

Blackpool CCG Performance & Financial Position Update

following the initial impact of the COVID-19 level 4 National Pandemic

Background

Following the Governments' decision on the 3rd March 2020 to declare the COVID-19 pandemic to be a level 4 incident; all non-urgent elective activity planned to be undertaken at NHS Hospitals was cancelled with immediate effect.

Whilst Covid-19 is still present and impacting on "business as usual" it is anticipated that not all services will return to the way they once were; in fact it has accelerated the need to look at new, improved ways of working which will see changes to the way services function in the future.

NHS England set out the third phase of the NHS response to COVID-19 on the 31st July 2020. This details the NHS priorities from August 2020 onwards and focusses on accelerating the return of near to normal levels of non-COVID health services. Crucially it also states the importance of the NHS being fully prepared for winter demand pressures alongside continuing vigilance in the light of further COVID spikes locally and possibly nationally. Lessons learned during the first COVID peak are also to be taken into account as part of the restoration programme; ensuring beneficial changes are also locked in which together will enable the NHS to explicitly tackle the fundamental challenges it faces including support for its staff and action on inequalities and prevention.

Contracting arrangements between Commissioning organisations and the Independent and Acute sectors have been reviewed in order to remove any constraints in organisations collaborating to address the patient backlogs and restore services for patients waiting for procedures. All the Lancashire CCGs are working closely with the Acute Trusts and the Independent Providers, as directed by NHSE/I, to implement a restoration plan which aims to recommence elective activity via a safe, planned approach to begin to reduce patients waiting times in order of clinical priority.

A fortnightly meeting is taking place with Fylde Coast system partners; including the independent sector, to collaborate and oversee the local elective restoration programme. This will provide an opportunity to understand any specific performance issues as we emerge from COVID-19.

This report will detail how COVID-19 has affected performance across services and also explain the plan to restore services to pre-COVID capacity and performance.

Performance Overview

Referral to treatment

Performance against the referral to treatment target of 92% of patients being treated within 18 weeks is 52.86% at Blackpool Teaching Hospital (BTH) in June 2020.

This is a position which is reflected across all the Lancashire Acute Trusts following the decision by NHSE/I to cease all non-urgent elective activity. In June 2020 five hundred and sixty eight (568) patients have been waiting longer than 52 weeks for treatment at BTH; this includes patients from outside of the Fylde Coast and again is a position which is reflected across Lancashire.

BTH consultants are clinically triaging every patient on the waiting list including new referrals and listing each patient for treatment in order of clinical priority. Spire Fylde Coast Hospital is working closely with BTH to undertake procedures; and it is important to note the utilisation of capacity at Spire currently exceeds the utilisation at all other independent providers within Lancashire. The 14 day self-isolation guidance prior to procedures has caused high patient cancellation rates; and whilst the recent amendment in this guidance to include only complex patients will undoubtedly improve the cancellation rate there are still a large number of patients choosing to wait for procedures due to nervousness associated with COVID-19. More capacity within theatres is now also available at BTH which will also improve patient waiting times and restoration plans are being finalised at specialty levels at the Trust.

Theatres

In order to recommence activity within the Surgical, Cardiac, Ophthalmology theatres and Cardiology Catheter Labs a detailed plan has been devised to safely and slowly relocate back into escalated areas and recommence activity with a phased approach. This will ensure activity is maximised whilst maintaining quality and safety throughout.

Since the end of March 2020, theatre sessions at BTH have been reduced (from 16 to 5) to allow for the appropriate resource to be in place to meet the anticipated demand for Covid-19. Of the 5 theatres remaining, 3 are for emergency and 2 are for cancer work. Spire Hospital has also been utilised for cancer and urgent cases which has enabled the Trust to treat patients referred on a cancer pathway in a timely manner. There is the capacity to increase to one full day theatre, 7 days a week at Spire; therefore the Divisions are in the process of introducing further activity to ensure maximum utilisation of the lists available.

The proposed initial approach will be to allocate hot and cold theatres which will allow for the separation of elective and non-elective activity. This could minimise the usage of PPE, reduce the Covid-19 staffing model for the cold theatres, allow for continuation of urgent cancer surgery and support the gradual recommencement of the elective programme. This would also give the opportunity for staff within the moderate at risk group to work within a low risk area which would maximise staffing potential.

Diagnostics

Performance against the diagnostic standard of less than 1% of patients waiting no longer than 6 weeks for a diagnostic test has improved at BTH to approximately 38.53% in June 2020 from 53.54% in April 2020. All clinically urgent diagnostics are being prioritised with endoscopy services at BTH being outsourced by tender to improve performance levels. Recently published NHSE guidance has advised that all screening programmes are to recommence from September 2020; however bowel screening recommenced from June at BTH, Routine cardiology diagnostics recommenced from 03/08/20 with more CT and MR capacity being sought from the Independent sector and also mobile solutions in order to improve patient waiting times.

Outpatients

Outpatient services were reduced across the Trust at the start of the pandemic, resulting in a high volume of patients being placed on hold; however the restoration and transformation of outpatient services has begun from June onwards with telephone and virtual clinics being adopted in many specialties. This use of technology is something the Divisions are planning on utilising on a long-term basis alongside face to face appointments when appropriate.

The Divisions have devised plans to reintroduce outpatient services on a step by step basis, ensuring the appropriate resource such as staffing and equipment is in place to support this. By July 2020 outpatient activity was at 70% compared to the same period in July 2019 and activity being continually increased. Many specialties including care of the elderly, community paediatrics, dermatology, haematology and ENT have already reached 90% of the previous years' activity levels by July 2020.

To support the re-introduction of outpatient activity, clinic templates have been adjusted and social distancing measures put in place to ensure government guidance is adhered to. Any patients attending by car will be asked to park in the designated car park nearest to the outpatient clinic they are attending. They will be contacted by the clinic staff 5 minutes prior to the room being ready for their consultation, thereby allowing them to bypass the waiting area preventing any breach of social distancing measures.

Any patients attending by public transport or taxi will check in and remain in the waiting area prior to their consultation. Careful planning by the administrative team will ensure that patients attending by this mode of transport will be staggered throughout the clinic, thereby preventing any congestion in the waiting room.

Any patients attending requiring a wheelchair or with a carer will also check in and sit in the waiting area prior to their consultation.

A&E

Whilst non-elective activity continues throughout the pandemic, there has been a significant drop in the number of patients presenting to the Emergency department in March, April and May 2020 as shown in the table below:

Date	A&E Attendances
October 2019	6,440
November-2019	6,222
December-2019	6,138
January-2020	5,916
February-2020	5,424
March-2020	4,799
April-2020	3,744
May-2020	4,773
June- 2020	4,938
July-2020	5,869

However it can be seen that from July 2020 the number of attendance has continued to rise near to the levels seen pre-COVID-19.

Services not directly linked to Covid-19 have worked together to adapt their admission pathways to reduce the pressure placed on the Emergency department throughout this pressurised time.

Examples of the changes are as follows:

- Separation of Covid-19 and non Covid-19 patients on admission to the Emergency department
- Direct admissions into Urology, Gynaecology and Orthopaedics
- New Rapid Access clinics (ENT)
- Relocation of Rapid Access clinics (General Surgery and Urology)

- Clinics in place in the community setting (Fracture clinic)

Whilst the above have assisted with flow and mitigated a higher level of risk throughout this challenging time, as the Emergency department risk reduces the Clinical Leads are keen to return to the pre Covid-19 pathways which are considered to provide the best quality of care to both Surgical and Orthopaedic admissions.

The Fylde Coast has also been an early implementer of the NHS 111 first scheme which enables patients calling 111 to be diverted to urgent care services, booked directly in to A&E if appropriate or admitted onto appropriate pathways. The purpose of the scheme is to provide low complexity urgent care without the need for an A&E attendance and will be rolled out nationally within forthcoming weeks.

12 Hour Decision to admit breaches

Although the committee will have noted from the end of year summary report that the number of 12 hour decision to admit breaches increased in 2019-20 to three hundred and forty seven (347) from three hundred in the previous year it is important to note that in 2020/21 up to and including the 3rd September 2020 there have been fifteen (15) breaches of this zero tolerance target.

Although as previously explained A&E attendances reduced during the initial stages of the pandemic a new Mental Health Urgent and Emergency Care unit opened at BTH in April which triages patients in a more streamlined approach and ensures, when capacity allows, that patients with a mental health condition are directed to the specialist services they require in a more timely fashion.

Bed Capacity

Bed capacity for elective and non-elective admissions has been adequate to date with a number of wards closed since the pandemic began. As admissions begin to rise and theatre sessions are reinstated it is important to ensure that the bed capacity is available and that the staff are in place to support these. This will be taken into consideration when agreeing the recommencement of elective activity.

Due to the reduction in critical care demand, the Scheduled Care Division is exploring the option of developing interim measures to provide capacity for elective procedures during the Covid-19 pandemic. The interim measures proposed would not supersede the Trust escalation plan but are aimed at maximising current resources, whilst ensuring sufficient critical care capacity is available in the event of a surge in Covid-19 patients.

Cancer

Since the start of the pandemic there has been a decrease of 1015 2ww referrals into the Trust. This is compared to the same timeframe the previous year (25 March 2019 to 5 May 2019 = 1844 compared to 23 March 2020 to 3 May 2020 = 829). Whilst the majority of specialties have managed to accommodate the patients either face to face or via a virtual consultation there are a small number of patients in high risk categories who have been placed on hold until further guidance is received.

The inability to perform some Aerosol Generating Procedures (AGPs), particularly endoscopies, has been one of the main causes of postponing the patient's first appointment. However, plans are now in place to recommence clinics for patients requiring these types of procedures.

Cancer referrals in July are now in a comparable level July 2019. There is zero tolerance of any patient waiting more than 14 days for a fast track referral. Two week and breast symptomatic waiting times have been achieved in June 2020 with 62 day waiting times achieved in June 2020 also.

Current Financial Position

The CCG delivered its revised 2019/20 financial plan of an in year surplus of £3.5m. This will be available for drawdown in future years for targeted investment.

In response to the COVID-19 pandemic the NHS financial regime in 2020/21 differs to that which is usually in place. NHS organisations are currently operating within a framework of baseline funding augmented by top ups (that cover COVID and non COVID pressures) to deliver financial breakeven. This approach and guidance covers the period up to 30th September 2020. Further communication in respect of the financial framework for months 7-12 of the 2020/21 financial year is awaited.

Recommendations

The Blackpool Council Health Scrutiny committee are asked to consider this performance overview of the impact of the COVID-19 national pandemic outside of the remit of year end 19/20 performance; and to note the work being done by all ICP partners to restore local services and reduce patient waiting times for Fylde Coast residents.