

ADULTS AND HEALTH SELECT COMMITTEE

THURSDAY, 13 APRIL 2023



FRIMLEY HEALTH AND CARE INTEGRATED CARE SYSTEM (ICS) CANCER AND ELECTIVE CARE BACKLOGS

Purpose of report:

This report outlines the backlogs for cancer and elective (planned) care across Frimley Health, the progress made in addressing these and actions being taken to reduce further.

Introduction:

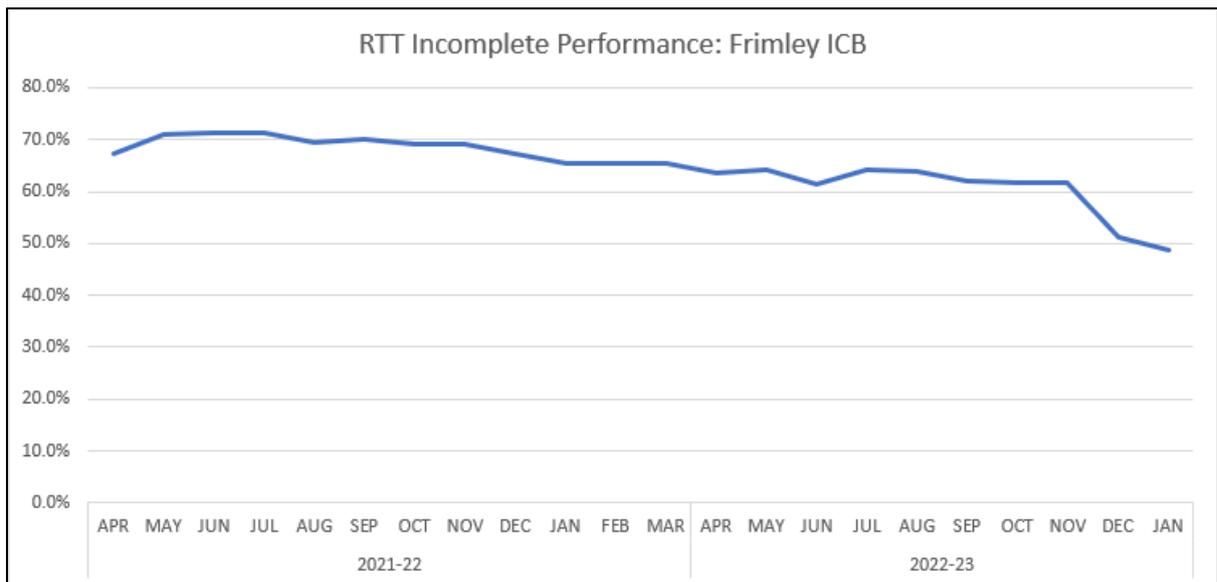
1. Frimley Health and Care Integrated Care System (ICS) has one NHS acute trust operating from three main hospital sites: Frimley Park Hospital (FPH), Wexham Park Hospital (WPH), Heatherwood Hospital and eight community sites. All hospitals provide elective care and cancer services for the local population.
2. Waiting time targets have long been a part of NHS performance requirements, however following the disruption and delays caused by covid, the focus has been on addressing and reducing the number of patients waiting for treatment.
3. Prior to the covid pandemic, the majority of patients were seen and treated within 18 weeks of their referral. During the pandemic, waiting lists grew as services were reduced, in order to redirect resources and keep the general public safe from risk of infection.
4. National Health Service England (NHSE) set out an ambition to gradually reduce the volume of patients waiting long periods for elective care. With the exception of patient choice and some allowance for complexity, the following timescales were set:
 - By March 31st 2022 no patient should wait over 104 weeks (2yrs)
 - By March 31st 2023, no patient should wait over 78 weeks (1.5yrs)
 - By March 31st 2024, no patient should wait over 65 weeks (1.25yrs)
5. The waiting time standards for cancer have remained unchanged throughout the pandemic, with additional recovery targets focussing on the number of patients over 62 days. There are multiple standards associated with each part of the patient pathway, with the main focus on the following:

- Minimum of 75% of patients to receive their diagnosis within 28 days of referral.
- Patients to commence treatment within 31 days of their diagnosis.
- Patients to commence treatment within 62 days of their referral.

Current position

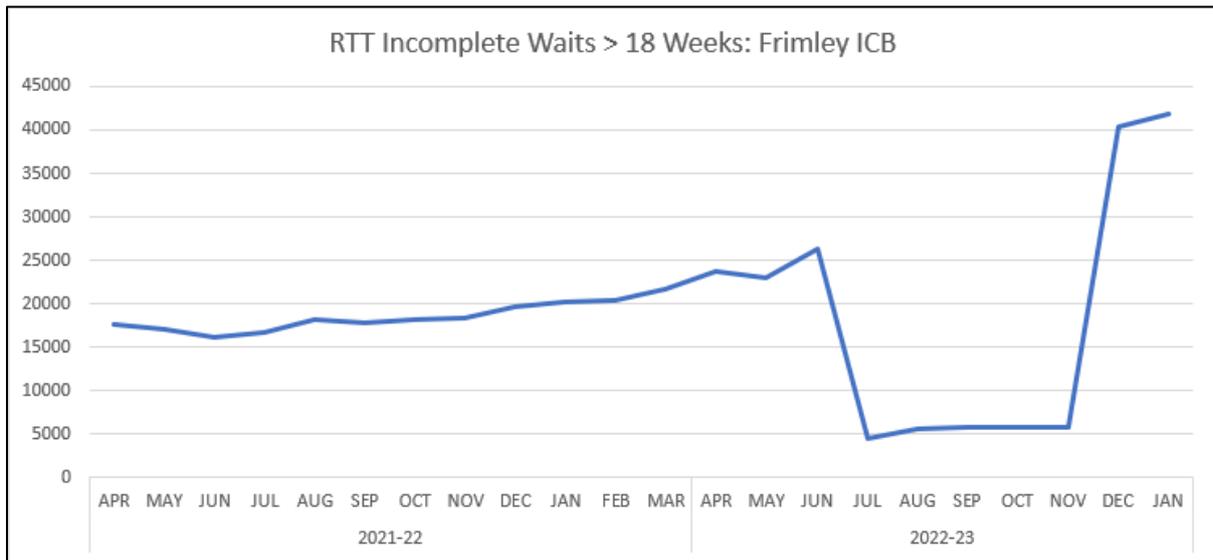
Elective (Planned) Care

6. In June 2022 all hospital sites went live with an Electronic Patient Record (EPR) called Epic. Implementation has not been straight forward and has caused operational pressures as well as reporting issues. Since launch, the majority of data has not been accessible. The plan is for this to be resolved in Quarter (Q)1 2023/24. Whilst some data is being released it is worth noting the quality of this data is still not yet where it was prior to go-live.
7. Restoring planned services equitably has been a core principle of the NHS’s elective recovery programme over the past two years. Frimley Health and Care ICS has worked closely with regional NHSE colleagues to agree appropriate yet achievable levels of activity that would start to impact on long waits developed during the pandemic. All NHS organisations were asked to carry out more patient activity than took place in the period before the pandemic (19/20) to have the required impact.
8. There is a constitutional standard, often referred to as the 18-week or referral-to-treatment (RTT) target, where 92% of patients must be waiting no more than 18 weeks from referral to first consultant-led treatment. Frimley ICB 18 weeks performance currently sits at 48.9% (38,827 out of total waiting list 79,471) and is ranked 40th out of 42.



8.1 Patients waiting more than 18 weeks for treatment was at 16,000 in April 2021. This increased to 22,000 in April 2022 (pre-Epic migration). Post Epic in January

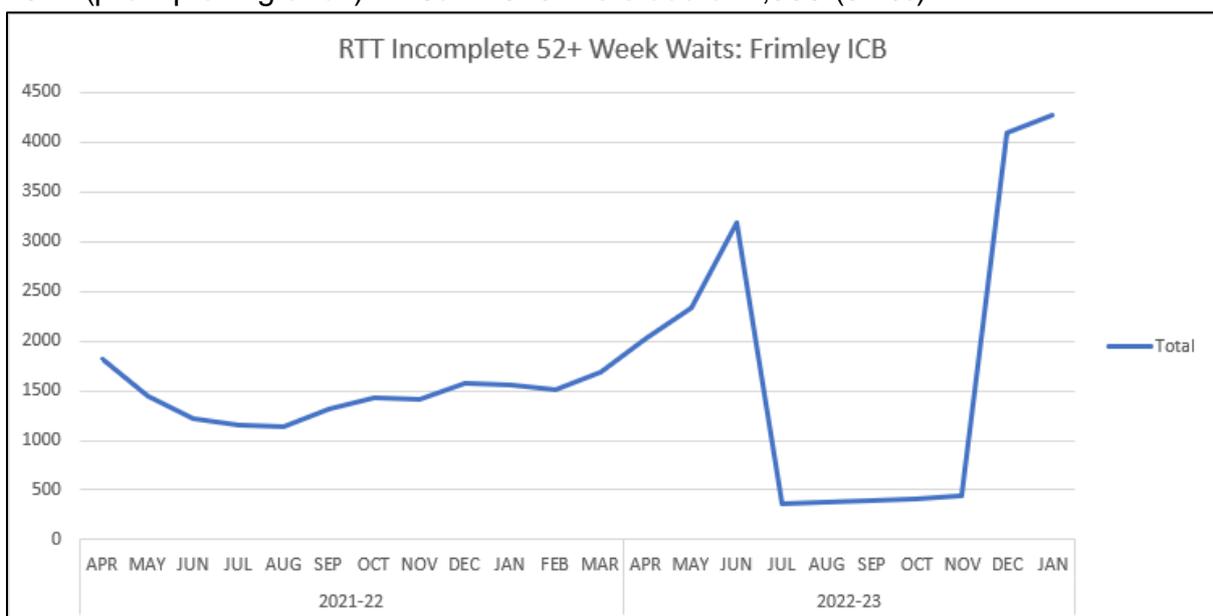
2023, this figure is around 40,000. Some of this rise may be attributed to data quality issues from Epic as validation is ongoing.



8.2 For Frimley Health Foundation Trust (FHFT) patients, waiting more than 18 weeks for treatment was 11,000 in Jan 2021. This increased to 23,000 in May 2022 (pre-EPIC migration). EPIC waiting list data started flowing in Jan 2023 but remains subject to significant validation.

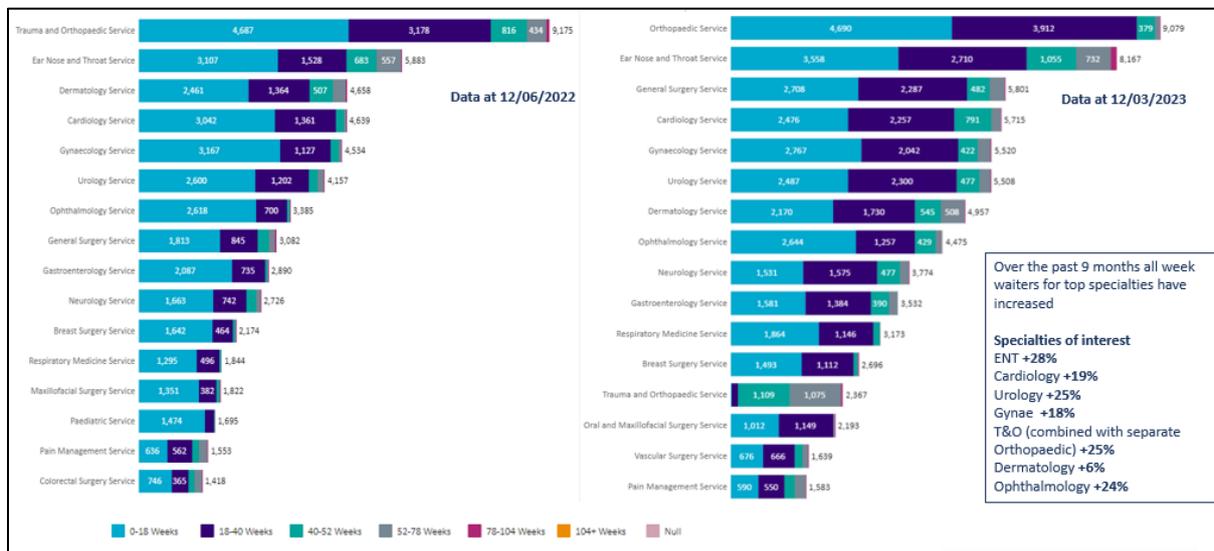
9. The current focus and planning pertain toward the elimination of 65 week waits by 23/24 and 52 week waits by 24/25. There is no further look forward at this point in time in regards to a timeline to the achievement of 18 weeks.

10. In April 2021 there were 1,800 (3.7%) people waiting more than 52 weeks for treatment, this increased to 2,000 (although decreased rate wise to 3.3%) in April 2022 (pre-Epic migration). In Jan 2023 this stood at 4,300 (5.4%).

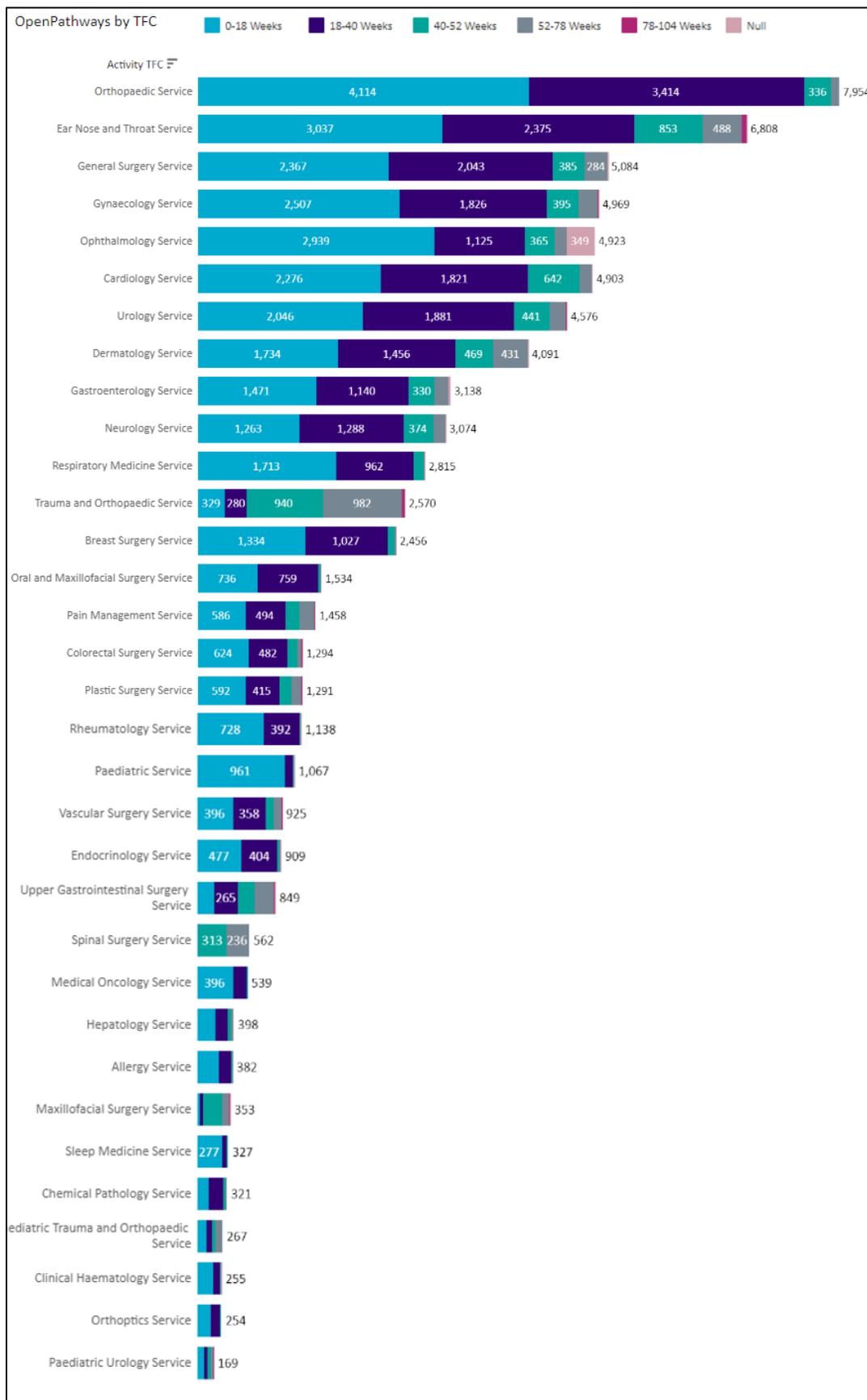


11. FHFT over the last year has on average had 2-3 waiters who breached 104+ week waits. There are currently no patients waiting over 104 weeks.
12. There has been steady progress in reducing the number of patients waiting over 78 weeks over the last 12 months.
13. Frimley are predicting to have 0 patients waiting more than 78 weeks by the end of March 2023.
- 13.1. Currently there are 248 patients waiting over 78 weeks (w/e 09/03/23.) These are spread across several specialties. The specialty with the most patients at risk of breaching is Ear Nose and Throat (ENT) and Orthopaedics. Within ENT, Independent Sector Provision (ISP) has been subcontracted to assist with the backlog and in house transformation of pathways is underway with significant opportunity to see approximately 40% of patients in the community. There may however be a small number of breaches due to complexity and patient choice.
- 13.2. Whilst data provided above has chosen to focus on patients we treat within our acute hospitals. In addition, we monitor and work with data that includes anyone living in our catchment area regardless of where they are being treated. Both data sets by speciality are shown below

Frimley Trust waiters by speciality



Frimley ICB view waiting patients

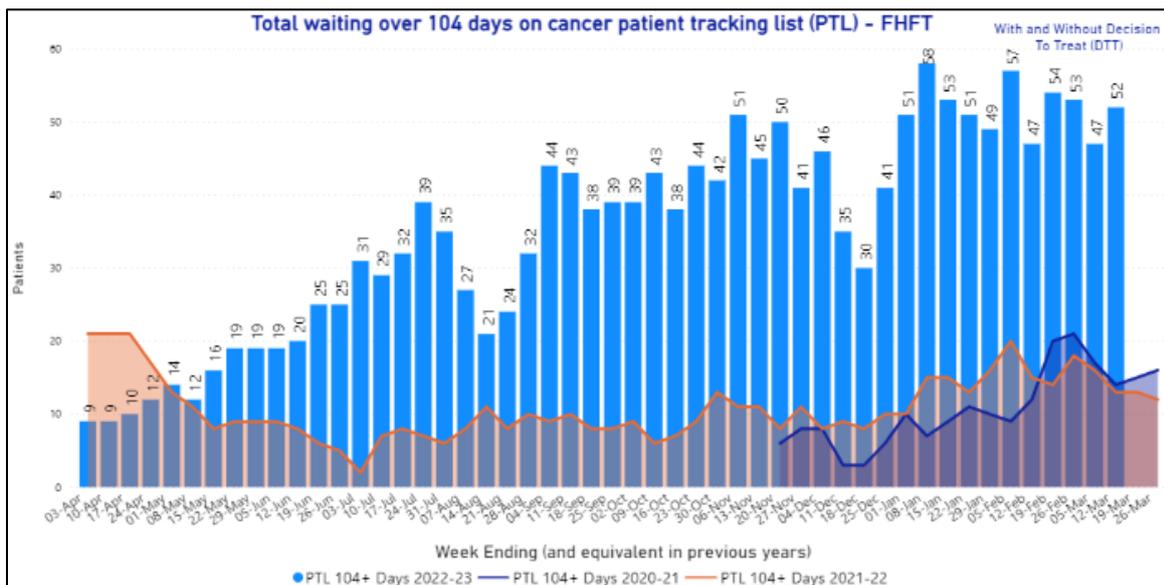


Quality, Safety & Equality

14. NHSE wrote to all trusts in November 2022, asking them to complete a review of all long-waiting patients on their elective Patient Tracker List (PTL) who had waited more than 52 weeks by the end of December. The acute trust completed this validation process and are working to ensure they continue to undertake regular PTL validation as an ongoing process, this is in line with the ask from NHSE. To date no patients have been judged to have suffered harm due to waiting delays.
15. The ICS has undertaken a review of its waiting list to identify any inequity of access for a variety of groups including ethnicity, deprivation, and gender. This previously indicated one ethnic group where a longer wait time was seen for priority 2 treatment. A deep dive showed however that since the clinical prioritisation process has been introduced this has resulted in a closure of this difference in more recently referred patients. A review identified issues with access to consultation in the patient's own language resulting in delays, and as a newly commissioned interpretation service from a new provider has been put in place.
16. It has not been possible to gather information and measure the impact to acuity of patients waiting longer. Anecdotally however there is a feeling among some clinicians that patients have further deteriorated as a result.
17. Whilst there is no specific measure to determine the impact of mental health for patients waiting. Frimley are active with programmes of work to support patients whilst they wait. Working in partnership with Graphnet we have developed a waiting list optimisation tool that pulls information from Epic, primary care, social care, mental health, community, and public sources. We are now rapidly exploring opportunities for, optimising patients while they are waiting.
- 17.1 An example of how this is being used. We can use this to group Trauma and Orthopaedics patients who have multiple high-risk flags. These require longer term medical and lifestyle changes that may need to be supported by groups such as social prescribers. The intention is for interventions to be initiated as close to referral as possible to give the best chance for the interventions to work.
18. Equality, diversity and inclusion underpins all of our work and is at the heart of who we are and what we do. The ICB is committed to equality, diversity and inclusion – ensuring that all voices are heard. Practical recent examples specific to elective care include, a pain pathway surveys and campaign materials, audio clips shared with colleagues and community partners, translated in our four main population languages (Polish, Punjabi, Urdu and Nepalese).

Cancer 62 day performance

18. Patients on a cancer pathway are some of the highest clinical priorities. Cessation of diagnostics and treatments during the first wave led to a large increase in the number of patients waiting longer for treatment, with upper and lower gastro-intestinal and urology being challenges. Addressing this backlog of patients has been a top priority for Frimley. Working with Surrey and Sussex Cancer Alliance (SSCA), our providers have placed significant effort into ensuring that patients are referred, diagnosed and treated as soon as possible.
19. Throughout 2022 Frimley experienced an increase in referrals which caused a significant increase in patients on the overall PTL. At the beginning of April 2022, there were around 2,200 patients on the PTL, which rose to around 3,500 at the beginning of November 2022. As the end of February 2023, there has been an improvement with 2,900 patients currently listed (with and without a decision to treat.)
20. Those waiting, at FHFT, over 104 days is showing an overall increasing trend since Apr-22. Since Jan-23 there has been a constant of between 47 and 57 waiting over 104 days



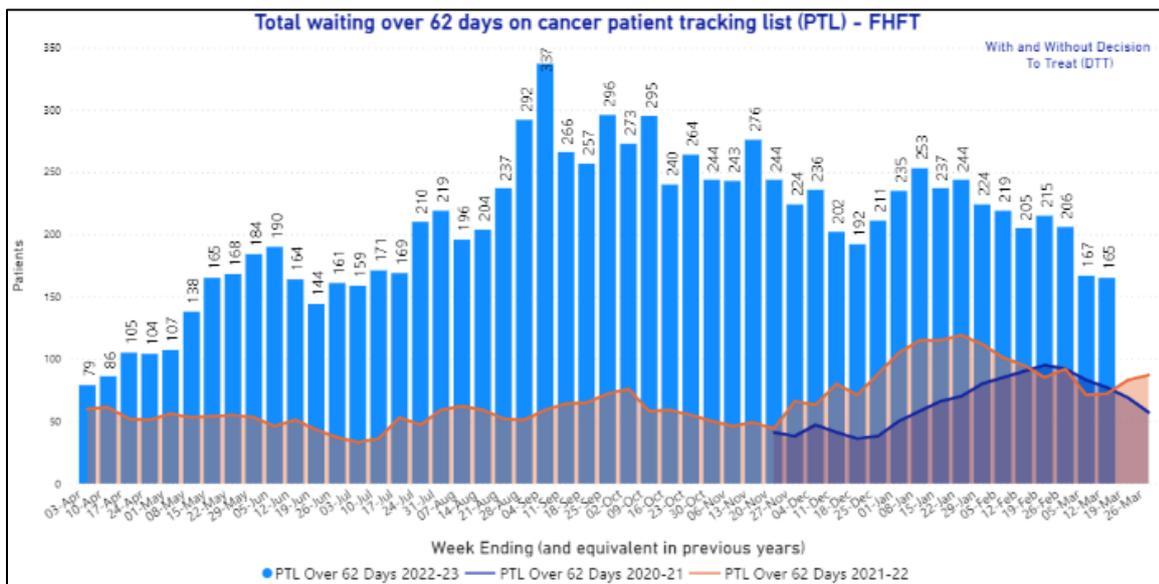
21. The majority of those waiting long periods largely have benign diagnoses, with some patients choosing to delay treatment, those who are on complex pathways and some who are unfit to proceed with treatment.

Patients deemed unfit to proceed with treatment happens when a patient is deemed to not be clinically ready for treatment, perhaps as a result of a long-term condition including diabetes or high blood pressure which has not been properly managed. Patients may choose to delay treatment for multiple reasons

such as work commitments, teachers requiring treatment during school holidays, planned holidays abroad people do not wish to cancel etc.

22. Currently, there are 206 patients waiting 63+ days, (53 with a decision to treat).

23. Frimley Health and Care ICS continues to perform better than the England average for patients waiting 63+ days with 8% of patients waiting longer than 62 days, against a national average of 10.8%. Those waiting, at FHFT, over 62 days has generally been falling since Sep-22

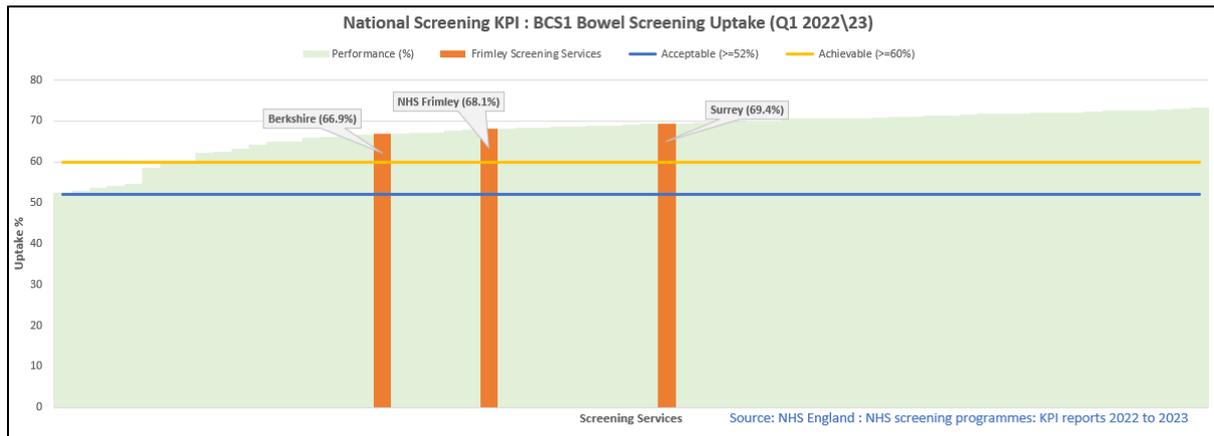


24. The Trust overall has seen good recovery of referrals and treatments. Cancer wait times however continue to be a challenge with referrals rising faster than capacity in key areas. Success has been achieved recently in reducing long waits in the breast pathway. Previously issues were identified in seeing and diagnosing patients due to high volume of referrals following national media interest, which has been resolved by employing additional staff.

25. Main specialty delays are within skin, prostate, and colorectal cancer. Pathology delays are also impacting this position (benign patients currently appearing as breaches which will be removed when reported post validation)

26. Cancer screening services take place for bowel, breast and cervical all of which are monitored closely. Specific information requested for bowel uptake as below.

3.1 KPI BCS1: Bowel Uptake - Berkshire and Surrey benchmarked against national services



Bowel Cancer Uptake

- Berkshire has 66.9% which is 14,078 out of 21,030
- NHS Frimley 68.1% or 12,117 out of 17,789; and
- Surrey 69.4% which is 32,707 out of 47,127.

Berkshire screening service continues to increase 66.9% (from Q4:66.6% and Q3:66.1%)

- 22/23 Q1: $14,078 \div 21,030 = 66.9\%$
- 21/22 Q4: $14,697 \div 22,072 = 66.6\%$
- 21/22 Q3: $15,233 \div 23,062 = 66.1\%$

Surrey screening service has also continued improving to 69.4% (from Q4:68.3% and Q3:68.1%)

- 22/23 Q1: $32,707 \div 47,127 = 69.4\%$
- 21/22 Q4: $29,056 \div 42,540 = 68.3\%$
- 21/22 Q3: $26,988 \div 29,623 = 68.1\%$

For the South East region, there was an increase to 70.0% (from 68.9%)

- 22/23 Q1: $159,600 \div 228,078 = 70.0\%$
- 21/22 Q4: $148,001 \div 214,713 = 68.9\%$

Diagnostic performance

27. Endoscopies were a key driver of long waits at the beginning of the pandemic, potentially for patients with suspected cancer. Endoscopies were also particularly affected by COVID-related infection prevention and control protocols, making the return to pre-COVID levels particularly challenging. However, the ICS has focussed on solutions such as Faecal Immunochemical Test (FIT) plus creating capacity across the system. This has created significant improvement and reduced waits for these critical procedures. The Urgent and Emergency Care (UEC) pressures continue to affect the ability to deliver pre pandemic levels of endoscopy.

28. The national target for diagnostics is that patients should be seen within 6 weeks of referral for their diagnostic test.
29. From August 2021 to May 2022 (the last pre-Epic data) the number of people on the diagnostics waiting list for FHFT, who had been waiting more than 6 weeks increased from approximately 2,100 to 3,250 which remains higher than pre-Covid levels of around 170 (Feb-20). Current waiting list data quality is still subject to validation.
30. In May 2022 there were 821 people on a diagnostic waiting list who had been waiting more than 13 weeks (an increase to pre-Covid levels of around 5 from Feb-2020).
31. FHFT was ranked 151st out of 334 providers (Including Independent Sector (IS)) for their diagnostic waits more than 6 weeks (18.9% breaches – 3, 255/17, 229) in May 2022 but due to ongoing data issues,(related to the implementation of our EPR) the current position is subject to further validation.
32. Frimley ICB do not have any current diagnostic data due to EPIC data quality issues, yet to be resolved. The current values in diagnostics have unnecessary duplicates in there for some records which need to be resolved before reporting further.

Digital Innovation

33. The NHS Long-Term Plan (LTP) sets out an approach for digitally enabled care to go 'mainstream'. The ambition is to provide patients access to their care plans and improved communications with care professionals. The aim is to reduce face-to-face appointments, reducing Do Not Attends (DNA's) to support system backlog and reduce waiting times as well as better patient experience and choice.
34. During 2022 Frimley Health implemented an Electronic Patient Record (EPR) Epic. This EPR system is being implemented at a growing number of NHS Trusts across the country, allowing for a number of patient level improvements.
35. The implementation of EPR has resulted in many benefits. Data quality issues continue to be addressed. There is an ongoing interaction with NHSE and Department of Health (DOH) around this and the agreed timeline for resolution of primary data quality issues is June 2023.
36. As part of Epic patients have access to MyFrimleyHealth app which allows them to book and re-book their own appointments. It also facilitates video

consultation. Patients are also able to see their results through the app and communicate with clinicians.

37. Epic also facilitates remote monitoring of patients on long term follow up including cancer patients.

38. The ICS has a waiting well micro site which gives its citizens access to a large variety of support resources supplemented with help from social prescribers in Primary Care Networks (PCN's).

Actions taken to address backlogs

39. The ICB has oversight of elective and cancer waiting lists at the monthly Urgent and Emergency Care (UEC) and Planned Care Board which reports to the Integrated Care Board (ICB) Board. Issues are escalated through this route. The system has a weekly clinical leadership meeting with General Practitioners (GP's) and secondary care clinicians that oversees a variety of workstreams aiming to deliver reduced waits for planned care and cancer.

40. A number of clinical workstreams are in place to review clinical pathways with the aim of reducing avoidable referrals to secondary care. Priority specialities include Ear Nose and Throat (ENT), Cardiology and Gynaecology. Actions have included implementing an integrated cardiology service with PC clinicians working alongside hospital consultants. This work also includes education and training for PC clinicians.

41. The ICS has implemented a new Dermatology pathway that includes the use of teledermatology. The aim is to reduce the number of suspected cancer referrals to ensure the highest risk patients are managed more quickly and more patients can be managed in primary and community care settings. Whilst it is early days in terms of implementation, we are reporting a reduction in the number of patients being referred onward to the trust for suspected cancer which should help reduce the wait times.

42. FHFT has opened Heatherwood hospital, a brand-new elective care centre which has provided additional capacity for outpatients, diagnostics and surgery as well as improving efficiency and patient experience. Examples of how this is delivering increased capacity are, its extended operating hours during the week and Saturday working. Changes to patient pathways allowing more patients to be treated as a day case for example patients for day case hip replacement surgery without the need for overnight admission.

43. FHFT have been given planning permission to build a new diagnostic centre and ward area at FPH which will help the trust deliver additional diagnostic and treatment activity.
44. FHFT had a good record for high productivity prior to the pandemic, a number of workstreams are in progress to restore and exceed these, focussing on outpatient (OP) booking, reducing DNA's and increasing theatre throughput. Other areas of focus are endoscopy and radiology.
45. The ICB has contracts with Independent Sector Providers (ISP) for elective care in five different local private hospitals and continues to work to increase the number of patients treated through this route.
46. The ICS has an OP transformation programme that is focusing on increasing the use of Patient Initiated Follow Up (PIFU.) This has been facilitated by the new EPR and aims to reduce the demand for follow up appointments freeing up space for new patients.
47. A national Digital Mutual Aid System (DMAS) has recently been established to facilitate transfer of patients between providers where there are shorter waiting lists and other providers are able to take additional patients. Frimley have registered to use this.
48. Frimley Health have an ongoing programme to validate all waiting lists following data migration issues during the EPR implementation this is supported by NHSE national funding and is expected to be completed during Q1. This will enable increased scrutiny and close monitoring of the waiting list allowing them to be managed more efficiently.
49. We continue to work closely with the Surrey and Sussex Cancer Alliance (SSCA) to support improvements in cancer care and performance. Some of the work that has been carried out in partnership with the SSCA includes:
- Reviewing the colorectal pathway to reduce the number of steps and improve waiting times.
 - Undertake analysis of the Gynaecology pathway and support additional resources to reduce diagnostic waits.
 - Support for additional activity to reduce waiting lists.
 - Support for histopathology services to reduce the cut-up backlog and increase the availability of consultant histopathologists time.

Conclusions:

50. Frimley has made good progress in reducing their long-waiting patients. Whilst there remain some challenges, processes for review, escalation and support have been put in place.

Report contact

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