

# Greater Manchester (GM) Elective Care Recovery and Reform

GM Joint Health Scrutiny Committee  
8 March 2023

# GM Elective Recovery Strategy

- On 14 September we provided GM Joint Health Scrutiny Committee with an update on the overall GM approach to Elective Recovery
- This included a summary of the agreed pillars of recovery:
  - Integrated Elective Care
  - Productivity and Efficiency
  - Independent sector
  - Surgical hubs
  - Wait list management
  - Children and young people
- Committee members requested a further update specifically focus on the 78 week wait position
- The GM ambition is to ensure we have no patients waiting over 78 weeks at end March 2023 aligned to the national target

# Overall Context

- Through the first three quarters of this financial year, we saw week on week increases in the overall wait list
- As a result, the wait list increased from 467k to a peak on 25 December of approximately 539k
- The overall wait list position during the year has been affected by the ongoing pressures within the system including continued high levels of covid, wider respiratory conditions, urgent and emergency care demand and significant numbers of patients who are ready for discharge but remaining in hospital beds
- Through January and early February 2023, we have started to see steady decreases in the wait list which is now approximately 533k (week ending 19 February)
- The GM recovery has been impacted on by nursing strikes as nurses were moved from elective theatres and outpatients to cover wards and acute care
- We can't look at elective long wait recovery in isolation of other clinical priorities such as cancer recovery
- Both cancer and elective recovery are underpinned by the same diagnostics capacity. We have seen investment in this area which has supported the position in particular through the Community Diagnostics Centres (CDCs)

# GM 78 Week Wait Cohort

- The total cohort of people waiting over 78 weeks between July 22 and March 23 was approximately 84,000
- This included those who were already over 78 weeks and those that would become over 78 weeks before the end March if not treated
- At the beginning of the financial year, we were predicting 2,135 patients that we did not have capacity to treat within the given timeframe
- This later increased to 2,576

# Current position

- On 21 February we had 3,485 patients remaining in the overall cohort
- Of these 2,896 already had or would have dates for their treatment ahead of end March 2023
- This left 589 patients for whom capacity had not yet been identified
- The significant reduction in the overall cohort and the number of predicted residual patients was delivered through a combination of:
  - Increased productivity and efficiency
  - Transformation activity and learning from Covid to create additional capacity in secondary care for example through alternatives such as the Gynaecology Care Navigation Hub pilots and opportunities to treat people in primary care that previously would have been daycases in secondary care
  - Validation of the wait list
  - Support from within GM through the provision of mutual aid
  - Working with the independent sector
  - Insourcing to provide additional capacity on trust sites
  - Support from trusts outside GM

# Ongoing work to support the remaining patients

- The GM ambition continues to be no patients waiting longer than 78 weeks at the end of March 2023 (except for choice and complex patients)
- To support this, we continue to work across GM and with the national team to identify capacity
- This includes identifying further potential provision of mutual aid and the use of the national Digital Mutual Aid System (DMAS) which identifies capacity for patients who are prepared to travel
- Some patients are choosing to wait longer than the end of March as this fits their personal circumstances
- A small number of patients are awaiting corneal grafts for which there is a national shortage of graft material
- There will be other patients who for reasons of complexity or illness we are not able to treat before end March

# High risk areas

- There are a number of risks to the delivery of the 78 week wait ambition including ongoing system pressures and the availability of capacity at independent sector sites
- The most significant current risk is the planned junior doctor strike which will impact our ability to undertake elective activity and potentially lead to over a thousand cancelled procedures to ensure we maintain safe services
- Two high risk specialty areas have been identified in particular: dermatology and gynaecology
  - We are currently projecting no dermatology patients waiting over 78 weeks at the end of March but there are risks to the achievement of this position
  - Over half the remaining patients are gynaecology with some requiring complex procedures that can only be undertaken at limited places across the country
  - Taskforces have been established in both these areas to identify options for how services can be made more sustainable in the medium to long-term
  - Links into the national process of mutual aid will continue

# Summary

- The overall wait list has now started to reduce
- GM aligns with the national ambition to eliminate all long-wait patients (with the exception of those choosing to wait or who have complex requirements)
- The vast majority of the overall cohort of patients waiting over 78 weeks (84,000) has already or will be treated by the end of the financial year
- There remains 589 patients who we have not yet identified the capacity to support
- We continue to work across the GM system and more widely in the NW region and national to identify options for all remaining patients
- Some of the remaining cohort will fall into the choice or complex categories
- Ongoing pressures in the system creates risk to the delivery of the planned position. Mitigating actions will be put in place to ensure this is minimised
- The proposed junior doctor strike presents a significant risk to the delivery of elective activity and will impact on the 78 week wait position
- Long term sustainability is being addressed for those specialties particularly at risk





**Greater Manchester**  
Integrated Care

Thank you  
Any questions?