

Access to Health Services

Scrutiny Review Panel

17th January 2022



Stockport
NHS Foundation Trust



About Us



Stockport
NHS Foundation Trust



Karen
James OBE

Chief
Executive



Jackie
McShane

Director of
Operations

Integrated provider of acute hospital and community services

Support the populations of Stockport, East Cheshire and the High Peak.

Associate Teaching Hospital, helping to train doctors and nurses of the future

One of three specialist stroke centres in the region

One of only two orthopaedic departments delivering C-spine surgery

One of four specialist hospitals for emergency general surgery

Making a difference every day

COVID-19 Pandemic Response



The Trust mobilised to significantly reconfigure services to remain safe:

- Red-Yellow-Green Zones to prevent spread of disease.
- COVID designated wards, social distancing measures and PPE

The Trust continued to deliver services, but in different ways, to comply with infection prevention and control procedures and maximise use of capacity:

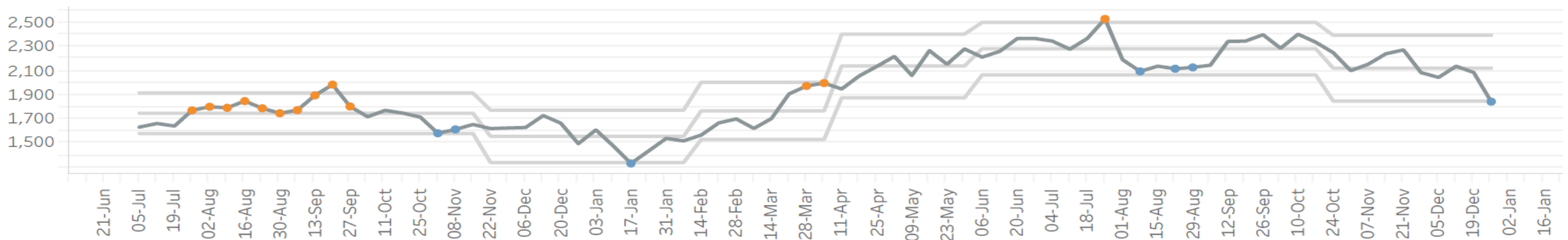
- Clinical prioritisation of cases & individual risk assessments
- Enhancing Discharge to Assess pathways
- Virtual Outpatient Appointments
- Additional COVID-19 led demand for services:
 - Critical Care
 - Vaccine Roll-out
 - Long-COVID

Emergency Care and Cancer services have continued to be provided throughout the pandemic, albeit differently.

Emergency & Urgent Care

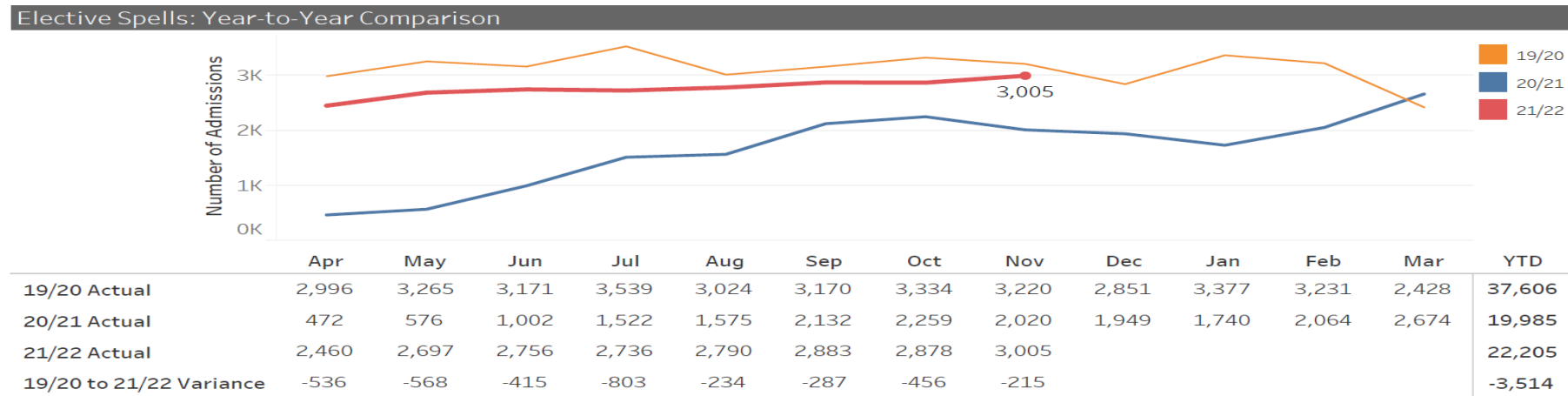
- Reduction in ED attendances during first lockdown
- Activity now over 2019/20 levels - c.13% higher than pre-pandemic levels
- Growing acuity of patient need, including mental health & rising COVID admissions
- Impacting on waits in Emergency Department:
 - Omicron Wave – COVID-19 admissions
 - Higher levels of patients with ‘No Criteria to Reside’

ED Activity



Elective Care Access

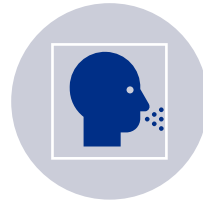
- Elective activity **reduced** at the start of the pandemic, as capacity was reassigned to **COVID-19 response**.
- Elective activity has since returned to **93% of pre-pandemic levels by November 2021**. Continues to be impacted by:
 - Further waves of COVID-19 and continuing IPC compliance
 - Growing demand for emergency & urgent care
 - Staff sickness / self-isolation
 - Additional services provided in response to COVID-19



Elective Care - Virtual Appointments & Access



Rapid implementation of virtual outpatients appointments in March 2020



Provided safe, IPC compliant access to care for the population



Takes less time for patients – saves travel,



Ongoing face to face appointments were provided where clinically appropriate



Levels of virtual attendances remain at around 25% of all attendances.



Reduced 'Did Not Attend' (DNA) rates



Elective Care – Access & Waiting Times

During the pandemic, levels of elective care reduced due to COVID-19 response and infection prevention and control (IPC), leading to an increase in waiting times for routine procedures

In December 2021 there were 19,080 patients on the Trust's 18 week referral to treatment waiting list

Approximately 54% of patients were waiting less than 18 weeks for elective care

Key Actions to ensure continuing access:

- Clinical prioritisation & reviews in line with national guidance
- 'While You Wait' Initiative
- Utilisation of NHS 'Green' Elective Hubs
- Utilisation of Independent Sector Capacity
- Ward expansion for 2022/23 to protect elective activity

Cancer Access

- During the pandemic cancer patients were risk assessed and prioritised
- Cancer services continued to be provided throughout the pandemic period
- The Trust has continued to deliver national cancer access standards with recovery of waiting times in 2021/22
- The number of new cancer referrals from GP practices to the Trust has now increased
- The latest two week wait performance for November 2021 is 98.5% for new cancer referrals

Measure	Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Two Week Wait	93.0%	89.3%	90.6%	97.6%	97.5%	98.0%	97.4%	97.1%	96.8%	97.4%	98.8%	98.5%	
31-day First Treatment	96.0%	95.6%	84.6%	92.7%	96.3%	97.6%	98.1%	97.8%	100.0%	95.7%	97.1%	100.0%	
31-day Subsequent Treatment (Chemo)	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
31-day Subsequent Treatment (Surgery)	94.0%	66.7%	81.8%	77.8%	100.0%	81.8%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	
62-day Upgrades		91.5%	73.0%	76.0%	92.9%	80.9%	90.5%	70.0%	84.8%	75.8%	70.4%	68.9%	
62-day Cancer Screening Programmes		0.0%	0.0%	0.0%	50.0%		50.0%	50.0%	66.7%	0.0%	0.0%		
28-day Faster Diagnosis Standard (FDS)	75.0%	44.1%	55.1%	67.4%	57.3%	61.7%	58.3%	58.3%	58.3%	55.2%	61.5%	59.5%	

Diagnostic Access

- The NHS aims to provide diagnostic tests within 6 weeks of request
- The percentage of patients waiting over 6 weeks increased to 63.6% at the height of the pandemic
- Performance has been steadily improving to 30.65% at the end of 2021 and is expected to continue to improve in 2022
- Endoscopy has been a main driver long waits, with pressures also in CT and Echocardiography imaging
- To improve diagnostic waits, the Trust has invested in:
 - an additional endoscopy suite - £3.2m
 - in-sourcing of independent sector staff to run additional scopes at the weekend
 - a new endoscopy contract with a local provider
 - a 5th CT scanner

Assuring Patient Safety



- National guidance developed by the Federation of Surgical Specialities Association at the start of the pandemic.
- Embedded into the Trust waiting list management & governance activities.
- Process completed by clinical teams and overseen by the Medical Director.
- Patients listed in any category are regularly clinically reviewed to ensure their condition is not changing and in need of re-prioritising.
- Thresholds implemented to complete a harm review after 52 and 104 weeks waiting.

Level of clinical harm	Clinical priority				
	Priority 1a: <24 hrs Priority 1b: <72 hrs	Priority 2: <1 month (urgent and cancer)	Priority 3: <3 months (routine expedited)	Priority 4: >3 months (routine)	Adapt or bespoke investigation/ treatment site/follow up
None	n/a	Stay P2 PTL review by 3 months	Stay P3 PTL review by 6 months	Stay P4 PTL review by 12 months	Adapt or bespoke investigation/ treatment site/follow up
Mild	n/a	Stay P2 PTL review by 3 months	Stay P3 PTL review by 6 months	Stay P4 PTL review by 12 months	Adapt or bespoke investigation/ treatment site/follow up
Moderate	Stay P1 PTL review daily or weekly	Stay P2 PTL review by 1 month	NEW P2 PTL review by 1 month	NEW P3 PTL review by 3 months	Adapt or bespoke investigation/ treatment site/follow up
Severe	NEW P1a PTL Review daily	NEW P1 b PTL review daily or weekly	NEW P2 or P1b PTL review by 1 month	NEW P2 or 1b PTL review by 1 month	Adapt or bespoke investigation/ treatment site/follow up

Key Messages



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- Waiting times have increased as a result of the COVID-19 pandemic – continuing infection prevention & control arrangements limit capacity available at the Trust
- Services have continued to be provided, often in different ways (e.g. virtual appointments, green elective hubs, increased independent sector utilisation)
- Assurance on patient safety through application of the national guidance is continuing with oversight from the Medical Director and Quality Committee.
- Good progress has been made locally by the Trust in recovering access standards and waiting times – particularly for cancer and urgent cases
- NHS operational planning for 2022/23 continues to have a major focus on recovery of access standards for patients
- The Trust expects recovery of waiting times to continue throughout 2022/23