

## **UPDATE ON THE PHASE 3 ELECTIVE CARE RESTORATION PROGRAMME IN DEVON**

Recommendation: That the Health & Adult Care Scrutiny Committee note the update.

### **1. Introduction**

1.1. This paper will provide an update on the NHS Devon CCG programme for Elective Care Restoration, as part of the Devon Phase 3 Restoration Plans.

### **2. Phase 3 Restoration of elective**

2.1. The national Phase 3 guidance (*Third Phase of NHS Response to COVID19*, dated 31 July 2020) set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of Magnetic resonance imaging (MRI), computerised tomography (CT) scans and endoscopy procedures (by October)
- 100% of last year's levels for new and follow-up outpatients

2.2. The final Phase 3 plan for the Devon System was submitted to NHS England on 5 October 2020, setting out activity plans (the amount of elective operations, procedures and outpatients activity to be undertaken) for the period from September 2020 to March 2021 and showing these as a percentage of 2019/20 levels, including outpatients, elective inpatients, day cases and diagnostics.

2.3. The Devon system recovery plans make progress to achieving the national ambition, but do not fully meet the requirements, due to a number of factors, including physical space, such as clinic room and theatre loss, and additional pathway measures to ensure a COVID safe environment. STAFF

2.4. An Elective Care Cell has been established to manage the implementation of the Phase 3 elective restoration priorities and the delivery of the local Adapt & Adopt programme, which is a national

programme established as part of the National Incident Response Board strategy to accelerate recovery.

2.5. The Elective Care Cell has been broken into four workstreams to support the delivery of the Phase 3 and Adapt & Adopt:

1. Management of GP referral processes
2. Pathway development and GP and patient communication ([Devon Formulary Guidance](#) / [My Health Devon](#))
3. Outpatients
4. Surgical Restoration

2.6. Each of these workstreams has representation from all acute providers, primary care and the CCG.

3. The key priorities for Elective Care restoration in Phase 3

**Priority 1: Increase activity for outpatient appointments and inpatient/day case procedures**

3.1. All Trusts are restoring their elective services as rapidly as possible and there are only a small number of services which have not been stood up again. Many services are now being delivered in a different way, to ensure that the services are delivered in a COVID-secure environment. e.g. Virtual outpatient appointments where appropriate.

3.2. Surgical restoration is being taken forward as part of the surgical restoration workstream and outpatient restoration is being taken forward as part of the outpatient workstream.

3.3. Position at end of September:

<b>Devon sustainability and transformation partnership (STP)</b>	
<b>Elective Care Delivered</b>	<b>% of 19/20</b>
Elective Inpatients	70%
Daycase	75%
1 <sup>st</sup> Outpatients	71%
Follow Up Outpatients	83%

**Priority 2: Elective waiting lists and performance should be managed at system as well as trust level**

3.4. There will be a centrally collated STP waiting list to support provider trusts, all of whom are clinically prioritising their waiting lists to ensure that the patients with the greatest clinical need are treated first. This is part of the surgical restoration workstream implementation plan.

			20/09/2020	27/09/2020	Wkly Movement	June	July	Mthly Movement
RTT	England	Waiting List	3,682,691	4,017,469	334,778	3,859,962	4,046,707	186,745
		52+ wk	121,188	138,317	17,129			
		18wk performance	56.90%	57.78%	0.90%	52.00%	46.80%	-5.10%
	STP	Waiting List	104,358	102,230	-2,128	90,090	94,617	4,527
		52+ wk	4,007	4,489	482	1,800	1,920	120
		18wk performance	55.60%	57.75%	2.10%	52.40%	49.50%	-2.90%
Diagnostics	England	Waiting List		1,159,431		3,183,228	1,236,628	-1,946,600
		Activity						
		Performance		62%		96.20%	60.40%	-35.80%
	STP	Waiting List	19,848	19,075	-773	20,007	20,257	250
		Activity	6,601	6,914	313	29,415	34,695	5,280
		% of prev year activity Performance	61.90%	63.60%	1.70%	77% 52.70%	82% 61.60%	5% 8.90%

**Priority 3: Communication to patients waiting for planned care about how they will be looked after and who to contact in the event that their clinical circumstances change**

3.5. A Devon-wide approach has been agreed and communication to all patients without an admission date and who have been waiting over 18 weeks has commenced and will be completed by the end of November. This is being delivered as part of the surgical restoration workstream.

**Priority 4: Ensure the CCG e-Referral Service is fully open to referrals from primary care**

3.6. The CCG e-Referral Service has remained open to referrals from primary care throughout the pandemic and remains so.

**Priority 5: 25% of first outpatients and 60% of follow up outpatients to be conducted virtually**

3.7. All hospitals have increased the number of virtual appointments they are conducting, where this is appropriate, and this is being delivered as part of the outpatient workstream.

**Priority 6: Increased use of advice and guidance/patient initiated follow ups**

3.8. There is increased use of advice and guidance/patient initiated follow ups in all hospitals and plans to develop this further and this is being delivered as part of the outpatient workstream.

### **Priority 7: Implementation of National institute for Clinical Excellence (NICE) self-isolation and testing guidance**

3.9. All Trusts are implementing the COVID-19 rapid NICE guideline for [arranging planned care in hospitals and diagnostic service](#)

3.10. In addition, there are 8 urgent actions in the Phase 3 plan which focus on reducing health inequalities, which have been heightened by the pandemic, and the Elective Care cell are responsible for two of these urgent actions in relation to elective care:

- Restore NHS services inclusively, so that they are used by those in greatest need;
- Develop digitally enabled care pathways in ways which increase inclusion.

3.11. Each workstream has ensured that these urgent actions are incorporated into all the implementation plans.

## **4. Measures to increase capacity and performance**

4.1. The national Adapt & Adopt Programme provided the following structured methodology, which was required to be implemented locally:

- Quantify and define the objective to be met. In each case, this will be a “gap” between current activity levels and those pre-COVID-19 by region.
- Run rapid problem-solving workshops with subject matter experts; regional and national stakeholders; clinicians to brainstorm “big ticket” solutions that can be implemented rapidly.
- Complete further immediate follow up at Integrated Care System (ICS) level with stakeholders and front-line teams to refine ideas further, develop system level plans and establish a programme approach to implement at pace.
- Share a “blueprint” solution to closing the gap with all regions to “adapt and adopt”, issues that are best resolved once escalated to national team.

- With support and co-ordination from national team, regions rapidly adapt the blueprint to fit with local conditions and move to implementation.

4.2. This programme focusses on the following priorities and this is incorporated into the Elective Care Cell's workstreams for delivery:

- **Theatres** - Prepare regional core principles based on national Infection Prevention Control (IPC) guidelines to support systems with practical implementation of relevant measures, including lessening PPE & Cleaning requirements and enabling local decision making to downgrade PPE according to risk.
- **CT MRI** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures.
- **Endoscopy** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures, including settling time on COVID negative Aerosol Generating Procedures (AGP).
- **Outpatient** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures. For outpatient transformation, adapt and adopt work complements and helps with rapid implementation of the existing National Outpatient Transformation Programme

4.3. There are targets to be delivered against each of these priorities and the CCG is required to report weekly to NHSEI against all of these targets.

## 5. Financial Considerations

5.1. Devon system reached half way point of this year with all its costs covered via the emergency financial framework which included retrospective reimbursement for covid related costs.

5.2. We have been set a fixed financial envelope for the second half of the year, which is representative of spending in the first half of the year, but there is no ongoing retrospective top up payment available. We have submitted a plan to NHS England and Improvement which reflects all the service priorities included in the phase 3 restoration plans and delivers financial balance in the CCG sector and a small (7.8m) deficit in the Provider Sector.

5.3. The significant recurrent deficit in the Devon system pre-covid has effectively been covered for one year by the system receiving more national money. We do not yet know how the funding might change in 2021/22, but it is unlikely that the deficit will be recovered again and we must address it via implementing the changes identified in the Long Term Plan, taking account of how covid will have impacted both positively and negatively on costs of service Provision.

Name: John Finn  
NHS Devon CCG  
Deputy Director In Hospital Commissioning