

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 13 MARCH 2023

ELECTIVE RECOVERY PROGRAMME

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of the elective recovery programme.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB) and Worcestershire Acute Hospitals NHS Trust (WAHT) have been invited to the meeting to respond to any questions the Committee may have.

Background

3. NHS England published an elective recovery plan in February 2022 seeking to tackle the long waiting times for elective care, reducing the backlog of patients waiting for diagnostics and treatments over a three-year period. Elective recovery is the process of working to eliminate long wait times for elective care. This includes hospital appointments, investigations and treatments.
4. The plan outlined increases to capacity and service transformation as well as giving patients greater control over their own health and offering choice of where they can access care.
5. The plan set out a number of ambitions for elective recovery:
 - Waits of over 2 years (104 weeks) to be eliminated by July 2022
 - Waits of over 18 months (78 weeks) to be eliminated by April 2023
 - Waits of over 12 months (52 weeks) to be eliminated by March 2025
 - 30% more elective activity by 2024/25 than before the Covid-19 pandemic.
6. Across Worcestershire, delivery of elective recovery has been underway for the past 12 months, focussed on the following areas in order to achieve the national ambitions and reduce backlogs and waiting times for patients:

Increasing capacity

- **Waiting list initiatives** – Additional sessions delivered by WAHT staff such as extra outpatient clinics, diagnostic tests, investigations or theatre sessions for surgery. This includes sessions taking place in the evenings and at weekends.
- **Mutual aid** – Support from other NHS providers, e.g. Wye Valley NHS Trust
- **Outsourcing / use of independent sector** – Patients accessing treatment in private hospitals funded through the NHS
- **Insourcing** - Sub-contracted medical services/procedures undertaken in the NHS hospital using NHS equipment

- **Digital technology** – Exploring use of digital technology to support/enhance patient pathways – e.g. remote monitoring / self-monitoring

Productivity and transformation

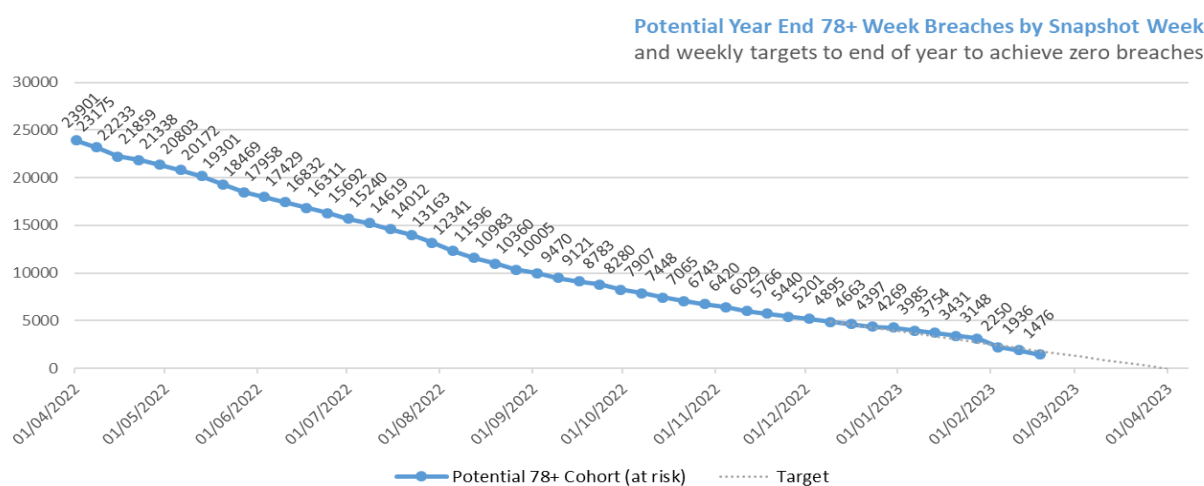
- **Community Diagnostic Centre (CDC)** – The CDC for Worcestershire is based at Kidderminster Treatment Centre and went live from May 2022, providing additional capacity for a variety of tests and scans
- **Elective Hub** – The Elective Hub in Worcestershire is planned to go live in May 2023. The Hub is based at the Alexandra Hospital in Redditch and will provide additional theatre capacity for operations in the short-medium term to accelerate elective recovery. The Hub also provides resilience in the medium-long term to protect performance whilst the existing aging theatre stock is refreshed
- **Outpatient transformation** – Initiatives collectively working to reduce follow up activity and maximise productivity and patient experience. This includes Patient Initiated Follow Up (PIFU), One Stop Clinics and reducing missed appointments (DNAs)
- **Advice and guidance** – Pre-referral advice and guidance for GPs and post-referral triage, to maximise management of patients in primary care
- **Getting It Right First Time programme (GIRFT)** – National programme seeking to improve the treatment and care of patients, with national clinical leadership to consider how services can be improved. Local focus is on gynaecology, orthopaedics, ear, nose and throat, urology, ophthalmology and general surgery
- **Theatre transformation programme** – WAHT programme to maximise theatre productivity, making best use of resources through improved planning and scheduling.

Information for patients

- **MyPlannedCare** – National website providing information for patients waiting for clinical opinion, treatment or surgery. Link to website - www.myplannedcare.nhs.uk
 - **Prepared patients / shared decision making** – Helping patients to prepare for healthcare interactions and encouraging people to be actively involved in decisions about their care and treatment.
7. Delivery of elective recovery has been overseen locally through weekly Integrated Care System (ICS) Reset and Recovery meetings, as well as the ICS Elective, Cancer and Diagnostics Board. From January 2023, the recovery approach has become 'business as usual' through the ICS Programme Boards, with the continuation of a weekly ICS Operational Group with Chief Operating Officers and Chief Medical Officers, focusing on the sustainability of services across the system.
 8. Worcestershire is a Tier 1 system for elective care, meaning it is also subject to regional and national support and scrutiny. The current focus is on reducing waits of over 78 weeks to zero by end of March 2023. Waits of over 104 weeks were largely eliminated by September 2022.

9. WAHT is working to get patients at risk of breaching 78 weeks scheduled for treatment as soon as possible. The focus will then move on to patients waiting over 65 weeks, followed by patients waiting over 52 weeks. It is important to note that patient choice can impact achievement of these ambitions.

10. The following graph demonstrates the reduction in the number of patients waiting over 78 weeks over the past 12 months. The risk of not eliminating 78 weeks by the end of March is currently being quantified.



Patients at-risk of 78+ week wait

11. To maximise the number of patients seen and treated, support from the independent sector is being utilised along with mutual aid (within and outside of the Integrated Care System). This external support is in addition to additional activity within Worcestershire Acute Hospitals NHS Trust through waiting list initiatives and insourcing.

12. 19% (21,357 up to month 9) of elective activity for 2022/23 has been delivered by providers outside of Worcestershire (out of county). This has been consistent since 2019/20. This is for a variety of different reasons including patient choice and where services are not provided within Worcestershire.

13. It is important recognise there are some significant challenges that impact elective recovery.

- **Workforce** – industrial action, unfilled vacancies, skill shortages, working conditions
- **Operational pressures** – Urgent care and increasing demand
- **Finance** – System financial deficit
- **Population / rurality** – Ageing population, the need to work with other providers / systems to deliver required services.

2023/24

14. For 2023/24, the elective activity target for the system is 108%, this means delivering 108% of the activity delivered before the Covid-19 pandemic (2019/20).

15. Operational planning for achieving this target is currently underway. For elective recovery this includes building on the collaborative approach across the ICS to deliver the capacity, productivity and transformation activities already started in 2022/23.
16. Digital transformation will help to accelerate improvements in elective recovery, building on personalised care approaches with the development of the patient portal and opportunities for self-management through remote monitoring.
17. Providers are also working to identify unwarranted variation and healthcare inequality improvements, linking with system partners on the wider determinants work. This includes development of a waiting list dashboard including ethnicity and deprivation profiles.

Purpose of the Meeting

18. The HOSC is asked to:

- consider and comment on the information provided
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), there are no background papers relating to the subject matter of this report.

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