

Frimley Health and Care



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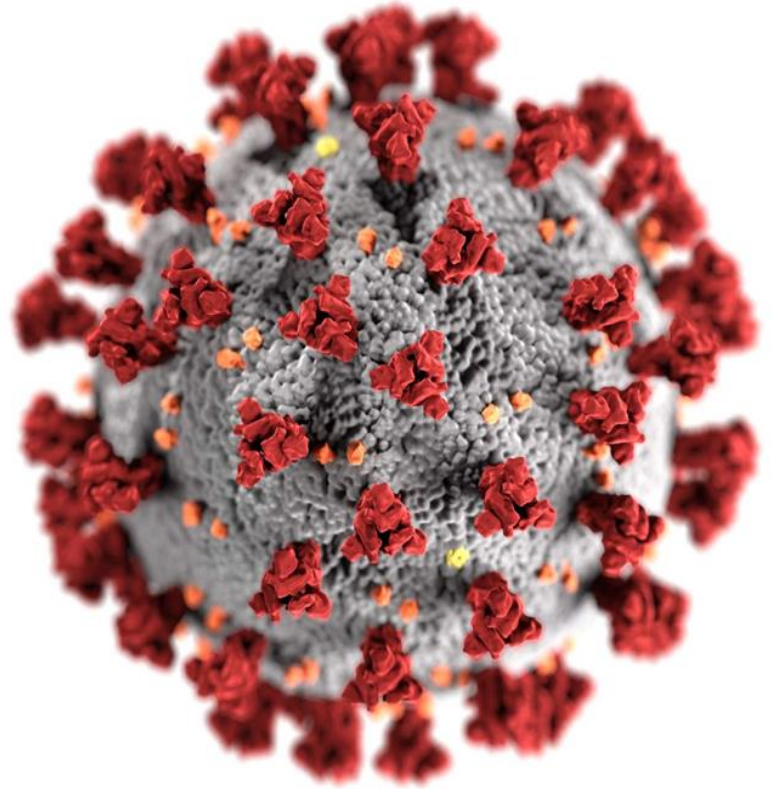
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Background

- Pre-covid Frimley had short waiting times
- During the peak of the pandemic only very urgent cases were undertaken
- Although covid admissions have reduced acute hospitals have been overwhelmed with emergency demand
- Elective activity has not yet returned to pre-covid levels
- Elective demand is back at historical levels
- Waiting lists continue to grow





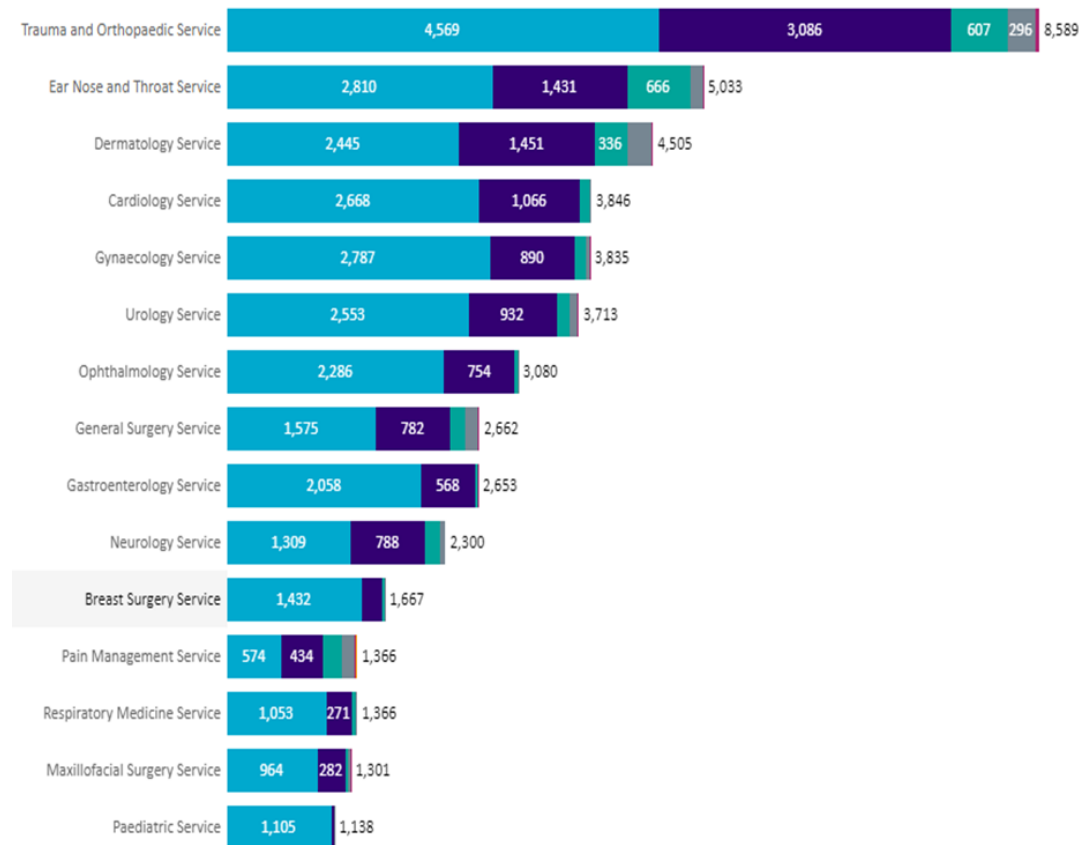
Current Situation

Measure	April 2022	Feb 2020
Total Waiting List	59,381	37,902
52+ week waiters	1,888	0
104+ week waiters	1	0

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Waiting List By Specialty





System Comparison – March 2022

	Total WL	52+	104+
<i>Frimley</i>	58,500	1,676	3
Berkshire	145,612	8,827	38
Hampshire	141,418	4,622	64
Kent	160,903	4,568	53
Surrey	96,136	1,298	5
Sussex	155,667	6,908	95



Elective Recovery Plan - National

- NHS have set some ambitious targets over the next 3 years
 - Activity increase of 10% per year compared to pre-covid levels
 - Eliminate 104+ week waiters by June 2022
 - Eliminate 78+ week waiters by March 2023
 - Eliminate 52 week waiters by March 25



Frimley Elective Recovery Plan



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Frimley Elective Recovery Plan



Increasing capacity

Growing our workforce
R&R plans, skills reviews & new roles, bank improvements, reducing absence

Supporting our workforce
Support, flexible working, engagement, Frimley Excellence programme, workforce optimisation tools, shared workforce, work with ISPs

Using digital technology and data to free up capacity
AI in radiology, cell pathology digitisation, image sharing digital roadmap with network, automation inc RPI in waiting list management, data driven performance and improvement using system insights platform and national platforms and programmes, virtual post op wards, join IECPP?

Safely adapting IPC measures
Separation of green pathways (HH+7), increasing bed base, admission avoidance, reducing LOS

Making effective use of independent sector capacity
Increase from current 4 providers (to 130%). Support process for identification and transfer, Elective Care Boards of providers? Insourcing, outsourcing, workforce joint approach

Returning and improving productivity levels
Theatres, outpatients, endoscopy, radiology - booking, turnaround, intrasession utilisation, DNAs, winter resilience

Adding capacity
Heatherwood Hospital expansion, extended theatre day, weekend operating, WLU, two additional daycase theatres (support for RAAC plank work), to 120% diagnostics from April 2022, OP rooms

Prioritising Treatment

Clinical prioritisation
Implement new national waiting list management policy and revised prioritisation frameworks once published, clinical prioritisation committee, 3 monthly and 52+ reviews, harm review process
WL analysis to ensure accessible an inclusive recovery (age, deprivation, ethnicity, speciality), actions plans to tackle identified inequalities. Covering access, experience and outcomes and including not presented, DNAs, cancellations, unplanned admissions

Managing long waits
Weekly reviews of over 90 weeks PTL (moving of 40+ weeks), P2 PTL, 62+ days cancer PTL
Targeted speciality plans, increasing patient choice of treatment provider
waiting list management oversight, system elective activity co-ordination process.
Waiting list validation programme, data migration, Epic implementation
Continue to report Waiting List Minimum Data Set, improve WL data quality
EBI implementation and review
Participate in national network for long waiters

Urgent referrals for cancer
Targeted lung health check service implementation in Slough and the prostate bus
FDS pathway improvement programme - colorectal, Skin, gyna, UG, breast
Expanded diagnostics and treatment capacity including chemotherapy services review

Elective Recovery Plan

Transforming Elective Care

Expanding our CDCs
Plan now being updated, revised planning guidance awaited (March 22) and change to only 1 CDC supported. Primary care diagnostics recovery (Spirometry/ECG)

Increasing capacity through surgical (elective) hubs
Transforming practices at Heatherwood Hospital, IHVLC, superlists, one stop urology and gynaecology

Improving patient pathways to reduce avoidable delays
Pathway end to end redesigns (cardiology, pain, MSK, dermatology, ophthalmology) including self care aspects

Improving access to specialist advice
Implement teledermatology pathway, Impact Fund?

Making outpatient care more personalised
Reducing avoidable secondary care referrals (GP triage and referral criteria requirements, primary care specialist services)
A&G (maintain at 16%), Virtual (25%), PIFU (5% of OPATT by March 2023) to reduce follow ups (by 25% by March 2023) and increase firsts, earlier discharge.
Cancer personalised follow up roll out
Use of MyFrimleyHealth app for patient led appointments

Improving daycase rates
Targeted areas in orthopaedics, ENT, General surgery, gynaecology

Better information & support for patients

Targeted support for patients
Ongoing adoption of NHS guidance on good communication with patients
Roll out of My Planned Care Website condition specific information
Waiting Well Programme (population information, targeted messaging, wrap-around care) supported through Connected Care
Mitigation for digital exclusion
Two starge decision-making (consent) - EI by April 2023 All admitted by April 2024

Supporting patients to prepare for surgery (and other treatments)
Waiting Well Programme resources, pre-op digital transformation
Access to resources through My Planned Care with All support leaflets by June 2022, use of MyFrimleyHealth App
Peri-operative care co-ordination team - April 2023 supported by digital innovation and Epic

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Frimley Elective Recovery Plan – McKinsey Analysis

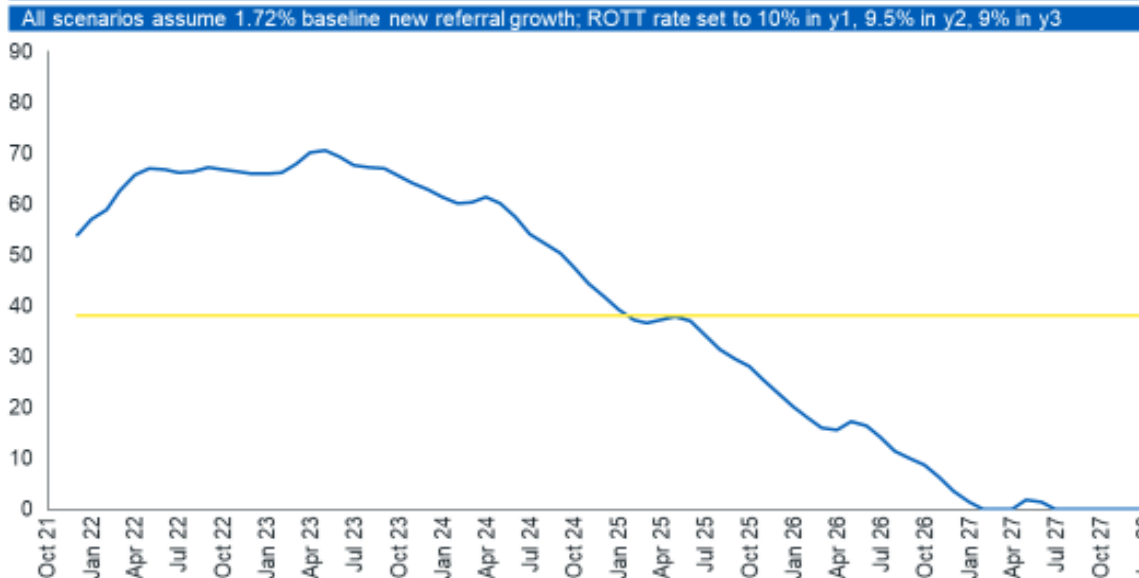
Background

Meeting national activity targets could reduce backlog by 24/25, assuming 9-10% ROTT rate

PRELIMINARY

Overall waitlist forecast¹

Waitlist size, k



¹ NHS provider waitlists combined

² Assume national pathway completion targets are achieved (110% vs 19/20 in 22/23, 130% in 24/25)

Source: NHS RTT data

Commentary

The overall shape of the waitlist is most sensitive to ROTT rate assumption

Historical analysis suggests a ROTT rate of 17.7% in Frimley, one of the highest across the region. This has been adjusted to 10% in y1, 9.5% in y2 and 9% in y3 based on pre-covid adjustment and trust level data

Backlog modelled for three scenarios (10%, 25% and 50%) of hidden referrals to return into the system over the course of next 2 years, with Frimley assumption of 10% bounceback

Under the 10% bounce back assumption, the waitlist would be reduced to sustainable levels by 2025 if activity targets met

ROTT rate and new referral rates should be monitored closely, as high ROTT rate could result in excess capacity



Frimley – Year One Plans

Reducing demand

- Referral management
- Clinical guidance & pathways on DXS
- Triage
- Advice & Guidance
- EBI
- Training & education

Increasing capacity

- Heatherwood Expansion
- Wexham extended day
- WLI
- Insourcing & Outsourcing
- Independent sector provision
- Community Diagnostics Centres
- Efficiency

Transformation

- Pathways
- PIFU
- Virtual clinics
- Pre-operative pathways
- Understanding & tackling inequalities
- Waiting Well programme
- New roles