



<u>Committee and Date</u> Shadow Health and Wellbeing Board 14 September 2012 9.30am	<u>Item</u> 5 <u>Public</u>
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Waiting Times & Quality of Care

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1.0 Background

- 1.1 Under the NHS constitution patients have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer them a range of suitable alternative providers if this is not possible.
- 1.2 Patients have the right to:
- start their consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and
 - be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.
- 1.3 The 18wks Referral to Treatment, or RTT, waiting list targets associated with these constitutional rights are 90% of admitted patients (i.e. those patients who require an inpatient treatment) will be treated within 18wks of their initial referral and that 95% of non-admitted patients (i.e. those who do not require an inpatient treatment). The tolerance within these targets is there to allow for the following exclusions where:-
- patients choose to wait longer;
 - delaying the start of treatment is in the patient's best clinical interests, for example where smoking cessation or weight management is likely to improve the outcome of the treatment;
 - it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.

- 1.4 The following services are not covered by these constitutional rights:
- non-medical consultant-led mental health services; and
 - maternity services.
- 1.5 Recently our two main providers Shrewsbury & Telford Hospitals and Robert Jones & Agnes Hunt have not been achieving the national waiting time targets associated with this constitutional commitment and have had waiting time backlogs of both outpatient and inpatients to clear.
- 1.6 Shropshire CCG has worked closely with both providers to develop and action detailed plans to reduce these waiting list backlogs and deliver the constitutional rights as soon as possible. This paper is updating the Health & Well Being Board as to the progress of those plans and the expected timescales by which the waiting time targets will be achieved locally and constitutional rights delivered for the people of Shropshire.

2.0. Recommendations

The Shadow Health and Well-being Board is asked:

- A. to note the progress made by the local health economy towards achieving the national 18wks
- B. to be assured that both main local acute providers will be achieving the national targets from October 2012 onwards

3.0 Current Position

Shrewsbury & Telford Hospitals (SaTH) Trust

- 3.1 The 18wks admitted target (90%) is the more difficult of the two targets to achieve but the backlog has reduced from a high of 1586 in August 2011 to the current position as at 2nd September of 457. It should be noted that the lowest level of 307 was achieved in July and the overall target of 90% achieved that month but the backlog has risen slightly in August due to planned staff annual leave. It is expected to reduce again during September and be sustainable from October onwards and the 90 % target will then be achieved for all specialities with the exception of Ophthalmology which will be achieved during November. The level of 250-300 as a sustainable backlog was quantified by the national Intensive Support Team (IST) from the Department of Health to cover the typical number of patients from all commissioners that either has chosen to wait longer or have specific complex clinical cases that require more time before treatment as outlined in the exceptions referred to above.

- 3.2 For the 18wks non-admitted target, the backlog has reduced from a high of 4095 in July 2011 to the current position as at 2nd September of 950. Like the admitted backlog it should be noted that this too has risen in August from a low point of 320 but that the target of 95% has been achieved by the Trust as a whole since April 2012. The targets are expected to be delivered for all individual specialties and at present non-admitted is being achieved in all specialties except Orthopaedics and Ophthalmology. It is expected that it will be achieved by Orthopaedics from October onwards and for Ophthalmology from November. The equivalent sustainable backlog for non-admitted was quantified by the IST as actually ~500.
- 3.3 These major reductions in backlog have been achieved by a considerable amount of joint working between the CCG and the hospital and by significant financial investment of commissioners to buy this non-recurring cohort of activity. The new Referral Assessment Service introduced this year by the CCG has helped to inform patients of the expected waiting times at SaTH, when they are referred, and offer them appointments with alternative providers within the 18wk target waiting time. A relatively small number of patients have taken up appointments at alternative providers out of county.
- 3.4 These waiting time targets will be maintained in the future as a result of better matching the hospitals capacity to actual patient demand and by an ongoing programme of patient pathway redesign, led by the CCG, that will reduce unnecessary appointments and maximize the most effective use of the available clinical capacity across the local health economy.
- 3.5 A further target set by the Secretary of State earlier this year of having no patients waiting over 52 weeks has also been achieved at SaTH. Currently they have no patients waiting over 40wks. The CCG has a longer term aspiration of having no patients waiting over 26wks (except where patients have chosen to wait or where there are acceptable clinical reasons for the wait). Plans will be worked up with SaTH over the coming months to assess the feasibility and financial implications of such an aspirational goal.
- 3.6 In addition to the 18wks RTT waiting time targets the national waiting time targets for diagnostics are being achieved by the Trust and they are on target for delivering all cancer related waiting time targets this year too.

Robert Jones and Agnes Hunt Hospital NHS Foundation Trust

- 3.7 The 18wk RTT performance began to deteriorate at RJAH in December 2011 and the CCG has been working with the Trust since then to develop and agree an action plan to reduce the historic backlog. The challenges within RJAH have been similar to SaTH in that historic patient demand was not being fully met by the Trust clinical capacity. In the case of spinal

- services within RJAH this is also linked to a national capacity issue and will require both short and longer term patient pathway redesign to overcome. The Trust also had some internal operational issues which prevented significant reduction being made in the backlog until July.
- 3.8 The Trust is currently still reporting that it is on track to achieve both the non-admitted and admitted targets from October onwards at an overall level but at subspecialty level it will be the end of March 2013 before spinal services is compliant. This performance will not be achieved without redesign to the spinal patient pathways which is currently underway with the first change (direct access to MRI to assess need for spinal consultant appointment) starting on 3rd September. The RAS has also been expanded from July to accept referrals for Orthopaedics to ensure patients are fully informed of the likely waits and offered suitable alternative at other providers. A very small proportion of patients have chosen these options due to the excellent reputation of the Trust and their very low levels of healthcare acquired infections.
- 3.9 The 18wks admitted backlog was 982 at its highest in July and is now down to 824. The 18wks non-admitted backlog was 876 at its highest also in July and is now down to 895. Significant activity will therefore be required to be delivered by the Trust during September and the early part of October to achieve the national targets.
- 3.10 RJAH are achieving the national waiting time target for diagnostics.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p> <p>NHS Constitution, Department of Health http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961</p>
<p>Cabinet Member (Portfolio Holder) N/A</p>
<p>Local Member County-wide implications</p>
<p>Appendices None</p>