

Kirklees Health & Adult Social Care Scrutiny Committee

Elective Capacity & Demand Update

16th August 2023

Questions raised and addressed in relation to Elective Capacity & Demand

- Updated data on waiting list times by service to assess progress against data received last year in October. This should include waiting times for **children requiring dental extractions under general anaesthetic** and actions being taken to reduce delays
- An update on diagnostic waiting times
- An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer
- Review of cancelled elective / planned procedures
- Considering new developments and initiatives, such as community diagnostic hubs that are being reduced to address the backlog.

There are a number of golden threads that the Panel would like to see woven into reports and presentations where appropriate, and these are:-

- Workforce recruitment and retention
- Impact of Covid-19
- Inequalities in health include work being done to promote the range of services and support available to deprived communities and actions / initiatives to increase uptake of services and screening programmes.

Approach

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

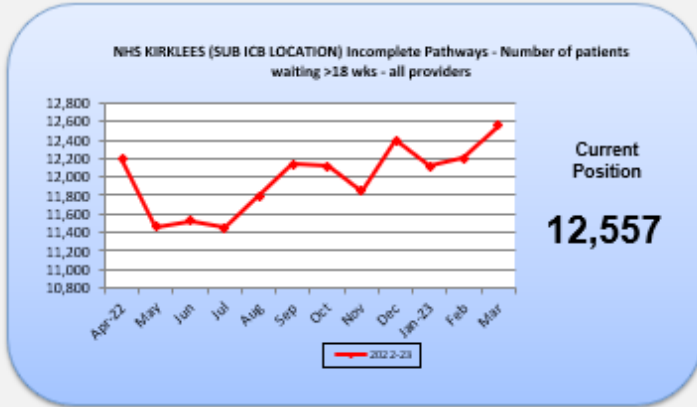
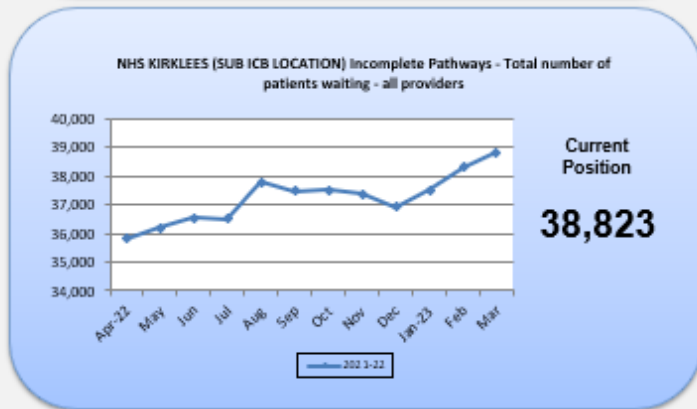
- Calderdale and Huddersfield Foundation Trust (CHFT)
- Mid Yorkshire Teaching NHS Trust (MYTT)
- Kirklees Primary Care
- Kirklees Adult Social Care Services
- Locala Community Services
- Calderdale, Kirklees, Wakefield (CKW) Community Diagnostic Centre (CDC)

Kirklees Position – All Providers Month 2

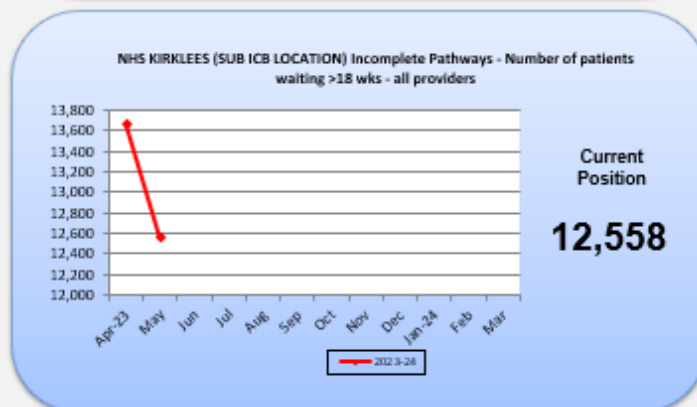
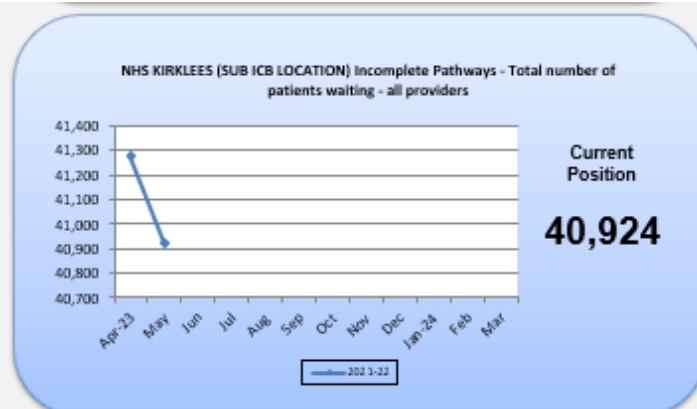


NHS West Yorkshire
Integrated Care Board

22/23 Waiting List



23/24 Waiting List



Referrals are now back to and exceeding pre-covid levels, the waiting list is not deteriorating with regards to the patients waiting over 18 weeks.

There are **40,924** patients on an incomplete waiting list in Kirklees across **ALL** Providers, with 70% waiting within 18 Weeks as at the end of May 2023.

MYTT – **14,912** (526 >52W & 4>78W)

CHFT – **15,340** (29 >52W & 0 >78W)

Gynaecological, Trauma & Orthopaedics and ENT being the 3 specialties with the highest volume of patients waiting and accounting for 35.6% of those waiting in excess of 18 weeks.

806 patients have been waiting in excess of 52 weeks.

17 >78 weeks

(6 LTHT/4 MYTT/4 Other)

6 patients waiting for T&O

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The NHS Long Term Workforce Plan considers the challenges facing the workforce over the next 15 years and sets out actions to address them

The first ever NHS Long Term Workforce Plan sets out supply and demand scenarios and projections for key workforce groups and professions. The plan then focusses on the three areas where we will take action to ensure that the NHS has the workforce it needs for the future:

Recruit: Grow the workforce

By significantly expanding domestic education, training and recruitment, we will have more doctors, nurses and other healthcare professionals working in the NHS. We will:

- Increase the number of undergraduate medical school training places, with more medical school places in areas with the greatest shortages to level up training.
- Increase the number of GP training places.
- Increase the number of nurse, midwife and health visiting training places registered nurses qualifying including through apprenticeship routes.
- increasing the number of advanced practitioners, independent prescribers, and Allied Health Professionals acting as senior decision-makers in appropriate settings.
- Increase the proportion of training for clinical staff through apprenticeship routes by 2030. This will ensure we train enough staff in the right roles and help widen access to opportunities for people from all backgrounds.
- Further expand medical degree apprenticeships.
- Expand dentistry places and consider how to incentivise dentists to offer more work to the NHS
- Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment.

Retain existing talent: Embed the right culture and improve retention

By improving culture, leadership, and wellbeing, we will ensure fewer staff leave the NHS over the next 15 years. We will:

- Build on the actions from the NHS People Plan, to make the NHS People Promise a reality for our staff.
- Work to deliver the actions set out in the NHS equality, diversity and inclusion plan.
- Back plans to improve flexible opportunities for prospective retirees and work with government to deliver the actions needed to modernise the NHS pension scheme.
- Ensure NHS organisations across the country, from day one of employment offer people flexible working and the best possible start to an NHS career
- Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.
- Reform how the NHS recruits staff, so that we offer a much better candidate experience, and support local jobs

Reform: Working and training differently

Working differently means staff can spend more time with patients, harnesses digital innovations and enables new and innovative ways of working. Training will be reformed, to give learners a better experience. We will:

- Take advantage of digital and technological innovations, such as AI, speech recognition, robotic process automation and remote monitoring to support the NHS workforce.
- Focus on expanding enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on the generalist skills needed to care for patients with multi-morbidities, frailty or mental health needs.
- Encourage and support clinically-led work to consider how to make best use of new roles in clinical teams as they are brought on stream, to ensure they are a valued part of the wider multidisciplinary team.
- Explore measures such as tie ins to encourage dentists to spend a proportion of their time delivering NHS care.
- Work with the NMC, GMC and others to reform education and training for doctors and nurses so that learners have a good experience of training that prepares them for work in the NHS.
- Work with medical schools and the GMC to introduce four-year degree programmes and pilot a medical internship programme which could shorten undergraduate training time.



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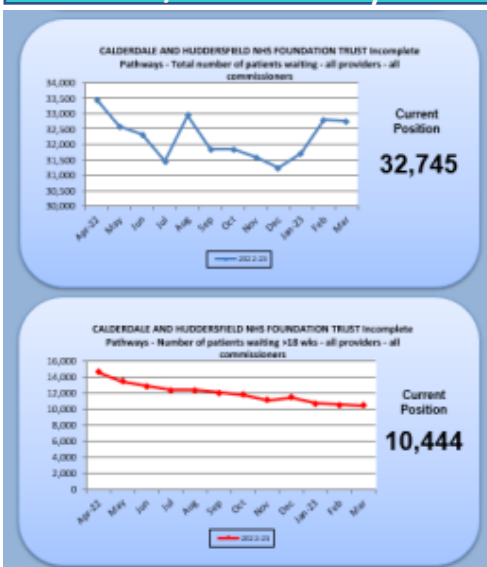
Calderdale & Huddersfield Foundation Trust

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Specialty Performance (May 23)

22/23 Activity



23/24 Activity



There are 30,770 patients on an incomplete waiting list at CHFT, with 71.5% waiting within 18 Weeks.

General Surgery, Trauma & Orthopaedics and ENT being the 3 specialties with the highest volume of patients waiting over 18 weeks.

59 patients have been waiting in excess of 52 weeks as at May 23.

Treatment Function	>0 to 18 wks	>18 to 36 wks	>36 to 52 wks	>52 to 78 wks	>78 to 104 wks	>104 wks +	TOTAL
Cardiology Service	1,445	329	63	5	0	0	1,842
Cardiothoracic Surgery	0	0	0	0	0	0	0
Dermatology Service	974	100	11	0	0	0	1,085
Ear Nose and Throat Service	3,276	1,242	277	18	0	0	4,813
Elderly Medicine Service	85	29	7	0	0	0	121
Gastroenterology Service	1,676	420	129	10	0	0	2,235
General Internal Medicine	63	10	0	0	0	0	73
General Surgery Service	3,373	1,208	370	5	0	0	4,956
Gynaecology Service	1,663	718	130	2	0	0	2,513
Neurology Service	936	252	81	0	0	0	1,269
Neurosurgical Service	0	0	0	0	0	0	0
Ophthalmology Service	1,380	272	54	1	0	0	1,707
Oral Surgery Service	931	593	199	11	0	0	1,734
Plastic Surgery Service	142	155	62	0	0	0	359
Respiratory Medicine Service	560	135	43	5	0	0	743
Rheumatology Service	517	44	3	0	0	0	564
Trauma and Orthopaedics	2,121	658	111	0	0	0	2,890
Urology Service	891	532	128	1	0	0	1,552
Other - Medical Services	977	212	32	0	0	0	1,221
Other - Mental Health	0	0	0	0	0	0	0
Other - Other Services	143	22	1	0	0	0	166
Other - Paediatric Services	779	72	7	1	0	0	859
Other - Surgical Services	67	1	0	0	0	0	68
TOTAL	21,999	7,004	1,708	59	0	0	30,770

Paediatric Dentistry

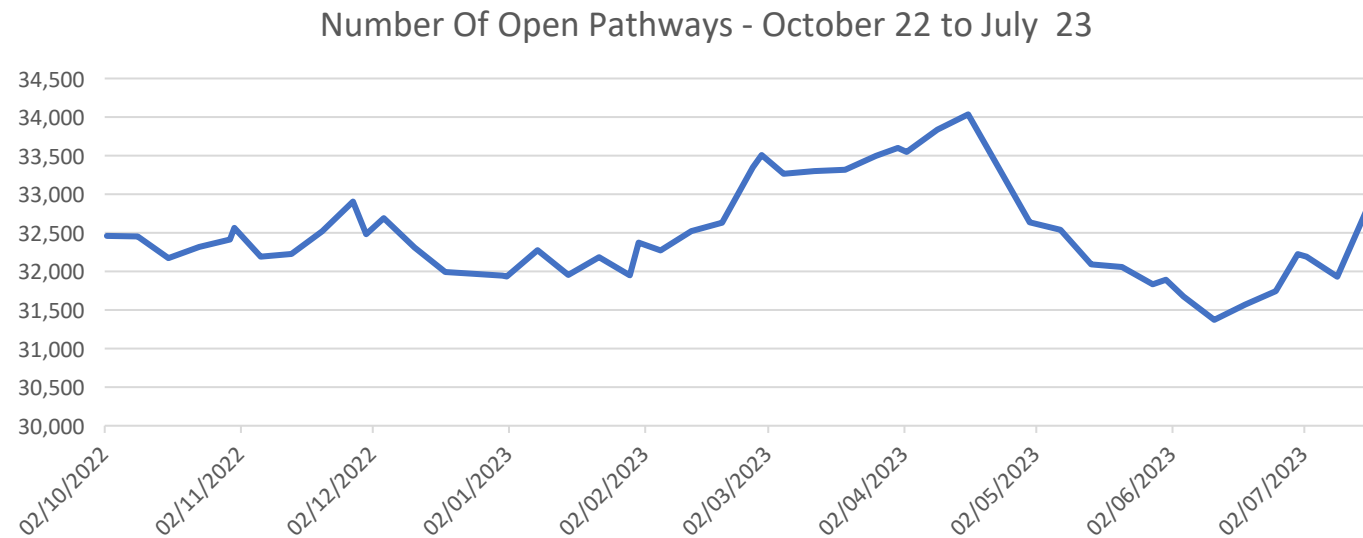
- There are no patients waiting at CHFT

Total Waiting List v Oct 2022



NHS West Yorkshire
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The Trust has a similar waiting list size in July 22 to October 23. ENT and Gynaecology have both seen the waiting list size increase during the last 9 months.



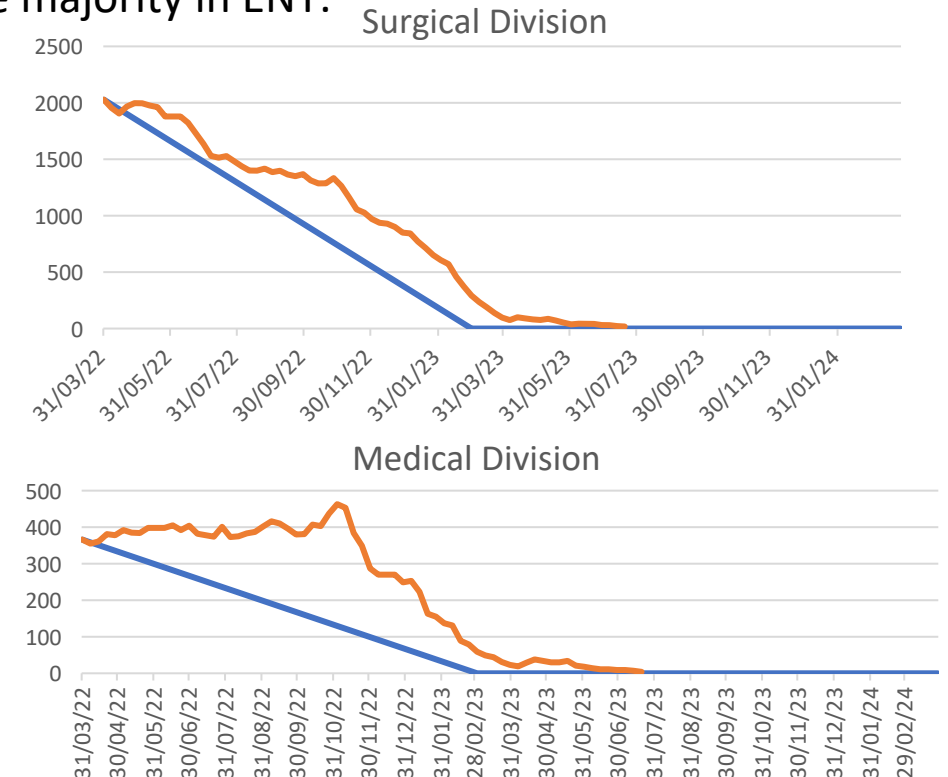
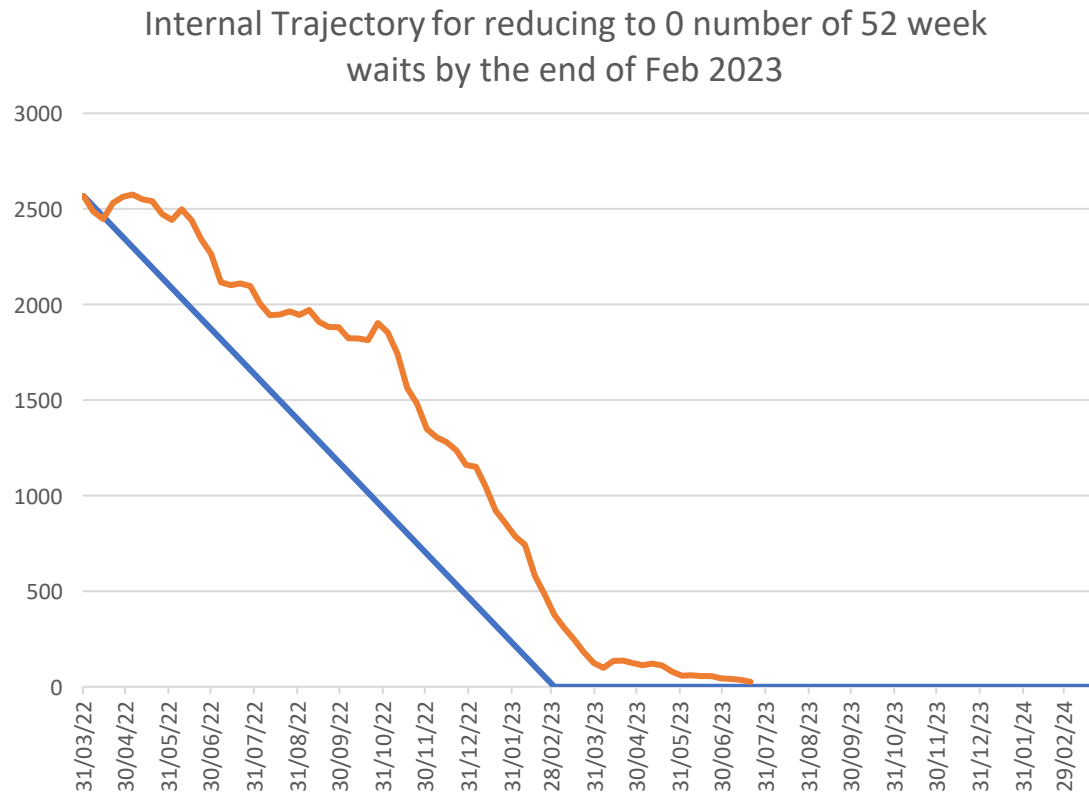
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Reducing the 52-week position

The Trust is on track overall to reduce the number of >52 weeks patients ahead of the national target of March 25

We now (July 23) have 24 patients waiting > 52 weeks with the majority in ENT.

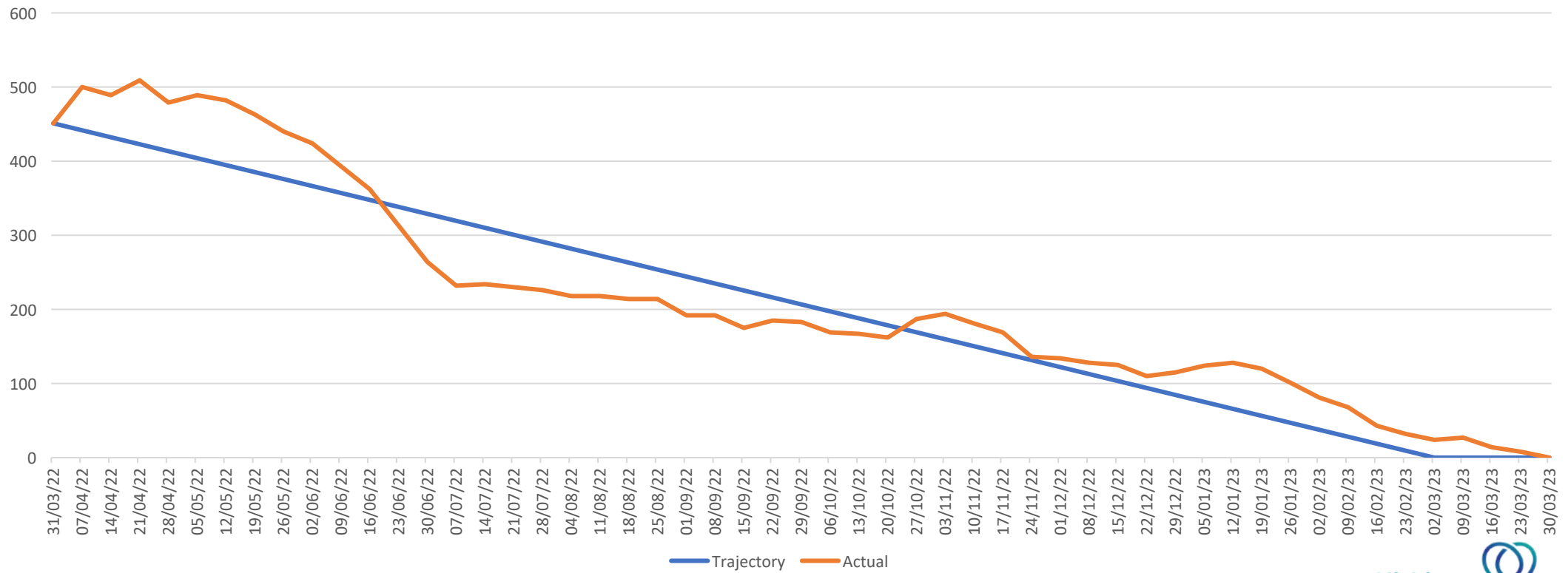


Reducing the 78-week position

The trust met the National aim of having no 78 week waits by the end of March 23.

We now have no patients waiting over 65 weeks (national aim by March 24)

Trajectory for reducing to 0 number of 78 week waits by the end of Feb 2023

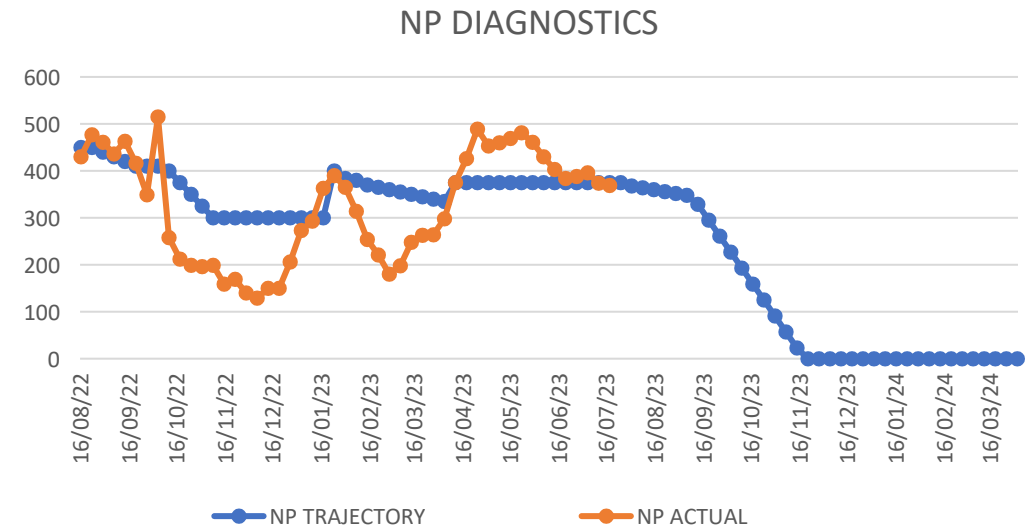
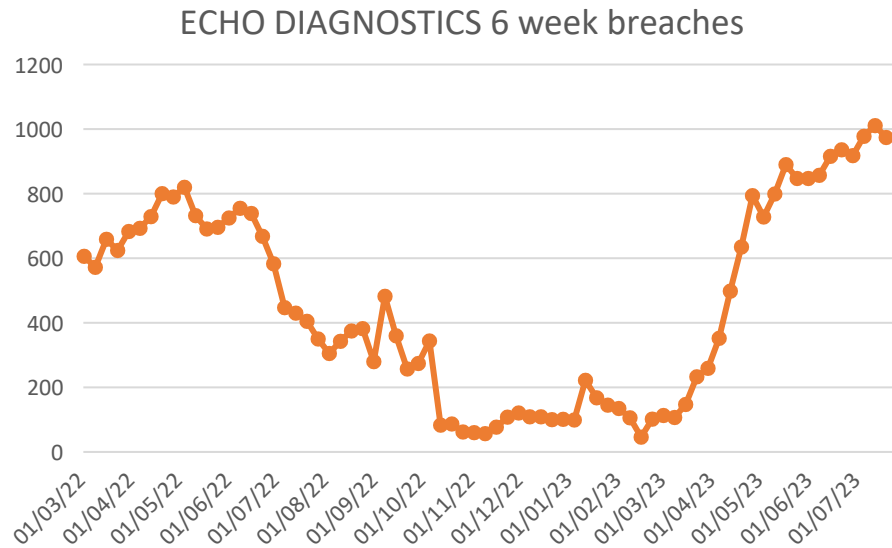


Diagnostic Pressures

Diagnostic waiting times - proportion waiting >6 weeks from referral at month end

% of Waits <6 Weeks	Diagnostic Test	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Imaging	Magnetic Resonance Imaging	97.4%	97.8%	98.6%	99.0%	99.2%	98.7%	98.6%	98.6%	99.2%
	Computed Tomography	98.9%	99.1%	99.7%	99.6%	99.7%	99.8%	99.0%	99.1%	99.1%
	Non-obstetric ultrasound	99.3%	99.4%	97.3%	98.2%	99.8%	99.6%	99.0%	99.3%	99.8%
	Barium Enema	-	-	-	-	-	-	-	-	-
	DEXA Scan	100.0%	99.8%	99.8%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%
Physiological Measurement	Audiology - Audiology Assessments	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	99.1%	100.0%
	Cardiology - echocardiography	91.7%	89.6%	85.9%	88.2%	84.2%	64.5%	56.7%	58.6%	56.1%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	78.4%	85.9%	61.9%	57.9%	75.7%	64.5%	50.7%	45.9%	48.7%
	Respiratory physiology - sleep studies	100.0%	97.6%	100.0%	98.4%	97.6%	95.2%	100.0%	97.9%	93.3%
	Urodynamics - pressures & flows	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endoscopy	Colonoscopy	98.5%	100.0%	98.4%	99.8%	98.2%	99.7%	98.6%	99.8%	99.8%
	Flexi sigmoidoscopy	99.1%	100.0%	97.3%	99.4%	98.7%	99.3%	99.2%	100.0%	100.0%
	Cystoscopy	95.6%	99.5%	95.0%	99.3%	99.4%	94.2%	91.6%	100.0%	98.9%
	Gastroscopy	97.1%	99.2%	97.8%	99.5%	99.8%	99.8%	99.5%	100.0%	99.5%
		95.8%	96.9%	93.8%	94.7%	96.0%	92.5%	87.1%	86.4%	86.6%

Diagnostic Pressures



- Accredited/Unaccredited staff balance. Staff are supervising and reporting all the trainees' lists/scans which prevents opening additional clinics. Current backlog of reports = 216 reports
- New appt system CRIS and reporting system AGFA has reduced lists
- Availability of bank staff – No extra shifts offered but reduced availability Mon-Fri
- Staff annual leave – Lot of leave for May/June
- Room space – Some days not enough space for staff and other days unable to cover more than 1 room
- Volume of referrals/Triaging
- New trajectory being put together currently

We have seen our backlog increase due to planned consultant sickness and consultant retirement which was also impacted by physiologists and junior doctors retiring and leaving respectively. The junior doctors and physiologists leaving has had particular impact as they delivered a high level of Outpatient clinical capacity. However, the service has managed to recruit two additional junior doctors who have been trained and are fully independent with further physiologists having recently started in July. We also have a new consultant who is starting in September 23. A revised trajectory has been set in line with the recent staffing changes that will see us back to 6 weeks by November 23.

Planned Care Programme

Elective Care Transformation

- Challenging programme established April 23 building upon the success of the Outpatient Transformation Programme
- Membership includes health partners from the Trust, primary care, commissioning, and WYICB working alongside patient representation and Healthwatch
- Providing System leadership & oversight to a robust, large scale transformation programme at Place level
- Partnership governance forum established for all elective transformation
- Adapts the learning, tools & models from the national Outpatient approach/ GIRFT to end to end pathway modelling
- Adopting specialty level frameworks to assess and deliver clinical efficiency & productivity
- Supports the transition from recovery to a sustainable operating models that maximise system capacity , digital capability and empowers patients
- Maximise capacity & capability across primary & secondary care
- Reducing inequalities in access to care
- 10 workstreams agreed across the most challenges specialities
- Leaders in delivering transformation ambitions across West Yorkshire
- Funding secured for a Patient Engagement Portal to support patients in accessing care and support where appropriate

GIRFT Further Faster Programme

CHFT 1 of 25 Trusts chosen as part of a national programme to drive with pace new models of care within the outpatient setting building upon evidence based best practice

CHFT Population Health & Inequalities Strategy

- Calderdale and Huddersfield has developed a Population Health and Inequalities Strategy which was approved by the Trust Board in November 2022.
- An outline of the key areas of focus is on the following slide (Plan on a page). This is focussed around:
 - **Work on how we can specifically support our communities, this includes**
 - Development of a new initiative called BLOSM for vulnerable patients presenting at A&E with an emphasis on coordination and signposting to services within the community that can offer support.
 - The Calderdale Community services team provide a pop-up health clinic in North Halifax supporting vulnerable service users (typically those who are homeless).
 - **Access to services**
 - Review of access to services with a specific emphasis on ensuring equitable access for the most vulnerable groups (i.e. Those living within higher IMD populations, those with Learning Disabilities and those from minority ethnicities).
 - **Diverse and inclusive workforce**
 - Work to monitor and promote offer of job opportunities and apprenticeships to those from the most vulnerable groups.
 - **Lived experience**
 - Examples of work here include targeted work to reduce incidence of smoking within the maternity service and those admitted as inpatients and to support vulnerable groups during the COVID pandemic (e.g. targeted work to support taxi drivers in our local community)
 - A range of work has been undertaken across Maternity services to enhance the experience of those receiving maternity care, including through improvements to accessibility, piloting English as a Second Language antenatal classes and cultural competence training for staff.
- The Trust works in collaboration with local partners on a number of different levels:
 - Within the Integrated Care System (ICS) Health and Care Partnership we work routinely with providers across the West Yorkshire footprint to improve services for our local population. This includes work within the WYAAT (West Yorkshire Association of Acute Trusts) and WY Community Collaborative.
 - We also work with our local authority, integrated care boards (Calderdale and Kirklees) as well as a range of primary care and voluntary care organisations to deliver support and interventions to our populations.

CHFT Population Health & Inequalities Strategy

CHFT Population Health and Inequalities Strategy

Connecting with our communities and partners



Harnessing our role as an anchor institution and key partner in the local health and care system, we will work to address inequalities in the wider determinants of health in our local communities, deliver social value, and work with system partners to identify and deliver shared priorities to improve population health.

Develop a joint strategic approach to inequalities with partners across Calderdale and Kirklees

Continue delivery of the **BLOSM** service in ED for vulnerable patients, including rollout of trauma informed practice and Trauma Navigators

Evaluate success of the **reducing inequalities in asthma pilot** with Greenwood PCN and look to expand learning and new approaches

Use the output from **Social Value Assessment** to inform implementation plans for estate developments

Equitable access and prioritisation



We will reduce inequalities in access to care by removing barriers, improving access for the most vulnerable groups, and moving towards a more holistic approach to prioritisation where a broader range of risk factors are considered.

Develop and pilot a "**Health Inequalities Vulnerability Matrix**" to support a more holistic approach to prioritisation

Monitor and proactively respond to **key inequalities indicators**: waiting times, Did Not Attend, unplanned admissions

Development and implementation of the **Digital Inclusion Strategy**

Carry out **Reasonable Adjustments audit**, and review of **patient contact preferences** and requirements

Lived experience and outcomes



We will address disparities in experience of care to improve patient outcomes. We will focus on improving the lived experience of patients, particularly those known to be most at-risk of experience inequalities and poor outcomes. We will take a holistic and compassionate approach, recognising the importance of behavioural and wider determinants of health.

Smoking
Rollout Long-Term Plan smoking cessation pathway for all inpatients

Maternity
Health pregnancy classes, ESOL antenatal classes, discovery interviews, cultural competence

Learning Disability
Deep dive into care pathway for LD patients, business case for LD care navigators, 90% staff completion of LD e-learning

Mental Health
Pilot of goal setting support sessions to aid patient transition to self-management, promotion of inpatient and screening and referral for depression

Diverse & Inclusive Workforce



We are committed to ensuring our workforce reflects the diverse populations we serve and that we take action to promote equality of opportunity. We will promote colleague health and wellbeing and create a compassionate and inclusive environment in which all our workforce feels valued in line with our One Culture of Care approach.

One Culture of Care values and behaviours implemented into recruitment

EDI Awareness and Education Programme, EDI module in leadership development for managers

Growing inclusive recruitment through the **Widening Participation** channels, growing the **apprenticeship programme**

Promote, support and engage with the **Equality Networks**

12-month **Inclusion event programme**

Ways of working: data and intelligence, collaborative working, leadership

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 specialty 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 theatre teams are now fully established and so we are running at full capacity. The trust is ahead of the national RTT waiting time standards – it is planned that by August 2023 CHFT will have no patients waiting more than 52 weeks, and by the end of January 2024 the trust is working to having no patient waiting more than 40 weeks.

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.

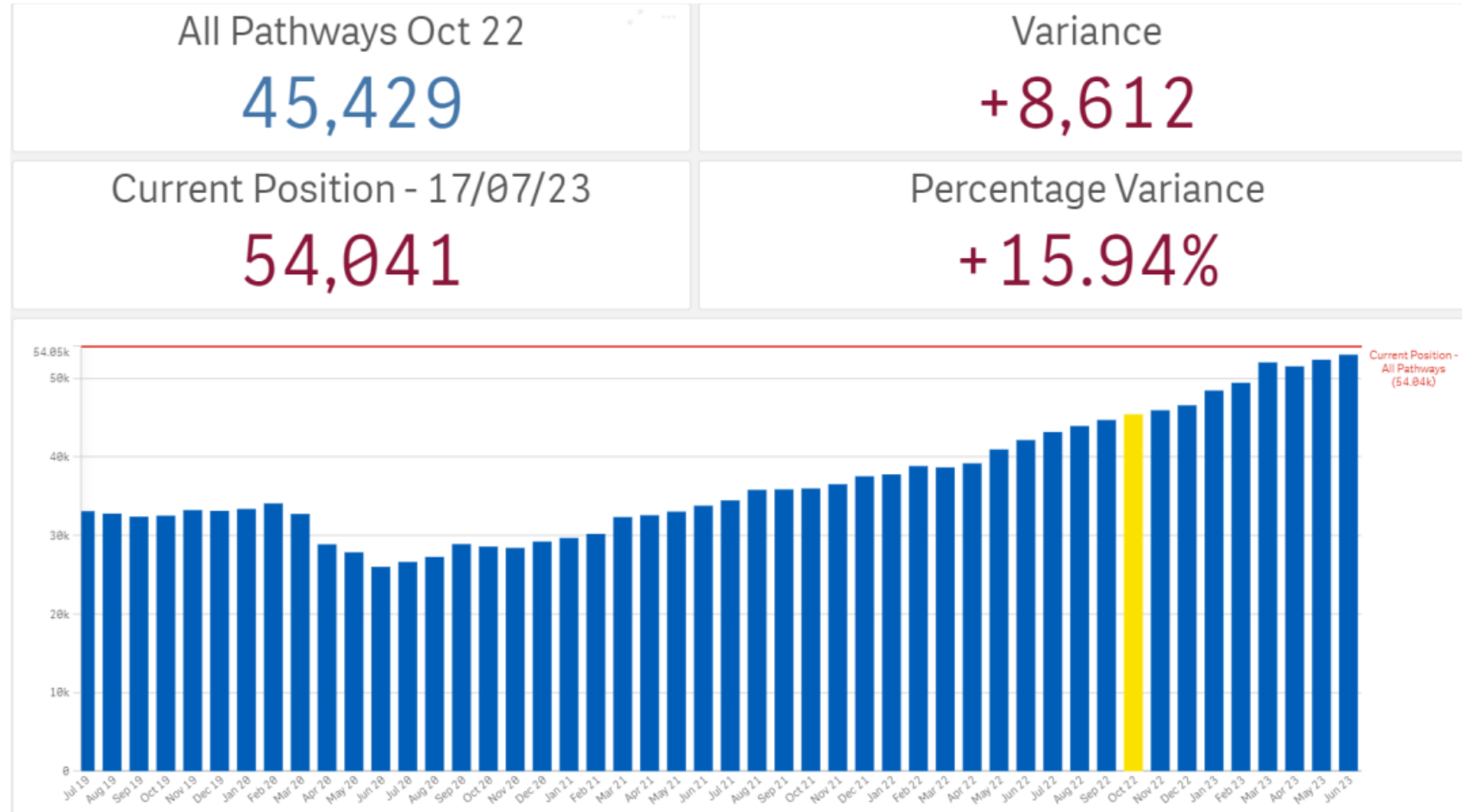
Demand – cancer and routine

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

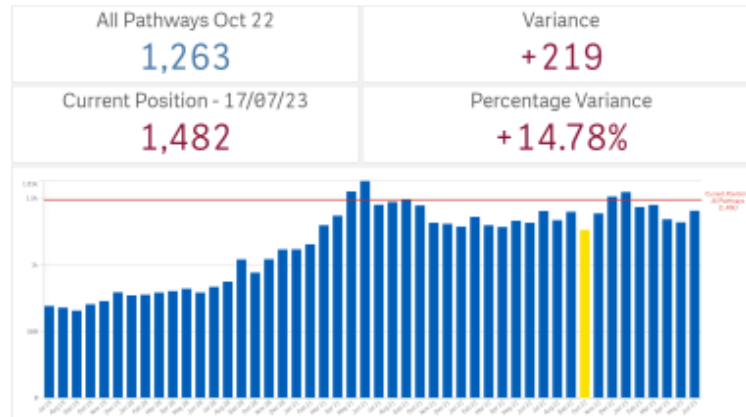
Routine referrals overall have not returned to pre-pandemic levels for all specialties, where possible pre referral support packages are being developed by commissioners to support Primary care colleagues to support patients in General Practice and ensure that all referrals require secondary care input.

Mid Yorkshire Teaching NHS Trust

Total Waiting List v Oct 2022



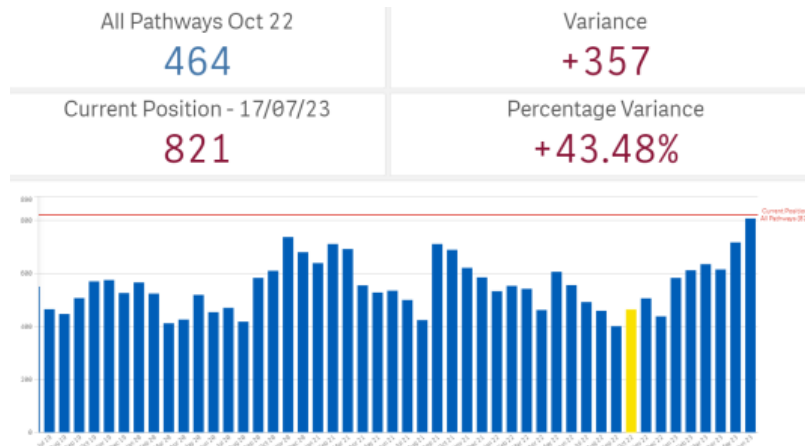
General Surgery waiting list (all patients)



Urology waiting list (all patients)



Breast waiting list (all patients)



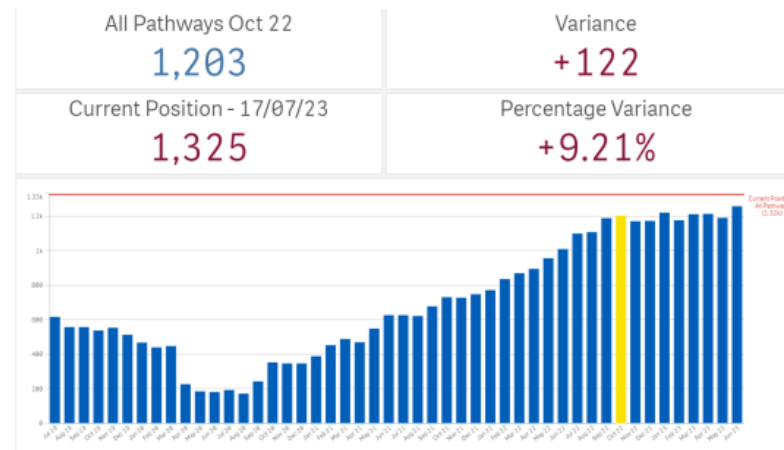
Colorectal waiting list (all patients)



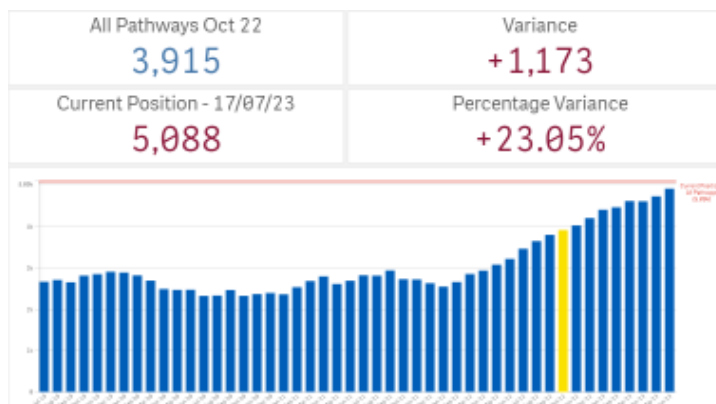
Upper GI waiting list (all patients)



Vascular waiting list (all patients)



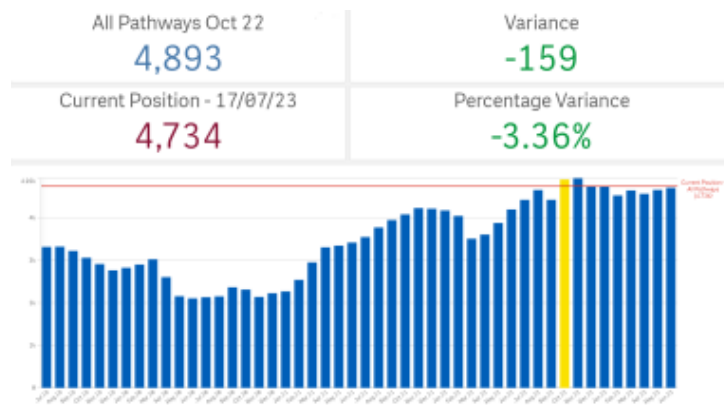
Orthopaedics waiting list (all patients)



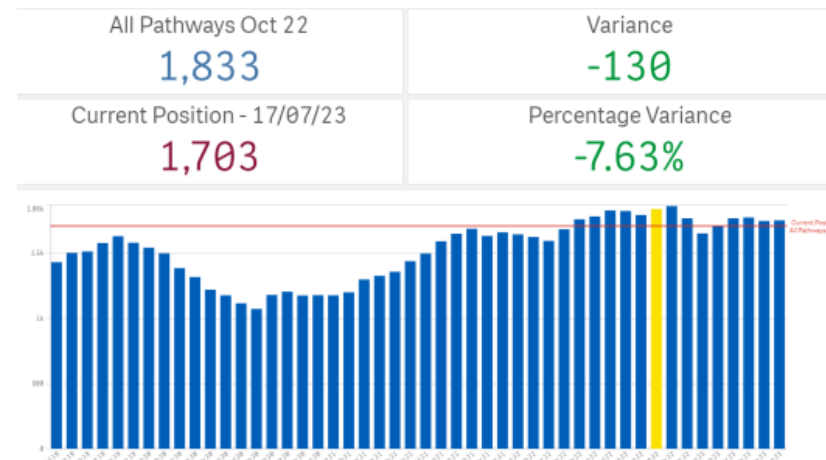
ENT waiting list (all patients)



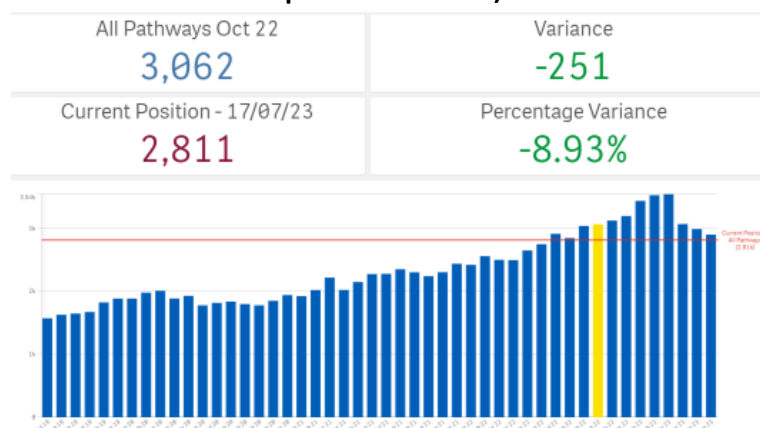
Ophthalmology waiting list (all patients)



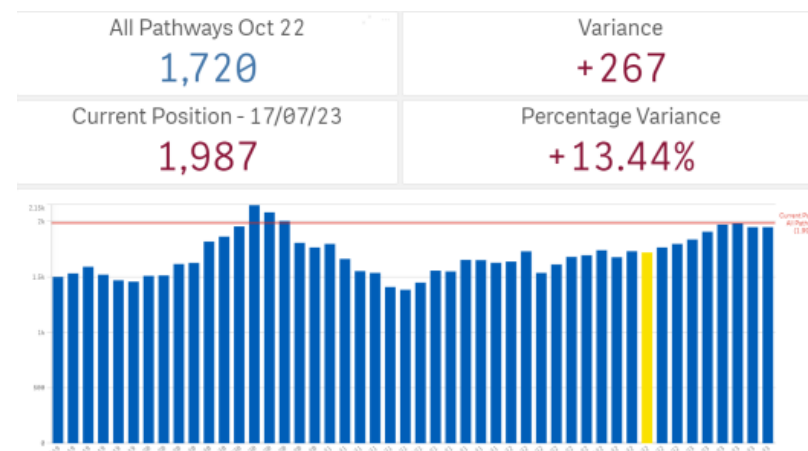
Plastics waiting list (all patients)



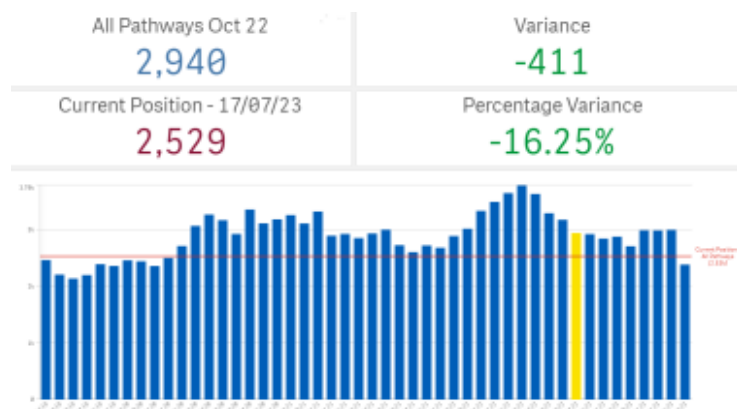
OMFS waiting list (all patients)



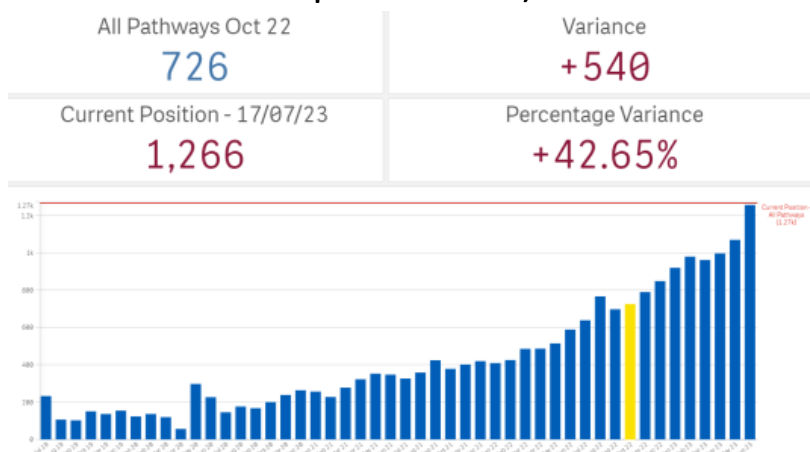
Pain waiting list (all patients)



Gastroenterology waiting list (all patients)



Hepatology waiting list (all patients)



Endocrinology waiting list (all patients)



Neurology waiting list (all patients)



Weeks until First Appointment

Clinic Specialty	Average Referral to First Attendance Weeks
Totals	6.6
341 - RESPIRATORY PHYSIOLOGY	25.4
328 - STROKE MEDICINE	24.7
430 - GERIATRIC MEDICINE	16.0
400 - NEUROLOGY	21.1
143 - ORTHODONTICS	12.5
191 - PAIN MANAGEMENT	12.0
306 - HEPATOLOGY	18.8
655 - ORTHOPTICS	12.3
410 - RHEUMATOLOGY	11.6
106 - UPPER GI SURGERY	9.6
107 - VASCULAR SURGERY	11.1
120 - ENT	8.6
302 - ENDOCRINOLOGY	8.4
501 - OBSTETRICS	4.5
320 - CARDIOLOGY	9.4
340 - RESPIRATORY MEDICINE	11.4
130 - OPHTHALMOLOGY	6.1
303 - CLINICAL HAEMATOLOGY	7.6

Clinic Specialty	Average Referral to First Attendance Weeks
Totals	6.6
503 - GYNAECOLOGICAL ONCOLOGY	3.4
101 - UROLOGY	5.6
330 - DERMATOLOGY	6.0
145 - OMFS	8.8
160 - PLASTIC SURGERY	5.3
420 - PAEDIATRICS	3.5
800 - CLINICAL ONCOLOGY	2.0
104 - COLORECTAL SURGERY	3.8
370 - MEDICAL ONCOLOGY	1.8
301 - GASTROENTEROLOGY	9.8
103 - BREAST SURGERY	1.2
110 - T&O	10.5
502 - GYNAECOLOGY	5.0
300 - GENERAL MEDICINE	0.5
307 - DIABETIC MEDICINE	2.3
100 - GENERAL SURGERY	2.3
560 - MIDWIFE EPISODE	3.4

Paediatric Dentistry

- June/July 2023 Position
- 9 patients waiting to be assessed
- 119 patients assessed and waiting for treatment
- Longest Wait 73 weeks – complex care
- Avg 53% completing treatment within 18 weeks.
- Avg time from new patient to extraction – 6 weeks

Diagnostic waiting times - proportion waiting >6 weeks from referral at month end

Diagnostic Test	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
Magnetic Resonance Imaging	94.9%	95.6%	94.1%	95.5%	95.9%	96.8%	94.9%	99.9%	99.9%	
Computed Tomography	99.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.9%	99.9%	99.9%	
Non-obstetric ultrasound	99.3%	99.9%	99.8%	100.0%	99.7%	99.8%	99.7%	100.0%	99.9%	
Barium Enema	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
DEXA Scan	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	99.6%	100.0%	
Audiology - Audiology Assessments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Cardiology - echocardiography	100.0%	99.9%	100.0%	100.0%	100.0%	99.8%	97.8%	98.7%	99.9%	
Cardiology - electrophysiology	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Neurophysiology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.7%	100.0%	
Respiratory physiology - sleep studies	100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	
Urodynamics - pressures & flows	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Colonoscopy	84.9%	99.6%	98.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	
Flexi sigmoidoscopy	93.3%	98.8%	99.4%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%	
Cystoscopy	96.0%	99.2%	97.2%	90.2%	95.7%	98.7%	100.0%	98.3%	97.3%	
Gastroscopy	86.0%	98.7%	93.0%	99.1%	98.6%	99.5%	100.0%	99.7%	100.0%	
Total >6 weeks	96.4%	98.8%	98.3%	99.1%	99.2%	99.4%	99.3%	99.1%	99.9%	

Challenges & Risks

Fragile Services

ENT, Gynaecology, Andrology and Neurology are fragile services and have seen significant increases in referral demand, especially in ENT. Capacity challenges have arisen from both challenged medical staffing levels and reduced capacity through industrial action impact, whilst services are deployed to maintain safe acute services. Andrology has been a single handed service, due to acute sickness the Trust is working with LTHT in order to transfer the service sooner than anticipated.

Urgent and cancer cases

The Trust continues to receive high demand for cancer 2 week and is consistently receiving over 3,000 referrals per month. Demand has increased for urgent suspected skin cancer in line with seasonal trends and currently patients are not being booked within the 14 day urgent suspected cancer target for skin.

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 both high levels of trauma and patients in other specialties we are utilising insourcing (LLP model) to manage our orthopaedic capacity.

Digital Mutual Aid System

The Trust has contacted patients that have waited a long time for their treatment and offered additional capacity through DMAS (initially for Gynae and ENT) where patients have consented to this. Not all patients consent to either travelling or transfer to another provider and in these cases the patients are prioritised for MYTT treatment in line with clinical and chronological order.

Challenges & Risks

Theatres

The Theatres roadmap has brought some success with Theatres opening to 21 GA Theatres in Q1 2023, however this then reduced to 16 GA Theatres at the start of Q2 due to anaesthetic attrition and absence. Additional recruitment is on track and the services expect capacity to return to 21 GA theatres by the end of Q2 with an ambitious target of 25 open Theatres by the end of 2024

Demand and System

Work is underway for to review areas of concern in relation to demand growth to seek support from system partners in order to meet the needs of our population. Deep dives are taking place in all fragile services with validation and data quality checks increasing to ensure that there is a reduction in Did Not Attends and cancellations. To ensure the effective use of capacity, choice codes are being added to the system so that patients that request delays to their treatment are identified and managed effectively.

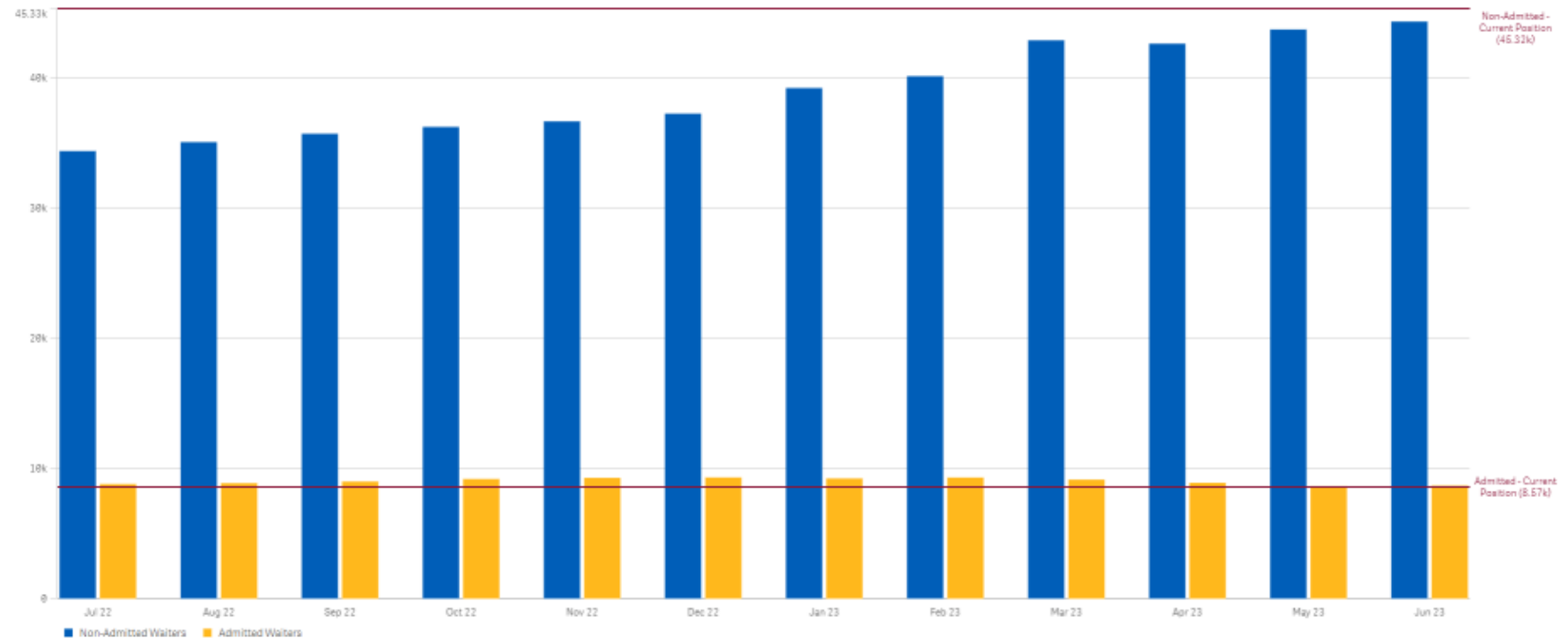
Impact of Industrial Action

For recent Industrial Action, services have rescheduled activity in order to provide a safe acute service and in order to mitigate staffing shortages due to clinical workforce taking part in the strikes. The Trust has cancelled around 3,000 appointments to date, however this does not show the true loss of capacity as not all appointment slots had been booked at the point in which a strike was announced. The Trust has reviewed run rates to compare usual activity numbers by each service and this data suggests that so far, around 7,000 patient appointments have been lost in the industrial action that has taken place until July 2023.

Routine Elective Waits

Challenges remain in routine elective care with the total waiting list growing from 43,180 in July 2022 to 53,015 in June 2023. Cancer demand, Industrial Action and Surgeon availability have contributed to this growth

Waiters Overview, Current Position - 19 Jul



104 weeks

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

78 weeks

MYTT have reported 14 non-admitted 34 admitted and 1 diagnostic breach since April 2023, driven by patient choice and capacity in the fragile services (ENT, Gynae and Urology)

65 Weeks

MYTT are 185 patients away from trajectory, ENT make up 123 of this variance

Planned Care Redesign Programme

Carolyn Gullery – 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 Pathways

- Deliver the Community Diagnostic Centre
- Develop care pathways approach and repository at the point of care

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

Transformation Updates to Support Elective Care

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NEW Planned Care Alliance Forum – new joint forum for planned care senior leads commencing in August to improve collaboration and strategy across planned care. In addition the Planned Care provider network starting to engage all providers.

Joint Service Reviews in Neuro, MSK, Gynae, Dermatology, Pain, Weight Management, Outpatient Follow Up Backlog and GP Demand – Detailed reviews taking place in specialities with high demand to increase active waiter (RTT) activity based on implementing best practice and guidance (e.g. GIRFT & NICE) including use of interface services.

Consensus work - consensus work ongoing to support improve Primary Care access and agree opportunities to work differently between hospitals and GPs for better patient shared care

Waiting Well & Social Prescribing – HSJ Award Nominated for Patient Safety supporting patients while waiting.

Validation of longest waiters– Admin validation of over 4000 patients has taken place, contacting those who are waiting for an appointment or treatment. 55% of patients responded with an approx. 6% removal rate from patients stating they no longer required and appointment.

NEW Care Pathway mapping – platform being investigated to support and capture collaboratively agreed care pathways made available at the point of care in both the primary and hospital settings. Impact will be to right size demand and make use of all services available including VCSE.

NEW Dermatology – Skin 2WW – In July we launched a new Shared Care process between Primary & Secondary Care as extension to SRP, to manage patients with suspected lesions – to ensure our population receives the level of urgency they require and unnecessary appointments to the hospital are avoided.

Transformation Updates to Support Elective Care

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Shared Referral Pathway (SRP) – Is available for primary care to have access to specialist support for our population prior to, or instead of a referral. Allowing specialist support within a few days. Available across 14 specialities. This is used to support around 4,000 people a month.

Patient Initiated Follow Up (PIFU) – Is now available for all specialities, if clinically appropriate a patient can be given a PIFU to allow them to decide before an agreed time scale whether they require a follow up appointment or not. This is to avoid patients being given a follow up appointment that they do not need. This is currently used for around 1,800 patients a month.

Virtual Outpatients – Working with Patient Knows Best (PKB) to provide patients with innovative ways to access and get the specialist support they need virtually.

NEW Community Diagnostic Centre – The centre will provide access to additional diagnostics capacity outside of our hospitals - due to be launched towards to end of 23/24.

NEW Surgical & Treatment Hub – Providing additional capacity for surgical procedures and outpatient appointments – first phase due to be delivered in Dewsbury early 24/25.



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Primary Care

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Access to General Practice & Winter 2023



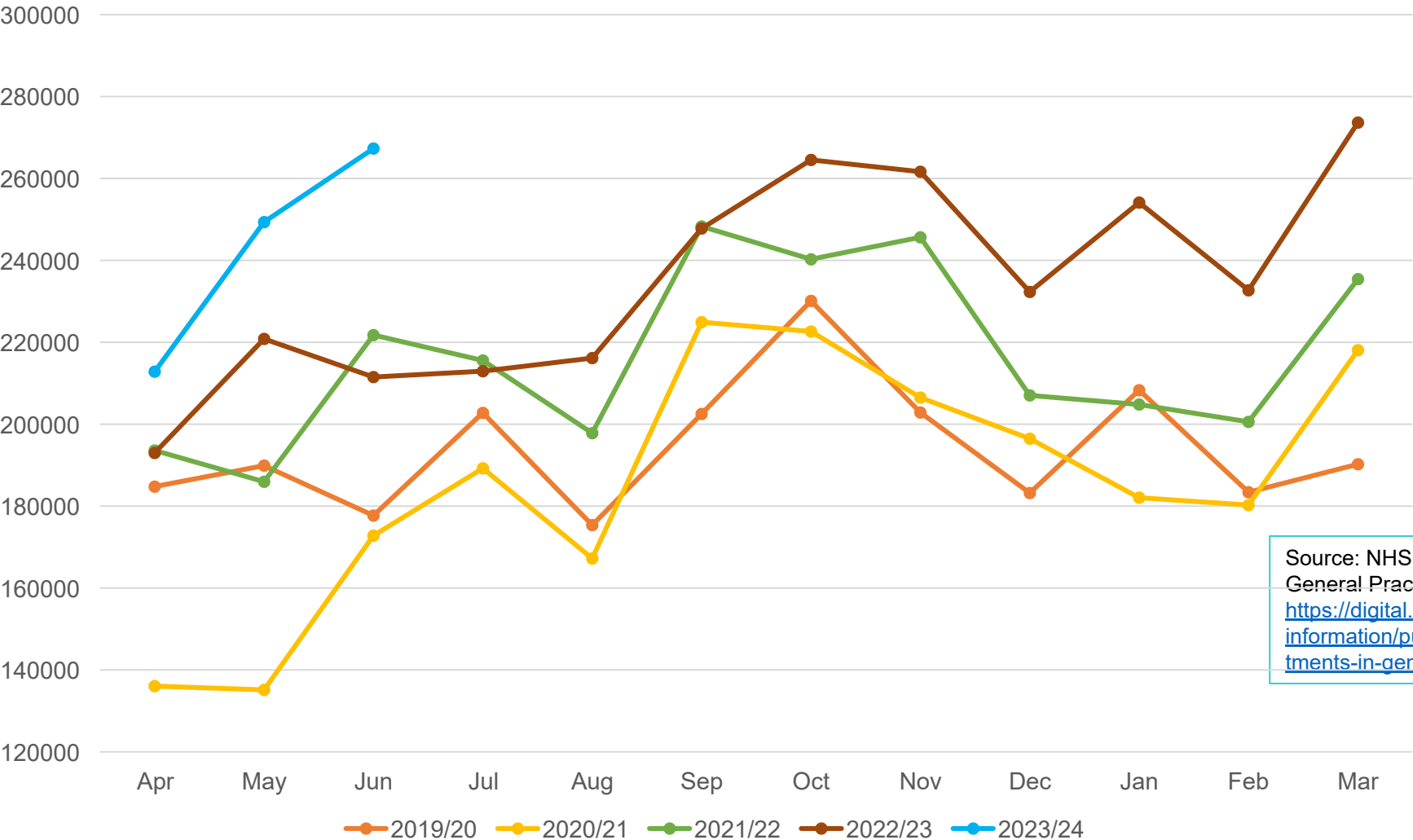
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Integrated Care Board

- 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
- **Enhanced Access** - Primary Care Networks (PCNs) are responsible for delivering appointments outside of usual working hours - Network Standard Hours (6:30-8:00pm Monday to Friday and 9am to 5pm on Saturdays)
- **Sundays** – Funding approved for PCNs to offer up to 4 hours of appointments each Sunday commencing in August. 8 PCNs trialled opening 2 Sundays 16 & 23 July supporting wider system during doctor strikes.
- **Demand** - demand is increasing and is higher than pre-pandemic levels (see next slide) – rising issue with the number of DNA's.
- **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. NHS Long Term Workforce Plan published June 2023.
- **Additional Roles Reimbursement Scheme (ARRS)** – funded 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

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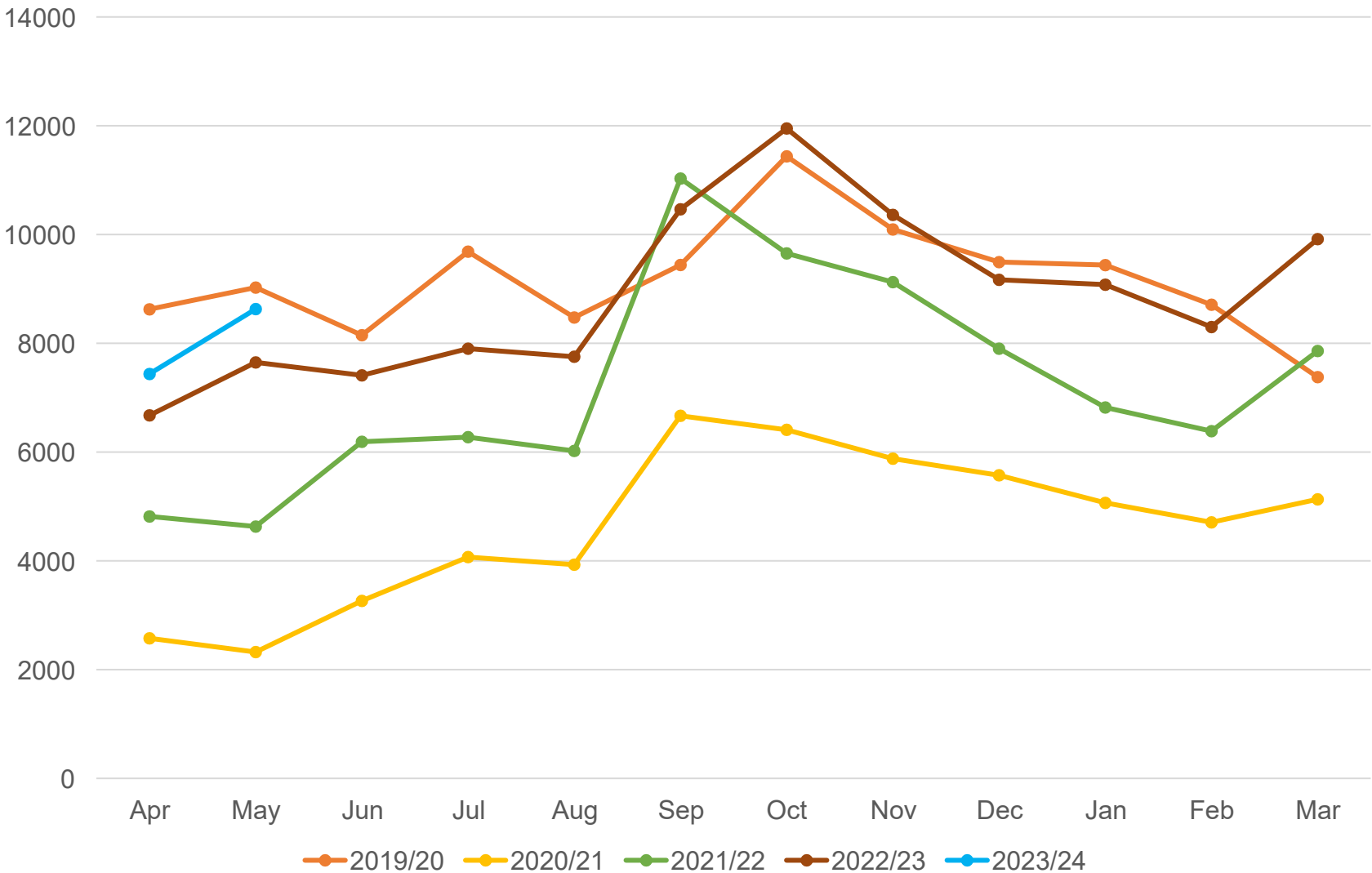


Appointments in General Practice



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

Did not attend appointment



Primary Care Access Recovery Plan

May 2023

The plan focuses on four areas to support recovery of access and deliver the ambitions.

1



Empower patients

- Improving NHS App functionality
- Increasing self-referral pathways
- Expanding community pharmacy

2



Implement new Modern General Practice Access approach

- Roll-out of digital telephony
- Easier digital access to help tackle 8am rush
- Care navigation and continuity
- Rapid assessment and response

3



Build capacity

- Growing multi-disciplinary teams
- Expand GP specialty training
- Retention and return of experienced GPs
- Priority of primary care in new housing developments

4



Cut bureaucracy

- Improving the primary-secondary care interface
- Building on the 'Bureaucracy Busting Concordat'
- Streamlining IIF indicators and freeing up resources

PCN Capacity and Access Improvement Plans

In June 2023, each of the 9 PCNs in Kirklees developed a Capacity and Access Improvement Plan for 2023/24.

PCNs have set out their plans to make improvements in three areas:

- 1. Patient experience of contact**
- 2. Ease of access and demand management and**
- 3. Accuracy of recording in appointment books**

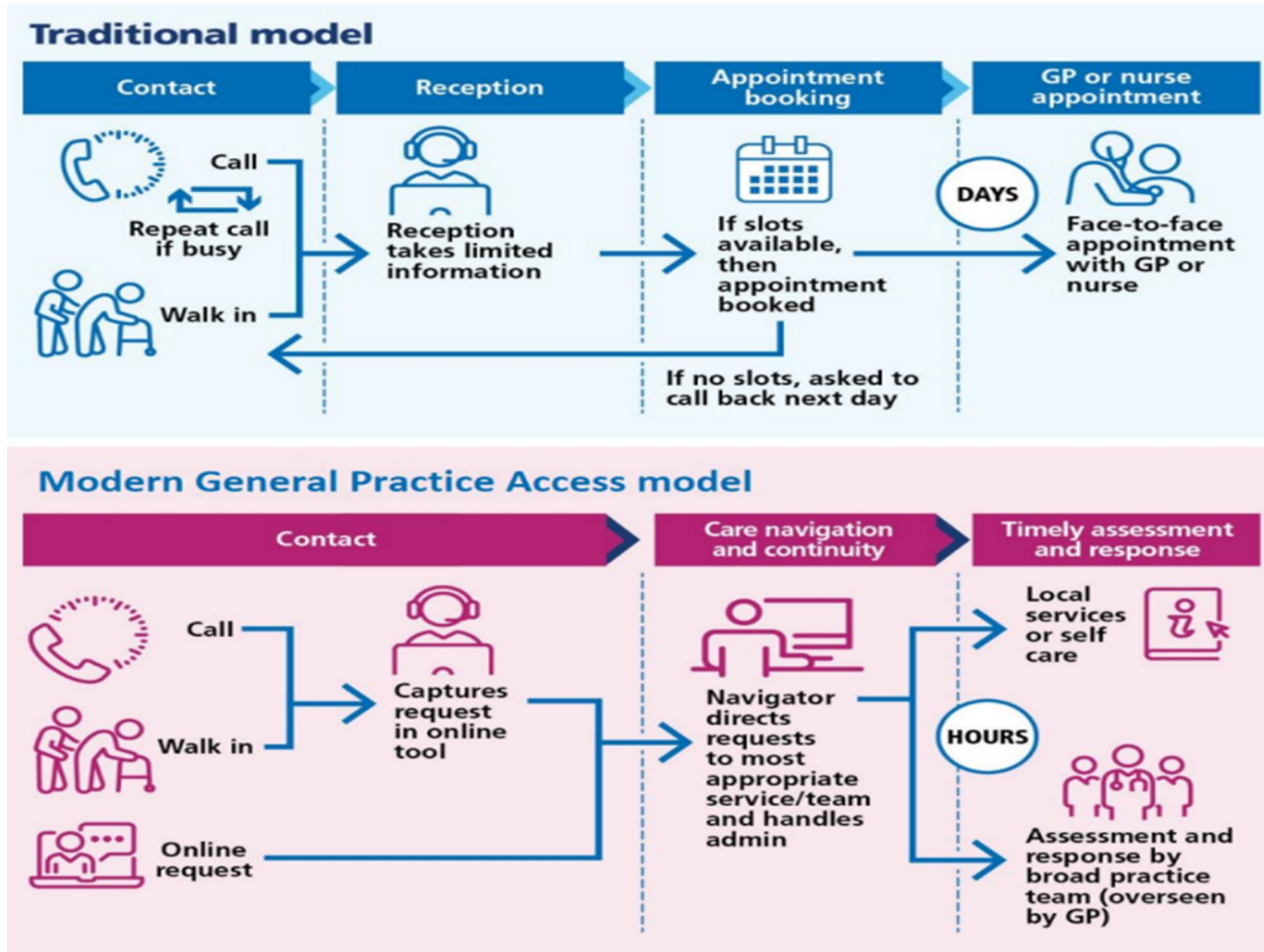
The aims of the plans are:

- to tackle 8am rush and the number of people struggling to contact practices
- for patients to know on the day they contact their practice how their request will be managed

Themes within the Kirklees PCN Access Plans

- Informed by what patients are saying and experiencing through a number of data sources including patient surveys, Friends and Family Test, capacity and demand audits, Healthwatch, some working with Patient Participation Groups and community groups
- Heavy focus on care navigation to a wider range of roles and services – how do we collectively support patients to better understand the new workforce in General Practice.
- Increasing the use of online consultations – mindful of digital inclusion
- Maximising recruitment and use of Additional Roles Reimbursement Scheme (ARRS)
- Ensuring all practices are enabled for cloud based telephony (20/64 practices)
- Reviewing websites for accessibility
- Appointment slot mapping
- Patient Journey project
- Increasing use of Community Pharmacy Consultation Service (CPCS)

Modern General Practice Access Model



Supporting General Practice through Winter

- NHSE issued a letter on 27 July sets out the national approach to 2023/24 winter planning.
- Delivery of Primary Care Access Recovery Plan but specific focus on:
- Maximising recruitment, retention and use of ARRS roles
- Winter Vaccination Campaigns – Flu and Covid alongside expansion of shingles vaccination
- Expansion of capacity – delivering more appointments to meet demand – part of a commitment for an extra 50m appointments every year nationally
- High Impact Interventions – Acute Respiratory Infection Hubs – mobilised these successfully last year within primary care in the Winter months
- Increasing capacity with larger multidisciplinary teams, including over the Christmas period.
- Improving the primary-secondary care interface.
- Offer Bank Holiday & Sunday appointments (over and above national requirements)

Annual GP Patient Survey - 2023

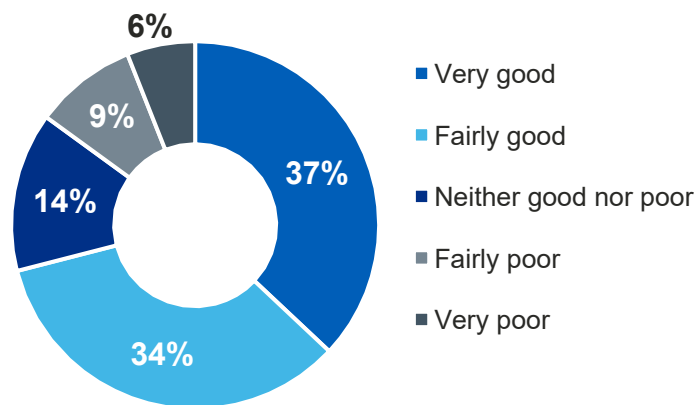
- The GP Patient Survey results were published on 13th July. The survey assesses patients' experiences of healthcare services provided by GP practices and experience of NHS dental services <https://gp-patient.co.uk/surveysandreports>
- Nationally, the proportion of patients reporting a good overall experience of the GP practice decreased to its lowest level for six years (71%) – a 1percentage point decrease compared with the 2022 survey (72%) but 12 percentage points lower than 2021 survey (83.0%). This had steadily declined from 2018 to 2020, followed by an increase in 2021.
- Overall, 55% had used at least one online general practice service in the 12 months before taking part in the survey, the same level as the 2021 survey
- In West Yorkshire, the question relating to overall experience of your GP practice rated the same as the national average of 71% but there is variation across practices and Primary Care Networks.

Overall experience of GP practice

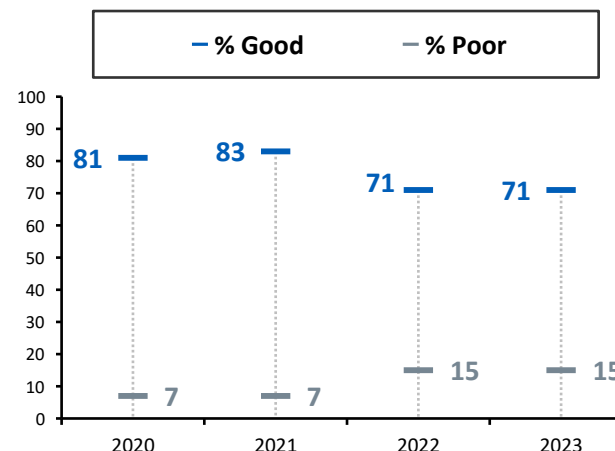
WEST YORKSHIRE HEALTH AND CARE PARTNERSHIP

Q32. Overall, how would you describe your experience of your GP practice?

ICS result



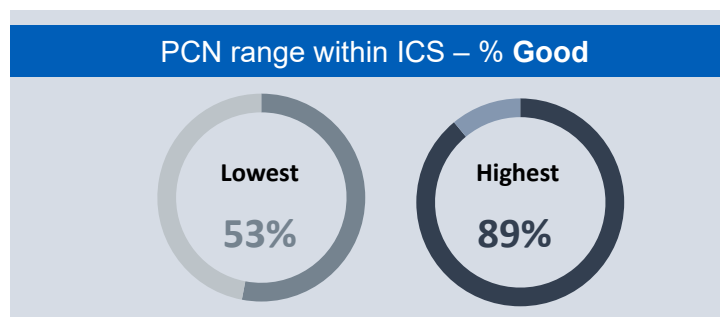
ICS result over time



Comparison of results

ICS		National	
Good	Poor	Good	Poor
71%	15%	71%	14%

Base: Asked of all patients. National (749,020); ICS 2023 (30,476); ICS 2022 (29,441); ICS 2021 (34,472); ICS 2020 (29,989); PCN bases range from 134 to 1,269



i %Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Primary Care Workforce

From April 2022 to March 2023 there were a total of 192 Full Time Equivalent (FTE) employed via the Additional Roles Reimbursement Scheme (ARRS) in Kirklees:

- 16 different roles employed, included: 80 FTE Clinical Pharmacists, 20.5 FTE Care Coordinators, 14 Social Prescribing Link Workers (SPLW) and 5 Mental Health Social Prescribing Link Workers
- Personalised Care Approach – teams hosted by the Local Authority include SPLW, MH SPLW, Care Co-ordinators and Health and Wellbeing Coaches
- All PCNs are required to complete workforce plans twice a year (August and October), when plans are updated and set out recruitment intentions for the next financial year.
- ARRS roles have a significant amount of investment as part of the national commitment to stabilise the workforce and assist with rising demand.
- In Kirklees the budget for 2022/23 was around £7m and for 2023/24 the allocation is increased to c£10m to reflect new flexibilities and extra roles within the scheme.

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 2023.
- 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 a plan 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.
- We continue to fund Kirklees Care Association and we are seeing considerable benefits for providers across the Social Care Market due to the work of the Association, particularly in terms of increased digital funding, provider representation on key system wide meetings and support with workforce development.
- Care home placements are at pre pandemic levels with significant increase in domiciliary care provision – 9,000 hours in 2020, 21/22 17,000, 22/23 18,000 to 20,000 hours in 2023.
- We have completed the Fair Cost of Care Exercise and submitted our Market Sustainability plans to the DHSC.

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
 - Clinical capacity increased in the team supporting equipment prescribers to consider cost effective equipment that creates better outcomes for people
 - Relaxed criteria to support care homes through short term loan

Knowing Ourselves Well - Performance Information

Pathways

- 87% of patients who were discharged from hospital and referred to the Discharge Team/KILT received an onward referral to a Pathway Outcome 1 service
- 9% 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

- More than 70% of patients who required a 0–2-hour 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 12% on last year to an average of 85 per month. Average length of stay on LA Rapid caseload equates to 17 days

Kirklees Reablement Service

- Increase in referrals to an average of 122 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 81%

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
- 98.7% 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 regressed to 40 days during the period Oct 2022 to April 2023

Discharge to assess beds

- Local funding identified to support D2A beds whilst the development of the Home First pathway has been implemented
- The Acute pressures relating to increased footfall and conversions of A&E attendances alongside the recent Doctors' strikes have created high levels of demand for all discharge services.

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)

Discharge Workshop Event held on the 12th of May, involving Adult Social Care and a wide range of partners in Kirklees with a view to:

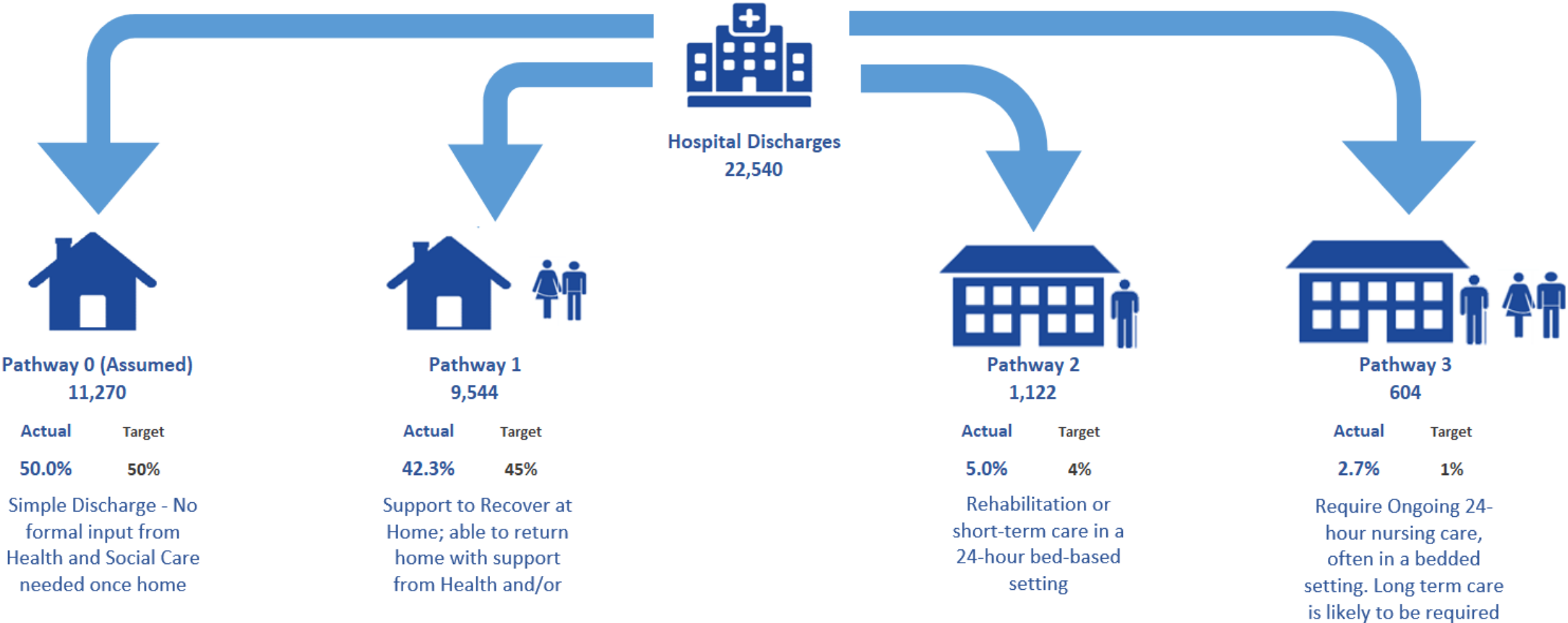
- Understanding the capacity and demand variations for post hospital care provision, and
- Developing scenarios and recommendations for addressing capacity gaps and meeting current/anticipated levels of discharge demand flows

As a Care and Health ‘system’, there is collective agreement that the current model for discharge to assess is unsustainable:

- Short term funding through Covid19, winter initiatives and the D2A beds introduced during the pandemic have resulted in a variety of fragmented initiatives to support the acute trusts with patient flow.
- There is a shared ambition to reduce the reliance on discharge to assess beds in the long term by enhancing the range and capacity of other initiatives that result in improved outcomes for individuals and their carers and reduced demand for long term care and support.

Key Findings – D2A Pathways (‘as is’ model)

Pathway Destinations for Hospital Discharges April 2022 - March 2023



Source Data: Locala Discharge to Assess/KILT One Discharge Form Dataset

Key Findings – Discharge Activity and Pathways

- Our local model has a continued over-reliance on bedded support
- Outcomes for patients/service users through bed based solutions are not consistent with the outcomes we want to pursue as a system - - 78% of people remain as 'short stay' residents at 28 days - on average an additional 3 weeks LOS*
- There are opportunities to take a prevent/reduce/delay approach by maximising the opportunities for patients/service users to benefit from short term reablement support at home, further embedding the home first ethos and maximising independence

Modelling estimates indicate that to achieve the 45% national expectation for Pathway 1, **approx. 3 additional patients a day** would need to move from being admitted to a **D2A bed** to being discharged **home first** with the necessary health and care support.

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

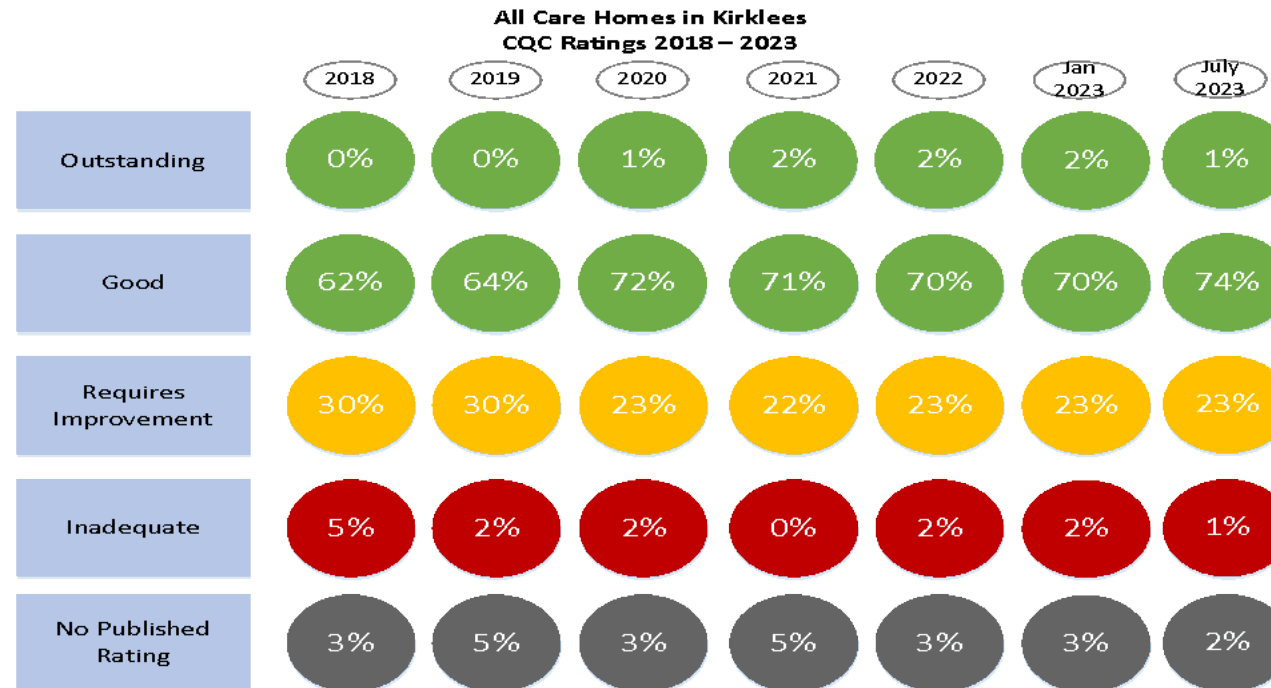
Progress made

- attracting more people to work in social care through In2Care by providing a bespoke matching service between applicant and employer - supported approximately 1860 local people into local social care jobs since 2020.
- 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

- After the Pandemic CQC changed their inspection regime to focus on the highest risk homes, so ratings were expected to dip.
- The development of our Enhanced Quality Surveillance processes and Multi-Agency EQS processes have enabled the system to put support into the homes where required.



Figures may not sum due to rounding

Kirklees Council – ASC & Public Health – 2023/24

Council

Significant unbudgeted pressures being seen – Cost of living , energy, pay award etc
The council reported a £27m overspend at Outturn 2022/23
Management actions to mitigate inflationary pressures in-year, and for future budget planning
£47m of further savings are needed to achieve a balanced budget in 2024/25

Adult Social Care

Outturn position = £+1.4m, £2.3m of savings planned for 2023/24
Provider cost pressures (energy/fuel/cost of living)
Workforce recruitment & retention (across the market)
Ongoing pressures on demand led activities + heightened complexity of packages
Further savings are identified for 2024/25

Other key ASC issues

‘Fair cost of care’ for placements/home care, a govt driven programme – what is the fair cost? Sustainability plan
Charging policy reform – Cap on care costs, changes for self-funders, impact on the market?
Continued joint working – Regional and local partners continue to work jointly for maximum local benefit.

Public health issues

£0.3m of efficiency targets planned for 2023/24
Cost of living impact on commissioned providers

Locala Community Services

Community: Waiting List Management

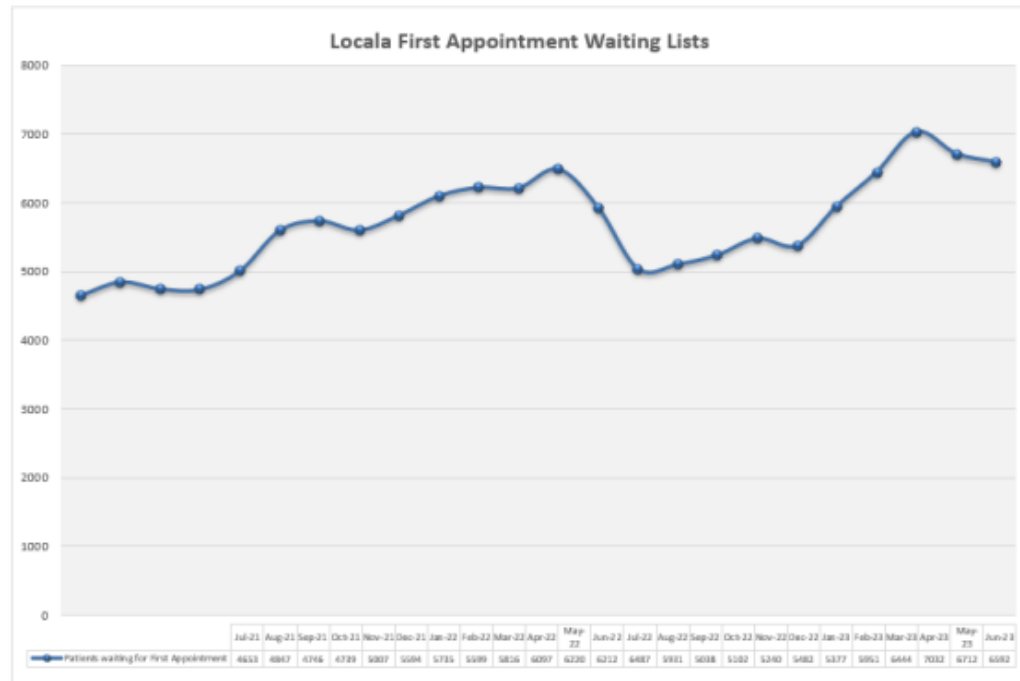


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- Reviewed internal policy and developed trajectories for services to ensure focus on meeting waiting time targets
- Details of backlog including patient numbers and waiting times (by service)
- Approach being taken to manage the backlog and progress being made
- Focus on equality, diversity and health inequalities as part of triage and risk management
- Identifying which areas are facing the greatest pressures and underlying reasons to implement Quality Improvement strategies
- Continuing to work with system partners to review and manage 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 of June 2023, there were 6592 patients waiting for a First Appointment for a Locala Service in comparison to 4653 patients in July 2021, **which is an increase of 42% compared to two years ago**



Unit	Jul-21	Jun-23
Locala Community Rehabilitation	1040	953
Locala Ageing Well Service		14
Locala Cardiology Team	22	40
Locala Care Home Support Team	59	81
Locala Community Nursing	11	
Locala Continence Service	277	1238
Locala Dental	1468	1658
Locala Diabetes Specialist Nurses		64
Locala Discharge Team & KILT		4
Locala Musculoskeletal South	717	216
Locala Paediatric Services	362	694
Locala Podiatry	410	783
Locala Respiratory Service	95	136
Locala Self Help Advisory Service	190	206
Locala Stockport Community Gynaecology		484
Locala TB Liaison	2	21
Total	4653	6592

Services proactively manage waiting times at an individual patient level for waits beyond 18 weeks and report routinely to the ICB. The impact of the revised policy is starting to reduce numbers of people waiting. Dental service continue to hold the longest waiting times

Clinical prioritisation and Risk



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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. Reports provided to Locala's Quality Committee to assess and mitigate risk to patient safety. Focus on equality, diversity, health inequalities and reducing disparities.

Service improvement work continues to ensure the triage process, patient allocation and service offer is in place 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.

Patient information includes when to escalate any changes in condition to ensure waiting is clinically safe.

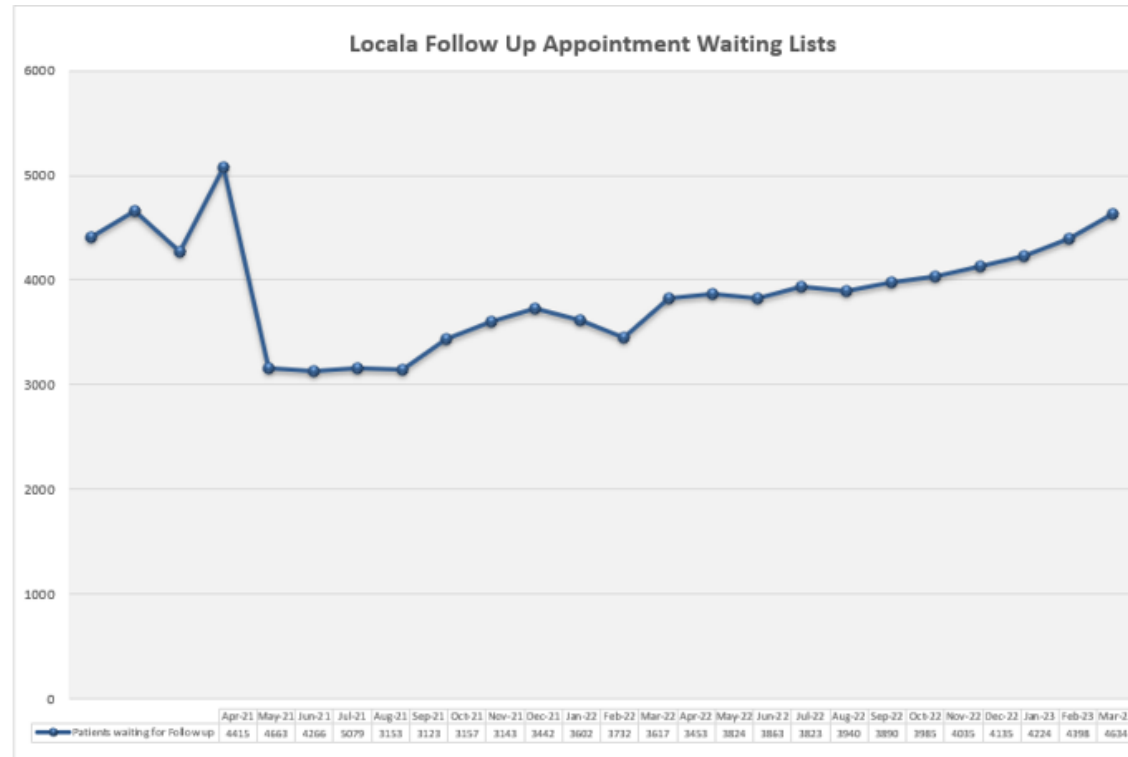
Approach being taken to manage the backlog

Locala have developed an inhouse bespoke Waiting List Management tool to gain valuable insight into the resource required to reduce a Waiting List to an agreed ambition level. The tool reports the level of weekly referrals received and the number of clinics available, it builds in the existing backlog of patients waiting and works out the optimum number of clinical appointments required to drive down waiting lists to the ambition target.

The Current Position

As of June 2023, there were 4568 patients waiting for a Follow Up Appointment for a Locala Service in comparison to 5079 patients in July 2021, **which is an increase of 11% compared to two years ago**

PIFU and virtual reviews



Unit	Jul-21	Jun-23
Locala Community Rehabilitation	46	42
Locala Continence Service	1	
Locala Dental	2410	3195
Locala Dermatology South	369	540
Locala Intermediate Care	12	
Locala Musculoskeletal South	172	89
Locala Paediatric Services	181	459
Locala Plastic Surgery	2	
Locala Podiatry	1843	
Locala Respiratory Service	41	150
Locala Stockport Community Gynaecology		93
Locala TB Liaison	2	
Total	5079	4568

Community Developments

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

Urgent Community Response and the **Integrated Transfer of Care** (Hospital Discharge) in place with dedicated teams to support the demand around hospital discharge and admission avoidance. **Virtual ward** now in place across working across Calderdale, Kirklees, Wakefield footprint to enhance resilience and consistency for Kirklees where there are two acute hospitals. Supporting acute patients in community and improving transfer of care

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.

Kirklees Community Services contract review underway with all specifications reviewed and gap analysis undertaken. ICB leading with Locala and other partners to ensure future community provision is fit for purpose

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.

ICSs 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.

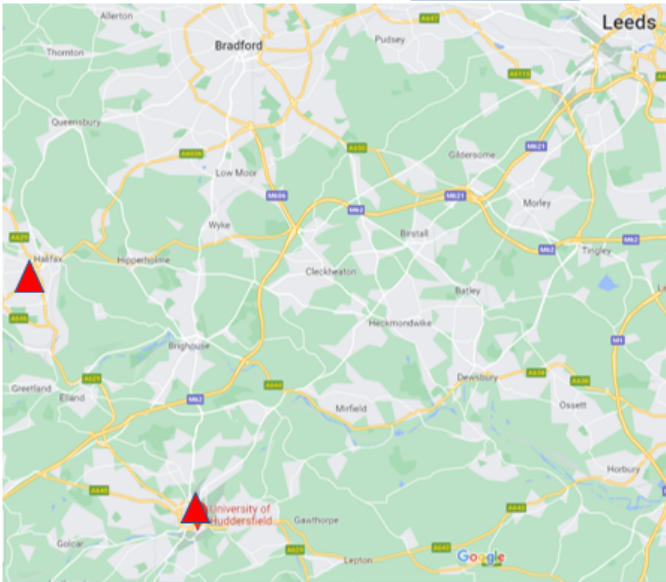
Update for Calderdale & Huddersfield

CHFT will open a CDC Hub on the University of Huddersfield (UoH) Health Campus in January 2026. An interim capacity plan is in place to deliver CT activity from October 2023 and MRI activity from July 2024. The UoH campus is a town Centre location with excellent transport links. It also provides significant opportunities for training, development of new roles, advancement of research and innovative use of technology.

The business case for a CDC Spoke at Broad Street, Halifax was approved in June 2023. Activity will start to be delivered from December 2023, with full opening planned for Q1 2024.

Achievements to date: design and project teams for both schemes in place; commercial partnership with University of Huddersfield in draft; interim capacity plan confirmed; workforce planning underway. Successful bid for funding to support international recruitment of 10x radiographers and 4x radiologists.

	22/23 Cap / Rev £m		23/24 Cap / Rev £m		24/25 Cap / Rev £m	
Huddersfield Hub	0.1		1.3	0.653	18.276	TBC
Halifax Spoke			7.916	1.958		6.746



Services	University (Hub)	Halifax Shopping Centre (spoke)
Imaging	Yes	Yes
Pathology	Yes	Yes
Physiological Measurement	Yes	Yes
Endoscopy	No	No

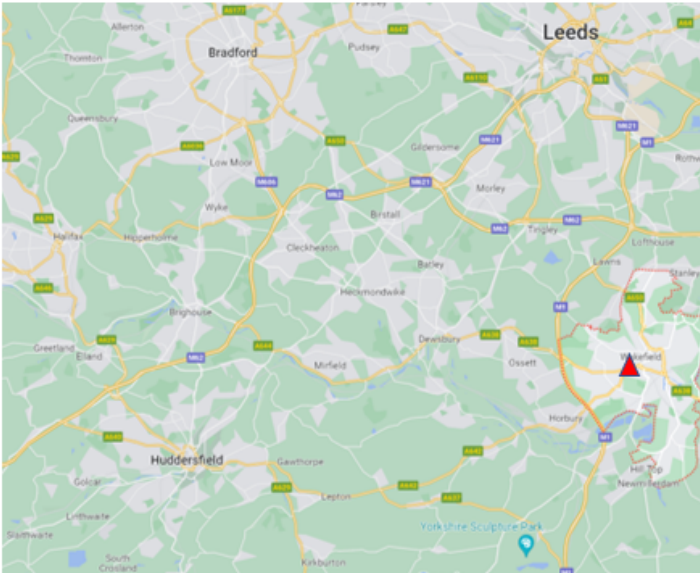
Update for Wakefield

The location of the Wakefield Community Diagnostic Centre (CDC) is Westgate Retail Park, Ings Road. It has been chosen for its excellent accessibility. This includes being close to bus routes, Wakefield Westgate train station and with free customer parking.

Achievements to date: capital equipment procured; design team in place; building design completed; re-fit tender issued; workforce plans in place for all modalities/services

Teams are working towards opening the CDC in December 2023. This includes completing the building fit out; Northern PowerGrid confirming sufficient electricity supply; equipment installation; CQC registration for the new location, and ongoing workforce and operational planning.

22/23 Cap / Rev £m		23/24 Cap / Rev £m		24/25 Cap / Rev £m	
5.93		6.309	2.032		TBC



Services	Town Centre (Hub)
Imaging	Yes
Pathology	Yes
Physiological Measurement	Yes
Endoscopy	No