September 2021- Briefing 2
Ensuring high quality acute care as we emerge from the Covid-19 pandemic

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

1 Introduction

In early 2021, we came together to establish a joint acute care board and programme to guide and coordinate developments across all of our key operational areas, including: planned surgery, cancer care, outpatients, intensive care, urgent and emergency care and diagnostics and imaging. The effectiveness of our response to the pandemic has demonstrated that we can – and should - do more to harness our collective resources, join-up our care and reduce unwarranted variations in access and outcomes.

Our immediate focus is on recovery from the peak of the pandemic, reducing our waiting times for planned care while continuing to prioritise by clinical need and minimising the ongoing risk of Covid-19 infection. We also want to build on new ways of working catalysed by the pandemic, drawing on evidenced best-practice and deeper collaboration, to make longer term, sustainable improvements in quality, fairness and efficiency.

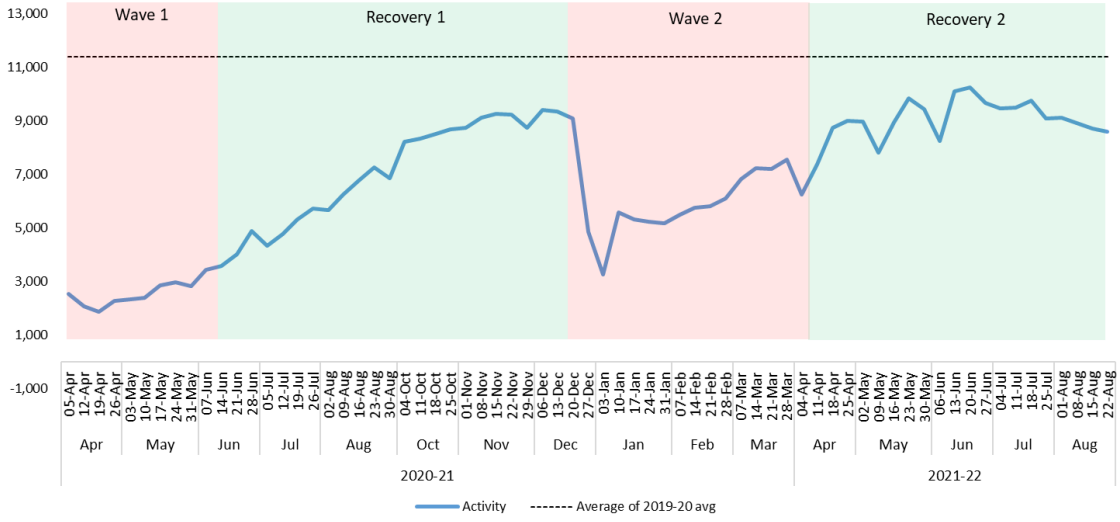
This briefing provides an overview of our key developments, challenges and opportunities as well as an update on progress.

2 Returning to pre-pandemic capacity and improving care pathways

2.1 Planned surgery

We are learning much during the pandemic and working hard to apply that learning rapidly. While we treated more patients with Covid-19 in the second wave of infections, we also managed safely to maintain more planned care. In wave one, planned surgery activity dropped to as low as 15 per cent of pre-pandemic levels while we maintained 50 – 60 per cent of our pre-pandemic activity levels throughout the vast majority of the second wave.

Table 1: Surgery activity for north west London acute trusts (patient episodes per week during the pandemic and compared with pre-pandemic)



In August 2021, we averaged 83 per cent of pre-pandemic planned care activity levels. We achieved 87 per cent in June and took the decision to reduce activity slightly through July and August in order to help ensure our staff had an opportunity to rest and recuperate. In addition, our hospitals are under pressure from unplanned admissions. This includes continuing admissions due to Covid-19, albeit at a much lower and steadier level than during the second wave of infections. A national target has been set for planned care recovery which, if we meet, gives us access to additional central income through the elective recovery fund (ERF). The national target was up to 85 per cent for the first quarter of

2021/22, which we met. The target was increased to 95 per cent from July and we are working to meet that level from September.

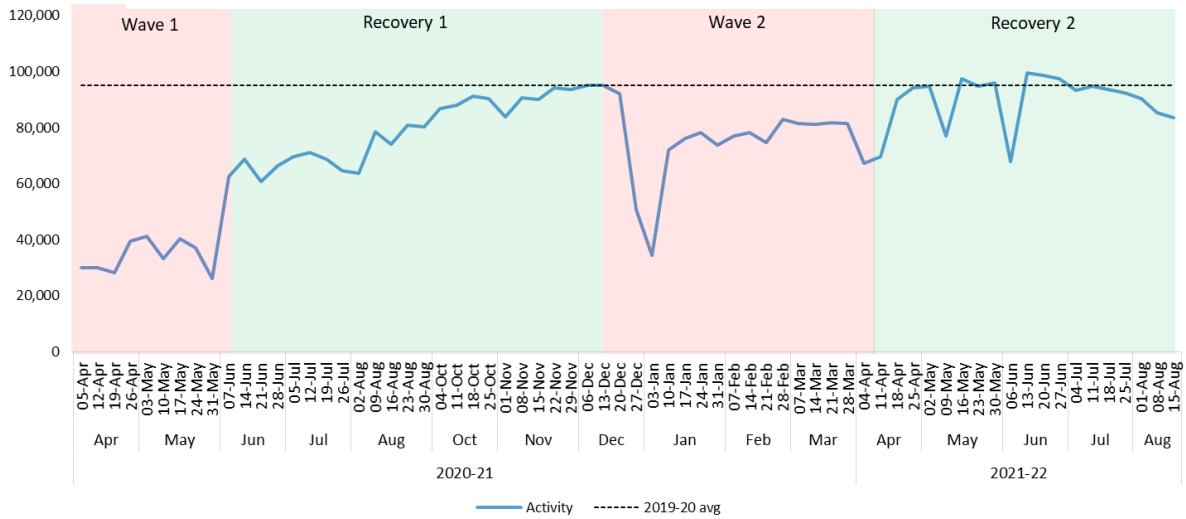
To help us boost capacity, we are maximising the use of our existing facilities, using national benchmarks and best practice (supported by the national Getting It Right First Time (GIRFT) programme) to help us understand where we should focus our improvements. Our clinical and operational leaders meet regularly through joint 'speciality huddles' and sector wide clinical reference groups to review data visualisations to aid analysis and agree actions.

The GIRFT approach also underpins the further development of our fast track surgical hubs -14 surgical facilities across our hospitals dedicated to one or more types of routine operation where evidence has demonstrated improved quality and efficiency if a surgical team undertakes high numbers of that procedure systematically. The hubs focus on six clinical specialties characterised by 'high volume, low complexity' procedures.

For a small number of services with particular capacity challenges, we have brought in an external specialist organisation to provide additional capacity within our own facilities or contracted with an independent sector hospital to provide surgery or treatment for our patients.

2.2 Outpatient care

Table 2: Outpatient care activity for north west London acute trusts (appointments per week during the pandemic and compared with pre-pandemic)



During the second wave of Covid-19 infections, we managed to maintain outpatient activity at around 80 per cent of pre-pandemic levels. In August, we averaged 97 per cent of previous levels, continuing to exceed the national target which was 85 per cent for the first quarter of 2020/21, increased to 95 per cent from July.

We are continuing to provide around 25 per cent of our outpatient consultations via telephone or video. We had to move quickly to virtual appointments at the start of the pandemic and, while we need to continue to improve the user experience and our own processes, the vast majority of patients and clinicians welcome the new approach and want it to continue.

A further significant development for outpatient services will be the implementation of a common and consistent approach to how our hospital clinicians work with GPs to provide specialist advice and guidance earlier in a patient's care pathway. This will help determine whether and how a patient should be referred for hospital care or whether their condition is
better managed in the community or at home. The approach is being supported by investment in a sector-wide digital platform for GPs and hospital clinicians, to be integrated with core patient administration and referral systems so that a referral can be progressed automatically if required. The system is already being used by The Hillingdon Hospitals and London North West University Healthcare and will be rolled out to Chelsea and Westminster and Imperial College Healthcare this autumn.

2.3 Cancer care
Urgent cancer referrals (on the 'two-week' pathway) have increased since March 2021 and are now above the average for 2019/20. We have still managed to improve performance against the national 'faster diagnosis' standard, with 73 per cent of patients being informed whether they have cancer or not within 28 days of urgent referral as of July 2021, equivalent to an additional 400 patients month.

The significant increase in referrals is having an impact throughout the cancer care pathway. Overall, as of July 2021, cancer first treatments are up 8 per cent against of the baseline of 2019/20. Total cancer surgical treatments (excluding skin and breast) are up 16 per cent against the 2019/20 baseline, with an additional 139 surgeries compared with the 2019/20 average. This increase in demand is creating capacity and operational pressures and longer waits for cancer care than planned. Performance against the 62-day wait (between an urgent referral and the start of treatment) standard is stable at 78 per cent. Together with RMP Cancer Alliance and wider partners across the integrated care system, we are working through how we can best achieve greater, sustainable improvement.

The increase in referrals is a positive development following a fall-off in patients presenting with cancer concerns during the pandemic. There continues to be a major sector-wide focus to help increase awareness amongst local communities, GPs and other partners of the importance of investigating cancer symptoms as soon as possible. The overall 'gap' (between actual and expected cancer diagnoses and 'first treatments') for patients resident in north west London has significantly reduced since March 2021 - from a starting deficit of 471 patients to a deficit of 233 patients in July 2021.

2.4 Diagnostics and imaging
Activity for all but one imaging modalities is now above 2019/20 levels. The exception is non-obstetric ultrasound which is running at 60 per cent of 2019/20 activity levels though referrals have also reduced due to the introduction of more detailed referral guidance. We are addressing some specific capacity challenges in the same way as for planned surgery, by offering care in our hospitals where there is more capacity and making use of independent sector capacity.

Greater collaboration and coordination is enabling a major upgrade and expansion of imaging equipment, funded by a national programme, to deliver greater benefits to our local population. Following replacement of two MRI scanners at St Mary's Hospital in February 2021, a further two new scanners are now being installed at Ealing and West Middlesex hospitals. A wider transformation programme is in development.

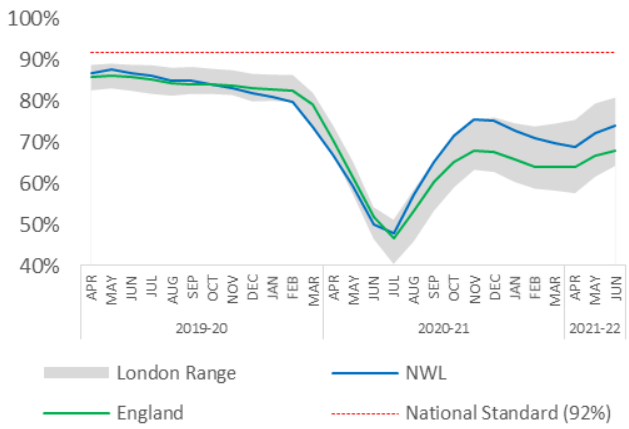
3 Minimising clinical harm and engaging with patients
Our clinicians continue to prioritise all patients according to clinical need and regularly review patients waiting for treatment for potential clinical harm. They aim to understand whether anyone waiting for care is likely to be suffering – or has suffered - any harm as a result of the delay to their treatment and to identify appropriate remedial action. We are following principles established by the medical royal colleges which have been adapted for local use by the clinical leaders across north west London who make up the clinical reference groups for the different specialties.

We are beginning to roll out a pilot to improve communications and engagement for patients who have been waiting a long time for outpatient care and planned surgery, beginning in ear, nose and throat services at Imperial College Healthcare. It includes a letter and materials apologising to patients for the delay, providing information and advice about their care and asking them to confirm their details and whether they still need their appointment. Initial results have been positive, with the vast majority of patients who respond saying they feel more reassured and some letting us know that they no longer need care or rearranging their appointment or changing their details, helping us to make best use of our resources.

4 Tackling long waits and making waiting fairer
In line with expectations, our combined waiting list increased during the first quarter of 2021/22 though our sector has the lowest per capita list in London. As of June 2021, an overall total of 179,753 patients were waiting for planned care, equivalent to 85 patients per 1,000 population. As of June 2021, 74 per cent of patients had waited 18 weeks or less from referral to treatment, still under

the pre-pandemic national standard of 92 per cent but significantly up on a low of less than 50 per cent in July 2020. As a sector, we are also above the average for England.

Table 3 Percentage of patients who have been waiting 18 weeks or less from referral to treatment



Like the rest of the NHS, though, a significant number of patients on our list have been waiting for a long time. Alongside ensuring we treat patients with urgent clinical needs within the safest timescales, we have also put a special focus on treating those with the longest waits.

We have reduced the number of patients waiting 52 weeks or more from a peak of 6,802 in February 2021 to 3,883 as of June 2021. Currently, 2 per cent of patients on our list are waiting more than 52 weeks, compared to 4 per cent for the whole of London and 6 per cent across England. We have reduced the number of patients waiting more than 104 weeks from a peak of 126 on 17July 2021 to 112 patients at the end of August. Almost all of these patients now either have a booked date for their treatment or have chosen to postpone their treatment further for personal reasons. We are committed to having no one waiting over 104 weeks by the end of 2021/22.

Closer collaboration has been one of the key ways in which we have been able to tackle our longer waits and it is also driving a strategic development to make waiting times fairer overall. We have been creating a single view of waits across our hospitals to understand where a service in a hospital that has good capacity might be able to support the same service in another hospital that has long waits. In recent months, we have been able to offer faster care for patients waiting for gynaecological surgery, cataract surgery and endoscopy.

Longer term, we want to create a common and consistent approach to managing waiting lists across specialties and hospitals as effectively as possible. We're working towards common definitions and processes and beginning to explore digital systems to help provide up to date information and booking support to hospital clinicians and GPs, as well as to patients.

5 Urgent and emergency care

Urgent and emergency attendances continue to be significantly higher than expected for this point in the year. We have a major focus on Trust and sector-wide plans and improvements to help manage demand as we head into the winter. This includes: an expansion of 'same day emergency care'; optimising our 'front door' pathways, including encouraging the use of NHS111 First, to avoid waits in A&E and urgent treatment centres; and closer working to reduce delays in discharging patient who are medically fit to leave hospital.

6 Specialist care

While not formally part of the acute care programme, the four acute providers are also working collaboratively, along with NHS England, to improve the quality of specialist care services. So far, the vascular care teams from Imperial College Healthcare and London North West University Healthcare have come together to provide complex surgery for abdominal aortic aneurysms in one centre at St Mary's Hospital in line with research demonstrating best practice and outcomes. This service change

was completed in July 2021, with engagement and input from our local authorities and wider stakeholders. The two clinical teams are continuing to work together in order to explore further improvements.

Clinical leaders for a number of other specialist services in the four acute providers, including complex colorectal cancer, pouch surgery, head and neck cancer and clinical haematology, are also coming together to explore opportunities to improve quality through greater collaboration and, potentially, some service consolidation.

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