Report for:	**NW London Joint Overview and Scrutiny Committee**
Date of meeting:	Wednesday 9 March, 2022
Subject:	North west London acute care programme - planned care recovery and development
Responsible officer:	
Report authors:	Professor Tim Orchard Chair, North west London acute care programme board; Chief executive, Imperial College Healthcare NHS Trust Pippa Nightingale Chief executive, London North West University Healthcare NHS Trust
Enclosures:	North west London acute care programme briefing March 2022

Section 1 – Summary and recommendations

This report provides an update on the north west London acute care programme led jointly by the four acute care trusts in north west London as part of the North West London Integrated Care System. It summarises the latest data on planned care activity and waiting times as well as our main collaborative developments, including 'fast-track surgical hubs'. It also includes sections on two particular developments – 'Exploring a north west London elective orthopaedic centre' (2.2) and 'Developing community diagnostic centres' (4.1) – for which we are developing plans to engage and involve a wide range of stakeholders, including staff, patients and local communities. We want to involve stakeholders in shaping and assessing all aspects of our plans in advance of bringing any formal proposals for consideration by the JHOSC and others. This informal involvement would also be in advance of any formal public consultation processes that we would work with the JHOSC and other statutory stakeholders to determine.

Recommendations:

Members are requested to note the enclosed update and to support the development of our informal involvement and engagement plans.

Acute care programme briefing - planned care recovery and development, March 2022

Chelsea and Westminster Hospital, The Hillingdon Hospitals, Imperial CollegeHealthcare and London North West University Healthcare

1 Introduction

Our collaborative approach to working across our 12 acute and specialist hospitals in north west London is becoming increasingly embedded. It has enabled us to maintain more planned (elective) care during the third wave of Covid-19 infections than in the second wave when, in turn, we had seen an improvement on the first wave. As we look to the new financial year and hopefully emergence from the pandemic, we are collectively focusing on both immediate measures to increase emergency, urgent and planned capacity while continuing to minimise the risks of Covid-19 and longer term plans to develop better ways of working to reduce waiting times, improve our care and outcomes and help tackle underlying health inequalities.

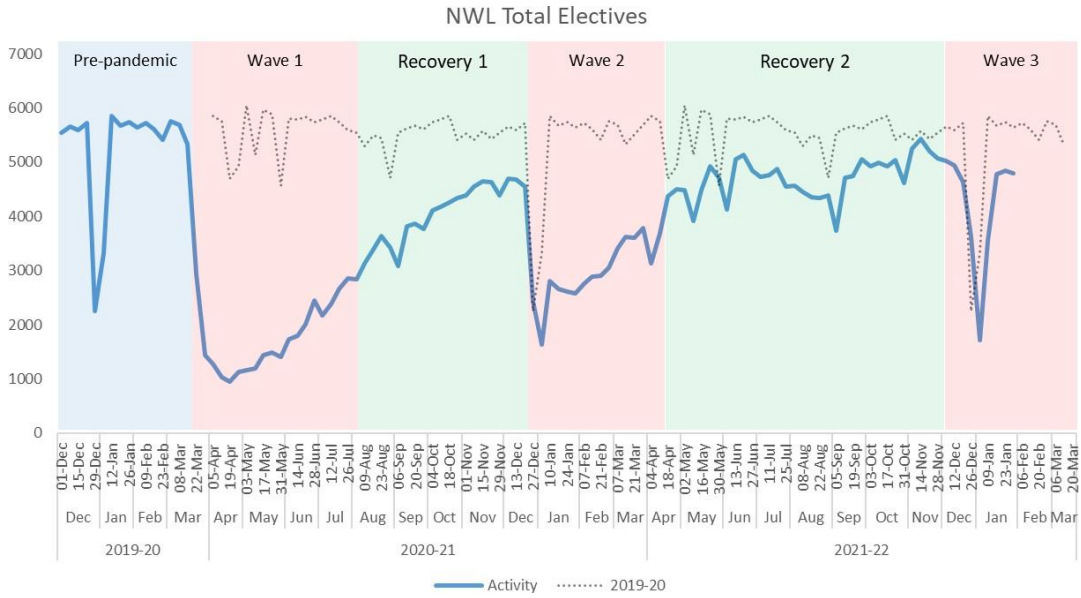

Figure 1: Total number of patients receiving planned care in north west London. Source: NHS England weekly activity report.

During the third wave, we were able to maintain 85 per cent of our pre-pandemic levels of planned care, peaking at 95 per cent – a significant increase from the 60 per cent maintained during the second wave and the 15 per cent maintained in the first wave.

This briefing provides an update on key performance measures and targets for acute care across north west London and our main collaborative developments.

2 Planned care

In December 2021 (latest fully validated data), there was a total of 205,657 patients on our (inpatient and outpatient) waiting lists. This represents a continuing increase against a national ambition to maintain the number of people waiting at September 2021 levels. However, given the impact of the third wave of the pandemic on planned care capacity and anticipating that more patients willcome forward for treatment as we emerge from the pandemic, we expect the size of the waiting list to increase further before we are able to achieve a sustainable reduction.

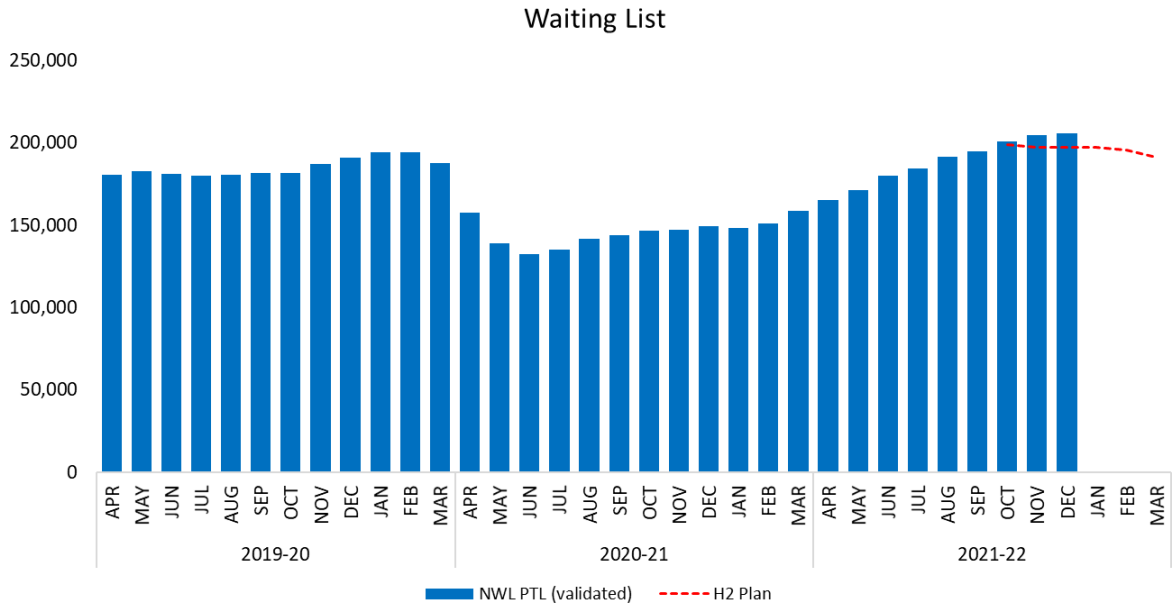

Figure 2: Total number of patients on north west London waiting lists. Source: Monthly 'consultant-led referral to treatment waiting times' dataset published on NHSE Statistics

As of February 2022, we have managed to achieve 87 per cent of pre-pandemic planned care activity and we are working towards the national target of 104 – 110 per cent for 2022/23.

2.1 Embedding 'fast-track surgical hubs' and making best use of theatre capacity
One of the ways in which we have been able to maintain more planned care through later waves of the pandemic has been through the establishment of 'fast-track surgical hubs'. Part of a wider NHS initiative, we identified 14 surgical facilities across our hospitals that could have a good degree of separation from urgent and emergency care pathways. We then focused surgery in these facilities on so-called 'high volume, low complexity' procedures where evidence has demonstrated improved quality and efficiency when a surgical team undertakes a high number of these procedures in a systematic way. Most high volume, low complexity procedures are within six specialties – gynaecology, urology, ophthalmology, orthopaedics, ears, nose and throat and general surgery – which also represent our longest waits.

We are regularly monitoring theatre utilisation across all sites, drawing on comparative data nationally and regionally. We are working to ensure best practice and reduce unwarranted variations so that we can increase the amount of surgery we offer from within existing facilities. We are particularly looking at how our 'green' sites – our facilities that do not include A&E departments and so where planned care is less impacted by urgent demand – can best support longer term elective recovery. In parallel, we are working to understand best practice and variations in pre-operative pathways to help develop common approaches that are better for patients and more efficient, including establishing a process for enabling pre-operative assessments undertaken by one provider to be recognised across all providers to avoid duplication.

We have also recently made a £2million investment in surgical equipment to help increase theatre capacity, particularly for gynaecology.

2.2 Exploring a north west London elective orthopaedic centre

Building on the concept of fast-track surgical hubs, we have begun to develop a more strategic, larger-scale approach to improving our provision of 'high volume, low complexity' surgery across the sector. The driver is to improve quality as well as to significantly expand access and shorten waiting times over the next few years.

We believe there is a good case for beginning with orthopaedic surgery. While the pandemic has led to longer waiting times across all specialties, orthopaedics has been particularly impacted as it accounts for more than 25 per cent of all surgical interventions undertaken nationally. Without some further intervention, the number of people waiting for orthopaedic surgery in north west London is expected to increase by just under a fifth by 2030, from the current position of just over 12,000 waiting for outpatient or inpatient care.

In addition, while we have some of the best outcomes for orthopaedic surgery, including being in the top ten per cent nationally for readmission rates on a number of our sites for specific procedures, we need to achieve this consistently across the sector and we can do more to improve patient-reported outcome measures and lengths of stay across the board.

There is a strong evidence-base for elective care centres, especially for the provision of orthopaedic surgery. These centres are dedicated and purpose-designed facilities, entirely separated from urgent and emergency care services, where specialist teams provide 'systematised' surgery for a small number of common procedures. A well-established example is the South West London Elective Orthopaedic Centre where approximately 5,000 orthopaedic procedures are carried out every year with lower than average length of stays and good feedback from patients and staff.

We have been exploring how we might best establish an elective orthopaedic centre for north west London alongside maximising our planned surgery capacity overall. We think the best existing location is likely to be the Central Middlesex Hospital – it is amongst our best quality estate, it is one of only two sites that do not provide urgent and emergency care services at all and there is good potential to expand and remodel existing facilities. It also has the shortest average travel times of all our hospitals to all of the boroughs in north west London.

There is a large amount of work to do to explore the case for an elective orthopaedic centre. This includes establishing the best location and working through improved, end-to-end orthopaedic pathways (including continuing to provide pre and post-surgical care at our other hospitals and in the community), understanding and responding to the views and needs of patients and other stakeholders, analysing potentially differential impacts on different groups of patients to address potential health inequalities, and identifying the capital and revenue funding and workforce requirements. We also need to consider the wider implications – and opportunities – of using the Central Middlesex site.

We are in the process of establishing a project management and governance structure to explore our various options and develop proposals for wider consideration. This will also include considering options for other specialties as we look to prioritise improvements to reflect areas of greatest need. We are also developing a communications and engagement programme to ensure staff, patients and wider stakeholders help shape all aspects of this work as early as possible.

2.3 Supporting patients who are waiting and offering faster care where possible

In line with the rest of the NHS, many of our patients have now been waiting a long time for their care as a result of the pandemic and increasing need. As of December 2021, there were a total of 53 patients in north west London who had been waiting two years for their treatment compared with 1,200 across London as a whole. Our number is down from a peak

of 127 in July 2021 and we are working to have no one waiting for two years by the end of March 2022.

As of December 2021, there were a total of 4,075 patients in north west London who had been waiting 52 weeks for treatment, down from a peak of 6,802 in February 2021. Our number equates to two per cent of our waiting list, compared with three per cent for London as a whole and five per cent across England. NHS England has set the ambition to stabilise the waiting list size for patients waiting over 52 weeks and we have set a further ambition to reduce the number of patients in this cohort.

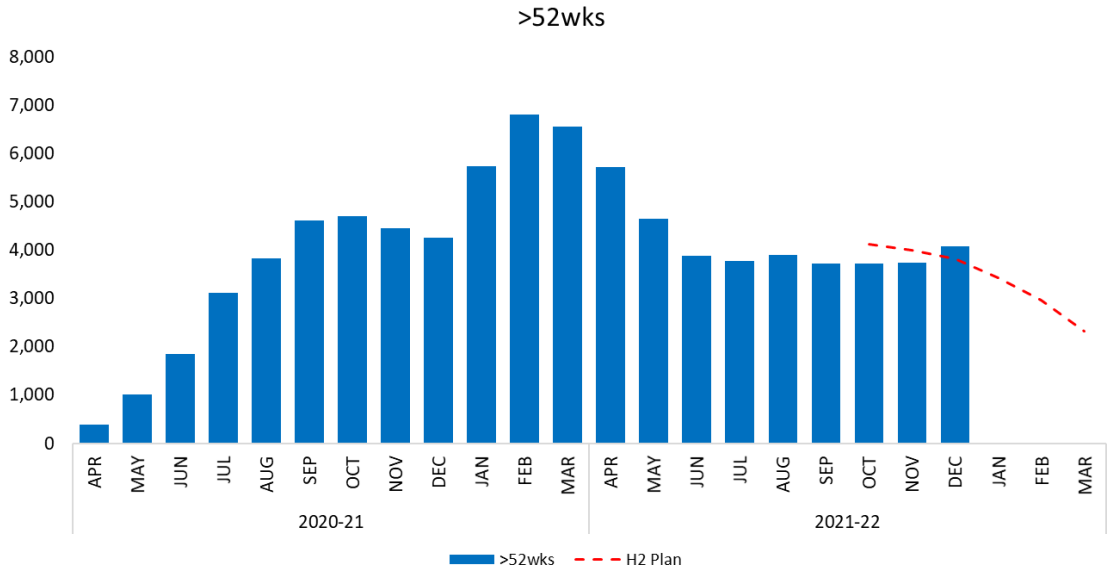

Figure 1 Total number of patients waiting one year or more for treatment in north west London. Source: Monthly 'consultant-led referral to treatment waiting times' dataset published on NHSE Statistics

Even with our focus on reducing long waits, it's clear that many patients will have to wait longer for care than before the pandemic for some years to come. We have put in place new ways of working, and we are continuing to explore new approaches, to ensure we keep patients safe, support them while they are waiting and tackle inequalities and unfairness.

We have an agreed set of principles and review meetings in place across primary and secondary care in north west London to help ensure we take a consistent approach to clinical prioritisation and to identify issues, such as the possible deterioration of a patient's condition. We have developed protocols for transferring patients to another provider with more capacity to prevent particularly long waits wherever possible, helping to address inequalities in access to care. One example has been the transfer of gynaecology patients with complex endometriosis who were waiting more than 104 weeks – of the patients identified as suitable and who consented to being transferred, 95 per cent have now been treated.

We have established a common data infrastructure with a single view of our waiting lists and we have also begun to pilot a new digital platform to give clinicians – and eventually, we hope, patients – better visualisation of demand and capacity data and greater ability to use that data to schedule work and priorities within their services.

One further work area is the development of better information and engagement approaches to ensure patient awareness and understanding of how we are managing waits and new ways of working, making sure we reach all parts of our population.

2.4 Other strategic developments

With partners in north west London, we are beginning to explore how we can develop improved models of care across all key specialties. One priority is ophthalmology care as the specialty has high waiting times and there is potential for much more integrated working across different teams and services. We also have a particular challenge with ophthalmology capacity currently with fire safety issues causing the temporary, partial closure of the Western Eye Hospital. We are working through a programme of repairs at the Western Eye – and the adjacent, vacant Samaritan Hospital building – so that we can return services to the site and we have put in place a mobile operating theatre at Charing Cross to restore some of the capacity temporarily in the interim.

3 Outpatient care

We had managed to achieve 102 per cent of our pre-pandemic outpatient activity following the second Covid-19 wave but this has dipped slightly during the third wave. As of February 2022, we are now at 101 per cent of our pre-pandemic outpatient activity, and working towards the national targets of 104 – 110 per cent for 2022/23.

3.1 Specialist advice and guidance

We are progressing plans to facilitate collaboration between clinicians across primary care and our acute hospitals. We have invested in a new sector-wide digital platform that once fully implemented will provide hospital teams with a single, more reliable and time-efficient route for managing GP advice requests and all referrals. Similarly, it will provide GPs with a single, more reliable and time-efficient route to specialist advice, and it also has the potential to support further alignment and integration of referral management processes in the future.

3.2 ‘One stop’ care pathways

We are exploring opportunities to create more ‘one-stop’ care pathways to provide faster diagnoses and routes to treatment, bringing together multi-disciplinary teams to organise care around the patient and reduce the number of separate appointments. We already have many of these pathways in place for patients with potential cancer symptoms and will be looking to extend them to specialties such as ear nose and throat, gynaecology and ophthalmology.

4 Diagnostic services

4.1 Developing community diagnostic centres

Community diagnostic centres are a national initiative to build diagnostic capacity for planned care, based in the community and separated from urgent and emergency pathways. This ‘one stop’ approach for checks, scans and tests will be more convenient for patients and help to improve outcomes for patients with cancer and other serious conditions.

National funding of £2.3bn has been allocated for developing diagnostic services and a national assurance and business case approval process has been issued for schemes to deliver new community diagnostic centres. We are looking to have new community diagnostic centres situated in at least two areas of north west London where there are significant clusters of deprivation – including one in the area of Hanwell, Southall and Greenford; and another in the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen’s Park and Church Street in North Westminster.

We are working up plans and business cases to progress new community diagnostic centres with capital investment from 2022/23. We are also developing plans to involve patients, staff

and other stakeholders in the development of the centres and the business cases over the coming months.

5 Cancer care

Urgent cancer referrals (on the 'two-week' pathway) have increased since March 2021 - across north west London, between 12 and 25 per cent more patients were seen on an urgent cancer pathway in November and December 2021. Performance against the national 'faster diagnosis' standard is stable at 72 per cent against the target of 75 per cent of patients being informed whether they have cancer or not within 28 days of urgent referral as of December 2021.

Overall, as of December 2021, cancer first treatments are up 9 per cent against the 2019/20 baseline. An additional 449 surgeries have been undertaken from March to December 2021 compared with the same time period in 2019/20. This increase in demand is creating capacity and operational pressures and longer waits for cancer care than planned. Performance against the 62-day wait (between an urgent referral and the start of treatment has dropped to 75 per cent in December 2021 from 78 per cent in July 2021. The impact of the Omicron variant pre-Christmas resulted in reduced capacity across acute trusts due to staffing sickness and so there was a downturn in activity for diagnostics particularly at this time. Together with RMP Cancer Alliance and wider partners across the integrated care system, we are working through how we can best achieve greater, sustainable improvement with a particular focus on 62-day and faster diagnosis standard attainment.

We continue to have a major sector-wide focus on increasing awareness amongst local communities, GPs and other partners of the importance of investigating cancer symptoms as soon as possible. The overall 'gap' (between actual and expected cancer diagnoses and 'first treatments') for the population of north west London has recovered since March 2021 - from a starting deficit of 471 patients to 277 more patients seen in December 2021 against the pre-pandemic baseline, however at tumour site level there are remaining deficits in breast and urology.

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