

1. Introduction

This report provides an overview of the elective recovery programme for North Central London (NCL). The elective recovery plan is based on priorities set out in Phase III planning guidance for managing Covid, published by NHS England and NHS Improvement, for the rest of 2020/21 (September 2020 to March 2021).

The recovery plan addresses significant waiting time backlogs in planned care, as activity levels fell or halted in response to dealing with the immediacy of the covid pandemic. Backlogs have been accrued across the health system including for cancer, referral-to-treatment, mental health, community services and primary care (chronic disease management).

Deferred demand will also need to be addressed in recovery plans as referrals for both cancer and routine care and treatment have fallen during the pandemic.

2. Recommendation

The Health and Care Scrutiny Committee is asked to note the report.

3. Phase III of NHS Response to Covid-19

On 31st July 2020 NHS England / Improvement published further guidance on managing Covid with an emphasis on:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between the summer and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further covid spikes locally and possibly nationally;
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Within the Phase III planning guidance priorities for elective care pathways and recovery were:

- Restoring cancer services, including referrals, to pre-covid levels and removal of the treatment backlog accrued during the pandemic. This includes fully restarting all screening programmes, securing diagnostic capacity and enacting plans for all people waiting more than 104 days for treatment;
- Recovering maximum elective capacity possible with admitted pathways (including daycase or inpatient procedures) to be at 90% of pre-covid levels and non-admitted (outpatient) pathways at 100% of pre-covid levels by October 2020;
- Within recovery plans patients are to be treated in order of clinical priority, more use made of advice and guidance and remote outpatient appointments, and waiting lists managed at a system (NCL) level to support mutual aid across providers;
- Elective recovery will be supported by the return of diagnostic imaging and endoscopy activity to 90% of pre-covid levels by October 2020;
- A focus on keeping NHS staff safe, healthy and well linked to publication of the NHS People's Plan for 2020/21;
- A focus on reducing inequalities and prevention, and protection of people most vulnerable to covid, following the experience of the pandemic to date in accentuating inequalities. Priorities included restoring NHS services inclusively with assurance through monitoring.

4. North Central London Phase III Plan Submission

On 21st September NCL submitted the final iteration of the NCL Phase III Plan covering the period from September 2020 to March 2021.

The plan, in particular built on existing work through the elective recovery programme, and demonstrates the following:

- Recovery of the 62-day cancer waiting time standard (from GP referral to treatment) by March 2021, with a 50% reduction in the backlog of people waiting over 60 days from September 2020 to March 2021;
- A recovery in outpatient activity to 90% of levels in 2019/20, with the ambition in the Phase III plan being to deliver 100% of prior year levels of outpatient activity;
- A recovery in elective daycase and inpatient activity to 88% of levels seen in 2019/20, against an ambition that activity for the rest of the year is a minimum of 90% of prior year levels;
- A 40% reduction in people waiting over 52 weeks from September 2020 to March 2021, with this excluding Royal Free London who have suspended national reporting of referral-to-treatment (RTT) waiting times;
- Sector wide plans for diagnostics are in place for recovery of both endoscopy and imaging test capacity.

5. Operational Performance and Recovery Plans

Phase III plans are set in the context of current performance along cancer and elective care pathways being materially impacted by the Covid pandemic since March 2020. Recovery plans are in development, and being delivered, across NCL, as the level of covid symptoms in the community and covid patients in hospital reduced during the spring and summer.

Recovery plans are addressing significant waiting time backlogs, as activity levels fell or halted in response to dealing with the covid pandemic. Deferred demand will also need to be addressed in recovery plans as referrals for both cancer and referral treatment have fallen during the pandemic.

Cancer Pathways

At the peak of the pandemic in April and May, there was a reduction in 2-week wait cancer referrals to NCL acute hospitals by up to 70%. Since then referrals have increased steadily to 70% of pre COVID-19 levels in July, and back to pre-covid levels at the end of August. Some reduction in referrals compared to historic levels is expected from changes to pathways that optimise the use of diagnostic rule-out tests to reduce referrals where appropriate.

The 62-day cancer patient backlog (patients waiting over 62 days for their treatment from GP referral) increased from circa 400 people pre-pandemic to 1,600 at the peak of the pandemic, but in September has reduced to 650 as the recovery plan is mobilised. To deliver the 62-day waiting time standard the backlog of people waiting more than 62 days for treatment needs to be circa 300 across NCL, and plans indicate that this will be achieved by March 2021.

Treatment of the most clinically urgent patients has been prioritised, and plans to treat all patients waiting more than 104 days for their treatment are being developed. In line with current protocols clinical harm reviews will be undertaken on all patients waiting more than 104 days for their treatment.

During the covid pandemic cancer and other urgent activity has been prioritised over routine work. Due to limited capacity for diagnostics and treatment, all patients were reviewed and allocated a priority level based on need. A surgical hub for NCL was set up to match demand and capacity which included utilising independent sector capacity. This was done to ensure that time-critical cancer surgery continued, and NCL maintained surgery throughput at higher levels than elsewhere.

The recovery plan for cancer focuses on:

- The use of a Surgical Clinical Prioritisation Group for cancer surgery to match demand and capacity across NCL, including local independent sector capacity;
- A programme to deliver additional endoscopy capacity by building additional capacity whilst optimising existing capacity (i.e. move to 3 session days, 6 days a week);
- Increasing access to diagnostic imaging including GP Direct Access capacity;
- Changes to pathways that optimise the use of diagnostic rule-out tests to reduce referrals where appropriate including qFIT for bowel cancer testing;
- Detailed analysis is also underway to understand the impact of COVID-19 on cancer including the implications for later stage diagnosis on diagnostic and treatment capacity, and outcomes. Since the COVID-19 pandemic (April to July 2020), 11,054 fewer 2-week wait referrals have been received by

NCL providers when compared to the same period in 2019. Assuming a conversion rate of 5% from referrals into a cancer diagnosis, this equates to potentially 553 deferred diagnoses. This information will aid better recovery planning, and ensure all available capacity is utilised.

Referral-to-Treatment pathways

The impact of covid on elective pathways continues to show a reduction in the overall waiting list for North Central London Trusts from 125,000 in February 2020 to 120,000 in March 2020, and 108,000 in June 2020. However, at the same time there was an increase in the waiting list backlog (patients waiting over 18 weeks for their treatment from GP referral) from 17,000 in February to 22,000 in March and 55,000 in June. These figures exclude Royal Free London who have suspended national reporting of referral-to-treatment waiting lists since February 2019.

The fall in the overall waiting list accrued from a sharp reduction (75%) in referrals from primary to secondary care from the end of March 2020 as the Covid pandemic hit. Referral levels in June had only recovered to 33% of pre-covid levels, and are currently running at 65% of pre-covid levels.

Whilst the overall waiting list for NCL CCG residents fell, the total number and proportion of patients waiting over 18 weeks for treatment increased as fewer patients have been treated in recent months compared to pre-covid levels.

Given the above, the number of people waiting for their treatment at NCL Trusts for more than 52 weeks has continued to increase from 450 at the end of May, 952 at the end of June, to a current figure of 2,400 in September. These figures exclude Royal Free London who have suspended national reporting of referral-to-treatment.

As with the cancer backlog, recovery work underway is focusing on prioritising treatment of the most clinically urgent patients rather than solely treating patients in chronological order from the RTT backlog.

The elective recovery plan for NCL has been clinically led and driven by evidence and best practice standards to ensure we do the right thing for our patients and make best use of resources, and focuses on:

- Adopting best practice principles including Getting It Right First Time (GIRFT) across all specialties, as was used to develop the service model for Adult Elective Orthopaedic Services for NCL;
- Clinical prioritisation of existing waiting lists through NCL-wide Clinical Networks for each specialty to ensure people were treated in order of clinical need. From this all high-priority patients have been offered an appointment, and Trusts are now offering appointments to medium priority patients. The NCL approach to clinical prioritisation has been adopted elsewhere;
- A process and principles for agreeing low priority work has been agreed, with work now underway in some areas including cataracts;
- Trusts across NCL have designated capacity for elective work, separate from covid and emergency capacity, to ensure that capacity for elective work is retained for any resurgence in covid. Identified elective hubs in NCL include Moorfields Eye Hospital, UCLH Phase IV (subject to revenue coverage), Chase Farm, and Royal National Orthopaedic Hospital (RNOH).
- A focus on recovery in six high volume low complexity specialties, and the use of elective centres to maximise throughput. The specialties are orthopaedics, ophthalmology, ENT, urology, general surgery and gynaecology. Co-ordinating providers and clinical leads, from across NCL Trusts and primary care, have been appointed for each of these specialties to maximise recovery and oversee waiting lists across providers;
- Continued use of independent sector capacity in line with the national contract agreed with these providers, with this capacity used where NHS capacity cannot be provided;
- Implementation of referral support services across the five Boroughs in NCL to standardise referral pathways into hospitals including access to advice and guidance from consultants to GPs as an alternative to outpatient referral;
- Adoption of revised national infection prevention control (IPC) standards;
- Addressing inequalities, informed by equality impact assessments, for the clinical prioritisation of waiting lists and adoption of infection prevention control guidance

From the above NCL is demonstrating a recover in elective activity, with the position at the end of September showing:

- Elective inpatient activity at 84% of pre-covid levels compared to 33% at the beginning of May and 59% at the end of July;
- Daycases at 73% of pre-covid activity levels compared to 26% at the beginning of May and 45% at the end of July;
- Outpatients at 70% of pre-covid activity levels compared to 49% at the beginning of May and 64% at the end of July;
- NCL recovery is ahead of London averages, but requires further pace from the actions above to meet the targeted recovery levels covering September 2020 to March 2021 (100% for outpatients and 90% for electives and daycases compared to pre-covid levels).

Royal Free London ceased Referral to Treatment reporting to the national system in February 2019 following implementation of new logic generating the waiting list, and is undertaking a significant data validation exercise. The Trust completed validation by April 2020 for the patients most at risk of still needing treatment in line with plans. The Trust is planning to complete the overall validation exercise by the end of October 2020, from which a return to national reporting will be determined.

Royal Free London is also further developing specialty based plans to recover the 52-week wait position, and these plans will be shared with the CCG and NCL system by the end of September 2020. The plans will require system support and mutual aid from other Trusts in some specialties including pain management.

The NCL system response and mitigations to address the 52-week wait backlog (including for Royal Free London) includes:

- 41% of the 52-week waiters fall within the six high volume elective specialities (Trauma and Orthopaedics, Ophthalmology, Urology, General Surgery, Gynaecology and ENT) and are in scope of the system wide interventions, such as:
 - High volume elective hubs going live (September Chase Farm and Moorfields Eye Hospital; UCLH Phase 4 November);
 - Exploring mutual aid in capacity across providers facilitated by the clinical network – speciality operational leads from organisation to review waiting lists collectively;
 - Expanding the mutual aid initiative to community service providers (e.g. pain management and gynaecology);
- Surgical Clinical Prioritisation Group set up to help optimise how Independent Sector capacity is used with input from each of the core surgical specialities (acknowledging the current contractual risks to future provision);
- Paediatric Dentistry initiative between GOSH and UCLH to hold high volume “tooth fairy weekends” to reduce the waiting list backlog;
- Implementation of new evidence-based primary care pathways, including the use of advice and guidance from hospital consultants to GPs as an alternative to referral;
- An addendum to provider access policies has been developed to support providers in managing access during covid recovery, supporting patients opting to defer their appointments due to concerns about covid-19 infection and challenges relating to compliance with self-isolation guidance.

Recovery plans will also be supported through the development of a referral support service across NCL to ensure that new referrals from primary care into secondary care are made after considering the appropriate use of advice and guidance, community services and existing triage services with the latter including musculo-skeletal services

Diagnostic Tests

During the first wave of the pandemic median waits for diagnostic tests moved from 2.1 weeks in February 2020 to 9.6 weeks in May 2020 as routine activity was paused. As recovery plans have been mobilised and activity has been reinstated June saw a reduction in the median waiting time for a diagnostic test (8.5 weeks compared to 9.6 weeks in May).

Recovery plans developed, in line with elective pathways, are based on clinical prioritisation of existing waiting lists to set priorities for treatment based on clinical need.

Diagnostic capacity (imaging and endoscopy) is a key interdependency for cancer, referral-to-treatment and primary care recovery plans, with examples being phlebotomy being required across chronic disease

management, cancer and elective pathways, and endoscopy for cancer (where additional capacity from the independent sector is being used to reduce backlogs).

A Diagnostic Imaging Recovery Plan for NCL has been prepared during August and has a focus on:

- By 1 October 2020: bring tests back up to 100% of October 2019 levels;
- By 31 March 2021: restore the NCL waiting list backlog to pre-COVID levels;
- By 31 December 2021: establish a provider network to deliver a sustainable long term imaging service that meets the needs of the residents of North Central London;
- Short-term focus on maximising NHS capacity and use of independent sector capacity, and standardising GP Direct Access criteria/thresholds;
- Longer-term focus (from 2021/22) on interoperability and establishing community diagnostic hubs.