

JUCD Elective Waiting List Update

Sharon Martin

Chief Operating Officer, University Hospitals of Derby & Burton

JUCD Planned Care Senior Responsible Officer



Introduction

The waiting list position across Joined Up Care Derbyshire (JUCD) remains challenged and continues to be a prioritised and live discussion across partner organisations

The following presentation provides data on the overall 'incomplete pathways' and a review of the longest patients waiting

Actions already in place are presented for assurance and the planned next steps are included

We also provide a view of the current H2 planning requirements

The ownership and oversight of the waiting list & associated actions is governed strategically through the Planned Care Delivery Board.

There are 105,706 Incomplete pathways across JUCD with 19,775 at CRH and 85,931 at UHDB (august validated data)

Incomplete Pathways

The top graph shows the combined total number of incomplete pathways at both of our acute providers and how it has changed since January 2020.

Total is now 105,706 (71,479 at January 2020)

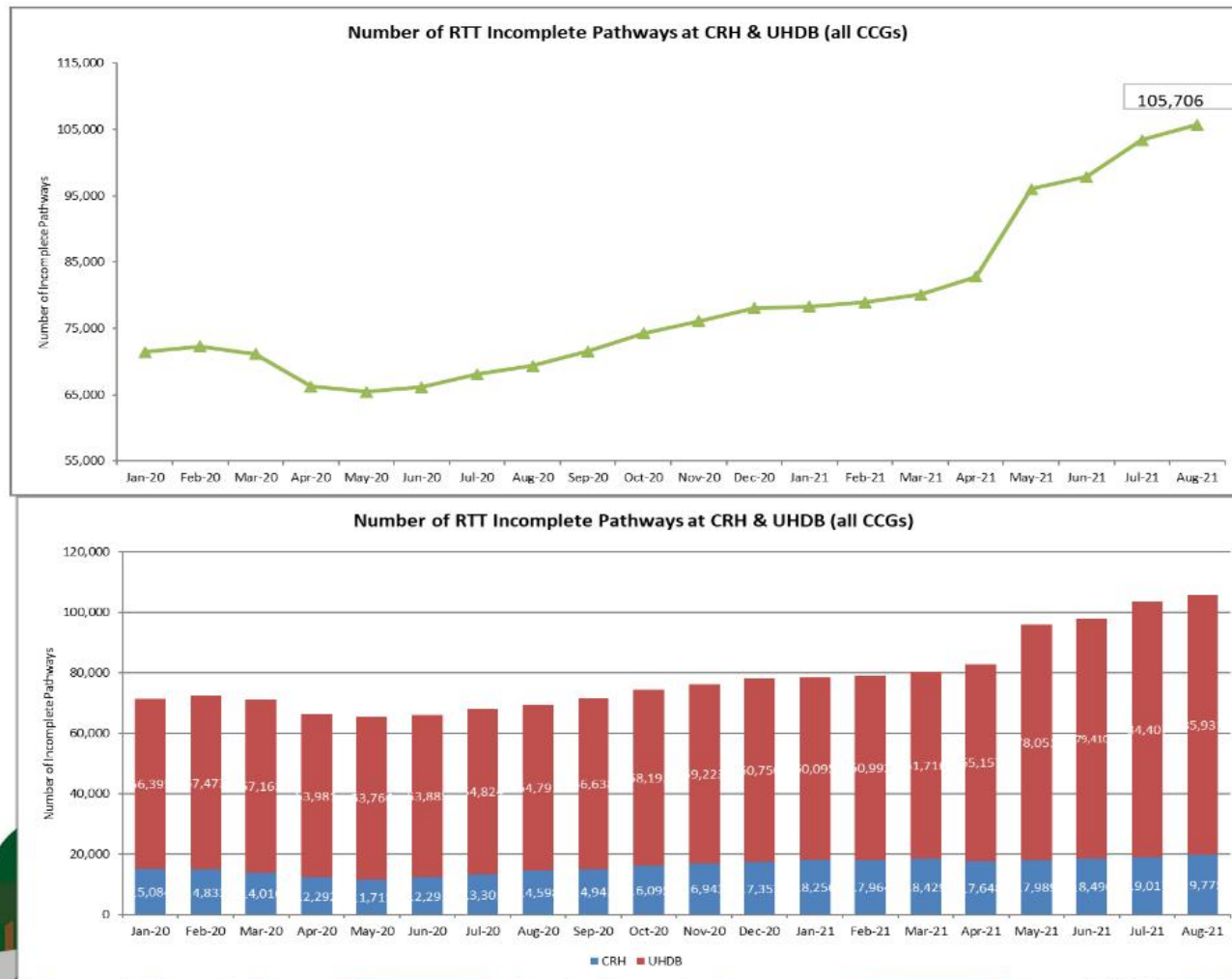
The second graph has split the number to show the numbers at each trusts.

CRH – 19,775

UHDB – 85,931

Please note from May the waiting list at UHDB now includes all the ASI's.

This is validated data.

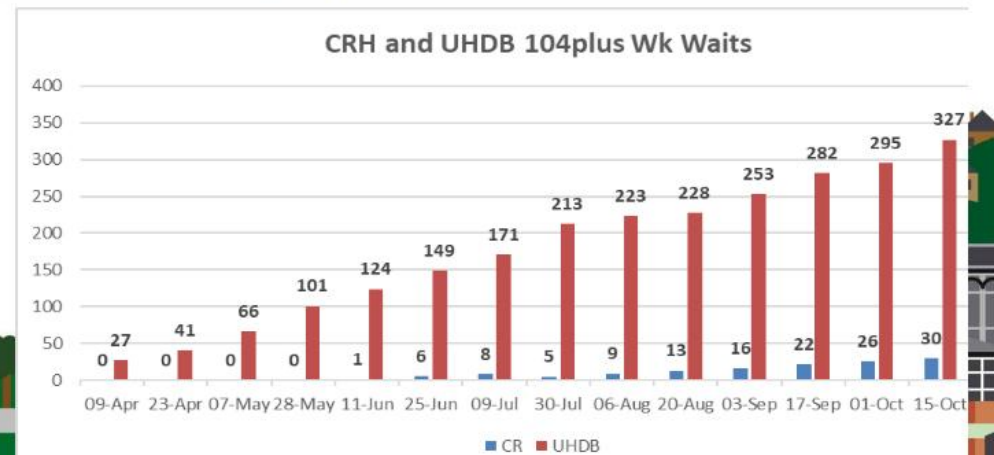
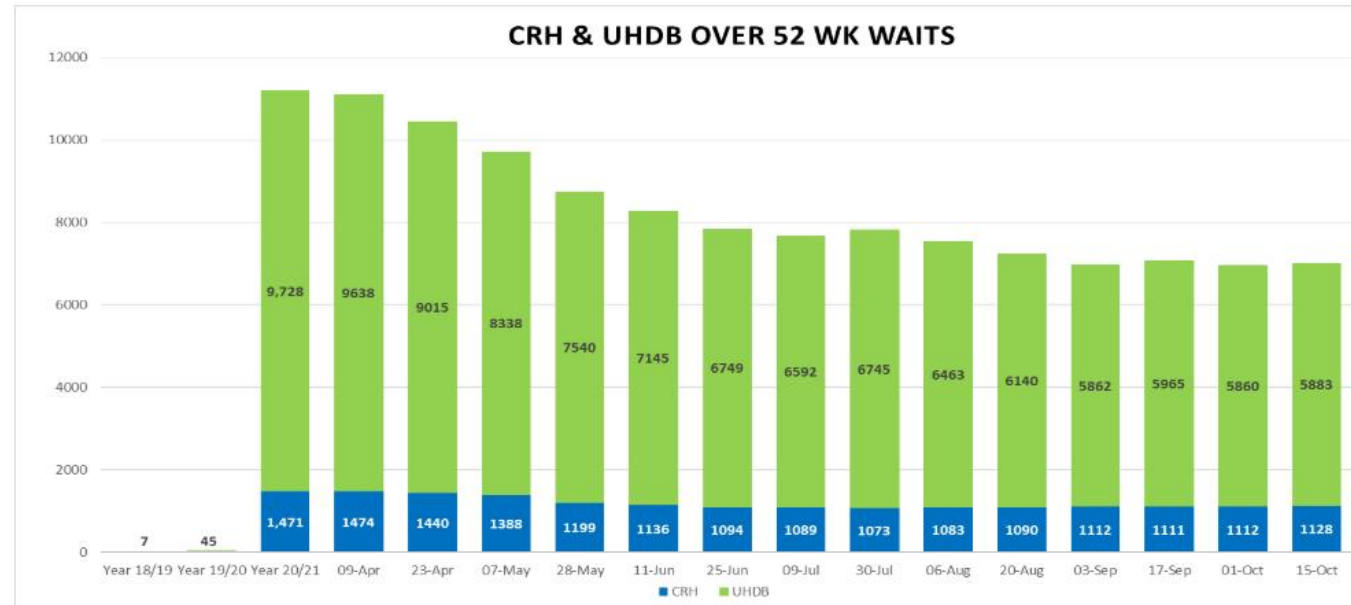


There are 7,011 52 weeks breaches reported across JUCD and 357 patients waiting 104 weeks plus (October 15th unvalidated data)

Out of the 7,011 patients waiting over 52 weeks for treatment there are a total of 357 patients reporting as waiting over 104weeks.

The graph below shows the proportion of patients waiting over 104plus weeks at both CRH and UHDB.

- *There is work ongoing, both in terms of the capacity plans and the recovery of these long waiters / priority patients plans.*



JUCD has RAG rated its planned performance against the H2 guidance for elective activity

Achieved?	Planning Priority	JUCD position
	Eliminate 104 week waits (except P5/6)	<ul style="list-style-type: none"> UHDB long waiters in Bariatrics and Complex Orthopaedics are not seen as resolvable over the winter with predicted 117 104+ week waits still on list by end March 2022
	Hold the 52+ week wait number at September 2021 position	<ul style="list-style-type: none"> UHDB forecast an increase in long-waiters of 25% against the September position
	Stabilise waiting lists at Sept 21 level	<ul style="list-style-type: none"> CRH forecast a 2.6% reduction but UHDB are forecasting a 13% increase in waiting list size due to continued capacity challenges and increasing referrals over the winter period
	Optimise referrals, deliver 12% A&G or equivalent, improvement evidenced via EROC	<ul style="list-style-type: none"> CRH at 32% (due to inclusion of RAS), UHDB at 8.8%, system figure 14.7%
	Ensure PIFU for 5 specialties, 1.5% OP to PIFU by Dec 21 and 2% by March 22	<ul style="list-style-type: none"> PIFU as proportion of all OPA does not achieve target levels at CRH (1.4 Dec, 1.6 Mar) but overachieves at UHDB (4.1 Dec 4.4 Mar). Therefore system figures achieve target
	Remote outpatient attendances to be at least 25% of total	<ul style="list-style-type: none"> Current submission just misses at 25.1% for CRH and 24.6% for UHDB. However, no growth during year and none planned



JUCD has RAG rated its planned performance against the H2 guidance for Cancer activity

Achieved?	Planning Priority	JUCD position
	>62 day waits restored to Feb 2020 levels	The system is forecasting a significant reduction on the current waiting list but will remain at 365 at end March, against a target figure of 226. This is due to increased referrals as cancer activity exceeds pre-pandemic levels in many specialties. However, both Trusts have achieved the H1 trajectory for recovery of cancer services, achieving full recovery of cancer service delivery.
	Meet the Faster Diagnosis Standard from Q3	The system has met the target since April 21 with the exception of August when operational pressures resulted in UHDB dipping below the target for the first time. The system are forecasting a return to achievement in September and full achievement in Q3.



A Minimum Standards Framework has been in place since August 2020 to support a risk stratified approach to managing the waiting list effects on patients

The Minimum Standards Framework covers the following areas:

- GP communication
- Patient communication
- Timely/clinical reviews
- RCA/harm reviews

The size of the waiting list has limited the impact of interventions across these areas, however successes include:

- Introduction of Quality Conversations with patients on the Upper GI pathway, with the aim of sharing learning across the other pathways
- Waiting list reviews have resulted in signposting patients to other services or providing printed information
- Patients have been provided with a named contact for queries
- Treatments are continuing to be re-prioritized for patients who are the longest waiters, based on a risk stratification approach
- Patients are being re-assessed at regular intervals
- RCA and Harm reviews are regularly taking place

JUCD has worked together to identify opportunities to share the waiting list across providers, rather than maintain individual lists

- General Surgery, Ophthalmology and Orthopaedics specialties met to discuss opportunities for a shared waiting list
- The scope of the Orthopaedics meeting was already being covered by the Midlands Elective Recovery Programme
- Meetings focused on specific opportunities for mutual aid identified and on any available IS support
- A number of shared interventions took place, with some patient treatment provided by IS providers

Challenges remain in generating a single list to be able to ensure patients are benefitted and inequalities are not increased as a result



Progress continues to be made in the 'pre-referral' stage to provide advice and guidance to primary care clinicians on how best to manage the patient's condition and avoid a referral to secondary care if it does not meet clinical thresholds

The JUCD out-patients transformation programme has delivered rapid improvements across services to deliver:

- Advice and guidance platform
- Referral optimisation support and education
- Expert Advisory Forums (EAFs) led by clinicians to identify resolutions to issues
- Referral Assessment Service (RAS) and Clinical Assessment Service (CAS) implemented in several specialties

These services support a reduction in unnecessary first out-patient appointments (creating capacity for other appointments)

Furthermore, progress has been made across JUCD in Patient Initiated Follow Up (PIFU) where patients with long term conditions can be removed from the 'regular' follow up process and attend when their clinical conditions requires a review.

Again this supports **capacity being released** to better manage the waiting list, whilst bringing patients the benefit of ownership over their contact with Secondary care clinicians



Primary Care clinicians are supporting the waiting list management through the following actions

- Increased appointment capacity overall should increase the capacity to provide non-urgent care and to support those waiting for elective care
- Derby and Derbyshire LMC are leading work with secondary care to audit secondary care requests on primary care, and secondary care are committed to reducing avoidable requests
- The CCG and LMC are working with other providers on improving the interface with primary care
- Patients are informed about their elective and diagnostic care pathway at point of referral, and where possible given an indication of the likely waiting time, and supporting information
- Practices are seeing increased demand from patients as they wait longer for elective care. Secondary care providers are prioritising patients based on clinical urgency. They are contacting patients directly to support, and are working on ways to improve communication with patients who are waiting so as to remove the burden from General Practice.
- JUCD's H2 planning submission sets out detailed plans to increase utilisation of specialist advice services and general advice and guidance. These include increased capacity and targeting turn around times



Next steps

- Review the ambition of the transformation programme for H2 and beyond
- Continue to think 'system first' in solutions
- Continue to risk stratify against the waiting list
- Continue to seek opportunities for IS to provide support on an individual patient case/cohort of patients
- Seek National level support for a Bariatric treatment strategy
- Deliver on successful Targeted Investment Fund (TIF) bids
- Deliver on the JUCD Winter Plan to protect elective care beds
- Provide additional staffing resource to deliver longer theatre sessions/additional sessions through innovative in-sourcing and out-sourcing approaches



Thank you

Time for questions