

Stockport Elective Care Recovery Update

Report To (Meeting):	ONE Stockport Health and Care Board		
Report From (Executive Lead)	Philippa Johnson, Deputy Place Based Lead, NHS Greater Manchester (Stockport)		
Report From (Author):	Karen Moran, Senior Locality Manager, NHS Greater Manchester (Stockport)		
Date:	28 August 2024	Agenda Item No:	11
Previously Considered by:	ICS Executive 29/07/24, Executive Group 14/08/2024		

Purpose of the report:

This report offers ONE Stockport Health and Care Board information regarding the elective care position within the locality and also progress within the Greater Manchester (GM) elective care recovery and reform workstream. The locality is the lead commissioner for elective services at Stockport NHS Foundation Trust and a co-commissioner for elective services at other Greater Manchester providers, for example Manchester Foundation Trust. Alongside our GM colleagues, Derby and Derbyshire ICB (Integrated Care Board) and Cheshire and Merseyside ICB are co-commissioners to the Stockport Foundation Trust contract.

Elective care is the range of services that are non-urgent but require specialist clinical care or surgery. Elective care is delivered in a secondary care setting and generally follows a referral from the patients GP or a community health professional. Please note, patients can choose to be referred to any provider that agrees to receive referrals from the Stockport locality, however this paper will focus on performance at Stockport NHS FT and the wait times for Stockport locality patients across all GM providers.

The Greater Manchester Elective Care Recovery and Reform Programme are coordinating GM wide initiatives to support elective recovery with the following schemes underway and regularly reported to NHS GM in a Performance Improvement Plan (PIP), which includes:

- Clinical Validation
- Theatre Productivity
- GM Mutual Aid (Getting it Right First Time - GiRFT support)

Key points (Executive Summary):

- Elective recovery and reform across GM is provider (hospital) led, with locality support.
- As of 30th July 2024, Stockport NHS Foundation Trust (SNHSFT) elective performance had not met the 78 week standard. Three Stockport registered patients had waited 78 weeks; however, all three patients will receive their surgery and treatment in August.
- SNHSFT have a plan to meet the 65-week standard by September 2024 with a total of 370 patients waiting between 65 and 77 weeks, of whom 262 are Stockport registered patients, 41 are Cheshire and Merseyside, 26 are Derby and Derbyshire patients and 41 relate to other ICB's.

As at 30th July 2024, data shows that the number of Stockport registered patients who have 66-78 week waits at Manchester Foundation Trust is 60 and at Northern Care Alliance is 76, with Manchester and Salford localities overseeing this performance. There are no 78+ week waits at these trusts for Stockport registered patients.

Whilst there remains a challenging position across the country for elective waiting lists, and providers are working on recovery plans, the locality will consider further how to support people on the elective waiting lists and connect people locally to other support services.

Recommendation:

ONE Stockport Health and Care Board is asked to:

- **Note** the content of this paper.

Decision		Discuss/Direction		Information/Assurance	x
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Aims (please indicate x)

Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	x
	There are safe, high-quality services which make best use of the Stockport pound	x
	Everyone takes responsibility for their health with the right support	x
	We support local social and economic development together	x

Conflicts of Interests

Potential Conflicts of Interest:	None
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Risk and Assurance:

List all strategic and high-level risks relevant to this paper	<p>If elective targets are not met there is a risk to reputation and a potential risk of patient conditions worsening due to delays in treatment.</p> <p>This is mitigated through on-going monitoring of waiting times and reporting to the locality elective leads meeting Elective Care Board.</p>
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Consultation and Engagement:

Local People / Patient Engagement:	N/A
Workforce Engagement:	N/A

Potential Implications:

<p>Financial Impact: Please note - All reports with a financial implication require detail of the level of funding, funding stream and comments from Finance.</p>	Non-Recurrent Expenditure	£			
	Recurrent Expenditure (please state annual cost)	£			
	Funding stream	Yes		No	
	Included in the s75 Pooled Budget				
	GM ICB (Stockport) delegated budget				

	Other, please specify					
Finance Comments:	N/A					
Performance Impact:	N/A					
Workforce Impact:	N/A					
Quality and Safety Impact:	N/A					
Compliance and/or Legal Impact:	N/A					
Equality and Diversity:	General Statement:					
	Has an equality impact assessment been completed?	Yes		No		N/A x
	If Not Applicable please explain why					
Environmental Impact:	General Statement:					
	Has an environmental impact assessment been completed?	Yes		No		N/A x
	If Not Applicable please explain why					

INTRODUCTION

The 2022 NHS England Elective Recovery plan for tackling elective care backlog, aims to eliminate 52 week waits by March 2025, this target has been broken down further to include no patient waiting over 78 weeks by March 2024 and no patient waiting over 65 weeks by September 2024.

The national target of zero patients waiting 65 weeks must be achieved by September 2024, therefore the Greater Manchester Elective Care Recovery and Reform Programme are monitoring the 65 week wait position, with GM wide trust Elective Care leads, whilst also working on re-design and clinical pathway reform to improve the position.

The current Elective Care position is summarised below, with more detail provided in the main body of the report.

OVERALL ELECTIVE CARE PERFORMANCE

The current overall Referral to Treatment (RTT) waitlist in Greater Manchester (GM) is 524,187 ¹ of which 51,637 are Stockport registered patients. Within GM, the national target of no patient waiting over 78 weeks by March 2024 has not been achieved. Within the GM numbers, Stockport NHS FT has 3 patients waiting over 78 weeks, all of whom are Stockport registered patients.

At a GM level, for the month of July, data indicates that 4,277 patients are waiting over 65 weeks for treatment, of which 434 are Stockport registered patients. At Stockport Foundation Trust there are 370 patients waiting over 65 weeks of which 262 are Stockport registered, 26 are Derby and Derbyshire, 41 are Cheshire and Merseyside patients and 41 relate to other ICB's.

This paper offers an update on the Stockport locality position on the above, considering that:

- Stockport ICS are the lead commissioner for Stockport NHS Foundation Trust
- Stockport ICS are a co-commissioner for all other Greater Manchester Trusts
- Locality teams from our surrounding areas take the lead for their retrospective provider contracts.

STOCKPORT NHS FOUNDATION TRUST ELECTIVE PERFORMANCE

As of 30th July 2024, Stockport NHS Foundation Trust elective performance has not met the 78 week standard with 3 Stockport registered patients waiting 78 weeks plus, however there is a plan in place for all patients to receive their surgery and treatment in August. Please note that of these 3 cases, 1 has chosen to wait, 1 is a complex case due to their Body Mass Index being high and special equipment now being required as the surgical plan has changed, and 1 is a result of a data error that has now been rectified with surgery planned for August. This patient is also a complex

¹ As of 14 July 2024

surgical case so could not have their surgery within a quicker timeframe at another provider, for example an Independent Sector provider, and needs to have surgery at an NHS trust.

There is a plan in place to meet the 65 week standard by September 2024 with a total 262 Stockport registered patients waiting between 65 and 78 weeks. The table below offers a breakdown of the Stockport registered patients by clinical specialties that have patients who are long waiters (Please note, Chest and Gastroenterology are Subspecialties of General Medicine).

65-77 Week Co-hort		78+ week co-hort	
Specialty	Stockport Registered Patients	Specialty	Stockport Registered Patients
Cardiology	13	Cardiology	0
CHEM	6	CHEM	0
ENT	64	ENT	0
Gen Med	10	Gen Med	0
Chest	6	Chest	0
Gastroenterology	4	Gastroenterology	0
Gynaecology	9	Gynaecology	0
Haematology	20	Haematology	0
Ophthalmology	6	Ophthalmology	0
Oral Surgery	83	Oral Surgery	0
Pain Management	1	Pain Management	0
Surgery	11	Surgery	2
Trauma and Orthopaedics	4	Trauma and Orthopaedics	0
Urology	35	Urology	1

STOCKPORT NHS FOUNDATION TRUST ELECTIVE REFORM

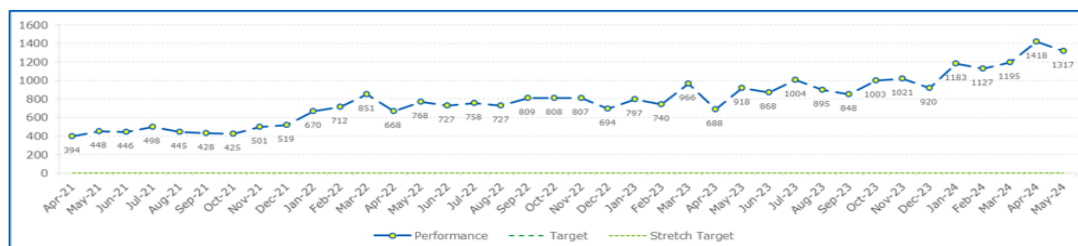
Re-design and Clinical Pathway Reform to Support the Improvement of Patient Waiting Times for Treatment.

For patients that require an outpatient appointment, there is GM wide ongoing transformational work to reset how the elective pathway of care is delivered. This involves making greater use of technology and doing things differently to the traditional GP referral to a face to face appointment within an outpatient clinic on a hospital site. An example of this is Advice and Guidance.

Advice and Guidance (A&G) allows one clinician to seek advice from another. Unlike creating a booking request, where a number of providers can be selected, Advice and Guidance is a communication between two clinicians: the “requesting” clinician and the provider of a service (the “responding” clinician). The requester is able to attach documents to the advice request, which may include diagnostic results, scanned images (e.g. ECGs) or previous correspondence related to the patient. The responder is then able to review the request (along with any attachments that may have been added) and, if required, add attachments, such as a proposed treatment plan or links to external documents and websites, before sending a response back to the requester.

- **Advice and Guidance (A+G)**

Stockport NHS FT are one of the best performing trusts within GM for their Advice and Guidance (A&G) offer over 16 specialties.



A&G/OPFA	
Performance	Target
20.3%	16%

- **Medicine** – 33.2%
- **Womens & Childrens** - 15.7%
- **Surgery** - 14.4%

The data shows that the trust is achieving the national target for advice and guidance, please note that the national target is 16% with the trust’s performance at 20.3%. The over achievement of this target has been consistent for over 3 years.

• Patient Initiated Follow Up (PIFU)

Patient initiated follow-up (PIFU) gives patients control over their follow-up care, allowing them to be seen quickly when they need to, while avoiding the inconvenience of appointments that are of low clinical value.

Follow-up appointments have traditionally been offered at routine intervals depending on a person’s condition. Some people might need to be seen sooner than their scheduled next appointment but do not know to get in touch with their clinical team, and even if they do, they may not be seen for several weeks. Others may be invited to attend appointments at a time when their condition is stable, potentially causing them unnecessary inconvenience and anxiety.

PIFU describes when a patient, or carer, can initiate follow-up appointments when they need one. PIFU gives patients or their carers control over their follow-up care. By allowing them to be the ones who initiate follow-up appointments, patients can be seen quickly when they need to be, such as when their symptoms or circumstances change, and otherwise avoid the inconvenience of appointments of low clinical value. This is a key part of the focus on empowering patients and delivering personalised care. PIFU can be used in a wide variety of specialties, for people of any age, with short and long-term conditions, and for single and multiple conditions. This is not a new concept, and PIFU commonly goes by several other names, including open access follow-up, patient led follow-up, patient triggered follow-up, patient-initiated appointments, supported self-managed follow-up, self-managed follow up, open appointments, open self-referral appointments or patient activated care.



PIFU/ATT	
Performance	Target
4.4%	5.0%

- **Operational Target – 4.4, Performance in month was 4.4%**
- **Integrated Care** –8.6% for April & 8.3% May 24
- **Surgery** – 5.9% in May from 6.1% in April
- **Medicine** - 2.2% in May 24 from 1.8% in April
- **Woman and Children** – 2.9% in May against 2.6% in April

The data shows that the Trust is not achieving the overall national target of 5% for PIFU, please note that there are specialties that are overachieving and others that under achieving with additional PIFU activity required in medicine and women’s and children’s. However, there will be certain specialties that do not lend themselves to PIFU due to no follow ups being required for example some surgical pathways of care that do not need specialist follow up and can be self-managed like dental extractions.

STOCKPORT NHS FOUNDATION TRUST DIAGNOSTIC PERFORMANCE

Diagnostic tests sit within elective care services. The national ambition is that by March 25 all patients will receive these tests within six weeks of referral. The current GM position is that 159,094² patients are waiting for a diagnostic test, of whom 19,646 are Stockport registered patients, of this number, 4,790 (24%) have been waiting longer than 6 weeks. Magnetic Resonance Imaging (MRI) was one of the highest contributing factors for the long diagnostic waits. However, there is now a mobile MRI Scanner in place at Manchester Foundation Trust at the Wythenshawe site, which has taken activity from Stockport NHS Foundation Trust. This is a positive move as it is expected to reduce wait times and as such the diagnostic target should be met by March 25.

GREATER MANCHESTER ELECTIVE CARE RECOVERY AND REFORM PROGRAMME

The Greater Manchester Elective Care Recovery and Reform Programme are coordinated GM wide initiatives to support elective recovery. The following schemes are underway.

- Clinical Validation
- Theatre Productivity
- GM Mutual Aid (GiRFT support)

² As of May 2024

Each of the above are included in the Stockport Performance Improvement Plan (PIP): Each Trust is required to provide a PIP that describes their challenge, risk, and targets for each of the constitutional targets and this Plan is held by the Trust and reports into the wider GM system Elective Care Board.

- **Clinical Validation**

The primary objective of the GM clinical validation pilot is to enable learning that will shape the longer-term strategy for the future elective care system model. The pilot will alter the traditional GP to secondary care referral process by placing a step in the pathway whereby referrals are accessed by a consultant-led third-party triage provider. The provider will assess the referral and determine the next step for example, identify that a referral to Ear, Nose & Throat (ENT) would be better suited to a headache clinic referral. The contract for the pilot has been awarded to Consultant Connect, which is a company that Stockport has held a contract with previously for telephone advice and guidance.

The GM programme team are working with Consultant Connect to ensure that there is an appropriate infrastructure in place to support primary care if they have any queries and the GM Primary Care Subgroup will be provided with a full briefing. The pilot has commenced in Bolton with some early outcomes showing that the quality of the Bolton referrals has been excellent, indicating that 78% of the referrals validated would have been suitable for a tier 2 service rather than secondary care if a Tier 2 service was available. This is an indicator of the art of the possible in community services, deflecting demand from secondary care.

As part of the clinical validation pilot Stockport NHS FT have been given capacity for 500 referrals to be assessed by Consultant Connect. Specialties under the most pressure will headline the pilot. Therefore, for Stockport, the pilot will encapsulate ENT and Gynaecology referrals only, however the scope is clear; that the majority will be gynaecology referrals, due to the volume compared to ENT, with 50-100 being ENT and the rest (400-450) being gynaecology. The pilot is anticipated to last a couple of weeks and each practice will have two or three patients (referrals) that will be part of the pilot. To note, there has been considerable GM consultant input into the pilot and how it will operate. The Stockport pilot has recently gone live.

- **Theatre Productivity (Surgical Hubs)**

GM have established surgical elective hubs (based in Trafford and Wigan) focused on providing high volume low complexity surgery (HVLC), as recommended by the Royal College of Surgeons of England and Getting it Right First Time (GiRFT). The surgical hubs are intended to increase capacity and resilience to the GM system. GM have set standards for theatre processes within the hubs to make them more efficient. However, there is a restrictive list of procedures that can be operated within the hubs and the cohort of patients that can be accepted for treatment must be ASA³ 1 (e.g., a normal healthy patient non-smoker, no or minimal alcohol use) or ASA 2 (A patient with mild systemic disease - e.g. current smoker, well controlled diabetes.) This means that a significant number of patients are not suitable for care within the hubs.

In some cases, the referring Trust is required to send their own surgeons to operate at the weekend, and this is if the patients are willing to travel to the hub sites. As a result of restrictions in place and the geographical position of the hubs to Stockport

³ American Society of Anaesthesiology score is a metric to determine if someone is healthy enough to tolerate surgery and anaesthesia.

and patients not wanting to travel to Trafford or Wigan, the Stockport use of hub capacity has been very low.

- **GM Mutual Aid**

The Trust have been able to use some of the mutual aid capacity for simple urology day cases, such as hydrocele and some paediatric ENT at Wrightington Wigan and Leigh (WWL). However, referring Trusts trying to utilise mutual aid have reported that it is very administratively resource heavy to send patients to partner organisations for very little impact on trust performance with the resource required outweighing the benefit.

There are currently pressures within children's Ear Nose and Throat and Oral Surgery. The current position is as follows.

There are (to date) 1,156 patient 0-18 years in total on the waiting list for an ENT appointment.

- 591 waiting over 18 weeks.
- 85 waiting over 52 weeks.
- 24 waiting over 65 weeks.
- 0 waiting over 78 and 104 weeks.

Stockport have temporarily increased their day case capacity from one session a week to two sessions a week. They have also recently upgraded their Paediatric unit to a Walk in Walk out style model, following on from MFT and NCA to increase throughput per session.

Manchester Foundation Trust (MFT) provides Stockport 0-18 dental surgery. As at 12th July 2024, there are 64 children waiting, 24 of these have been waiting over 18 weeks the remainder have been seen within under 18 weeks. No children have been waiting over 52 weeks. There have been historic pressures issues with the Service Level Agreement service Stockport buy in from Manchester Royal Infirmary. This has meant a backlog and 65 week waits pressure in both paediatric and adults' oral surgery.

Greater Manchester Elective Care Recovery and Reform Programme leads confirm a GM wide demand and capacity model is being developed for both specialities, as part of a set of improvement plans. GM leads met with the Trust in July to discuss ENT and their plans moving forward, with a follow-on meeting in the coming weeks to discuss their dentistry plans. The product of locality meetings will be a recovery output for each speciality to reduce the backlog and to ensure each service is rightsized for demand coming through the front door. Further updates will be received around September time through the locality elective leads meeting.

In conclusion

Stockport as a system is linking in with the GM teams to ensure that the locality can achieve the optimum performance for our registered patients by reducing unnecessary waiting times for our population where possible, by unprecedented waiting list management via overview and scrutiny and a dedication from workforce teams to service re-design and reform. We will also consider as a system how we best support people on the waiting lists.

