

Greater Manchester (GM) Elective Care Recovery and Reform

GM Joint Health Scrutiny Committee
14 September 2022

The impact of Covid on elective activity

- GM is one of the areas hardest hit by COVID-19
- This had multiple impacts on elective activity:
 - Standing down elective activity in the first wave
 - Subsequent waves resulting in further cancellations of activity
 - IPC constraints limiting activity and theatre turnaround time
 - Elective patients testing positive for Covid resulting in cancellations, often at short notice
 - Hidden waits potentially resulting in further increased referrals

Our current position in GM

521,985 (as at week ending 28 August 2022) people currently on a waiting list for planned hospital appointments or treatment (consultant-led referral to treatment pathways)

This has grown from 283,000 in January 2020

As patients have waited longer during Covid, their conditions have worsened, and complexity increased

The wait list was increasing pre-Covid as people were living longer with conditions requiring regular treatment and review

Managing the waiting list is a key priority for the health and care system in GM.

Key recovery targets

National recovery targets are focused on long waits:

- Patients waiting 104 week or more
- Patients waiting between 78 weeks and 103 weeks
- Patients waiting over 52 weeks

There is also a national ambition to undertaking more elective activity than in 2019/20

Delivering the 104 week position

GM met the target to treat all people who had been waiting 104 weeks or more by end of July (unless the person chose to wait longer or had specific complex requirements).

This equated to over 7000 people needing to be treated between February and end of July 2022, a significant challenge.

How we did it:

- GM management of the total waiting list;
- Hospitals across GM working together on booking and scheduling;
- Hospitals across GM providing mutual and treating people where capacity was available;
(for example WWL providing orthopaedic support to Tameside and utilisation of The Christie as a cancer hub for GM)
- Working with sites outside GM for specialist services;
(for example Royal Manchester Children's Hospital working with Alder Hey for specialist children's surgery)
- Collaborative approach to the Independent Sector capacity available to us in GM;
(this was particularly essential when we had a significant number of 104 week wait patients return to GM trusts late in July)
- Operational staff working together, led by our GM Chief Operating Officers group.

We continue to focus on those who had chosen to wait longer and who had complex requirements / procedures

78 week waits

We currently have 6,048 patients waiting between 78 and 103 weeks (as at week ending 28 August 22)

We know that in total between July 22 and March 23 we will need to treat over 84,000 patients in this cohort

We are utilising the approach we took to patients waiting over 104 weeks to this group of patients

This will be supported by our collaborative approach to the allocation of capacity funding to develop surgical hubs and diagnostic capacity

However, we are anticipating we will not have the capacity for approximately 2,100 of these patients

We are working with the regional and national teams to identify additional capacity both NHS and independent sector to support treatment to these patients

Current pressures

The growing wait list – this is increasing on average by 3,300 per week

We need to tackle the number of new clock starts (referrals) as well as increasing the number of clock stops (patients treated)

Capacity to support elective work continues to be impacted on by urgent and emergency care pressures and the number of no reasons to reside

Workforce absenteeism and fatigue are having a significant impact on the current position, recruitment and retention issues will also continue to affect our ongoing activity

Even with these pressures we are currently achieving 92.5% of 19/20 inpatient elective and 108% of daycase activity compared to 19/20 pre-Covid levels

Our plan to tackle waiting list backlogs

1 Integrated elective care

Looking at how we can improve referral processes and what we can do to better support people to prevent or manage conditions.

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Productivity and efficiency

Ensuring we are using our existing resources as efficiently as possible, including our theatres, our beds and our staff.

3

Utilising the independent sector

Working in partnership with local independent sector providers, who provide NHS services, to offer people treatment as quickly as possible.

4

Surgical hubs

Exploring how we can create and protect additional capacity in our existing hospitals to treat more people.

5

Waiting list management

Reviewing how we manage our waiting lists, prioritise patients and provide support to people while they wait whilst ensuring a focus on health inequalities.

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Children's elective recovery

Focusing on how we tackle waiting list backlogs in children's surgery and how we support children and young people.

A focus on health inequalities runs through each of the pillars

Integrated elective care

This recovery pillar focuses on:

- The development and implementation of system wide, shared principles and ways of working across primary and secondary care
- How we can optimise referrals through the use of advice and guidance, patient initiated follow up (PIFU) and virtual consultations
- The development of transformational approaches such as straight to discharge
- Application of the principles of personalised care

Example: Care Navigation Hubs:

- We currently have two pilot areas; Manchester and Wigan. Both are focused on gynaecology services but are adopting different models.
- Both pilots are focused on ensuring the patients are seen in the most appropriate setting for their clinical need, improving patients experience and reducing waiting times
- The pilots will run to February and the evaluation will set out the potential for a model to be adopted across Greater Manchester

Productivity and efficiency

This recovery pillar focuses on:

- Maximising the use of our available theatre capacity
 - Maximising outpatient activity
 - Using national comparators to identify best practice
 - Identifying and reducing areas of variation across GM
 - Considering new workforce and staffing models
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- **Example: Right Procedure Right Place:**
 - National NHSEI programme
 - Both Manchester Foundation Trust and Wrightington, Wigan and Leigh will be involved through their Trafford and Leigh sites
 - The programme aims to increase the volume of 'low complex' elective work that can be delivered within the existing workforce constraints

Utilising the independent sector

This recovery pillar focuses on:

- Maximising the use of our available capacity in the independent sector, this capacity was critical to the achievement of the 104 week wait target and will continue to play an important part in the reduction of our wait list
 - Develop the relationship with the independent sector to support the reduction of the overall GM wait list
 - Ensuring the use of the independent sector does not create additional health inequalities
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- **Example: Utilising the national mutual aid process:**
 - We have already identified a capacity gap in the delivery of treatment to all those waiting 78 weeks or more
 - We are working with the national and regional teams to identify additional independent sector capacity to be able to provide these services

Surgical hubs

This recovery pillar focuses on:

- Evaluating the surgical hubs we already have in Greater Manchester including:
 - Cancer – The Christie and Rochdale
 - Trauma and orthopaedics – Wrightington and Trafford
 - Paediatrics – Royal Manchester Childrens' Hospital and Bolton
 - Developing a proposal for further development of surgical hubs that will protect capacity in times of pressure such as winter
 - There is a national drive to implement surgical hubs as part of the recovery strategy – Targeted Investment Funds have been made available to support this
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- **Example: Wrightington orthopaedics hub**
 - The Wrightington site provides orthopaedic services in a hub style approach
 - Across GM patients from other areas are treated at the Wrightington site
 - As part of the drive to reduce long waits Wrightington treated 131 patients from other GM trusts

Wait list management

This recovery pillar focuses on:

- Implementing a consistent approach to managing our waiting lists
 - Developing consistent policies and processes for risk stratification and access to mutual aid
 - Improving patients' experience of waiting by offering targeted support
 - Providing better information for patients while they wait
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- **Example: Waiting Well:**
 - The GM Waiting Well site was launched in October 2021 to give people general advice on how to manage their physical and mental wellbeing and where to get extra support
 - It has been visited by 13,950 people
 - The 'Recite Me' accessibility toolbar, added in June, enables people to translate content into 100+ languages. The site also incorporates screen readers, styling options and reading aids.
 - Leaflet versions of information on While You Wait were made available in different languages and formats, including Easy Read
 - Working with clinicians in GM we have launched new pages for 3 specialties, Orthopaedics, Gastroenterology and Children's surgery. People can access procedure level information and advice.
 - We are conducting an evaluation before further developments are made this will be completed in January
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- **Example: MyRecovery:**
 - A digital tool to provide information and guidance for people on the waiting list as well as suggestions for how people can manage and optimise their health ahead of their planned treatment
 - Currently being piloted in 3 GM Trusts for orthopaedics with further work underway to increase the number of sites utilising the app and to incorporate urology patients
 - 718 patients have already enrolled
 - The platform supports accessibility functions including magnification, text-to-speech, videos and translation
 - For those patients who cannot or choose not to access the platform it can be used by health teams with the patient
 - Full evaluation of the pilot is due in January

Children and Young People

This recovery pillar focuses on:

- Children’s Mental Health, including provision of Tier 4 as well as core CAMHS Services, Eating Disorders, Autism/ ADHD/ other Neuro Developmental issues
 - Ensuring a focus on hospital recovery including addressing the elective backlog, notably in Children’s Secondary Care Dental services
 - Long Term Conditions Management and the prevention of avoidable hospital admissions
 - Provision of and access to Therapies for Children and Young People, e.g. Speech and Language Therapy, Occupational Therapy, Physiotherapy, Creative Therapies
 - Defining and addressing issues which can be described as “Social Paediatrics”, including whole family support in the context of Mental Health (see also above), recognition and support for the role of parents and parenting in the development of our Children and Young People
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- **Example: Trafford Dental Hub, Virtual wards and Walk in Walk Out day surgery**
 - The Trafford site provides dental services in a hub style approach
 - As part of the drive to reduce long waits, Walk in and Walk Out same day surgery is being deployed in hubs at Bolton, Oldham and Manchester maintaining recovery throughout period of high in-patient bed pressures such as winter
 - Manchester virtual ward for eating disorders providing naso-gastric tube feeding in the community instead of an inpatient setting

Governance

The GM Elective Recovery and Reform Board is a system wide board

Jointly chaired by Fiona Noden, Bolton FT Chief Executive and Bolton Place Based Lead and John Patterson, Senior System Clinical Lead, Oldham

System programme teams are being established for each of the pillars with leads from the board membership to generate accountability

Regular reporting is in place to the ICB on the overall programme

Challenges

- Continued growth of the wait list
- A stretched and fatigued workforce
- Wider impacts across the system impacting on elective activity including urgent and emergency care
- Delayed discharges and high levels of no reason to reside impacting on flow and availability of beds to undertake elective activity
- The need to introduce new ways of working and align public expectations



Greater Manchester
Integrated Care

Thank you
Any questions?