

HSI21/018

GOVERNING BODY

Title of paper	Waiting Times for planned treatment for people in Hampshire and Isle of Wight		
Agenda item	7	Date of meeting	9 June 2021
Director lead	Richard Samuel, Director of Transition and Development		
Clinical lead (if applicable)	Derek Sandeman, Chief Medical Officer		
Author	Richard Samuel, Director of Transition and Development		

Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input checked="" type="checkbox"/>
	To note/receive	<input type="checkbox"/>

Link to strategic objective	The objectives of the NHS Hampshire, Southampton and Isle CCG are submitted for approval to this meeting.
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Executive Summary
<p>This paper sets out the current position with regards to the delivery of planned treatments for people in Hampshire and the Isle of Wight including the length of time patients are currently waiting for care.</p> <p>The paper also provides a summary of the work underway across Hampshire and the Isle of Wight to increase capacity for elective care and to reduce the length of time people are waiting for their care.</p> <p>The paper reports that the provision of elective (planned) treatments for people of Hampshire and the Isle of Wight has been significantly impacted by the Covid-19 Pandemic. Over the course of the pandemic the NHS has had to direct capacity to meet Covid-19 demands (including vaccinations) and has adopted infection protection control arrangements to minimise Covid-19 infection risk. This has resulted in a reduction in the amount of elective activity able to be delivered in the 12 months of March 2020 to March 2021.</p> <p>This has inevitably resulted in more people waiting over the national standard 18 weeks for treatment, and almost 8,000 people currently waiting more than a year for treatment. This position is consistent with the national and regional position. Risk assessments have been carried out to minimise harm and significant efforts are underway to increase activity with Hampshire and the Isle of Wight significantly exceeding national expectations of the level of activity delivered to local people.</p> <p>Notwithstanding these efforts, there remains significant risk to the elective programme and further actions are being taken to increase the resilience of the programme.</p>

Recommendations	<p>The Governing Body is asked to note:</p> <ul style="list-style-type: none"> • the current position with regards to waiting times for planned treatment in Hampshire and the Isle of Wight; • the actions underway to increase capacity and so reduce the length of time patients are waiting for planned care diagnosis and treatment.
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Impact assessments to be undertaken as part of the implementation of the programme
Patient and stakeholder engagement	In response to the challenges presented by the pandemic to the elective care programme in Hampshire and the Isle of Wight, the health and care system has been working together to innovate, share learning and work with patients to make best use of our existing planned care capacity. See section 3.1 of the paper.
Financial and resource implications / impact	Elective care
Legal implications	n/a
Principal risk(s) relating to this paper	<p>Supporting our workforce – ensuring we support a tired and stretched workforce whilst also increasing capacity to meet elective demand</p> <p>Ensuring sufficient capacity to meet non-elective demand (including responding to the risk of a future wave of Covid-19) whilst concurrently increasing planned care capacity</p> <p>Ensuring that access to elective care is cognisant of and focused on tackling inequalities</p>
Key committees / groups where evidence supporting this paper has been considered.	<p>Hampshire and Isle of Wight Chief Executive Forum</p> <p>Hampshire and Isle of Wight ICS Planned Care Board</p> <p>Hampshire and Isle of Wight ICS Accelerator Board</p> <p>Hampshire and Isle of Wight ICS Executive Operational Group</p> <p>Hampshire and Isle of Wight Health and Social Care Cell (and Hospital Capacity Cell)</p>

WAITING TIMES FOR PLANNED TREATMENT FOR PEOPLE IN HAMPSHIRE AND ISLE OF WIGHT

1. Summary

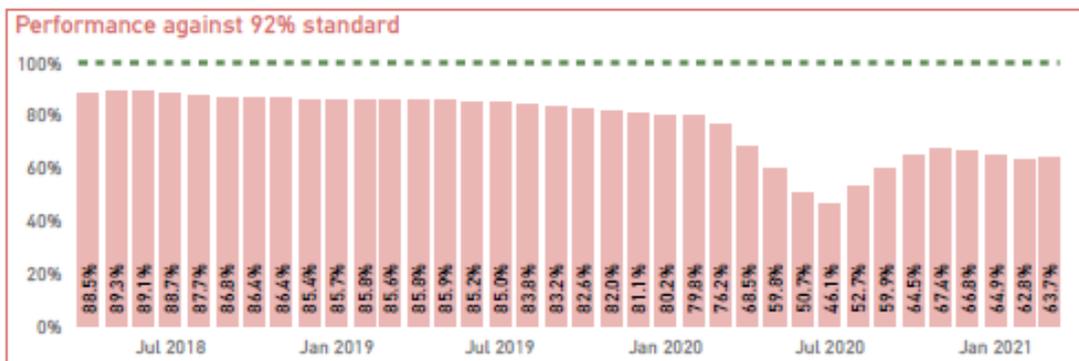
- 1.1. This paper sets out the current position with regards to the delivery of planned treatment for people in Hampshire and the Isle of Wight including the length of time patients are currently waiting for care.
- 1.2. The paper also provides a summary of the work underway across Hampshire and the Isle of Wight to increase capacity for elective care and to reduce the length of time people are waiting for their care.
- 1.3. The latest validated data for planned care activity relates to the month of March 2021. The reported position is, therefore, a collation of the positions for the seven previous CCGs that now comprise the Hampshire and Isle of Wight Integrated Care System footprint. The paper also references the latest national weekly activity data regarding elective activity. This data is un-validated and subject to change. The data has been included to provide the CCG Governing Body with a more contemporary understanding of current elective delivery.

2. Current Position on the delivery of planned treatments for the people of Hampshire and the Isle of Wight

- 2.1. The provision of elective (planned) treatments for the Hampshire and the Isle of Wight population has been significantly impacted by the Covid-19 Pandemic. Over the course of the pandemic the NHS has had to direct capacity to meet Covid-19 demands (including vaccinations) and has adopted infection protection control arrangements to minimise Covid-19 infection risk. This has resulted in a reduction in the amount of elective activity able to be delivered in the 12 months of March 2020 to March 2021.
- 2.2. The total number of patients waiting for treatment across Hampshire and the Isle of Wight was 115,303 at the end of March 2021 – a small increase from 108,000 at March 2020; reflective of a drop in referrals during the Covid-19 period, as well as our ability to maintain activity. We anticipate that this number will have risen in April and May 2021 as referrals return to pre-Covid-19 levels.



2.3. Performance against the national standard of 92% of patients completing elective treatment within 18 weeks has fallen to 63.7%; from 76.2% in March 2020.



2.4. This means that during March, across our commissioning CCGs, 41,895 patients were waiting more than 18 weeks for treatment – an increase from just over 25,000 at the start of the pandemic. Of these, 7814 people were waiting more than 52 weeks, an increase from 31 patients in March 2020

Period	52 Weeks+
March 2021	9814
February 2021	9190
January 2021	6795
December 2020	4521
November 2020	3946
October 2020	3628
September 2020	3315
August 2020	2753
July 2020	1987
June 2020	1205
May 2020	618
April 2020	242
March 2020	69
February 2020	31

2.5. The national standard for diagnostic treatments is that no more than 1% of patients should wait more than 6 weeks for their diagnostic test. Prior to the pandemic, 7% of patients across HIOW were not being treated within 6 weeks. In March 2021, there are now 17% of patients waiting longer than 6 weeks (4955 patients). However, this position has steadily improved since the peak in May 2020 where 49% of patients were waiting more than 6 weeks.



- 2.6. The total waiting list for diagnostics has now returned to the same level it was in March 2020 – with 28,000 patients waiting in total.



3. Hampshire and Isle of Wight Elective Programme

- 3.1. In response to the challenges presented by the pandemic to the elective care programme in Hampshire and the Isle of Wight, the health and care system has been working together to:

- innovate, share learning and work with patients to make best use of our existing planned care capacity. This work has included:
 - drawing on insight from national productivity and efficiency tools (such as Get It Right First Time) to maximise patient throughput of, for example, theatres;
 - using digital approaches to benefit the patient experience and reduce non-value adding activity for example virtual consultations, patient-initiated follow-up and digital pre-operative assessment;
 - rolling out best practice pathways of care including the use of ‘advice and guidance’ to ensure patients are able to access the optimal outcome as rapidly as possible
- create additional capacity - in a co-ordinated and sustainable way that maximises the return on investment. This work has included:
 - accessing capacity in the Independent Sector, creating multi-organisational Treatment Hubs; and jointly negotiating with providers of capacity to get best value;
 - accelerate the creation of a flexible workforce that will be able to support the hub development, administrative support to enhance take up of IS capacity and the creation of the EACH. The workforce element will enable us to build greater resilience into our delivery programme and build a more secure workforce for the future.

- 3.2. NHS England have created a number of initiatives to support and incentivise the delivery of increased elective care following wave two of Covid-19: the Elective Recovery Fund; the Elective Accelerator Scheme and invitations to increase community diagnostic capacity. Whilst the elective recovery fund is open to all systems nationally, Hampshire and the Isle of Wight have been selected of one of only eleven systems nationally to accelerate the delivery of additional elective capacity to take forward this initiative.
- 3.3. Whilst Hampshire and the Isle of Wight has faced similar challenges with regards to post-pandemic delivery of elective care as other parts of the NHS, the recovery programme has made positive steps. The table below sets out the level of (unvalidated) assessment of weekly elective activity in comparison to pre-pandemic May 2019. These activity percentages are set against a national expectation to have delivered 70% of pre-pandemic activity levels.

Activity Type	Recovery - Level of activity compared to 19/20
Outpatients Total	95%
First Outpatients	98%
Follow Up Outpatients	94%
MRI	105%
CT	132%
Endoscopy	103%
Daycase	97%
Elective Inpatients	107%
Cancer OP First Attendances	100%

- 3.4. There remain risks to the elective programme that the CCG Governing Body needs to be sighted on. These are:
- supporting our workforce – ensuring we support those members of our workforce who were stretched and are now tired following the first two waves of the pandemic and whom are now key to elective programme;
 - ensuring sufficient capacity to meet non-elective demand (including responding to the risk of a future wave of Covid-19) and maintain the vaccination programme whilst concurrently increasing planned care capacity;
 - ensuring that access to elective care is cognisant of and focused on tackling inequalities. There are a number of treatment specialties that account for the majority of patients waiting the longest time. These include ENT (ear, nose and throat), orthopaedics, ophthalmology, urology, dermatology and dental. As we bring on more capacity in these specialties we are working to ensure that we do not see significant differences in waiting times between Hospitals in Hampshire and the Isle of Wight. We are also working to understand and mitigate the risk of long waits for elective care contributing to inequalities of access and outcome experienced by some citizens in Hampshire and the Isle of Wight.

4. Decision required

4.1. The Governing Body is asked to note:

- the current position with regards to waiting times for planned treatment in Hampshire and the Isle of Wight;
- the actions underway to increase capacity and so reduce the length of time patients are waiting for planned care diagnosis and treatment.