

#### **Report from NHS Devon Clinical Commissioning Group**

#### **1. Recommendation(s)**

1.1 The Devon County Council Health and Adult Care Scrutiny Committee notes the content of this report and the continued work to address the waiting lists across Devon.

1.2 Members continue to take opportunities to contribute and shape emerging plans.

#### **2. Purpose**

2.1 Since we presented our last paper on the Devon Long Term Plan (January 2022), the Department of Health published the NHS Elective Recovery Plan that describes how the NHS will tackle the backlog of care built up during the Covid-19 Pandemic.

2.2 This paper aims to explain the current status of planned care waiting lists in Devon, highlight actions already underway to address this and outline longer term plans of how healthcare providers will work together to continue to bring down waiting lists into the future, in light of the Government announcement in February.

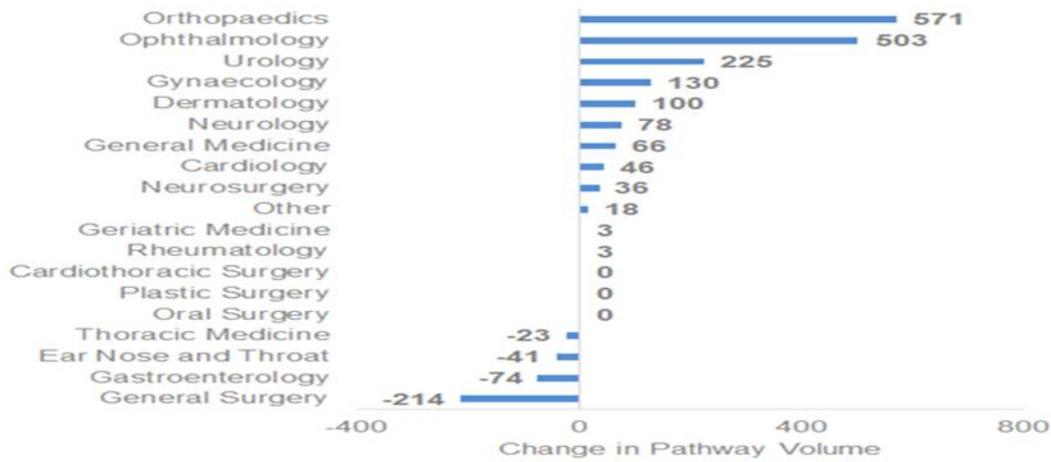
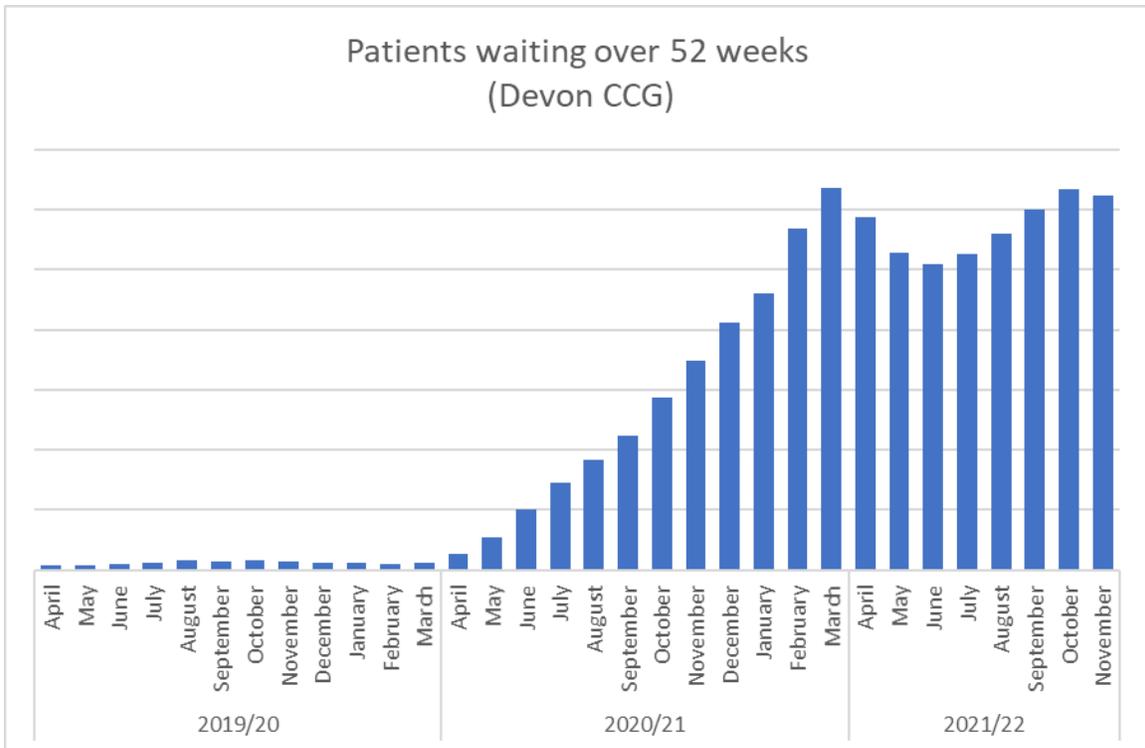
# **What does planned care and elective recovery look like for 22/23, following cessation of winter pressures?**

**Devon Health and Adult Care Scrutiny Committee  
17 March 2022**

## **1. Background**

The Devon health system has been under significant pressure due to the impact of the pandemic and increased urgent and emergency demand. There has been a significant number of patients admitted to hospital with Covid, an increased delay in people being discharged from hospital due to the impact of Covid in the community, ambulance handover delays and high levels of staff sickness due to covid in hospital and community health settings. These pressures have impacted on planned care across all hospitals in Devon and elective\* waiting lists have grown significantly. All four acute trusts in Devon have a high percentage of patients waiting over 52 weeks for planned care.

*\*Elective care refers to medical care or surgery that is planned, for example a knee operation, and not an emergency like a car accident for example. Elective capacity refers to the amount of surgery possible for these types of procedures.*



Orthopaedics (for example hip and knee operations) and Ophthalmology (encompassing cataract removal and eye surgery) have seen the biggest increase in patients on waiting lists and therefore there will be a key focus on these specialties in 2022/23. Over the last two years, hospitals in Devon have focused on cancer and urgent planned care, while services continued to manage the pressures of the pandemic, in line with national policy.

## 2. Challenges

### **Variation and continuity of care**

Devon has had good health and social care services for many years. However, there are unacceptable variations in the quality of some services depending on where people live. Likewise, there are challenges in continuity of care when people move between providers.

### **COVID-19**

While the NHS in Devon ran many essential and emergency services during the pandemic, such as cancer and diagnostic services, long treatment waits have risen substantially because some services were halted during the pandemic to allow the NHS to focus on treating Covid-19 patients and maintaining emergency and urgent cancer care.

Although most Covid restrictions in the community have been removed, there are still high levels of infection in the community and not everyone has been vaccinated. While infection prevention and control measures have always been an important part of our work, to try and keep people safe when they come to hospital, extra infection prevention and control measures are still in place, including more cleaning and social distancing and enhanced personal protective equipment for staff, which takes additional time to put on and off safely. This is the right thing to do but it means that we can treat fewer people in the same time period than we could before the pandemic.

The impact of COVID-19 will last a long time and demand for services has been increasing and will continue to do so.

### **Financial challenges**

The ICS for Devon has been placed in the most challenged category in the System Oversight Framework (SOF4) due to longstanding financial challenges and we must make improvements rapidly.

### **Population demographics**

In Devon we have a growing population which has an older population profile than the England average, meaning demand for some elective orthopaedic procedures, such as knee and hip replacements, is higher than in areas with a younger population.

Our population is also seeing an increase in long term conditions and health inequalities, and an increase in poor mental health and well-being.

All of which are placing an increasing pressure on services.

Current challenges will therefore get worse unless we change our approach.

### 3. Aims for delivering elective recovery in Devon in 2022/23

Our Devon recovery plan is focused on four areas of delivery:

- Protecting our elective capacity so that planned and emergency care are separated so that routine care can continue without being impacted by emergency requirements
- Prioritising diagnosis and treatment for patients
- Transforming the way we provide planned care to improve productivity and increase capacity for patients – by using ‘best practice’ ways of working adopted in other parts of the NHS
- Providing better information and support to patients on waiting lists to support them while they wait

In 2022/23, we need to achieve the following:

- Reduce health inequalities which have been further exacerbated by the pandemic
- Deliver more planned care procedures than pre-pandemic levels.
- Maximise support from the independent sector (IS)
- No patients waiting for more than 104 weeks for surgery except for choice
- No patients waiting over 104 weeks for surgery by July 2022
- No patients waiting over 78 weeks for surgery by April 2023;
- Reduce the number of patients waiting over 78 weeks and introduce quarterly reviews of patients
- Reduce the number of patients waiting 52 weeks and where possible introduce three-monthly reviews from July

(See below for ways the above will be achieved)

- Reduce outpatient follow-up by at least 25% by March 2023 to free up capacity for elective recovery
- Expand patient initiated follow up to all major specialties, moving or discharging 5% of all outpatients follow up to patient initiated to free up capacity for elective recovery.
  - Patient-initiated follow-up (PIFU) gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. It can be used with patients with long or short-term conditions and following treatment or surgery. Its use can be effective in a broad range of specialties including dermatology, rheumatology and cancer. Adopting this approach makes it easier and more convenient for patients to receive care and support when they need it, whilst avoiding unnecessary trips to hospitals and clinics, saving them time, money and stress.
- Continue to offer video and telephone consultation for outpatient services with a minimum of 25% taking place by this route
- Use all released outpatients follow up capacity to reduce clock starts or increase clock stops (when we begin or end waiting times for referral to treatment times)

- From April 2023 – all providers to establish pre-operative care teams to prepare patients for surgery
- Re-establish bed capacity consistent with UK Health Security Agency Infection Prevention and Control guidance
- Implement new models of care for cardiovascular disease, stroke and respiratory

## 4. Solutions to address elective recovery

### 4.1 Short Term Solutions and Actions: The Devon System Elective Recovery Plan

There are a number of schemes which have been established during the past year which will increase planned care capacity even further during the next 12 months and beyond.

Below are some examples of work currently underway to address the challenges we face.

#### 4.1.1 Nightingale Hospital Exeter

The Nightingale is a critical part of the Devon system's overall plan to get back on track with delivering orthopaedic, ophthalmology, and diagnostic services to patients on a waiting list, playing a vital role in the national [delivery plan for tackling the COVID-19 backlog of elective care](#).

We continue to offer patients a range of diagnostic services from the Nightingale site, including CT, MRI, X-ray and fluoroscopy, and glaucoma and medical retina screening services (ophthalmic diagnostic services) are also now online.

The Royal Devon and Exeter NHS Foundation Trust's rheumatology department have relocated to the Nightingale and are now operating an outpatient rheumatology and infusions centre, and over the next few weeks, a full range of ophthalmology pathways and orthopaedic services will come online.

#### 4.1.2 Eye services in Plymouth

Additional capacity for eye surgery in Plymouth is being rolled out in phases with the first phase starting at the end of August 2021 providing two mobile ophthalmology theatres. From 20 September, the original eye theatres in Derriford Hospital were repurposed for other key specialities including neurosurgery, urology, hepatobiliary and plastic surgery.

The second phase for additional eye surgery capacity is the building of a new Royal Eye Infirmary. The planning applications have been submitted and, subject to planning permission, the first patients could be seen in the second half of 2022.

The space within the main hospital vacated by REI would allow the Trust to increase clinical capacity within the hospital.

#### **4.1.3 Restoration of Orthopaedics**

As well as the additional capacity at the Southwest Ambulatory Orthopaedic Centre (SWAOC) at the Nightingale Exeter, there will be a significant focus on the restoration of orthopaedics across Devon this year.

This will include:

- A phased implementation of protected orthopaedic beds in each of the acute trusts is planned to treat patients who have been waiting for orthopaedic surgery who need treating in as inpatients in an acute trust due to the complexity of the surgery required or the complexity of their health needs. Due to the impact of the pandemic on capacity in our local trusts, the waiting list for these patients has significantly been impacted. It is expected that over the next six months, 95 beds will be deemed as protected capacity for these longer waiting patients and there will be a commitment from the System to protect these beds.
- Continuing to maximise the IS capacity for orthopaedic procedures
- Review of the orthopaedic pathways to ensure they are working effectively for patients and identifying any opportunities for improvement
- There will be a focus on identifying inequalities and inequities of access within the orthopaedic pathways starting initially with hip and knee

#### **4.1.4 Maximising Independent Sector (IS) activity**

During the pandemic, we have worked closely with Independent Sector providers to maximise their elective activity and from April to October 2021, there were over 6,500 procedures and 28,800 outpatient consultations carried out in the Independent Sector providers. This level of activity has continued this year and it is expected that approximately 11,000 procedures and 50,000 outpatient consultations will have taken place during 2021/22. We will continue to maximise the independent sector activity during the next financial year.

#### **4.1.5 Additional elective capacity in Devon**

The Devon system has been successful in bids for additional funding to support elective recovery during 2021/22 and the benefits of this funding will be fully realised during 22/23 and onwards.

This includes 20 schemes funded by national Targeted Investment Fund (TIF) £19m across Devon and include investment to support additional protected planned care bed capacity and mobile laminar flow at Northern Devon Healthcare NHS Trust, additional theatre and outpatient capacity at Royal Devon & Exeter NHS Foundation Trust, reprovision of the Day Surgery unit at Torbay Hospital and additional ward space at University Hospitals Plymouth NHS Trust as well other schemes which will all support patients to access care.

In North Devon, the “Friends of the Hospital” have offered funding to convert the previous renal unit at South Molton Hospital into a high flow centre for imaging and injecting for ophthalmology. The plans are progressing well and expected to go live in the autumn.

#### **4.1.6 Improving productivity in Devon**

We will be working with a number of national programmes during the year including the “Getting It Right First Time” (GIRFT)\* High Volume Low Complexity (HVLC) programme which focussed on six specialties where up to 60% of people on waiting lists need high-volume surgery, such as cataract removal, hernia repairs or joint replacement operations. The programme aims to identify opportunities for our system to improve productivity working at pace, implement standardised pathways and adopt best practices and deliver excellent clinical outcomes and equity of access to care for our population.

*\*Getting It Right First Time (GIRFT) is a national programme that aims to bring about higher-quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices. It uses national data to identify the variations and outcomes, shares that data with all those concerned with a service – not only clinicians, but also clinical and medical directors, managers and chief executives – and monitors the changes that are implemented.*

#### **4.1.7 Diagnostics**

A detailed demand and capacity exercise has been undertaken to identify the gap between what currently diagnostic services exist and what is required. A number of initiatives are underway using targeted investment funding as detailed above which will close the gap for some of the diagnostic modalities. Trusts are submitting Elective Recovery Funding schemes for additional capacity to close the remaining gaps and these plans will be included in the 2022/23 operational planning process to ensure the operating plan requirements and the recovery activity are met.

As detailed above, there is additional diagnostic capacity being provided through the Nightingale Exeter. In addition, we will explore the feasibility of setting up Clinical Diagnostic Centres in other areas of Devon.

## 4.2 Longer term solutions and action

### 4.2.1 Protected Elective Capacity

On 8 February 2022, the Department of Health and Social Care published the [NHS Elective Recovery Plan](#) that describes how the NHS will tackle the backlog of care built up during the Covid-19 Pandemic.

The plan sets out challenging targets relating to planned care, diagnostic tests and cancer care alongside significant additional investment to increase capacity and modernise digital technology to reduce waiting times.

The plan refers to **protecting elective capacity** as a principal way of tackling the NHS backlog. Protected elective capacity (PEC) means separating planned from emergency care to avoid the current challenge where emergency cases can disrupt routine operations and cause cancellations or delays.

We welcome this national announcement as it aligns to our emerging thinking around protective elective capacity (PEC) that we referenced in the paper we recently presented (29 January 2022).

In light of the national imperative, Chief Executives from across the Integrated Care System (ICS) have agreed that accelerating the protected elective programme in Devon is now a priority.

There are three ways of delivering protective elective capacity (PEC) in Devon:

- **Integrated at existing Devon Hospitals**  
Planned care delivered alongside emergency care at each District General Hospital in Devon (current model)
- **Shared on-site capacity in a separate building at one or more of Devon's hospitals**  
For example, a new separate building at an existing hospital site that is shared with other trusts in Devon
- **Off-site shared PEC centre**  
A standalone building, offsite from any other hospital, that is shared by a number of different trusts in Devon

Working with local people is fundamental for us to develop these plans any further. Between **2 March 2022 and 13 April 2022**, we will undertake a period of involvement with people across Devon to share the emerging thinking described above and discuss how we can protect elective capacity in Devon.

A series of workshops will be held to allow in-depth conversations with targeted groups for whom this work impacts the most (for example, people who are currently on waiting lists for surgery).

## 5. Support for patients on waiting lists

### 5.1 People already on the waiting list

Feedback from patients and patient groups has identified the opportunity to better inform, involve, prepare and support patients who are waiting for treatment.

In Devon, as part of the elective recovery programme, we have established a long waits working group that will look at how we:

- Support patients waiting for surgery
- Proactively contact patients who may be at risk of experiencing worsening outcomes due to health inequalities
- Provide community support patients who are waiting for treatments/appointments
- Reduce the contacts to primary care and secondary care from patients asking for information on their referral/waiting times
- Reduce admissions to urgent care from patients on planned care waiting lists
- Ensure information on waiting times is available and relevant to patients and GP practices
- Provide clear and consistent information to patients to reassure them whilst they are waiting (e.g. who to contact in which circumstances or where they can get support while they are waiting)
- Ensure stakeholders understand what information is available to support patients

The group has already implemented a number of actions, which includes adding information to a local patient facing website called My Health Devon <https://myhealth-devon.nhs.uk/> which has on average 5,200 visits per month. The website includes the following information:

- standardised, consistent patient information about the treatments available in NHS Devon and referral options
- supports self-management while patients wait and manage expectations
- promotes a healthy lifestyle and Shared Decision-Making conversations

All the information on the My Health Devon website is signed-off by local clinicians.

The group also manages proactive communication to patients regarding support available whilst they are waiting for treatment through their acute providers, primary care and communication from the local referral support service (DRSS).

In addition to this, on 31 March 2022, the NHS has launched [My Planned Care](#), which is a national workstream as part of the elective recovery Programme focused on empowering patients while they are on the elective pathway.

The My Planned Care Patient Platform has been developed at pace to create the opportunity to provide patients with information specific to a range of conditions to enable a better understanding of supporting their own health while on the waiting list and waiting list information to enable people to better understand how long they may be waiting.

## **5.2 Prioritisation of people on the waiting list**

We are working to ensure we learn from other systems on how they are taking into account protected characteristics and other risk factors within clinical decision making to prioritise the needs of those most at risk of health inequalities in order to improve equity in outcomes. We plan to identify how we can adapt this to the Devon system, initially focusing on the orthopaedic hip and knee pathway with view to applying learning to the wider system.

## **5.3 Identifying and minimising the impact of health inequalities**

Health inequalities have been further exacerbated by the pandemic and there is a risk that these could widen further if we don't address them now. We will be working to identify and reduce these by focussing on elective recovery.

- Inequity of access to services across Devon – pre-COVID there were already inequalities in accessing planned care. Demand management, patient initiated follow ups and virtual appointments also risk increasing inequalities in access and it is essential that we understand these and put in place mitigation where possible.
- A system wide health inequalities assessment on the elective recovery programme is being developed, which aims to identify and reduce barriers to access often experienced by people with protected characteristics and those from minority and marginalised groups.
- We aim to identify disproportionate representation in access, initially focusing on the hip and knee orthopaedic pathway, with a view to learning and scaling across other specialities. We will apply learning from the COVID-19 vaccination programme to increase targeted interaction with at risk groups and influence behaviour to improve access.

## **6. Funding**

NHS Devon CCG will receive £39 million of elective recovery funding for the financial year 2022/23 with the aim of increasing elective activity levels above what was delivered in 2019/20 (on a cost weighted basis).

On top of this, there will be £9 million funding into Devon from NHS Specialist Commissioning to achieve the required activity increase.

There are further financial incentives for exceeding initial targets.

The Devon system is finalising the operational plans to deliver the required levels of elective activity against this funding allocation.

The Devon system is also working on a submission to access additional capital funding from NHS England and NHS Improvement's regional Elective Recovery Targeted Investment Fund.

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