Our Healthier South East London
Integrated Care System

NHS

Acute Services
Elective services – restoration and recovery

The Joint Health Overview and Scrutiny Committee
July 2021

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Our Healthier South East London
Integrated Care System

Acute services overview

NHS

Overall priorities as we restore and recover services

We have since the second wave of Covid sought to ensure we can manage the following priorities:

- Ensuring covid pathways remain in place for covid positive patients
- Ensuring we are able to meet urgent and emergency care demand safely and effectively
- Restoring elective capacity - across diagnostics, outpatients, day cases and inpatients - safely and effectively
- Prioritising the treatment of our urgent elective patients - both cancer and non cancer
- Making inroads in to the elective backlogs that have built up and reducing the number of long waiters

Covid demand

- We have seen a low level of Covid related demand within our hospital services since the second wave, with continued reductions in the number of patients in critical care and general and acute beds since mid March and a plateauing over the late spring/early summer.
- There has been a slight increase in demand during June but to date this remains at low and manageable levels
- We track demand on a daily basis and also scenario plan based on latest community prevalence information
- We have also been undertaking planning at a south east London and Regional level to anticipate and ensure we have a robust plan to support the management of any potential increase or surge in Covid demand
- In any future surge we would again work collaboratively across the acute sector, utilising mutual aid approaches as required to enable each hospital site to manage demand, with the objective of ensuring on going access to other services too

Non Covid urgent and emergency care demand

- Non Covid demand continued throughout the second wave of the pandemic but at lower levels than we would usually see
- As the second wave has abated we have seen significant increases in demand
- This includes demand across all areas from urgent care through to acute emergency presentations, including a material increase in mental health related demand
- Our Emergency Departments and wider services have therefore been operating under significant and sustained demand pressure over recent weeks

Our Healthier South East London
Integrated Care System

Elective restoration and recovery

NHS

Increasing our capacity

- We have been working over the last few months to ramp up our elective (planned care) capacity.
- This has been and continues to be an incremental process, in the context of a standing start from extreme low levels of available capacity and a staff, theatre, bed and outpatients roadmap which factored in staff recovery, the decompression and recalibration of capacity and the impact of infection and control requirements.
- We have made positive progress in restoring capacity but have further work to do to get back to and then ideally exceed pre pandemic levels of capacity - in mid June SEL was operating at 86 % of pre pandemic capacity for outpatients, day cases and inpatients (91% for high volume low complexity activity) and over 100% for diagnostic capacity.

Encouraging referrals

- Referral demand reduced during the pandemic and we have been keen to see a recovery of referral rates to ensure that patient's needs are being met in a timely and effective way.
- We have seen a positive bounce back in referrals over recent months.
- Whilst positive this does exacerbate our capacity challenge as we have to manage front of pathway increased demand alongside back of pathway long waiters within our constrained capacity base.

Prioritisation of available capacity

- We have been managing elective activity on the basis of consistently applied clinical prioritisation – ensuring that the most clinically urgent patients are able to access the treatment.
- We managed to reduce our average 'clearance rate' – the length of wait for clinically urgent patients – early on in our recovery to the ideal threshold of 4 weeks and have been able to maintain that position since.
- We have further reviewed all patients who have been waiting more than 40 weeks for treatment and are now prioritising long waiters within our remaining capacity.

Our Healthier South East London
Integrated Care System

Elective restoration and recovery

NHS

Pathway improvements

We are taking forward and testing a number of care pathway improvements as part of our recovery plans. These include:

- An enhanced Advice and Guidance offer for GPs and their patients – this enables GPs to seek rapid advice from hospital consultants and reduces the number of referrals then required for a specialist opinion.
- Expanding our community based services in key specialties to provide a consistent offer across SEL e.g. community dermatology in Lewisham and Lambeth.
- Testing Patient Initiated Follow Up (PIFU) and remote monitoring in a number of specialties.
- Driving productivity and efficiency improvements within our hospitals, including theatre utilisation and day case rates.
- These initiatives will be evaluated to inform future approaches and potential roll out and aim to ensure that we can provide the right service at the right place at the right time for our residents and make the most effective use of available capacity.

Collaborative approach to the utilisation of capacity

- Our waiting times, number of long waiters and available capacity differs across our hospital sites – this differential will continue resulting in inequitable waits across our services and sites for residents if we do not address it.
- We have therefore been seeking to adopt collaborative approaches to the utilisation of available capacity to improve equity of access across SEL and mitigate the impact of differential available capacity and waiting lists on a temporary basis
    - We have been increasingly focussing our non complex day case and inpatient activity at our Lewisham and Greenwich Trust, Princess Royal, Orpington and independent sector sites through activity hub approaches, plus concentrating our complex activity at Guy's and St Thomas and Denmark Hill.
    - We have been undertaking by procedure operating lists to maximise throughput.
    - We will also be opening additional capacity to enhance our ability to reduce our backlogs – new theatres are opening at Queen Mary's Sidcup and will provide a SEL resource for general surgery and gynaecology.
- Some patients are therefore being offered treatment at a different hospital site to the one they were originally referred to in order to expedite their treatment
- There remains a significant choice offer for residents with services available across multiple sites

Our Healthier South East London
Integrated Care System

Waiting times and future sustainability

NHS

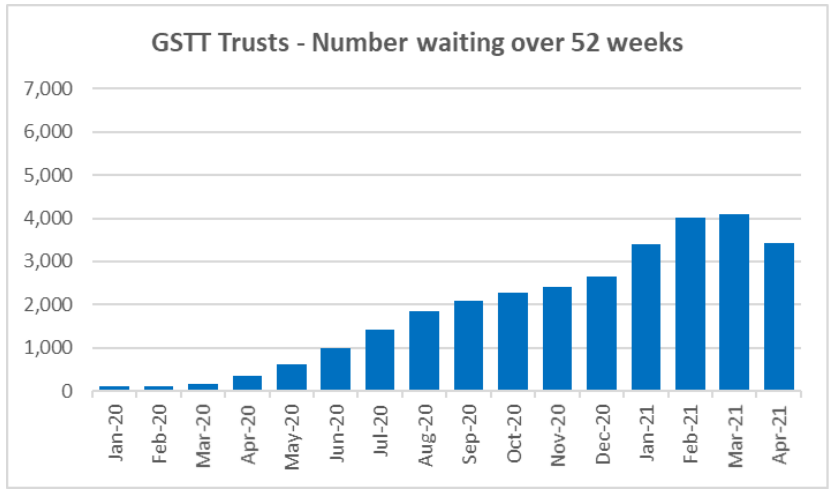
Waiting times and long waiters

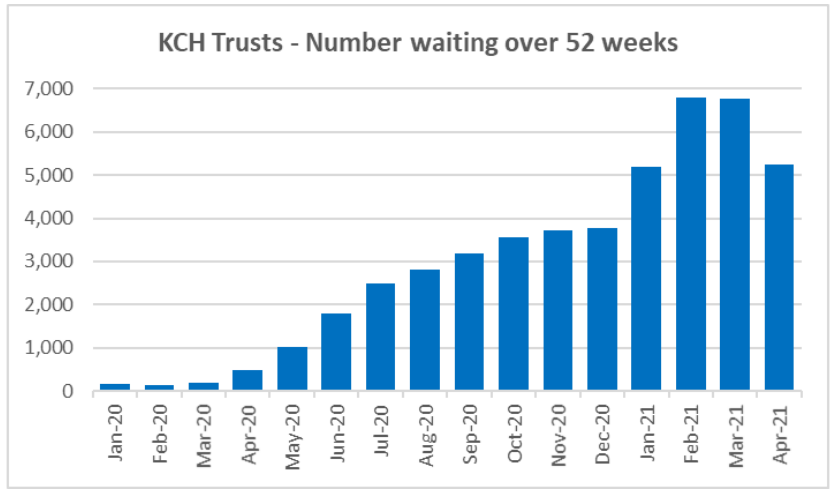
- The pandemic – both the first and the second wave – had had a very significant impact on our waiting lists.
- Whilst the overall number of patients waiting has decreased due to reduced overall referrals, the number of over 18 and over 52 week waiters increased very significantly and we are faced with an unprecedented number of long waiters split across admitted (inpatient and day case) and non admitted (outpatient) waiting lists.
- Our recovery plans have sought to assess the impact our activity ramp up will have on these longest waiters, noting the waiting list is not static but dynamic with daily removals and tip ins – and we have sought to incrementally reduce the number of longest waiters focussed in the the first instance on our over 52 week waiters
- We have made very positive progress to date and since end March 2021 have reduced the number of over 52 week waiters from 13,915 to 8,232 (unvalidated mid June information) – this is significantly ahead of our year to date plan which had forecast 13,947 long waiters at this point.
- Whilst positive the scale of the challenge means however that we anticipate a lengthy programme of backlog reduction to clear the waiting list that has built up. Routine patients are likely to wait significant periods of time for treatment until we are able to get to a more balanced demand and capacity position.

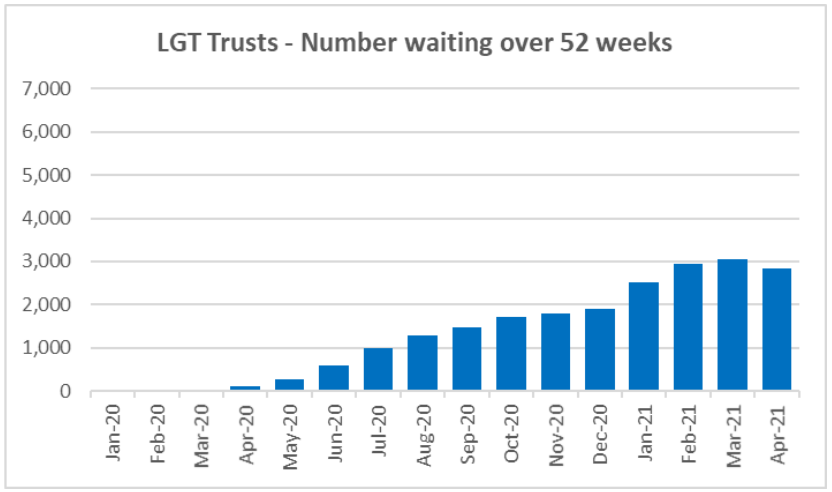
Sustainable solutions

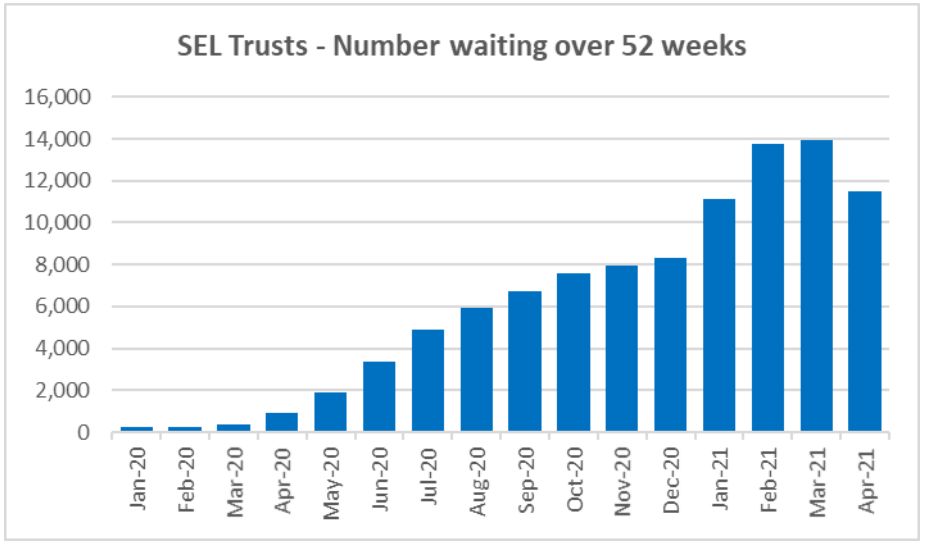
- We have been taking a system approach to the management of available capacity to ensure equitable access for patients and to support treatment in line with a consistently applied clinical prioritisation process.
- We continue to ensure optimal out of hospital support and in hospital productivity and efficiency alongside developing new models of care and care pathway improvements.
- We have also started to think about medium term sustainability - how we will ensure that we have the capacity required to provide timely and equitable access for patients who need elective care on an on going basis, recognising that the SEL system faced a number of capacity constraints pre pandemic.

Referral to Treatment (RTT) 52+ Week Waiting Time Trends – Last 16 months







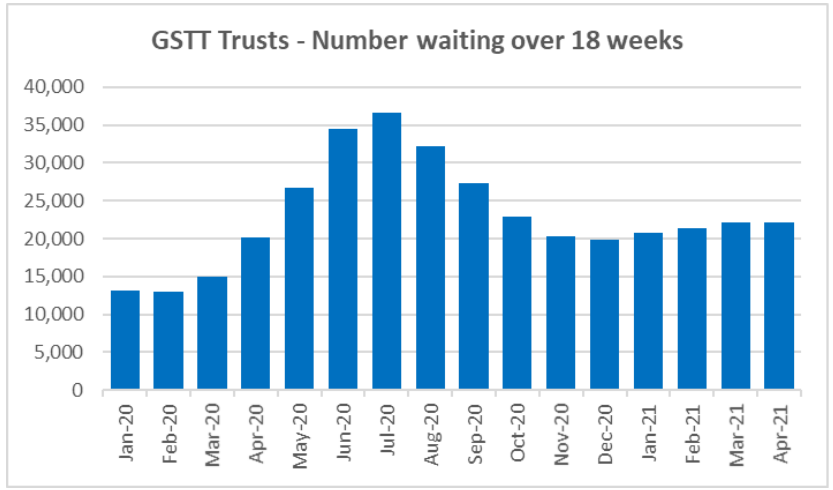


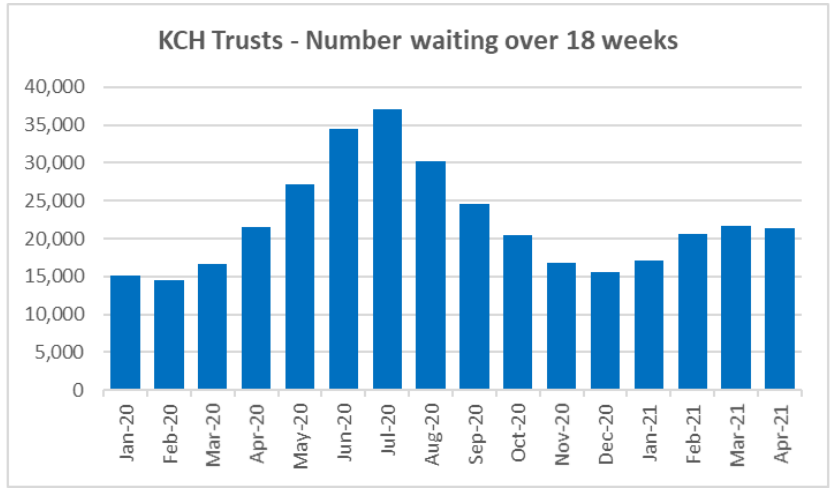
 # Waiting over 52 weeks

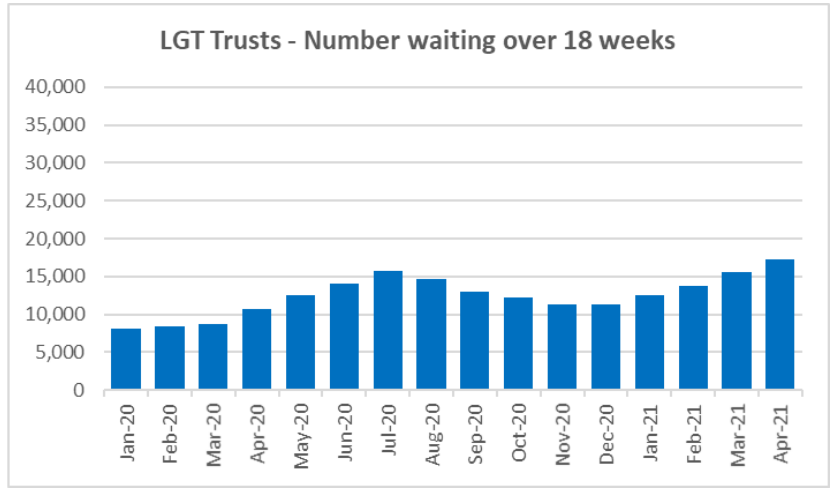
	Apr-20	**Apr-21**	Variance
GSTT	346	**3,430**	3,084
KCH	482	**5,233**	4,751
LGT	95	**2,845**	2,750
SEL Trusts	923	**11,508**	10,585
SEL CCG	718	**7,969**	7,251

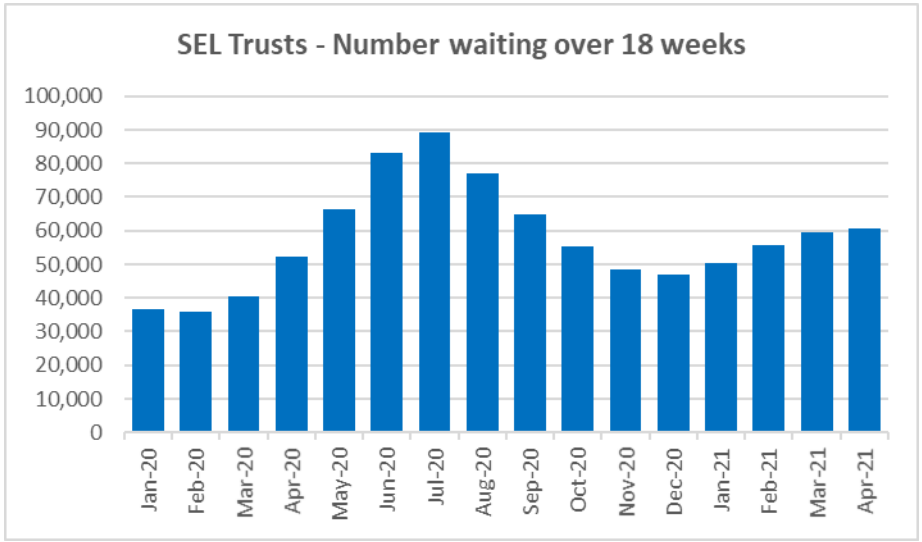
Source: Consultant Led Referral to Treatment Waiting Times – Published data

Referral to Treatment (RTT) 18+ Week Waiting Time Trends – Last 16 months







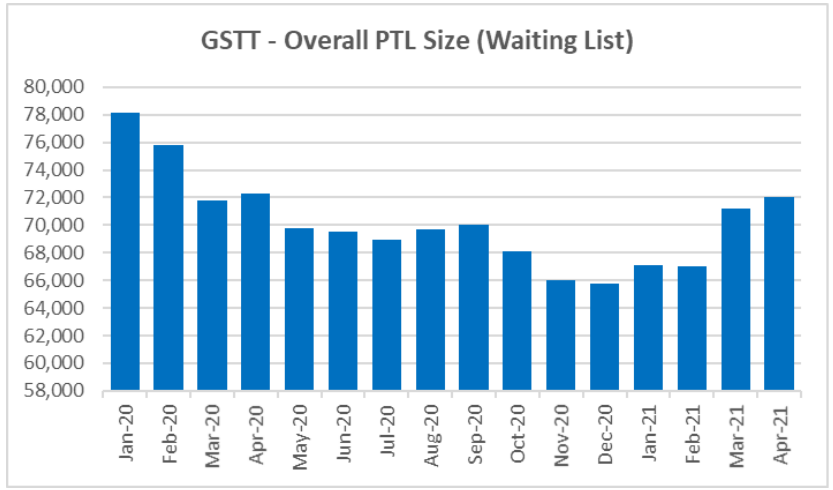


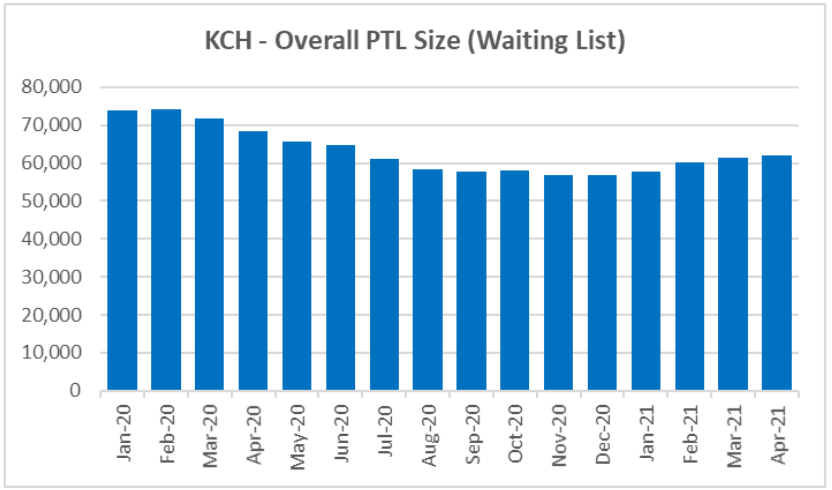
 # Waiting over 18 weeks

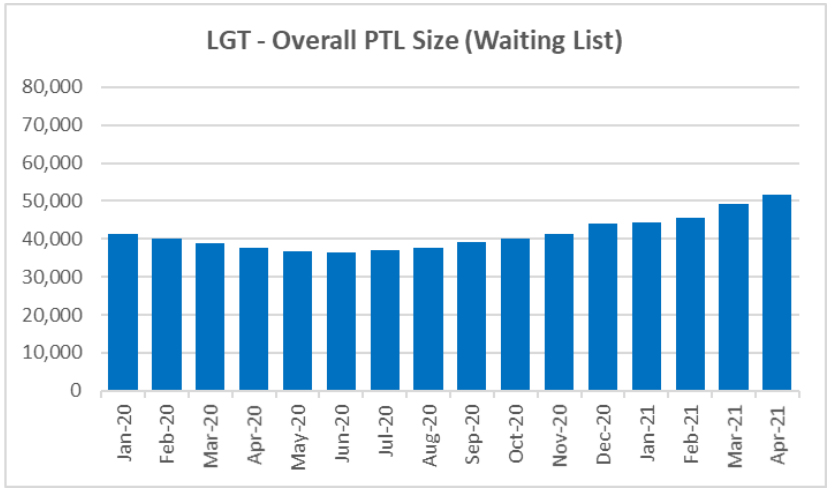
	Apr-20	**Apr-21**	Variance
GSTT	20,142	**22,124**	1,982
KCH	21,528	**21,333**	-195
LGT	10,694	**17,216**	6,522
SEL Trusts	52,364	**60,673**	8,309
SEL CCG	43,536	**46,619**	3,083

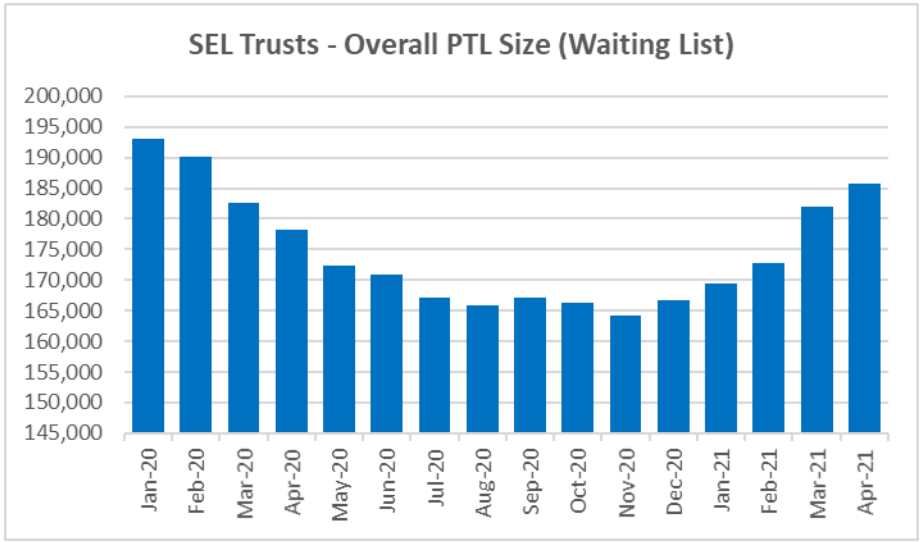
Source: Consultant Led Referral to Treatment Waiting Times – Published data

Referral to Treatment (RTT) Total PTL Time Trends – Last 16 months









PTL size

	Apr-20	**Apr-21**	Variance
GSTT	72,303	**72,018**	-285
KCH	68,327	**62,156**	-6,171
LGT	37,535	**51,520**	13,985
SEL Trusts	178,165	**185,694**	7,529
SEL CCG	144,956	**147,082**	2,126

Source: Consultant Led Referral to Treatment Waiting Times – Published data