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Health and Care Partnership



NHS West Yorkshire
Integrated Care Board

Kirklees Scrutiny Committee

19th October 2022

Elective Capacity & Demand Intelligence Pack



Questions raised and addressed in relation to Elective Capacity & Demand

To assess the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics and diagnostics to include:

- Understanding local pressures to include details of which areas are facing the greatest pressures and reasons why.
- Details of backlog of patient numbers and waiting times (by service).
- Approach being taken to manage the backlog and progress being made.
- Examples of any initiatives/work being done collectively to tackle backlog and manage demand.
- Impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.
- Understanding local pressures; access to primary care services, sharing examples of good practice; identifying areas for improvement.

Approach

In response to the questions raised in the previous slide, each partner organisation has set out a response in the following provider order:

- Calderdale and Huddersfield Foundation Trust (CHFT)
- Mid Yorkshire Hospitals Trust (MYHT)
- Kirklees Primary Care
- Kirklees Adult Social Care Services
- Locala Community Services
- Calderdale, Kirklees, Wakefield (CKW) Community Diagnostic Centre (CDC)



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Calderdale & Huddersfield Foundation Trust

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Challenges & Risks

Consultant workforce gaps

For surgery particular difficulties are seen in Ophthalmology (particularly Glaucoma), ENT (particularly Head and Neck) and Max Fax. We are working with the Independent sector and in sourcing

For Gynaecology (where support from the independent sector is difficult) we are struggling to outsource work.

In the medical speciality of neurology we are working with the independent sector for additional clinic capacity and Consultant triage, in rheumatology additional clinics are being provided in house and for dermatology additional independent sector input is being sought.

Access to Theatres

The Trust theatre recovery programme has been built over 3 phases, built around recruitment timelines, full staffing expected in place by Christmas which returns theatre capacity to pre pandemic levels.

There are ongoing challenges with recruitment of theatre teams.

Complex surgical cases

Many of the longest waiting routine patients are now very complex and long surgical cases, requiring significant time in theatre and occasionally multiple surgeons. Some cases can take a full day in theatre.

There are also patients who we need to transfer to other Hospitals to complete their pathways.

Urgent and cancer cases

The Trust continues to consider clinical priority, length of wait and any elements contributing to health inequalities in its recovery.

Cancer referrals continue to be high which means many routine outpatient slots have to be converted to urgent 2 week wait appts, slowing routine outpatients recovery.

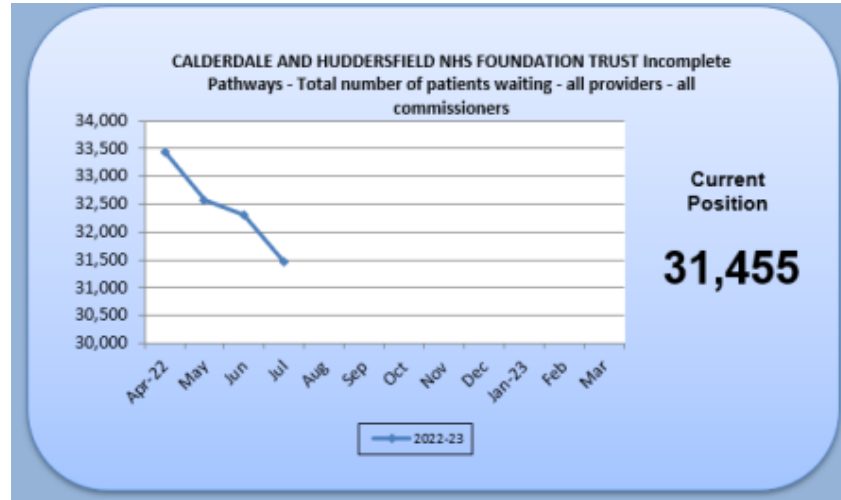
Theatre lists are prioritised for cancer patients, where staffing is available to carry out procedures. This can impact on other specialities where extra lists need to be made available.

Demand – cancer and routine

The Trust continues to receive high demand for cancer 2 week wait.

Routine referrals overall have not returned to pre-pandemic levels for all specialties, where possible pre referral support packages are being developed by commissioners to support Primary care colleagues to support patients in General Practice and ensure that all referrals require secondary care input.

Specialty Performance (Aug 22)



There are 31,455 patients on an incomplete waiting list at CHFT, with 60.8% waiting within 18 Weeks.

General Surgery, Trauma & Orthopaedics and ENT being the 3 specialties with the highest volume of patients waiting.

1957 patients have been waiting in excess of 52 weeks.

Treatment Function		Jul	
		<18wks	18wks+
Cardiology Service	62.3%	1,010	612
Dermatology Service	81.7%	545	122
Ear Nose and Throat Service	67.5%	1,981	952
Elderly Medicine Service	54.5%	90	75
Gastroenterology Service	66.0%	1,356	699
General Internal Medicine Service	75.8%	201	64
General Surgery Service	58.9%	3,068	2,142
Gynaecology Service	52.5%	1,505	1,363
Neurology Service	49.8%	963	970
Ophthalmology Service	64.9%	1,346	729
Oral Surgery Service	37.2%	832	1,402
Plastic Surgery Service	52.6%	255	230
Respiratory Medicine Service	63.3%	679	394
Rheumatology Service	69.9%	443	191
Trauma and Orthopaedics Service	63.8%	1,921	1,088
Urology Service	60.9%	1,029	661
Other - Medical Services	67.5%	912	439
Other - Other Services	76.7%	46	14
Other - Paediatric Services	86.8%	870	132
Other - Surgical Services	50.8%	63	61
TOTAL	60.8%	19,115	12,340

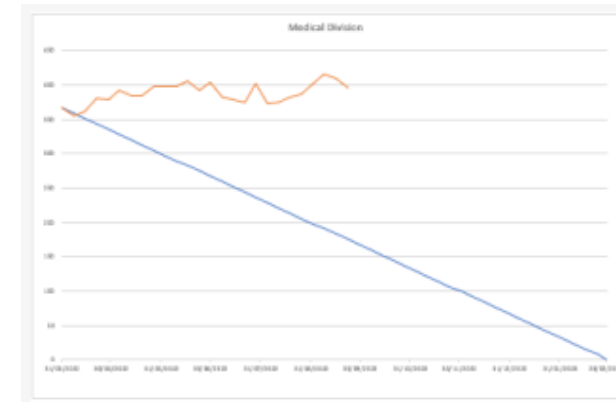
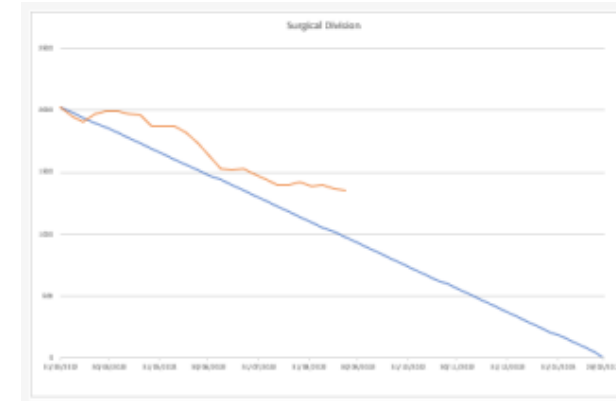
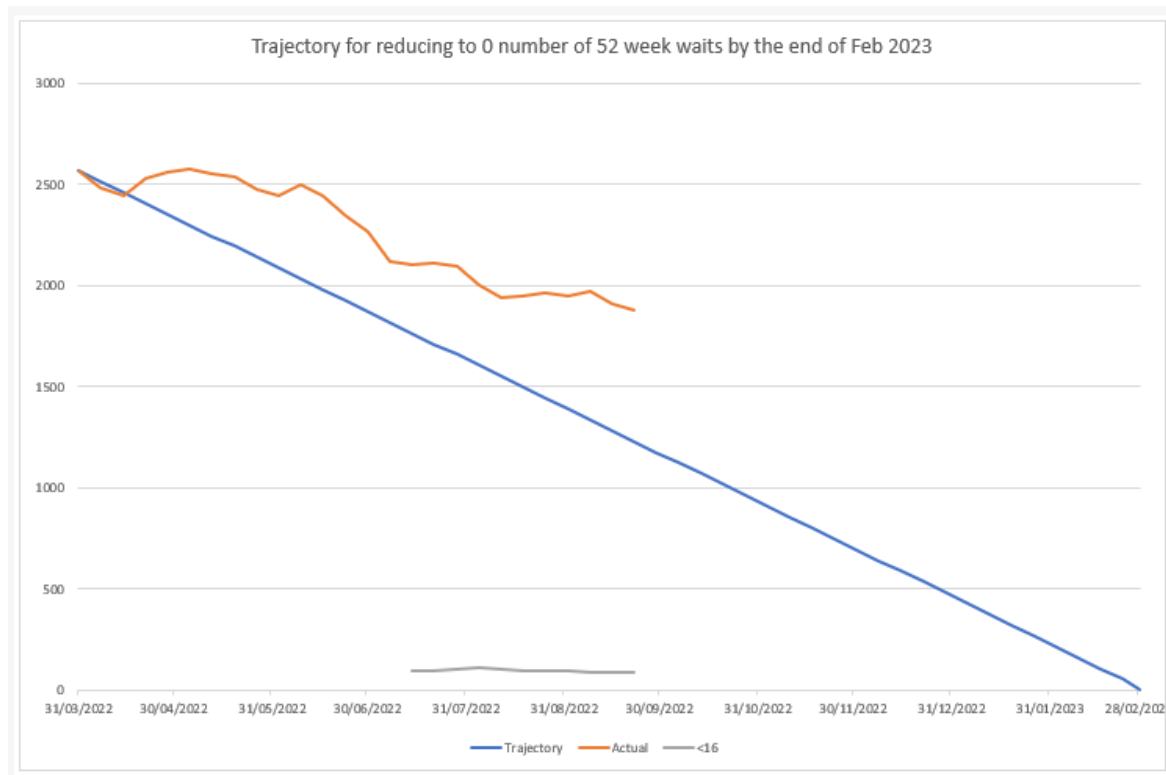
Treatment Function	>52 wks
Cardiology Service	31
Cardiothoracic Surgery	0
Dermatology Service	13
Ear Nose and Throat Service	316
Elderly Medicine Service	3
Gastroenterology Service	85
General Internal Medicine	1
General Surgery Service	404
Gynaecology Service	205
Neurology Service	141
Neurosurgical Service	0
Ophthalmology Service	38
Oral Surgery Service	355
Plastic Surgery Service	56
Respiratory Medicine Service	28
Rheumatology Service	27
Trauma and Orthopaedics	148
Urology Service	69
Other - Medical Services	34
Other - Mental Health	0
Other - Other Services	0
Other - Paediatric Services	3
Other - Surgical Services	0
TOTAL	1,957

Reducing the 52-week position

The Trust is on track overall to reduce the number of >52 weeks patients Mar 23.

Some pressures in relation to the medical division but essentially small numbers.

In Surgical division whilst delivering in line with the recovery trajectory pressure in MaxFax and General Surgery.

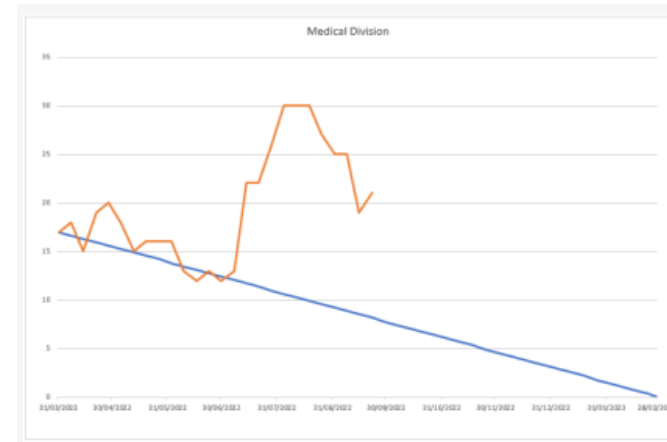
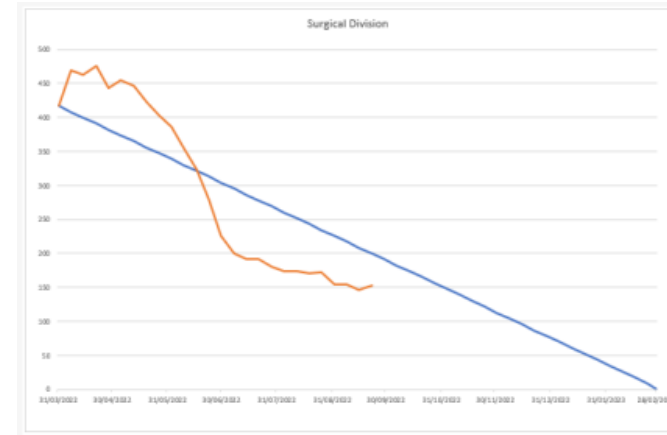


Reducing the 78-week position

The Trust is performing better than the anticipated recovery trajectory overall in reducing the number of >78 weeks patients Mar 23.

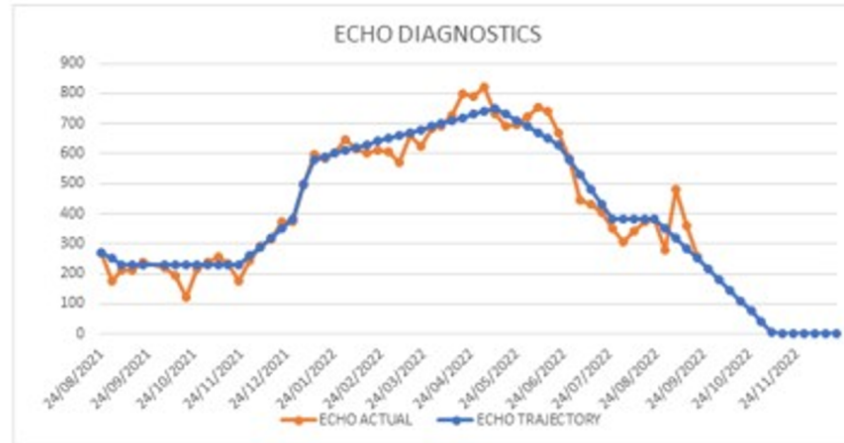
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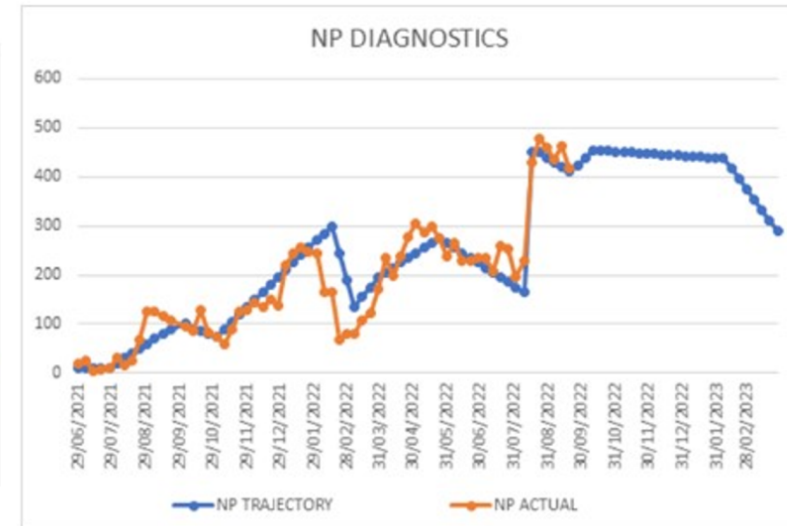


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Diagnostic Pressures



- Echo wait time reduced to 8 weeks.
- 650 patients waiting to be booked.
- Paediatric Echo Service Manager recruited and in post.
- Two students due to take their BSE exams in Autumn.
- Breeches due to be cleared by mid -November.



- 549 patients waiting to be booked for EMG and CTS.
- Workforce issues continue to be a challenge in Neurophysiology.
- Loss of specialty doctor behind the large increase in breaches in above chart in July/August.
- New specialty doctor starting in October however it will take 2 months to be able to run independent CTS clinics and 4 -6 months to run independent EMG clinics.
- A second specialty doctor has pulled out and this is back out to advert.
- Extra clinics being run with Eden (private provider) providing an additional 220 EMG slots.
- Workforce model review for CTS clinics to increase capacity.

Planned Care Programme

1. Elective Care
Performance and
Recovery

2. Transformation in
Outpatients

3. Partnership Delivery

4. Designed
Diagnostics

5. Hospital
Reconfiguration

Mid Yorkshire Hospitals Trust

Challenges & Risks

Consultant workforce gaps

In Ophthalmology, ENT, Gynaecology, Urology there are challenges in filling vacant consultant posts. This contributes directly to the inability to deliver 100% activity across theatres and outpatients in those services.

Access to Theatres

The Trust has a priority project to increase the theatre workforce to enable the operation of 21 theatres by March 2023, currently there are 19 theatres running. This will return the Trust to pre-pandemic levels of theatres and there is further ambition to increase the workforce to allow a further 5 theatres to be running. There are significant challenges in the recruitment and retention of anaesthetic and theatre staffing.

Complex surgical cases

Many of the longest waiting routine patients are now very complex and long surgical cases, requiring significant time in theatre and often multiple surgeons. This results in less activity delivered in a theatre session and therefore impacts the monthly activity targets.

Urgent and cancer cases

The Trust has always approached waiting list management in clinical and then chronological order. This means that at a time when cancer demand is increasing and urgent demand is still high, much of our theatre and outpatient capacity is prioritised for these patients. This will result in routine elective patients waiting longer and sometimes these are the more simpler cases, which result in a high throughput in theatre. This particularly influences the Orthopaedic activity position – a reduction of their theatre capacity to treat patients in other specialties.

Demand – cancer and routine

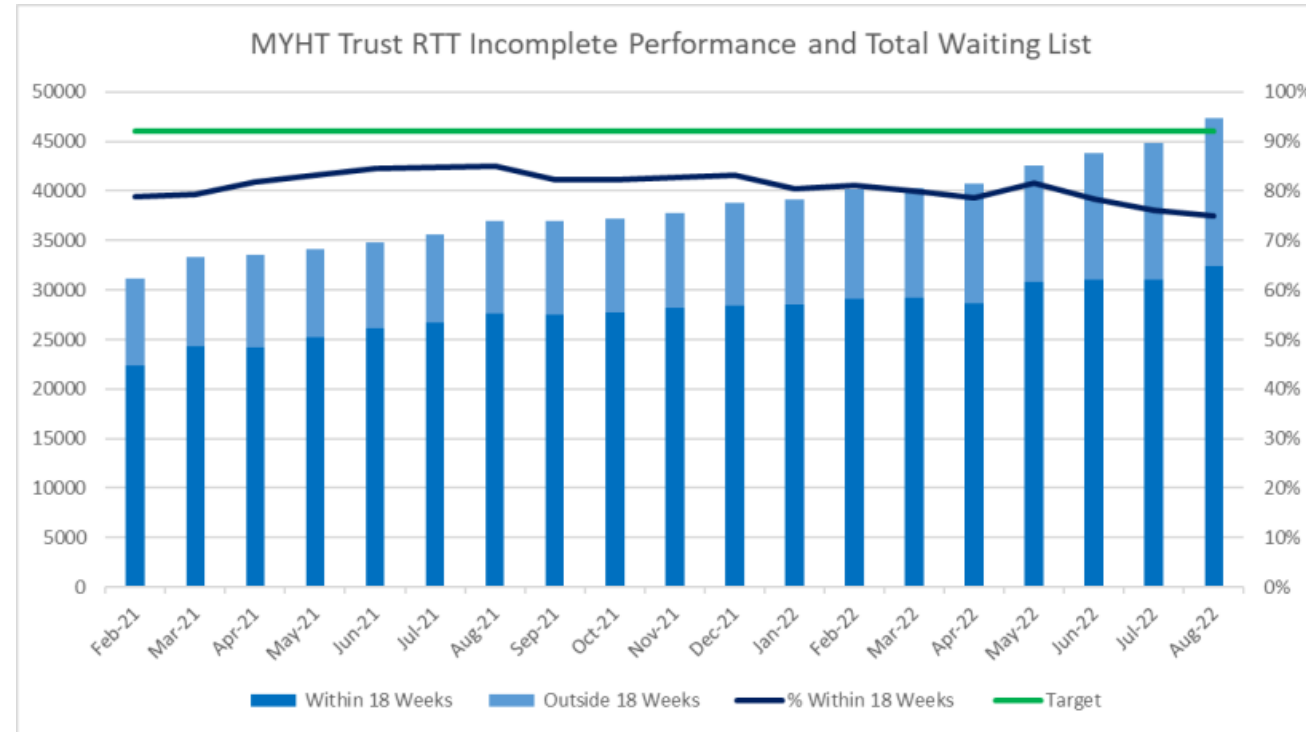
The Trust continues to receive high demand for cancer 2 week wait appointments particularly in Skin and Lower GI. This increased demand requires more clinic and consultant time to be allocated to these suspected cancer cases. In addition, the Trust has seen a continual growth in routine referrals, post pandemic, resulting in increasing waiting lists in large specialties, such as gynaecology, ENT, ophthalmology, general surgery and orthopaedics.

Specialty Performance (Aug 22)

Specialty	Total Incomplete Waiters List Size	Total % Below 18 Week	Total Incomplete Waiters 52+ Weel
ENT	4239	59.5%	331
GYNAECOLOGY	3613	70.7%	119
PLASTIC SURGERY	1819	60.6%	104
UROLOGY	2649	70.8%	97
GENERAL SURGERY	1336	62.0%	95
COLORECTAL SURGERY	1614	69.6%	59
Oral And Maxillofacial Surgery	2844	59.8%	56
VASCULAR SURGERY	1108	62.2%	54
TRAUMA AND ORTHOPAEDICS	3647	68.9%	29
OPHTHALMOLOGY	4645	76.1%	16
GASTROENTEROLOGY	3290	73.8%	8
NEUROLOGY	1480	56.9%	4
PAIN MANAGEMENT	1677	67.0%	3
UPPER GASTROINTESTINAL SURGERY	314	75.5%	3
RESPIRATORY MEDICINE	1380	65.7%	1
CLINICAL HAEMATOLOGY	509	77.8%	1
DERMATOLOGY	1363	72.9%	0
CARDIOLOGY	1177	73.2%	0
RESPIRATORY PHYSIOLOGY	977	60.3%	0
HEPATOLOGY	767	66.9%	0
RHEUMATOLOGY	647	77.7%	0
ENDOCRINOLOGY	571	82.5%	0
BREAST SURGERY	459	96.7%	0
PAEDIATRICS	330	95.5%	0

Routine Elective Waits

The Trust waiting list position has grown month on month over the last 18 months, reflecting the increasing demand and challenges in delivering cancer, urgent and routine planned care.



104 weeks
78 weeks
and
52 weeks

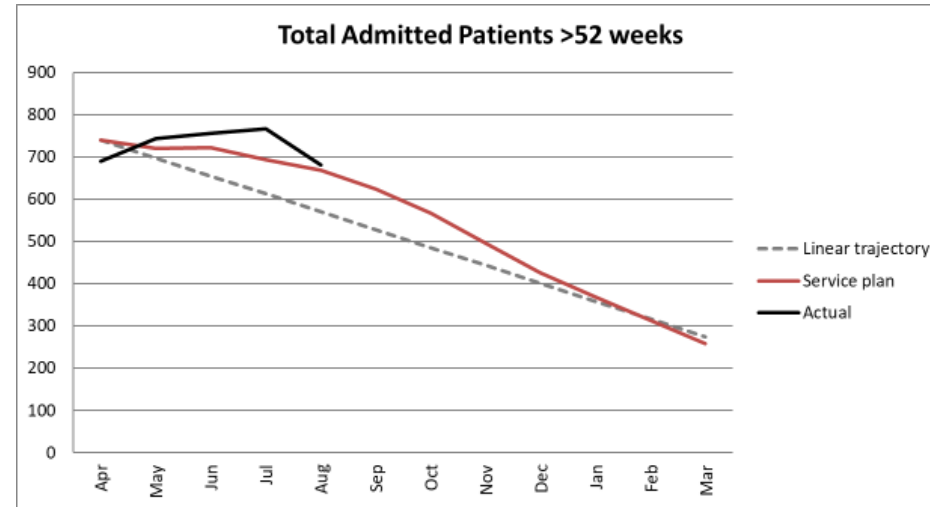
MYHT have not reported any >104 week waits in this year.

MYHT is expecting to report 30 >78-week breaches at the end of September. These breaches are in gynaecology, ENT and neurology. These patients will have waited over 78 weeks at the end of September due to; patient choice, surgeon sickness and large complex joint cases.

At the end of August, the Trust reported 1005 over 52-week breaches.

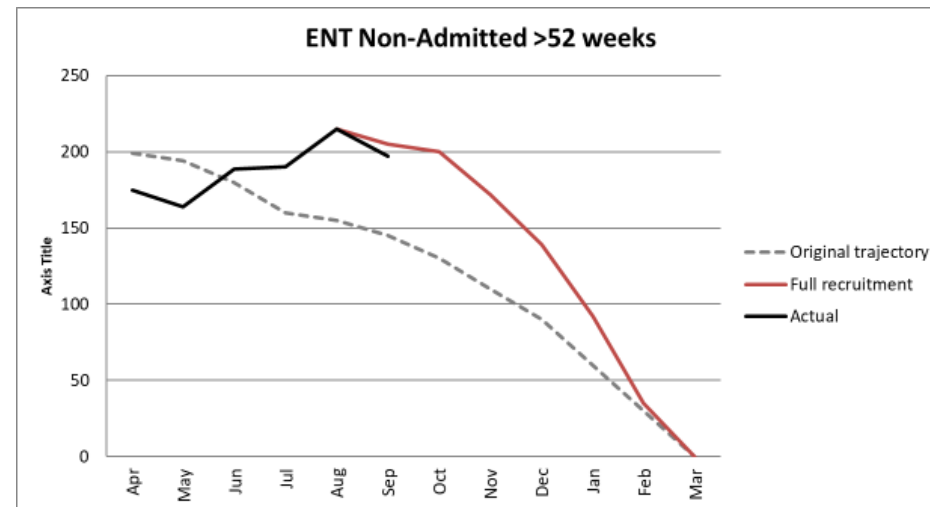
Reducing the 52-week position

The Trust is on track to reduce the number of admitted >52 weeks patients to less than 300 by Mar 23.



The Trust is also on track to report zero >52 week non-admitted patients in all services, with the exception of ENT.

Significant risk exists for this service due to the inability to recruit to Consultant and Middle Grade posts.



Planned Care Redesign Programme

Trudie Davies – SRO for Planned Care Redesign
James Brownjohn – Programme Manager

Programme Aim:

Single system-wide strategy for collaborative, integrated and personalised care

System Project Deliverables in Work Streams

1. Planned Care Performance

- Elective Care Recovery
- Better information to support delivery
- Theatre roadmap to increase capacity
- Validation & Data Quality
- Productivity improvements
- Training support for planned care leads and teams

2. Transformation in Outpatients

- Shared Referral Pathway for advice and guidance
- Patient Initiated Follow Up roll out
- Improved digital clinic outcome recording & tracking
- Clinic room and resource usage
- Robotic Process Automation application

3. Partnership Delivery

- Coordination of the Planned Care Alliance
- Developing a consensus approach at the interface
- Delivery of summit meeting for fragile services (Pain, Derm, ENT)

4. Designed Diagnostics

- Deliver the Community Diagnostic Centre
- Review current pathways for diagnostics
- Refined and supportive reporting

5. Prepared and Informed Care

- Improved comms with Public & Patients linked to the AIS
- Patient Knows Best Patient Portal Implementation
- Design and Delivery of Prehab Service
- Personalised Care training and links to Live Well

Key Themes: 1. Reducing Health Inequality 2. Digital Opportunities 3. Personalised Care
Golden Threads: Co-design, Meeting Patient Expectations, Benefits Driven



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Primary Care

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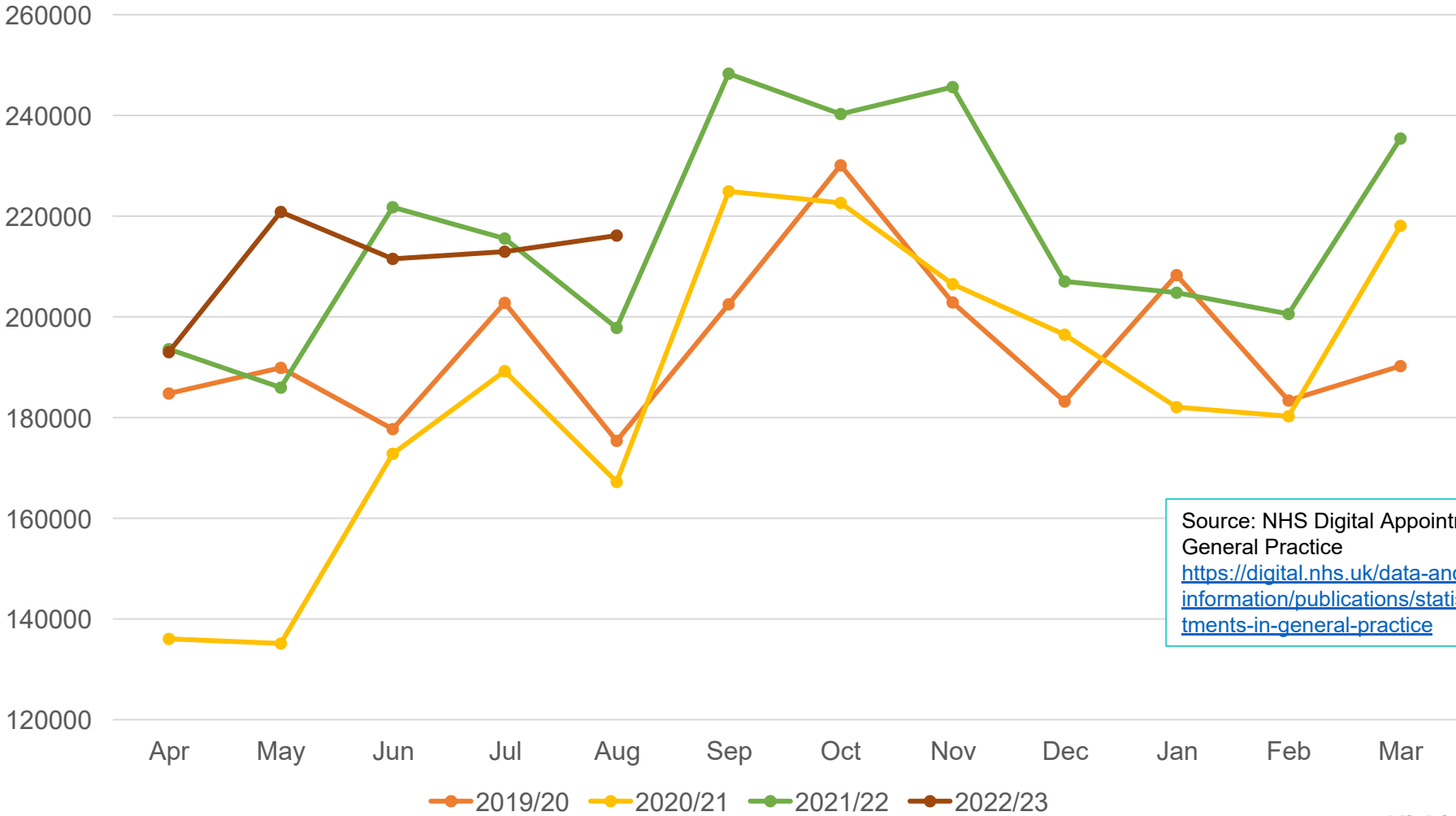
Access to General Practice & Winter 2022

- Access to General Practice is a priority workstream at a number of levels - National, West Yorkshire and in Kirklees. This presents a number of significant challenges and changes
- Appointments outside of usual working hours - From 1 October this becomes **Enhanced Access** and responsibility for delivering appointments in the new Network Standard Hours (6:30-8:00pm Monday to Friday and 9am to 5pm on Saturdays) shifts to Primary Care Networks (PCNs).
- **Recovery & demand** - demand is increasing and is higher than pre-pandemic levels (see next slide)
- **Workforce** – challenges with recruiting and retention are widely acknowledged across the NHS but this is also being keenly felt in small GP practices operating as independent businesses
- **Additional Roles Reimbursement Scheme (ARRS)** – scheme to support accessing different roles for PCNs
- Patterns, methods and preferences of accessing appointments have changed during the pandemic. Changes notable around concept of '**digital first**' balanced with preferences for **face to face** appointments
- **Winter pressures** - plus predictions for flu and covid, support for care homes and housebound
- Active role in delivery of **vaccination** for Covid and Flu

Appointments in General Practice



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Source: NHS Digital Appointments in General Practice
<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

Supporting General Practice through Winter & SDF

- NHSE issued a letter on 27 September setting out the approach to supporting General Practice through winter
- Scaling up of ARRS roles & increased flexibility for the scheme – 150 people in Kirklees now employed through this route
- Expansion of capacity – delivering more appointments to meet demand
- Reduce workload and admin burden – especially interface between primary and secondary care
- ICB Framework for supporting practices – readily assess needs of practices to see what interventions would be most appropriate in short term to boost resilience and patient access through winter
- Where additional capital funding could be used to make a difference to primary care over winter
 - Digital interoperability and other tools to support cross PCN working, including delivery of enhanced access services at PCN level;
 - Rapid improvements in primary care estates, especially to support optimal use of ARRS roles eg creation of additional consulting rooms; and
 - Increasing use of automation of business/back office functions in general practice.

Annual GP Patient Survey - 2022

- The GP Patient Survey was published on 14th July. It assesses patients' experiences of healthcare services provided by GP practices and experience of NHS dental services. [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022-results)
- Nationally, the proportion of patients reporting a good overall experience of the GP practice decreased to its lowest level for five years (72.4%) – a 10.6 percentage point decrease compared with the 2021 survey (83.0%). This had steadily declined from 2018 to 2020, followed by an increase in 2021.
- Overall, 55.1% had used at least one online general practice service in the 12 months before taking part in the survey, an increase compared with the 2021 survey
- In Kirklees, the question relating to overall experience of your GP practice rated higher than the national average – Kirklees average of 74% against national average of 72% but there is variation across practices and Primary Care Networks.

Kirklees Council

Demand and capacity

- Increased demand from community and for discharge support.
- Context of recruitment and retention challenges across the sector
- Higher level of complexity evident through increased individual packages of care and numbers being supported. 11.5hours 2020 to 13.5 in 2022.
- Discharge to assess approach being sustained
- Home first through reablement and intermediate care to ensure decisions about long term needs are made following rehab and recovery and in the right setting.

Market Sufficiency

- D2A beds, local level funding, with ambition to reduce reliance.
- We have an agreed set weekly rate for D2A beds which takes into account the higher turnover of these beds and the additional work involved by the provider in facilitating speedier assessments and paperwork.
- Support to care homes with additional funding drawn down by Kirklees and working with the private sector to mitigate cost rises and staff pay increase.
- Care home placement at pre pandemic levels with significant increase in domiciliary care provision – 9,000 hours in 2020 to almost 19,000 hours
- We are currently working on the Fair Cost of Care Exercise and working up Market Sustainability plans.
- Domiciliary care- additional payment in place since end of February in recognition of the higher fuel/mileage rates with the cost of fuel increasing (over and above the inflationary increase agreed in the budget)

Assistive Technology

- Exploring opportunity for enhanced use to support demand and improved outcomes
- Community equipment services-
 - Increased demand in terms of complexity
 - Increase in same day requests to support discharge to assess
 - Relaxed criteria to support care homes through short term loan

Knowing Ourselves Well - Performance Information

Pathways

- 83.5% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 1 service
- 11.2% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 2 service
- 93% of patients who were discharged from hospital and referred to the Discharge Team/KILT were not re-admitted within 31 days of the referral being received

Urgent/Crisis Response

- 87.6% of patients who required a 0–2-hour Locala Urgent Community Response were seen and assessed within the target timeframe, with more than 80% of patients who required reablement following an urgent community response provided with a service within the target timeframe
- Number of referrals to LA Rapid Response service increased by 4% on last year to an average of 122 per month. Average length of stay on LA Rapid caseload equates to 17 days

Kirklees Reablement Service

- Increase in referrals to an average of 134 per month (influenced by low levels during early part of Covid)
- People who had a successful outcome following reablement improved and latest data is at 80%

Intermediate Care Service

- % of referrals into a bed-based offer is reducing, with a proportionate increase in home based intermediate care through the KILT – this is in line with our shared strategic intent
- 99.5% of patients who were referred to a Locala Intermediate Care Service demonstrated an improved or maintained level of functioning on transfer or exit from service
- The average length of stay for patients in Intermediate Care Bed had improved to 34 days during 2022

Discharge to assess beds

- Funding ended March 2022.
- Local funding in place based on reduction from 60 beds in Q1 to 20 beds in Q3/4.
- High levels in first 2 quarters now at 23.

Kirklees Independent Living Team (KILT) – an Integrated Intermediate Care Offer

The national agenda for Home First enables a strategic response to the national Discharge to Assess agenda and the improvement of the intermediate care offer in Kirklees through the KILT partnership approach, this includes:

- Home First will be the default – through the KILT approach we work to get people home first time, wherever possible
- Provide a flexible offer to meet the needs of the individual – not bound to a narrowly specified duration of support nor to a specific service location
- Strengthening our flexible and *integrated* approach to workforce capacity, development and planning
- Enabling an approach to support *Home First* models to succeed through reducing the reliance on bed-based solutions for care (Intermediate Care Beds and Discharge to Assess)

This consists of:

- Maintaining a core bed based offer of 40 Intermediate Care beds at Ings Grove House (Mirfield) and an additional 10 Intermediate Care beds at Moorlands Grange (Netherton) – this is a reduction in bed capacity of 10 beds from 2021/22 and supports service users with the most complex needs who require a bed based solution to support recovery and maximise independence
- Enhancing our capacity to support admission avoidance and discharge to assess through the integrated Rapid Response and Reablement offers – supporting more than 200 service users on average each month
- An increased nurse presence within the bed base to meet the increased acuity needs of the patients
- Integrated Pathways to support with admission avoidance, Urgent Response, Short Term Support and Hospital Discharge
- Joint performance, KPIs and the Community Services Dataset to track the effectiveness of our response and our work towards outcomes
- Shared Governance – integrated governance arrangements, including our approach as partners to the Kirklees Provider Alliance

Workforce

- There are just over 4,000 people working across the care home sector in Kirklees , with 70% in direct care roles. Typically, these roles are fulfilled on a part time basis and there are around 3,500 WTE, and 2,450 WTE in direct care roles. The majority (85%) of the workforce in Kirklees are female, and the average age is 43 years old. Workers aged 24 and under make up 10% of the workforce and workers aged over 55 represented 25%.
- The demands on this workforce and increasing complexity of need in homes has brought increasing focus on the value and future skills requirements of the workforce.

Key areas of work

- Joining together an overall workforce development approach for care homes and other providers.
- Reducing barriers for new entrants to the sector.
- Support the provision of learning and staff development on the ground.
- Continue to support the resilience of the care market through the In2Care offer

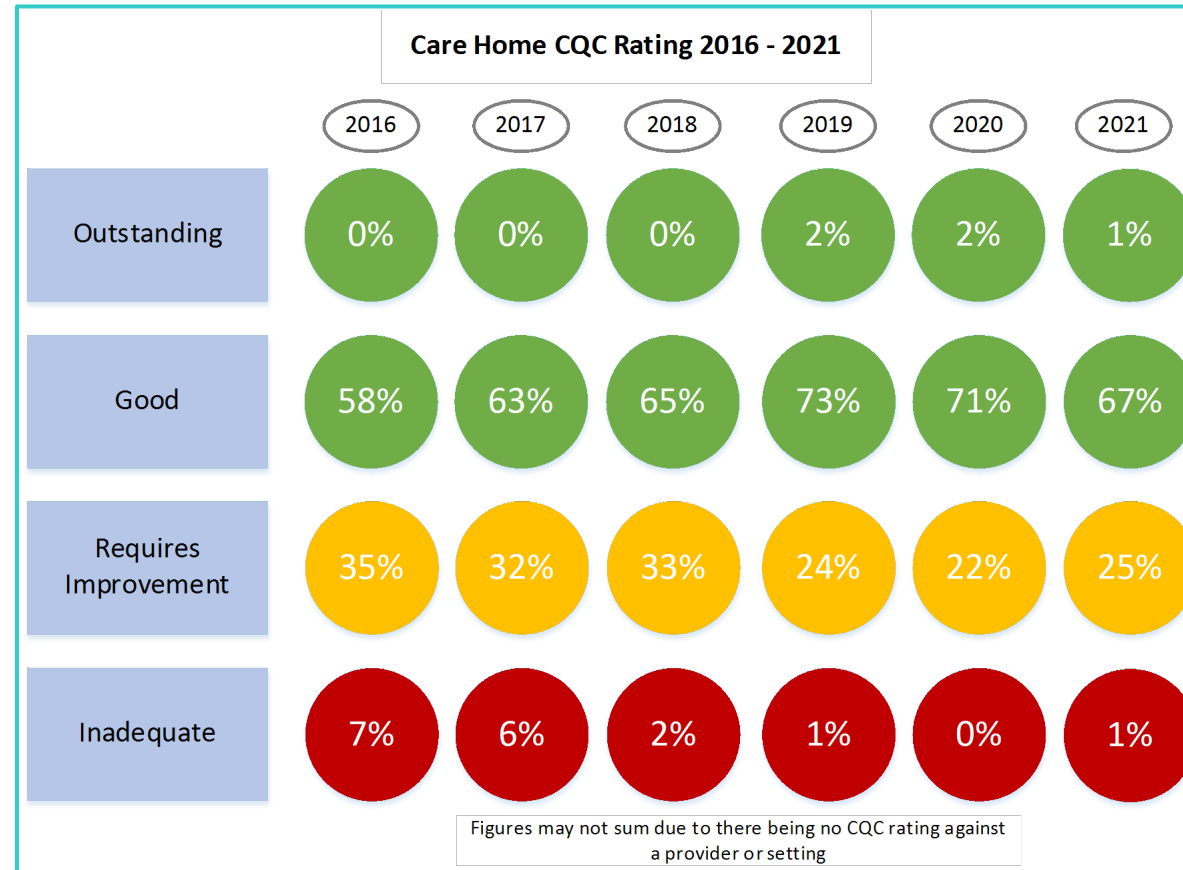
Progress made

- attracting more people to work in social care through In2Care by providing a bespoke matching service between applicant and employer - supported approximately 1700 local people into local social care jobs since 2017
- Mapped, collated and marketed a range of development opportunities.
- Piloted Trainee Nurse Associate roles with academic network.
- Providing fortnightly themed virtual learning sessions.
- Wellbeing supported through menu of opportunities.

Key issues and challenges in the sector

Quality in care homes

- Quality in care homes has worsened slightly as a result of the impact of the Covid pandemic. A robust programme of work is in place supporting routine and enhanced management alongside quality improvement.





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Locala Community Services

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Community: Waiting List Management

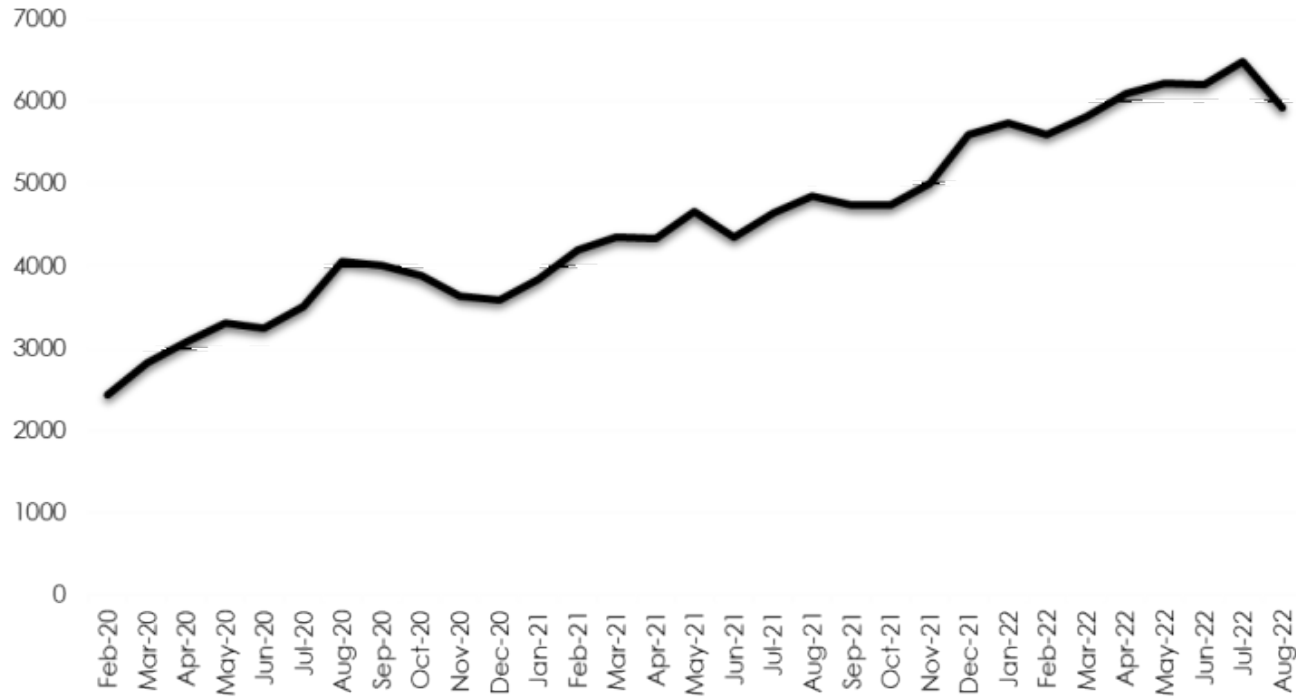
- Identifying which areas are facing the greatest pressures and the reasons why
- Details of backlog including patient numbers and waiting times (by service)
- Approach being taken to manage the backlog and progress being made
- Examples of any initiatives/work being done collectively to tackle backlog and manage demand
- Impact of pressures in adult social care and community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.

The Current Position



As at August 2022 there are currently 5681 patients waiting for a First Appointment for a Locala Service compared to February 2020 (Pre Covid) there were 2441 Patients **an increase of 133%**.

Locala First Appointment Waiting Lists



Unit	Feb	Aug
Locala Dental	655	1589
Locala Adult Therapy Services	917	1127
Locala Podiatry	340	980
Locala Continence Service	82	791
Locala Musculoskeletal South	0	404
Locala Paediatric Services	211	311
Locala Respiratory Service	7	189
Locala Self Help Advisory Service	80	143
Locala Care Home Support Team	37	72
Locala Cardiology Team	0	26
Locala TB Liaison	87	23
Locala Plastic Surgery	0	10
Locala Diabetes Specialist Nurses	11	8
Locala Community Nursing	14	5
Locala Discharge Team & KILT	0	2
Locala Neurology	0	1
Locala	2441	5681

Waiting times

Service	Number of patients Waiting	Waiting 2 – 3		Waiting 8-11 weeks	Waiting 12-17 weeks	Waiting 18- 51weeks	Waiting 52-103 weeks	Waiting 104+ weeks	
		Waiting 0-1 weeks	Waiting 4-7 weeks						
Dental	1589	0	9	25	97	214	698	526	20
Locala Adult Therapy Services	1127	226	257	287	187	93	29	21	27
Locala Podiatry	980	119	147	221	176	168	149	0	0
Locala Continence Service	791	151	161	175	136	157	11	0	0
Locala Musculoskeletal South	404	139	140	96	28	1	0	0	0
Locala Paediatric Services	311	44	23	77	66	48	52	1	0
Locala Respiratory Service	189	16	18	25	48	37	40	4	1
Locala Self Help Advisory Service	143	82	60	0	1	0	0	0	0
Locala Care Home Support Team	72	21	37	14	0	0	0	0	0
Locala Cardiology Team	26	10	5	9	1	1	0	0	0
Locala TB Liaison	23	10	9	0	2	2	0	0	0
Locala Plastic Surgery	10	4	0	3	2	1	0	0	0
Locala Diabetes Specialist Nurses	8	1	1	4	2	0	0	0	0
Locala Community Nursing	5	5	0	0	0	0	0	0	0
Locala Discharge Team & KILT	2	2	0	0	0	0	0	0	0
Locala Neurology	1	0	1	0	0	0	0	0	0
Grand Total	5681	830	868	936	746	722	979	552	48

Clinical prioritisation and Risk

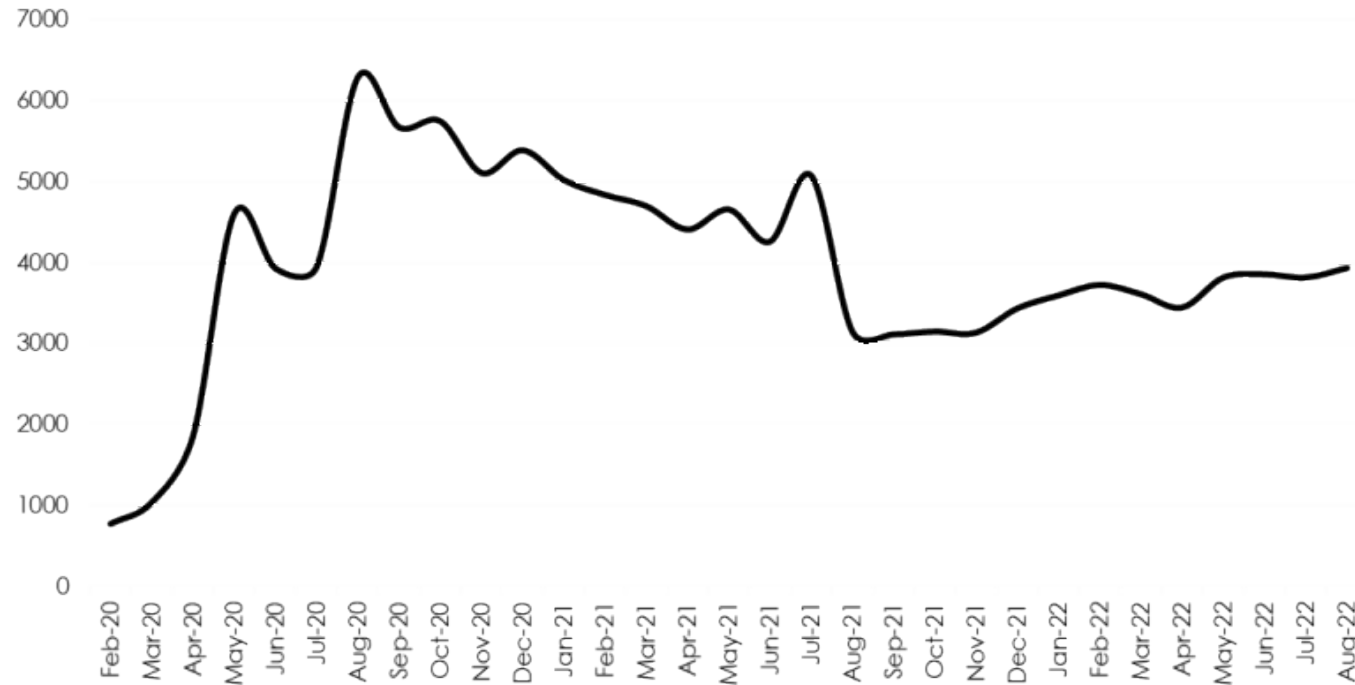
Each service continually monitors their waiting lists, ensuring patients are prioritised depending upon their needs. Any patients deemed to be a higher risk is supported through a clinical priority process and additional resource is sought to manage and reduce risk.

Service improvement work is ongoing to ensure the triage process, patient allocation and diverse service offer is identified where appropriate until the enhanced support commences. This has includes improving the triage processes to be more efficient and having interim care plans in place for immediate support.

The Current Position

As at August 2022 there are currently 3940 patients waiting for a Follow Up Appointment for a Locala Service, compared to February 2020 (Pre Covid) there were 784 Patients **an increase of 403%**.

Locala patients waiting for a Follow Up Appointment

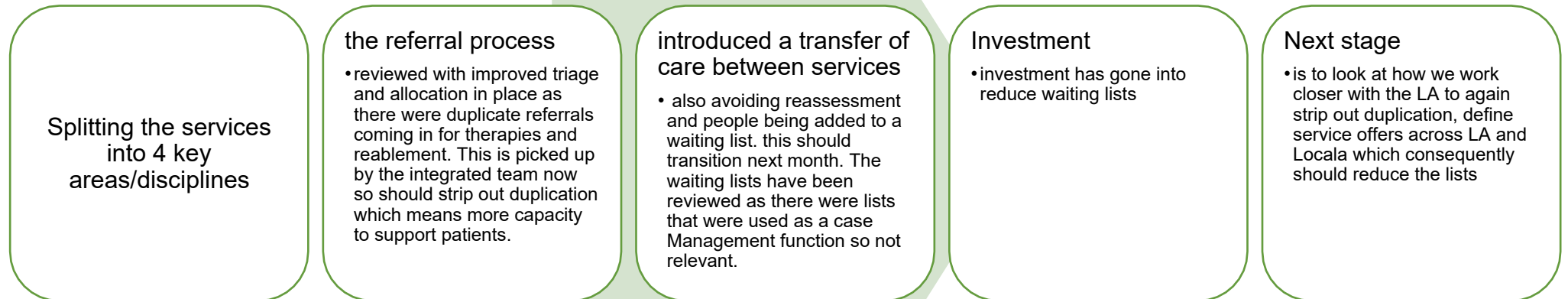


UNIT	Aug-22
Locala Dental	2715
Locala Dermatology South	502
Locala Paediatric Services	276
Locala Respiratory Service	165
Locala Musculoskeletal South	138
Locala Plastic Surgery	72
Locala Stockport Community Gynaecology	59
Locala Adult Therapy Services	13
Locala	3940

Managing Demand

Examples of any initiatives/work being done collectively to tackle backlog and manage demand

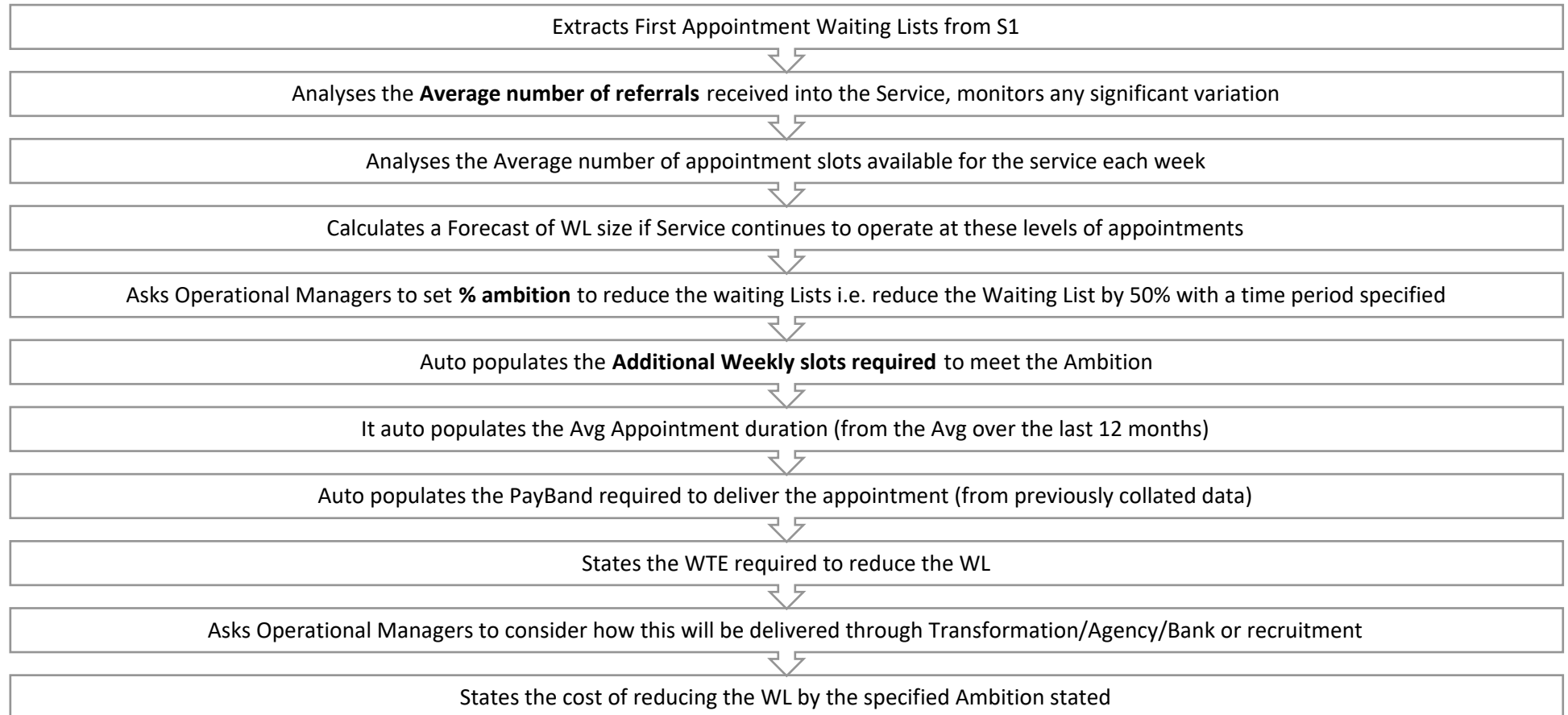
Locala Adult Therapy Service Review



As a result of the review the ATS have been broken down into 4 distinct areas; Frailty & Orthopedics, Community Stroke, SALT/Diet, Neuro & Complex disabilities.

Approach being taken to manage the backlog

The Waiting List Ambition Tracker



Community Developments

Impact of pressures in community services to include the capacity to meet demand, help reduce admissions and free up capacity in the hospitals.

As part of the improvement work in Kirklees, the **Urgent Community Response** and the **Integrated Transfer of Care** (Hospital Discharge) has been reviewed, developed and enhanced in partnership with secondary care, primary care and the Local Authority. This has resulted in having dedicated, interim teams to support the demand around hospital discharge and admission avoidance.

Further work is ongoing to improve referral processes, sharing systems and introducing streamlined transfers of care between services with the intention to reduce the length of time being referred to other services and reducing the amount of duplication through the diverse range of assessments.

CKW Community Diagnostics Centres

Background

A national programme of diagnostic service transformation supported by £2.3bn capital allocation in the 2021 Spending Review (paused in 21, restarted in 22).

Aim to enable at least 100 additional community diagnostic centres (CDCs) across England to permanently increase diagnostic capacity.

ICs required to develop 3 year investment plans for establishing Community Diagnostic Centres.

NHSE confirmed dedicated revenue funding will be available to contribute to the set up and running of CDCs in the 3 years 2022-25.

Large new build projects will only be considered on an exceptional basis and will require national approval. Will only be supported if it can be demonstrated that new build is the only viable approach.

What is a community diagnostic centre?

Community diagnostics centres will deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a coordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways (NHSEI Vision statement)

It is separate from other acute hospital services: either within a dedicated building on an existing acute site, or ideally on a separate site

Tests include imaging, physiological measurement, pathology

Systems must ensure their CDCs contribute to meet the 6 primary aims of the CDC programme: improved population health outcomes, increased diagnostic capacity, improved productivity efficiency, reduced health inequalities, improved patient experience, support for the integration of care.

Local Context

West Yorkshire ICS share of funding allocation is total of £52m phased over 3 years. Potential for WY ICS to 'top this up' using other sources of CDEL PDC.

Calderdale, Kirklees, Wakefield, Bradford, and Leeds developing place based proposals to secure share of the ICS £52m allocation.

Short form business case submitted for schemes below £15m. 2 parallel business cases have been submitted, for a CDC in Huddersfield and Wakefield. Both Trusts are now in dialogues with NHSE regarding the business cases.

Further business case for CDC spokes to be submitted by end of December

Process to Develop Plans Across CKW

Work commenced in 2021 with a CKW steering group established with representation from CCGs, Public Health, MYHT, CHFT, Locala and PCNs.

Informed by:

- analysis of health inequalities in relation to diagnostic services - Does the deprivation of residence/ethnic background correlate with a longer waiting time for diagnostics?
- feedback from engagement with WY Cancer Alliance Citizen's Panel views on access to diagnostic services;
- scoping feasibility study undertaken by Attain;
- assessment of current model of provision / planned developments.

Feasibility Study & Assessment of Needs

Greatest need and inequalities in access is in Huddersfield, Dewsbury, Wakefield Todmorden and Halifax;

In Huddersfield and Wakefield a business case for a new diagnostic site has been submitted;

A business case for a further community site to be developed in Dewsbury;

In the CKW footprint Hemsworth, Pontefract, central Halifax and Todmorden also being considered for sites;

Communications and Engagement

The ongoing approach and implementation strategy must be robust, so all stakeholder groups are involved in the design of the new centres and services.

Key stakeholders will include:

- Patients and members of the Public
- Local Patient Groups such as patient/public forum
- Councils
- Locala
- SWYPFT
- Place Based ICS Staff
- Healthwatch
- MP's, Local & District Councillors
- Acute Trusts Clinical and Operational leads
- PCNs and GP practices
- Community Services
- ICS and surrounding systems
- Voluntary Organisations



Communications and Engagement Plan

The plan will aim to:

- ✓ Raise awareness of the development of Community Diagnostic Centres and Services
- ✓ Outline the agreed model and services to be provided
- ✓ Raise awareness of the benefits of the developments to all stakeholders
- ✓ To fulfil legal requirements to engage, consult or empower
- ✓ To be open and transparent with messages and to regularly update stakeholders on progress
- ✓ To inform our partners, stakeholders, MPs and councillors of matters that could impact their constituents
- ✓ Maintain reputation management
- ✓ Seek involvement on key elements of pathway design to support the agreed clinical model
- ✓ Confirm patient and stakeholder representation in the process
- ✓ Inform and encourage discussion, feedback and suggestions to help inform the programme going forward

CHFT Diagnostic Waiting Times

CT	6 weeks
MRI	6 weeks
Plain Film	6 weeks
Ultrasound	6 weeks

Echo	8 weeks
Spirometry and Lung Function tests	8 weeks
Echo – 24 hour tapes	7 weeks
Other cardio respiratory	Under 6 weeks

Acute demand has grown faster than planned scans

The installation of 2 new MRI scanners at the CRH site has increased overall trust capacity and the long waits seen over the last few months are now back down to around 6 weeks. The majority of patients with fast track referrals are scanned and reported within 2 weeks

Through the CDC we will be providing new capacity for unmet need, and a one stop shop for tests, rather than addressing waiting lists. The CDCs could (and should) increase the demand as more people receive services.

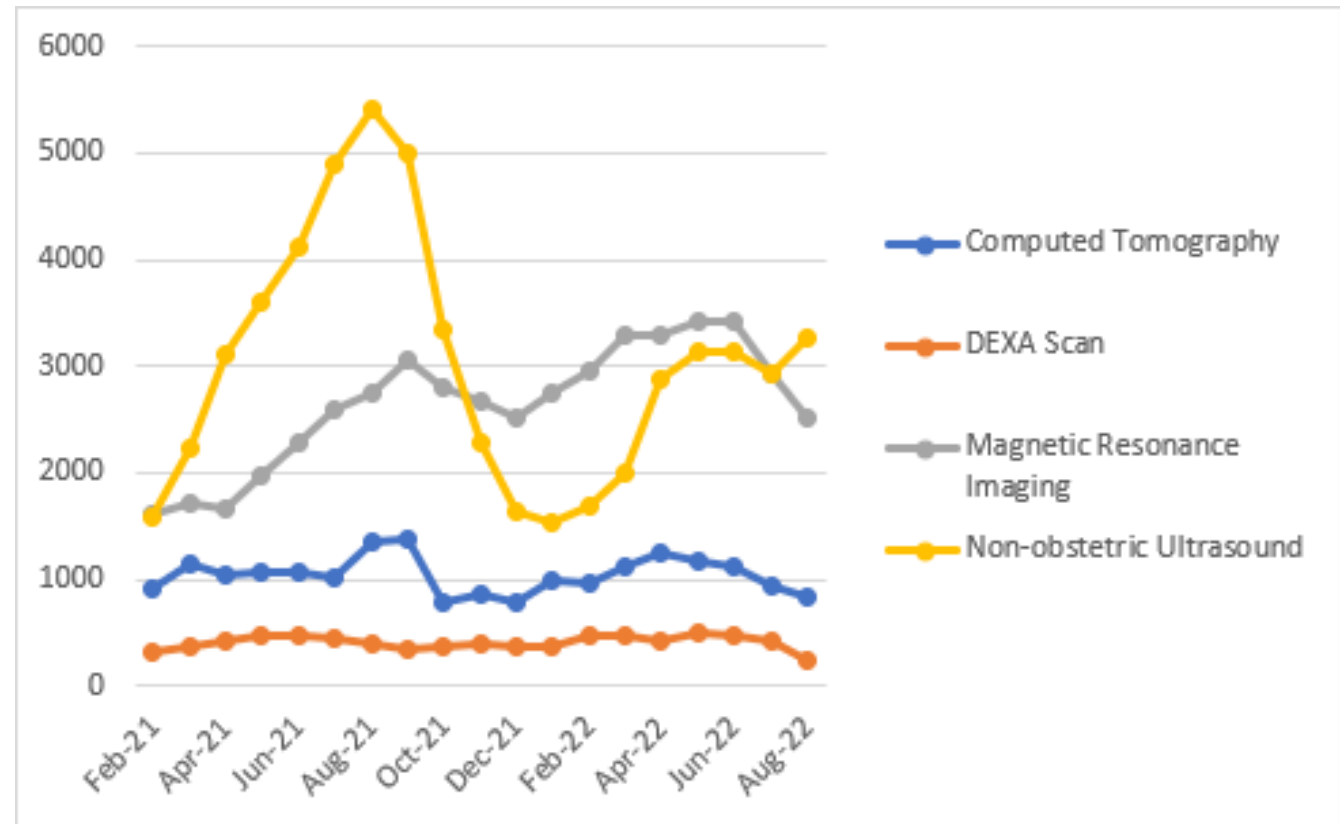
MYHT Diagnostic Waiting Times

CT	2 to 5 week
MRI	5 to 7 week
Plain Film	3 to 4 week
Ultrasound	4 to 5 week

Demand has grown by approximately 30% on pre-pandemic levels for cancer and urgent requests for all modalities

Routine demand is a similar profile

Total DM01 Waiting list including booked



Next Steps

- Short form business for the proposed developments in CKW submitted in July, resubmission in September
- Further business case to be submitted in December for spokes.
- Following confirmation of funding allocations robust formal programme implementation processes will be established including wider communication and engagement.