

Restoration & Recovery Update

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Recovery and Restoration – Current Picture

- Responding to Covid-19 has impacted significantly upon health and care services at a national and local system level.
- Throughout the pandemic we have worked tirelessly to do everything we can to maintain services and encourage our patients to continue to access them.
- We are now seeing the impact of the Derbyshire system response to the pandemic which includes effective vaccination and testing programmes.
- This means that demand for Covid services is reducing and as we move away from managing winter pressures alongside Covid-19, we must continue to re-focus our resources to restoration and recovery.
- Keeping our Covid and non-Covid patients safe with services available to meet their health and care needs continues to be our absolute priority.

Planned Care Recovery and Restoration – Immediate Priority Actions

- We are reviewing all patients on the waiting list over 3 months to reconfirm current clinical priority.
- We are establishing detailed speciality level recovery plans for our services and working collaboratively to equalise waiting lists and maximise use of available capacity across the system.
- We are focussed on, and making good progress in management of referrals which will support us in recovering the backlog.
- The impact of the pandemic upon health and care staff has been widely reported and ensuring that we provide colleagues with support for their recovery is also a critical element in our forward plan.

Demand and Performance

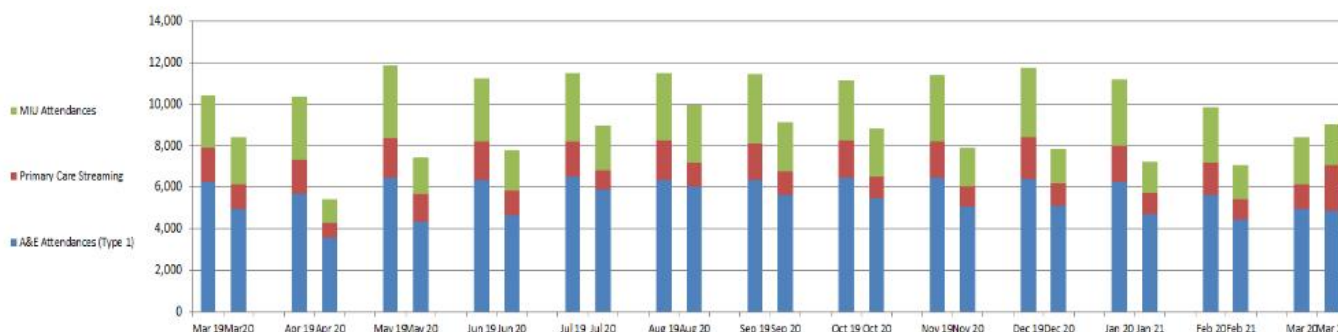
A&E demand

The activity has been lower in 2020 throughout the Covid19 pandemic. However, this changed in March 2021 and activity now exceeds last year.

*March 2020 to March 2021
A&E attendance volumes vs.
'Expected'*

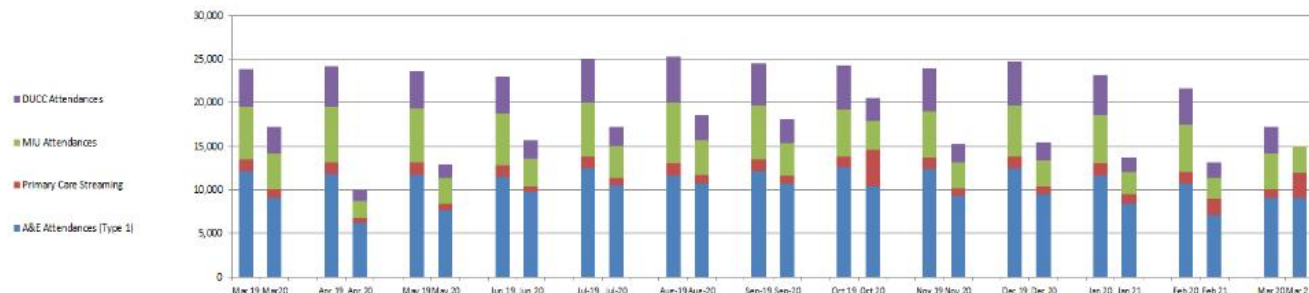
	CRH	UHDB	Total
March	80%	73%	75%
April	52%	42%	45%
May	62%	55%	58%
June	69%	68%	69%
July	78%	69%	72%
August	87%	73%	78%
September	79%	74%	76%
October	77%	85%	82%
November	69%	64%	65%
December	67%	62%	64%
January	64%	59%	61%
February	72%	60%	64%
March	108%	102%	103%

ED or similar attendances at CRH - 2021 compared to 2020



	Mar 19	Mar 20	Apr 19	Apr 20	May 19	May 20	Jun 19	Jun 20	Jul 19	Jul 20	Aug 19	Aug 20	Sep 19	Sep 20	Oct 19	Oct 20	Nov 19	Nov 20	Dec 19	Dec 20	Jan 20	Jan 21	Feb 20	Feb 21	Mar 20	Mar 21
A&E Attendances (Type 1)	6,225	4,960	5,578	3,545	6,451	4,322	5,368	4,634	5,481	5,935	6,349	6,033	6,334	5,600	5,427	5,479	5,459	5,044	6,382	5,005	6,230	4,639	5,603	4,452	4,930	4,673
Primary Care Streaming	1,961	1,175	1,629	754	1,876	1,352	1,619	1,195	1,711	933	1,930	1,150	1,771	1,161	1,907	1,031	1,745	992	2,027	1,076	1,775	1,027	1,552	942	1,176	2,166
MIU Attendances	2,540	2,250	3,058	1,069	3,555	1,728	3,043	1,667	3,250	2,774	3,220	2,765	3,365	2,395	2,853	2,234	3,173	1,861	3,329	1,859	3,189	1,464	2,631	1,633	2,250	1,975
Total Attendances	10,430	8,386	10,365	5,398	11,884	7,412	11,229	7,796	11,482	8,972	11,489	9,949	11,471	9,116	11,127	8,803	11,380	7,897	11,738	7,822	11,195	7,220	9,846	7,057	8,386	9,016

ED or similar attendances at UHDB - 2020 compared to 2020

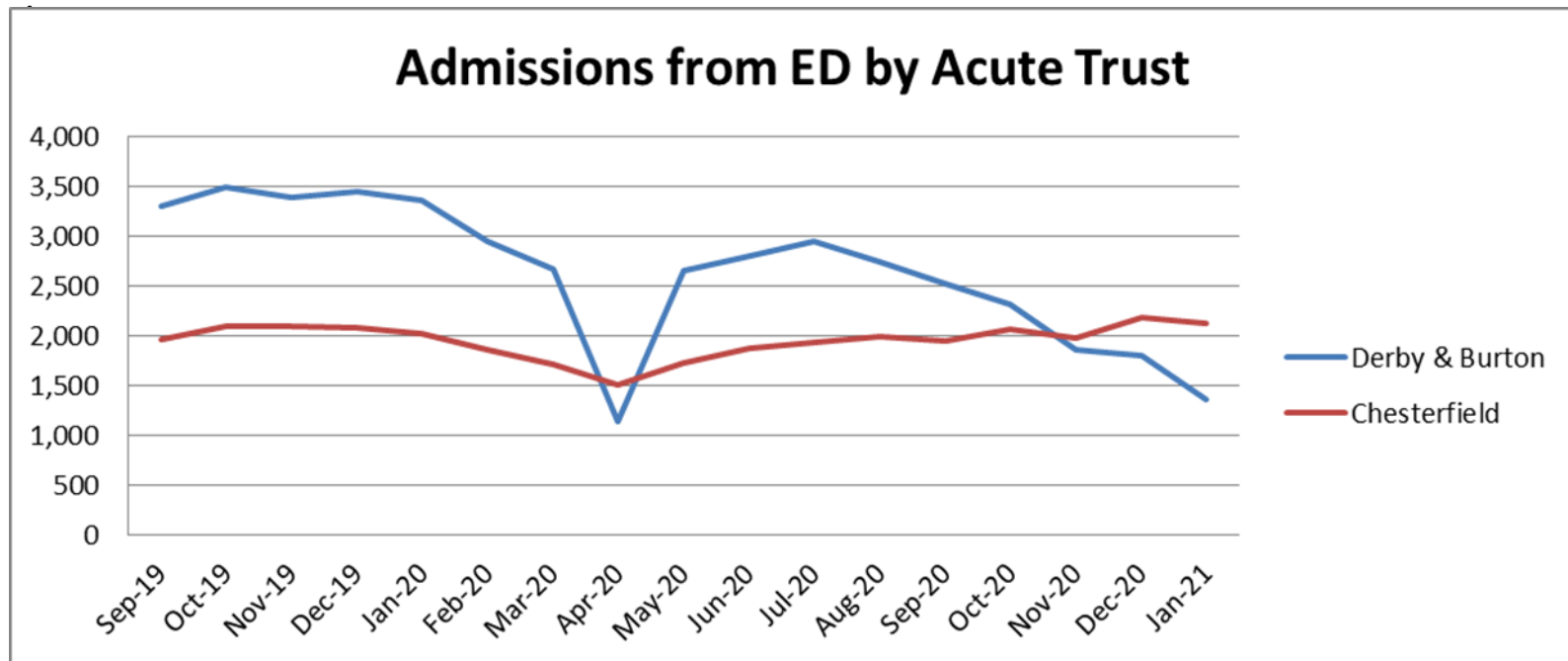


	Mar 19	Mar 20	Apr 19	Apr 20	May 19	May 20	Jun 19	Jun 20	Jul 19	Jul 20	Aug 19	Aug 20	Sep 19	Sep 20	Oct 19	Oct 20	Nov 19	Nov 20	Dec 19	Dec 20	Jan 20	Jan 21	Feb 20	Feb 21	Mar 20	Mar 21
A&E Attendances (Type 1)	12,125	9,034	11,823	6,213	11,751	7,682	11,540	9,710	12,447	10,461	11,568	10,634	12,103	10,667	12,644	10,365	12,393	9,259	12,462	9,458	11,579	8,442	10,735	7,979	9,034	9,983
Primary Care Streaming	1,516	539	1,302	495	1,344	689	1,222	696	1,369	563	1,458	1,012	1,265	944	1,123	476	1,281	968	1,377	860	1,426	1,074	1,342	1,968	936	2,956
MIU Attendances	6,108	4,075	5,431	2,027	6,246	2,973	6,068	3,107	6,170	3,639	6,881	4,013	6,765	3,778	5,430	3,593	5,376	2,863	5,753	2,968	5,580	2,541	5,363	2,425	4,075	3,105
JCC Attendances	4,343	3,034	4,560	1,256	4,276	1,532	4,340	2,073	5,064	2,284	5,261	2,836	4,792	2,719	4,361	2,553	4,528	2,069	5,147	2,350	4,644	1,672	4,232	1,725	3,034	6
Total Attendances	23,900	17,202	24,136	9,991	23,629	12,876	22,962	15,659	25,070	17,253	25,246	18,545	24,473	18,097	24,238	20,501	23,924	15,159	24,759	15,409	23,211	13,729	21,692	13,117	17,202	15,073

Non-Elective Emergency Admissions

The significant decline in A&E attendances appears to have also led to a significant decline in non-elective emergency admissions

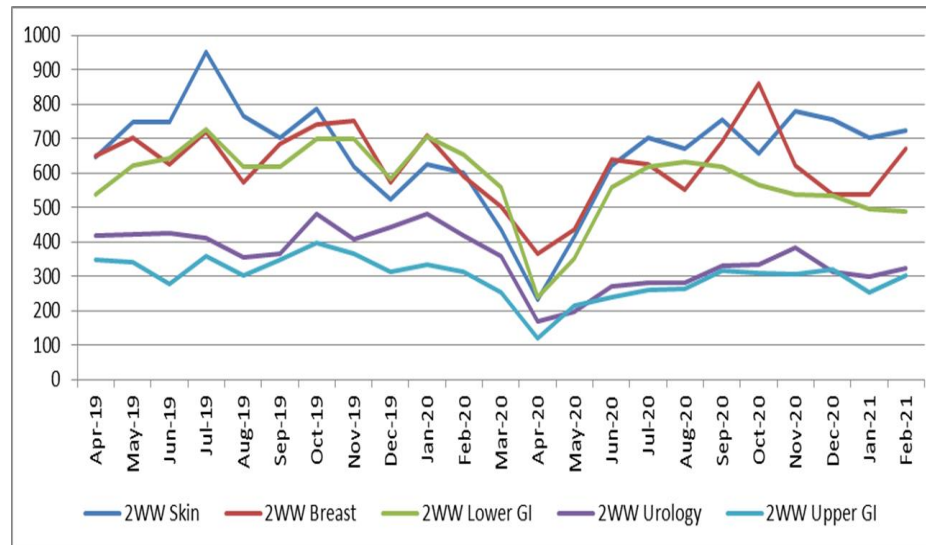
The graph below shows the change in NEL admissions from ED from September 2019 to January 2021 for CRH and UHDB. UHDB experienced a sharp dip during April (reflecting the same decrease in ED attendances) and although the numbers rose they have decreased again and were below the levels seen at CRH



Cancer Services

Referrals

- Whilst progress towards restoring 2 week wait referrals to pre-pandemic levels was hampered during the second wave, we have not experienced the downturn that we saw during the first wave – as summarised in the graph below.



Long Waits

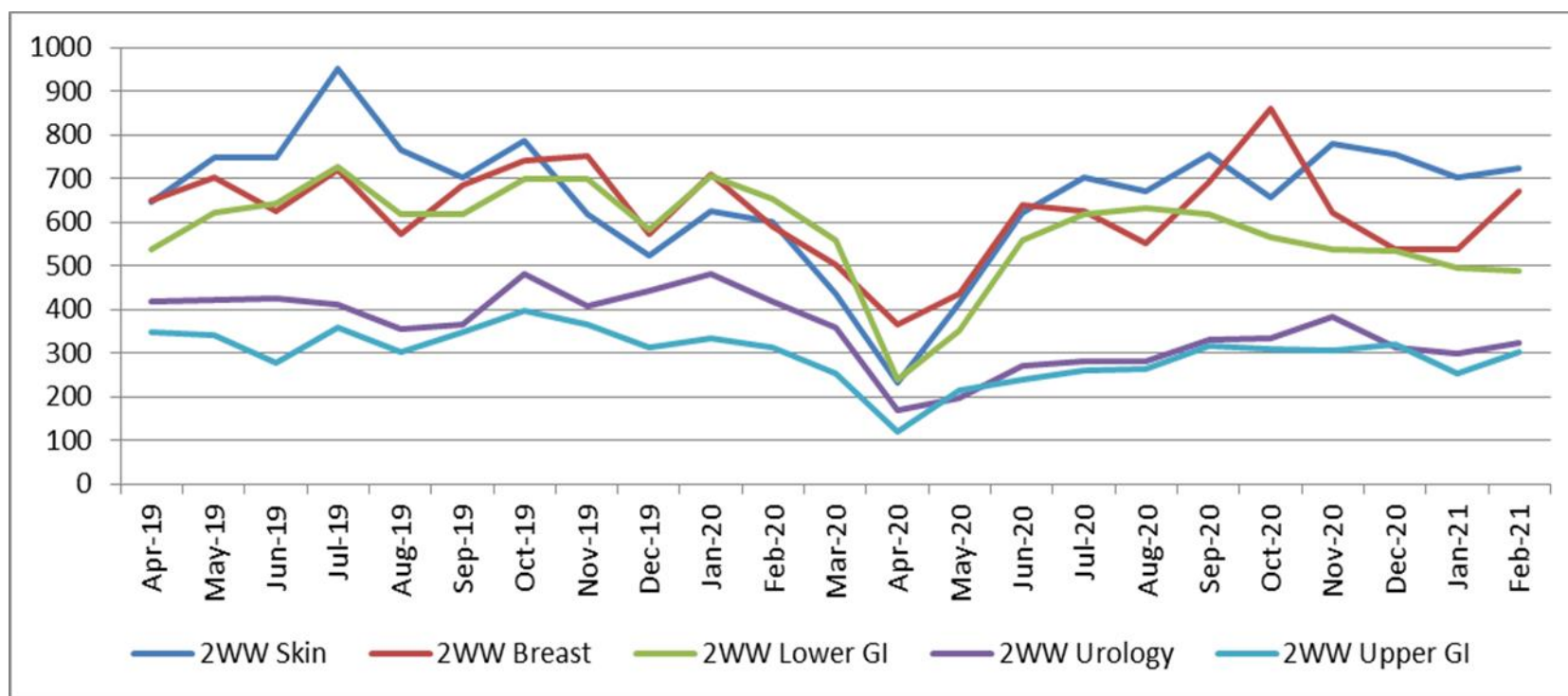
- At the height of the first wave, the number of patients waiting over 62 days for their substantive treatment had increased from around 130 to 760. During the second half of 20/21, this number has been halved with around 350 now waiting. Both Acute Trusts are prioritising capacity to bring this number down further as we restore services more fully (see next slide).

2 Week Wait Referrals

The graph below indicates the number of 2WW referrals by tumour site from April 2019 to February 2021. The top tumour sites by number of referrals are included in this chart: Skin, Breast, Lower GI, Urology and Upper GI. Referrals for all sites dropped in December and January which would suggest the second wave has had a further impact but not as much as the first wave last April/May.

Details of other tumour site referrals can also be provided and include Gynaecology, Head & Neck, Lung, Haematology, Brain, Sarcoma, Children, Cancer of Unknown Primary, Bone

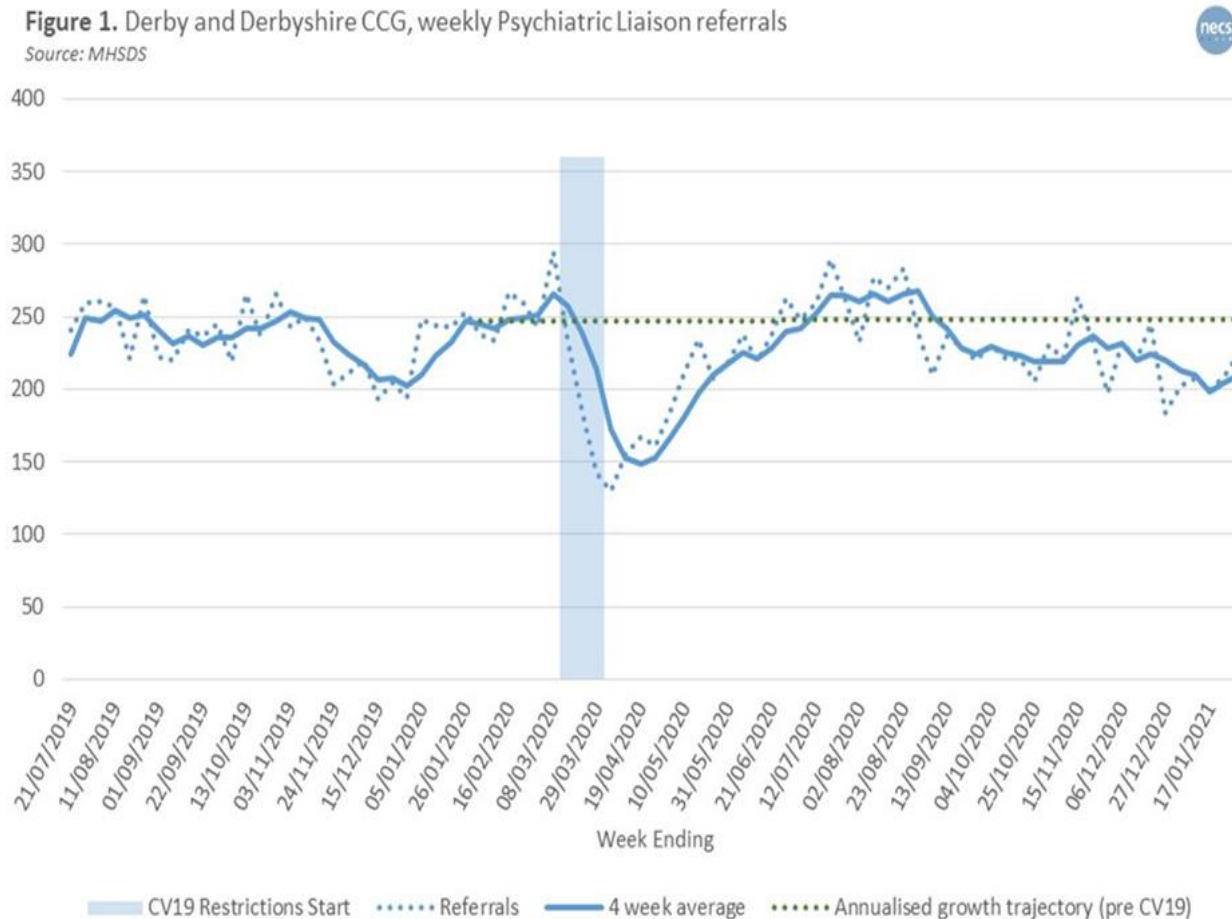
ERS 2WW Referrals by Tumour Site



Mental Health: Psychiatric Liaison Referrals

Figure 1. Derby and Derbyshire CCG, weekly Psychiatric Liaison referrals

Source: MHSDS

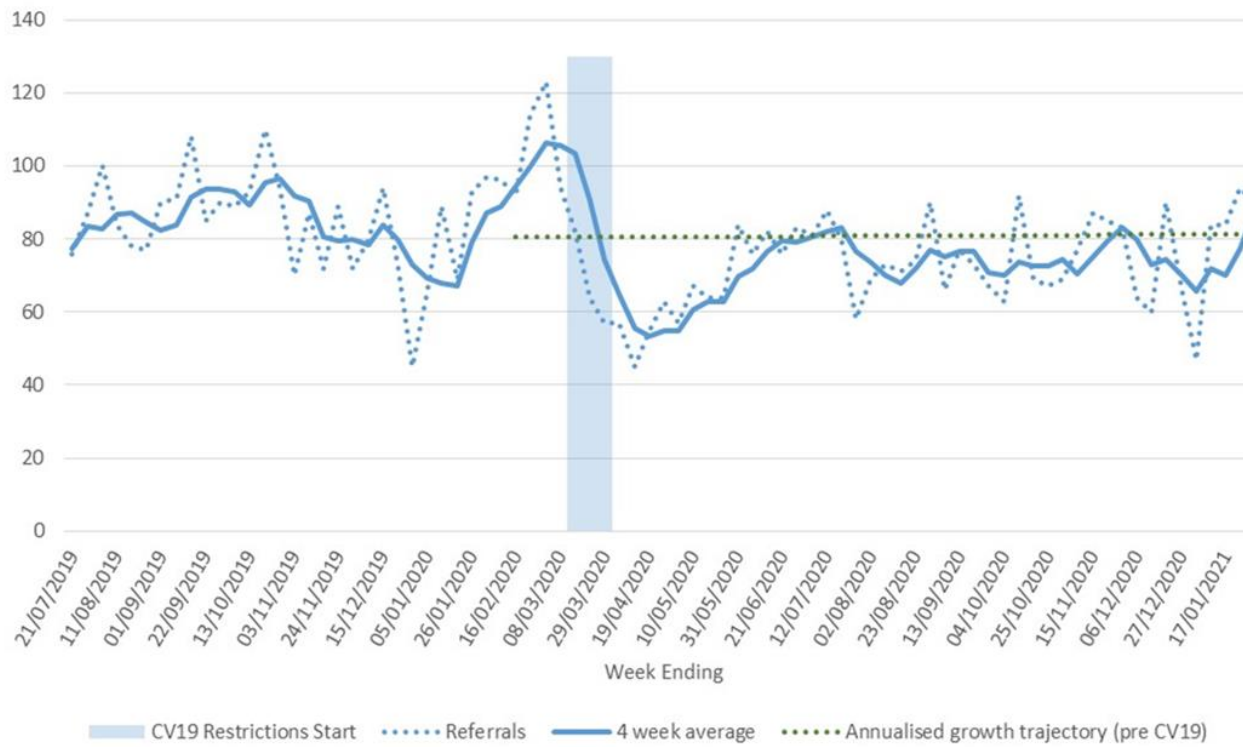


Referrals had been increasing since mid to late April and exceeded the pre COVID 19 trajectory during July and August, but now appear to have fallen away slightly during September to January.

Mental Health: Crisis Resolution and Home Treatment Referrals

Figure 2. Derby and Derbyshire CCG, weekly Crisis Resolution and Home Treatment referrals

Source: MHSDS

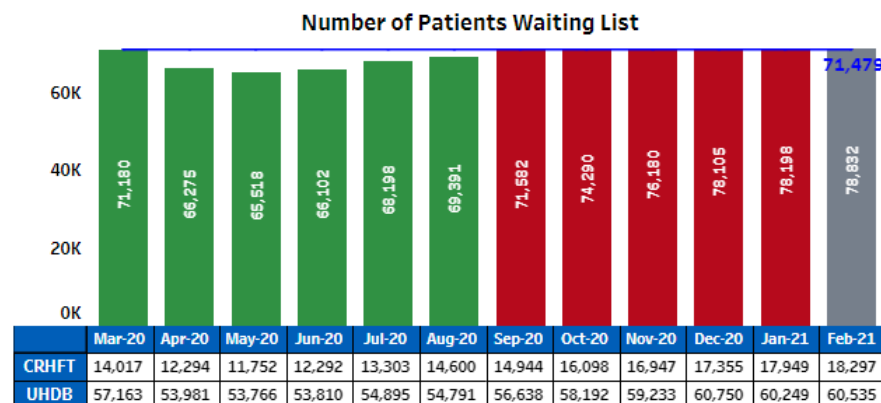


Referrals increased during April and May rising to a peak toward the latter end of July. Since then, they have reduced slightly to a level just below the pre COVID 19 trajectory

Waiting times

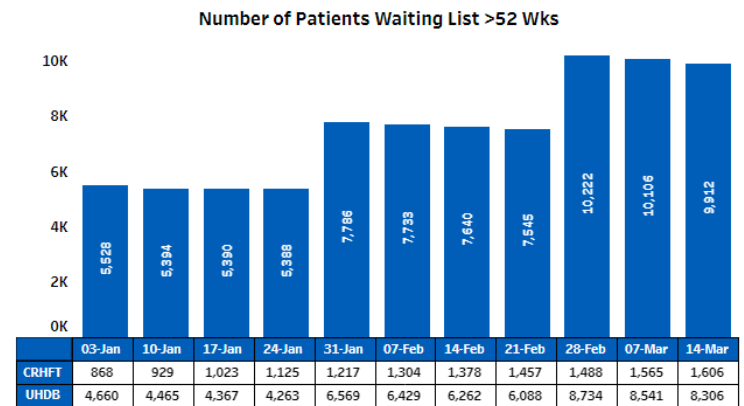
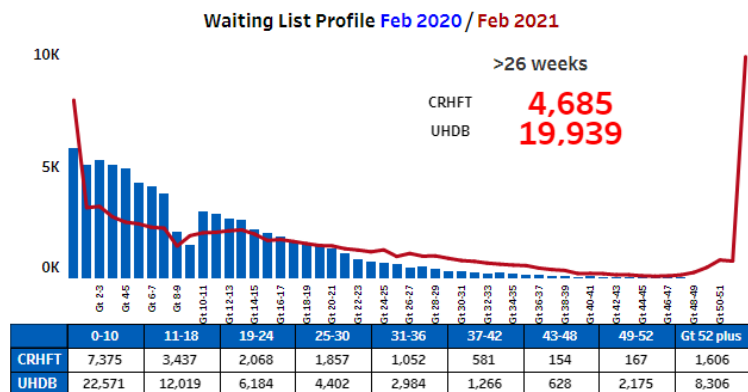
Overall Waiting List

At the end of February 2021 the Derbyshire system waiting list was 78,832 (7,353 above the position at March 2020)

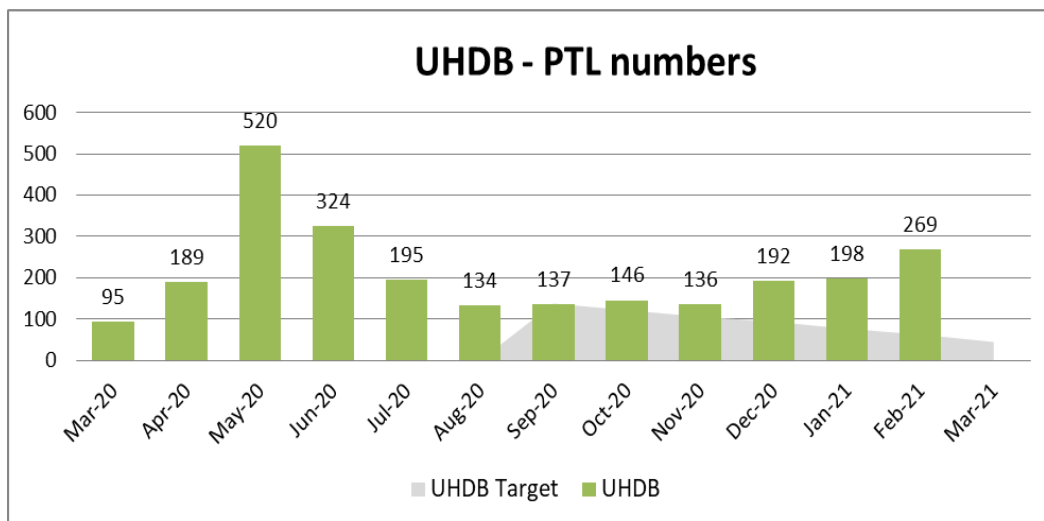
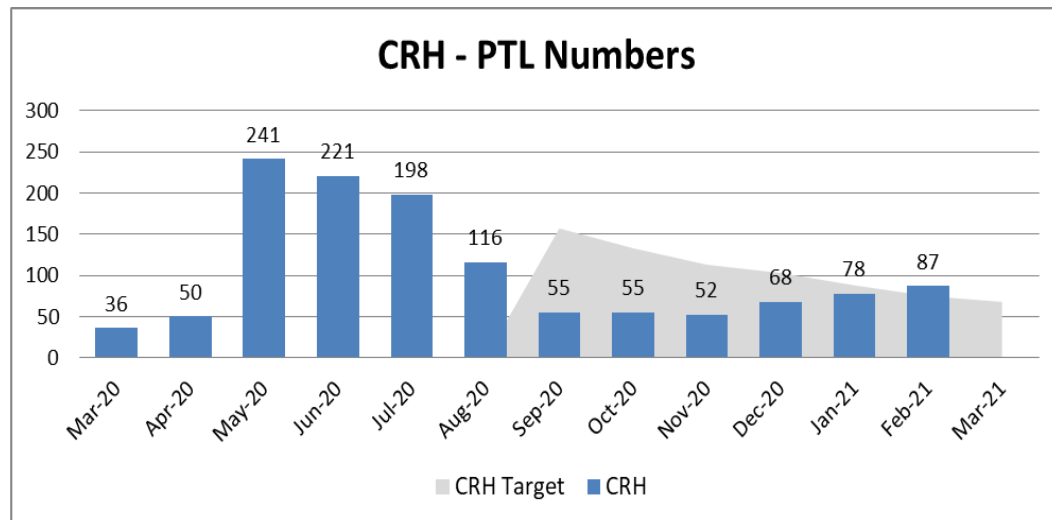


24,624 patients have been waiting over
26 weeks
(19,939 UHDB and 4,685 CRH)

9,912 patients have been waiting over
52 weeks (8,306 UHDB and 1,606 CRH)



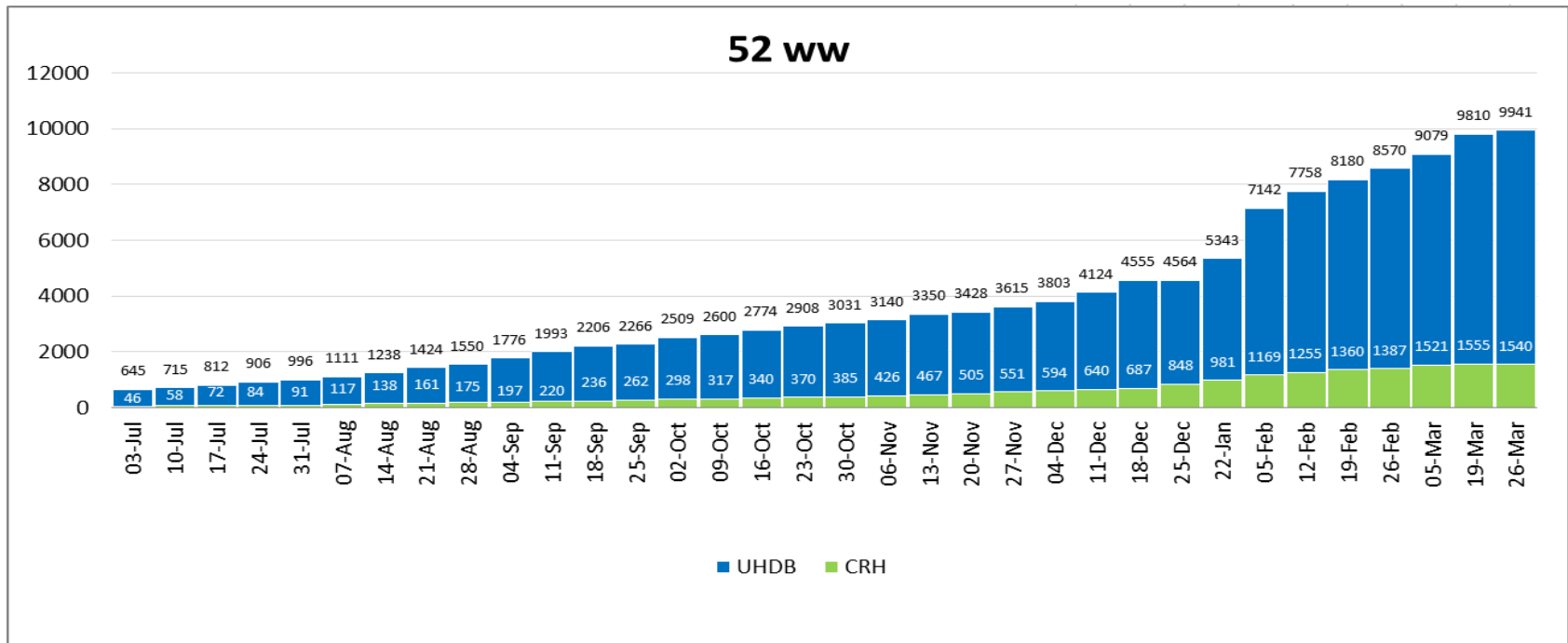
Cancer waits above 62 days



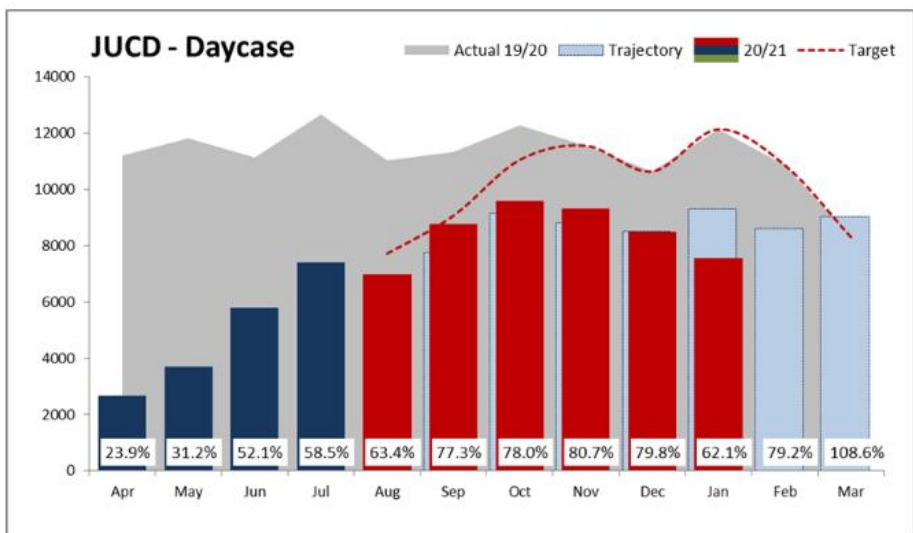
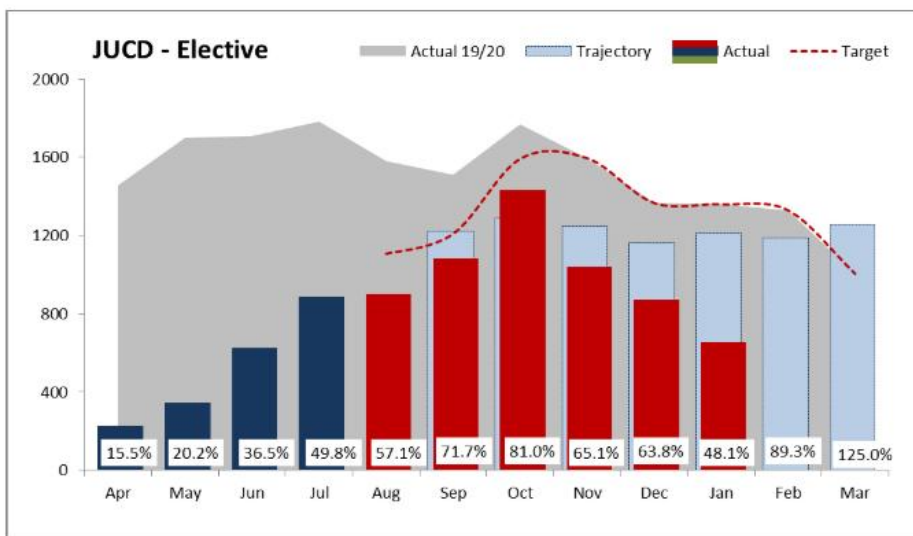
The tables show numbers of patients on the Patient Tracking Lists (PTL) for cancer 62 day pathways who are waiting 63 days or more after an urgent suspected cancer referral at the end of the reporting period.

Elective waits

The effect of the pandemic on the waiting list position has been significant. Across both providers we have 11,481 patients waiting over 52 weeks for their substantive treatment – over 200-fold increase on the March 20 position when 45 patients had waited 52w at UHDB and none at CRH. About 30% of these waits sit within the T&O service line.



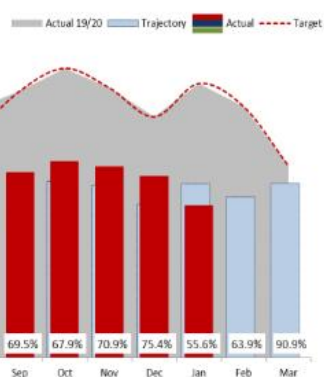
Surgery



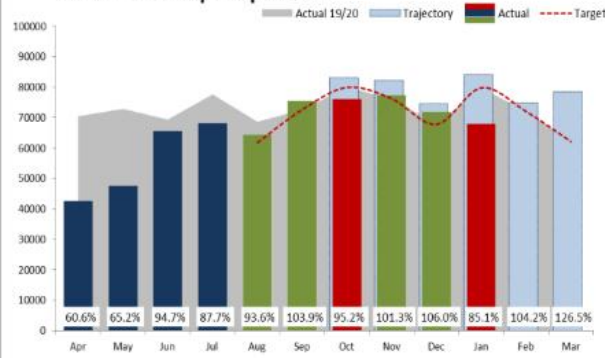
Outpatients and Diagnostics

Delivery of outpatient and diagnostic services has been maintained throughout wave 2 with limited impact on the recovery plans we established in September 2020

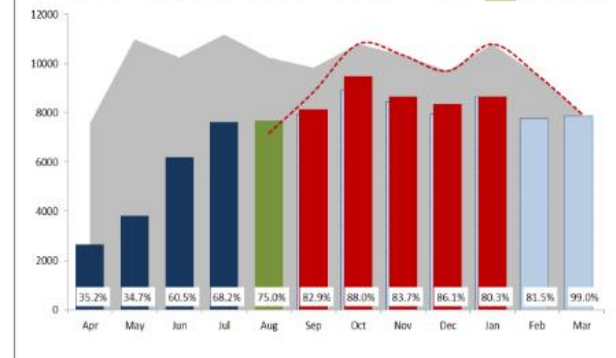
JUCD - New Outpatients



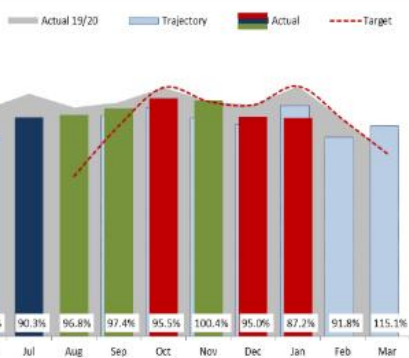
JUCD - Follow-up Outpatients



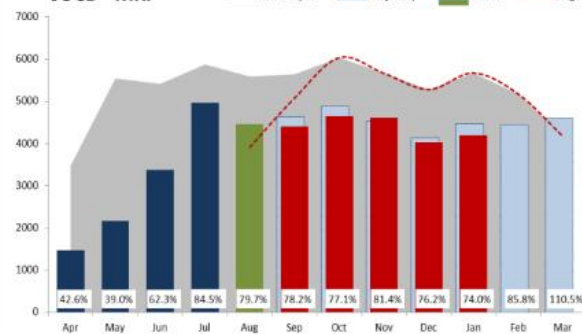
JUCD - Ultrasound Scans



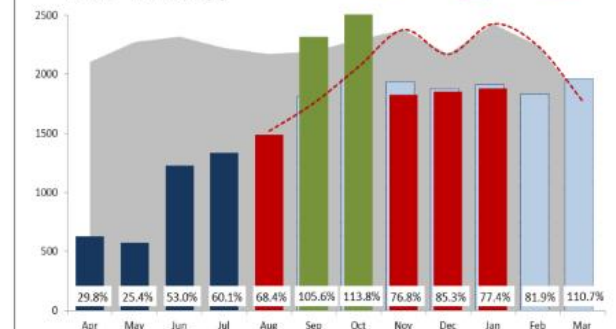
JUCD - CT



JUCD - MRI



JUCD - Endoscopy



Planned Care Recovery and Restoration – Projected Impacts

We are deploying all resources available to us including the independent sector capacity to facilitate recovery as quickly as possible with projected outcomes as follows:

- We anticipate that the surgical backlogs for priority 2 patients (those requiring surgery within one month) will be restored to normal levels by early to mid summer 2021.
- We anticipate recovery for waiting times for all pathways by autumn 2021 with orthopaedics and general surgery being the longest specialties to recover.

Thank you

