

**JOINT HEALTH OVERVIEW & SCRUTINY
COMMITTEE
SUPPLEMENTARY AGENDA**

15 June 2021

5 NORTH EAST LONDON RECOVERY AND TRANSFORMATION (Pages 1 - 8)

Report attached.

**Andrew Beesley
Head of Democratic Services**

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NEL Recovery and transformation

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ONEL JHOSC
15 June 2021

Agenda Item 5

Background: Our response to Covid

- Over the past year, our hospitals, urgent care, primary care and other services have been under incredible pressure due to the pandemic.
- Across NEL we have continued to work in partnership, and across organisational boundaries to rapidly respond to the devastating impact of Covid-19, and care for our patients as soon and as safely as possible.
- In line with the rest of the NHS, our acute trusts temporarily suspended the majority of non-urgent planned surgery in order to concentrate on caring for huge numbers of Covid patients during both waves of the pandemic and control infections. We reported these changes to JHOSCs and published them on our website.
- To minimise the impact and support critical services and our patients:
 - Life saving services continued, and vital cancer services were kept running in all areas, including diagnostics and screening, by creating a cancer hub at the London Independent, near the Royal London Hospital
 - As part of London-wide arrangements to ensure highest risk patients were treated, St Bart's Hospital continued to perform urgent thoracic, breast, lung and eye surgery
 - We offered treatment to those who needed urgent surgery through NHS contracts with independent sector
 - Primary care, mental health and community services adapted, and many of our staff were redeployed to support critical care.

Elective recovery: Our challenges

- Over the past few months, we have been phasing the restoration of NHS capacity, balancing the need for staff rest and recovery. We are ahead of our plan but, on 23 May 2021 in north east London:
 - There were 14, 865 people waiting more than 52 weeks for treatment.
 - This compares with February 2020 when in Barts Health there were only 23 patients breaching 52-weeks.
- We need to reduce the waiting lists but we also need to:
 - continue to care for Covid patients, and to be prepared for a third wave – ensuring our system-level reporting is robust and gives us early warnings and real time data on where issues are occurring
 - cope with the increased number of urgent non-Covid critical care patients
 - treat people who didn't come forward during Covid
 - prioritise those most in need
 - continue to implement infection prevention and control measures
 - ensure our workforce is prepared and looked after

Elective recovery: Principles and approach



- Staff wellbeing is a priority.
- Primary focus will be on patients with the most urgent clinical need; secondary focus will be on treating those who have been waiting longest for care.
 - Prioritisation of patients will be in line with national and local evidence-based interventions guidance including the latest clinical pathway guidelines for 31 tests, treatments and procedures published by NHS England in November 2020.
- To receive the fastest care and treatment, patients may be asked to go to a hospital that is not their nearest (either another NHS facility or the independent sector). Choice will still be offered in line with Trust access policies.
- We are establishing an elective recovery health inequalities working group to better understand the demographics of patients and where there may be access or waiting time inequalities, so we can tackle them.
- The NEL system-wide Planned Care Recovery and Transformation Board will oversee progress.
- We have strengthened our approach to sharing data.
- Other innovations e.g. agreeing whole pathway transfer of care to reduce administration and improve patient experience.

Elective recovery: Increasing capacity

- We are increasing and protecting surgical capacity. Total inpatient and day case activity reached over 12,000 cases in May 2021 (77% capacity). We expect to reach 88% from July onwards.
 - Redeploying staff back to theatres as they are released from critical care wards.
 - Additional evening and weekend theatre sessions, e.g. Super Saturdays, where staff are available to do so.
 - Creating four speciality high volume, low complexity (HVLC) surgical hubs at Homerton, King George, Newham and Whipps Cross focused on the six priority specialties identified by London (ENT, general surgery, gynaecology, ophthalmology, orthopaedics and urology). Queen's Hospital will also be used to do some HVLC work in the short term.
 - Also creating 'hub' capacity for pain at Mile End hospital and for paediatric dentistry at The Royal London.
- Mutual aid will be used as there is a significantly larger waiting list at Barts. E.g. Since March 2021, over 300 patients from Barts Health have been transferred for treatment at the Homerton.
- Continued use of the independent sector to provide additional capacity as quickly as possible, generally focused on treating people who have been waiting longest; though some urgent treatment may be transferred to the sector for specific specialities e.g. breast surgery. More complex work will be brought back to the NHS, and more outer London providers used that the more costly inner London providers.
- We will spread good practice from proven innovations.

Increasing our diagnostic capacity

- As part of our recovery, there is an immediate need for additional diagnostic capacity to support services but infection prevention and control guidance is not expected to change. So existing capacity is reduced.
- The recently opened Mile End Early Diagnosis Centre has been planned for a number of years. It is a welcome facility which will provide additional services for NEL people who are living with conditions that could increase their risk of cancer, such as gastric ulcers and inflammatory bowel disease.
 - One of the first of its kind nationally, the dedicated facilities will help to detect disease early to boost survival rates and we expect to carry out around 16,500 procedures over the next year.
 - The new service provides additional capacity and ensures more patient choice.
- Partners across NEL continue to collaborate on plans to further increase diagnostic capacity across our boroughs, in line with NHS England's objective to deliver further hubs in our communities over the next five years. NEL is looking to develop Community Diagnostic Hubs that would deliver nearly 47,000 additional diagnostics tests in 2021/22.
 - Mile End Hospital: expanding capacity to provide an additional mobile MRI scanner and 7-day endoscopy in July, increased ultrasound capacity from August and expansion of long Covid clinics.
 - Barking Hospital: re-deployment of a mobile MRI and modular CT scanner plus additional capacity in ultrasound, ECHO, phlebotomy and mobile ophthalmology in July.
 - King George Hospital: additional weekend endoscopy sessions.

Outpatients

- We also continue with outpatient transformation plans – key challenges and plans are similar to elective and diagnostics e.g. infection control and prevention; concern over a third Covid wave; use of independent sector when necessary; provision of mutual aid and a focus on clinically priority patients and reducing health inequalities.
- Currently performing around 80% of outpatient appointments compared to 2019/20.
- NEL providers have submitted plans to reach c85% activity (compared to 2019/20) by June 2021 and c95% by Sept 2021.
- c27% of activity is expected to be virtual.
- Maximising existing community provision including single points of access for multiple specialties such as cardiology, dermatology, colorectal, MSK, gastroenterology etc.
- Procuring new community services e.g. new Ear, Nose and Throat (ENT) service in Tower Hamlets, Newham and Waltham Forest (TNW) and plans for further provision e.g. trauma and orthopaedics and gynaecology.
- Use of Patient Initiated Follow Up (PIFU) – where patients choose to have a follow up when it is convenient and useful for them, rather than at a set pathway time chosen by clinicians.
- Maximising use of advice and guidance for GPs and using GP referral hubs to support GPs help patients faster, and reduce unnecessary referrals to hospitals.

Looking ahead

- Across all of our services, we will need to remain flexible to any changing circumstances. This includes our planning for any potential impact of a third wave of Covid demand on our services.
- Our continued drive to vaccinate the population of NEL will also help mitigate the number of patients who are severely ill if they catch Covid in the future.
 - As of end of May 2021, working with local authorities and partners we have already delivered over 1.3 million vaccinations in NEL (and we are close to vaccinating 1 million individuals); but there continues to be urgent partnership work to do in order to reduce the impact of a third wave.
 - As we progress with the number of eligible cohorts now becoming more widely available, we continue to focus on identifying and vaccinating older people and those classed as clinically vulnerable as they are most at risk of Covid-19.
 - We also are working with local organisations and communities on pop ups and other ways to encourage smaller, more hesitant communities to come forward.
- Currently reviewing Covid changes to consider which would be beneficial to keep, which could be returned to pre-pandemic arrangements, and what new services/changes need to be made. We are looking to develop an outline by September 2021.