

Elective Care: Performance, Priorities and Programmes

For the period: [October 2019]





Domain	Action Requested	Commentary
Demand	–	Across all specialties there has been a -1.8% decrease across all referrals, compared to November last year. GP referrals across all specialties have remained static, compared to November 2018. Fast track referrals remain high at 9% compared to November 2018.
Waits	System agreement of activity - ECB	Additional winter funding for elective care and diagnostics confirmed from NHSE; £843,000 for Dorset. Clear set of deliverables to be achieved by 31 March 2020; relating to diagnostic waits, no over 52-week waiters and a reduction in over 40-week waiters. Clear trajectories and monitoring are required by NHSE. Greatest risk is sourcing capacity for additional activity before year end.
Activity	–	Hospital outpatient activity showing a reduction, reflecting challenges providing capacity as RTT and long waits remain an issue for the system.
Transformation	Action Requested	Commentary
Dermatology	Trusts – support time for clinical engagement in workstreams	Second stakeholder session held and high level Dorset Dermatology Model outlined, for Future Model Working Group to work up.
Endoscopy	–	Outcomes of review of endoscopy services presented to the Dorset Clinical Reference Group. Improvement Plan formed. Sarah Knight Associate Director (Elective Care) at RBH identified as programme lead. Dr Alastair Hutchison as sponsoring Medical Director). Leads for the network have been established- Dr Charley Gordon as Medical Lead and Hayley Roberts as manager lead. Nurse lead TBC.
Ophthalmology	System – to agree resource to take recommendations forward	Draft independent report received and circulated to COOs and Medical Directors for internal circulation and feedback on factual accuracies. Recommendations to be discussed in January GB. If supported recommendations will form significant workstream.
Urology		Unaware any actions have been developed /delivered since identification of urology as a priority.
MSK	Trusts – support lead provider model for physio services	Development of physiotherapy self-referral model for Dorset following agreement self-referral would be implemented locally with a request for some support to transform existing services (and clear the current back-logs). Business case being developed.
CVD	–	Diabetes Transformation: first round of PCN level diabetes MDTs completed. Dorset system pathway mapping work commenced
Maternity		LMS is focusing resources this year to improving Continuity of Carer rates from current 10.6% to 15% by end of March 2020 (this does not meet the NHSE target (35% of women booked onto a CofC pathway by Mar 19).
Outpatients	Trusts – support drop-in sessions arranged	Attend Anywhere - sub-licence agreements for all three acute trusts completed, signed and returned to NHS E/I.
North Dorset	–	Successful meeting between DCH and YDH Cardiology Service Managers to agree working relationship and changes to offer choice to Dorset RACPC patients of treatment at DCH instead of T&S – changes to be phased in from January 2020



GP Referrals (all specialties) vs previous financial year (YTD) - Nov 2019

DCH	PHT	RBH	DHC	ICS	24m move	Track
1.0 %	-3.7 %	1.7 %	-	0.0 %	TBC	TBC

GP referrals at PGH continues to be considerably down. RBH GP referrals increased for 6th consecutive month (small declines in some areas have not offset overall growth). ENT referrals increasing at RBH, may be due to pressures at PGH. DCH growth particularly in cardiology, ENT and gastroenterology.



Greatest [locality](#) referrals per 1000 population:

- Dorset West
- Mid Dorset
- Poole Bay
- Central Bournemouth

All fast track referrals vs previous financial year (YTD) - Nov 2019

DCH	PHT	RBH	DHC	ICS	24m move	Track
12.4 %	11.9 %	4.4 %	-	9.0 %	TBC	TBC

Highest referrals in colorectal, ENT, dermatology, cardiology and gastroenterology. GPs encouraged to use advice and guidance before making a 2WW referral to dermatology services (with use of photo via PhotoSAF). Locality pilots were successful in reducing FT referrals and are a key feature of new model, working with PCNs, as is a central triage.

Other referrals vs previous financial year (YTD) (November 2019)

DCH	PHT	RBH	DHC	ICS	24m move	Track
-1.3 %	4.7 %	9.6 %	-	4.3 %	TBC	TBC

While numbers are relatively low there has been an increase in consultant referrals (62 referrals in the month of November19 compared to 23 in November18. 312 YTD 19/20 compared to 114 YTD 18/19). Main specialty is oncology, followed by cardiology. In comparison there were 38 referrals from all 'other' referrals in the month of November19, compared to 34 in November18.

Criteria Based Access Protocol Activity vs previous financial year (YTD) – Oct 19

DCH	PHT	RBH	DHC	ICS	24m move	Track
3.1 %	-11.6 %	7.4 %	-	4.1 %	TBC	TBC

Local review of April-August activity change relatively positive (based on cost/proxy cost reduction of circa £2.8m) with exception of benign skin lesions. Audit received from RBCH showed that out of 75 procedures carried out during the audit month (1-30 June), 61 did not meet the criteria. One of the main reasons for carrying out the procedure outside of the NHSE criteria was suspected cancer. The lesion is removed while the patient is present and histopathology followed up after. The clinical judgement at the time is trusted. Pathways and protocols for the removal of skin lesions by other dermatology services is being sought. Audit for DCH and PHT remains outstanding.



RTT-18 weeks (November 2019)

DCH	PHT	RBH	DHC	ICS	24m move	To Plan
68.2 %	82.5 %	81.0 %	91.8 %	78.1 %	TBC	TBC

RTT 18 weeks performance has remained static overall compared to the previous month (Oct19-78.7%). Slight deterioration in RTT performance at DCH compared to previous month (Oct19). There are xxx patients on an incomplete pathway waiting over 18 weeks, compared to 13,166 in October.

System support to change to RTT local policy so that clocks pause when a patient is not ready willing and able for non-clinical reasons. NHSE being informed of changes. MSK proposal to start clock in line with national policy when GP referral is made to MSK triage. Updated policy to go to February CRG and GB.

RTT-26 weeks (November 2019)

DCH	PHT	RBH	DHC	ICS	24m move	To Plan
2616	1361	2328		6317		

Number of patients waiting over 26 weeks on a non-admitted pathways has increased from 6,151 in October. National additional winter funding for RTT long waiters from NHSE totalling £413,000 for Dorset. The funding comes with a very clear set of deliverables that need to be achieved by 31 March 2020, no over 52-week waiters and a reduction in over 40-week waiters. Clear trajectories and monitoring are required by NHSE. Greatest risk is sourcing capacity for additional activity between now and March 2020 (capacity and complexity of patients). Request made to access national resource. This funding is in addition to 50/50 funding agreed within the Dorset system to mitigate 52-week breaches.

Support given to amend the Dorset Planned Care Policy allowing clock pauses for patients who are not ready, willing and able (non-clinical reasons) for their intervention. Providers must ensure fail safe mechanism in place so that patients are not lost to the waiting list. Additional inclusion to include change in clock start for MSK pathways; clock starts on GP referral to the MSK triage.

RTT-52 weeks breaches (November 2019)

Numbers remain lower than predicted- though likely this is as a result of the additional outsourcing and other internal processes measures put in place by Trusts. Additional winter funding from NHSE to clear 52 week potential breaches as priority (see details below left in RTT).

	Predicted	Actual
RBH	54	7
PGH	23	4
DCH	66	5
ICS	143	16

Risk of 52 week breaches remain despite additional funding due to complexity of patients following long waits and capacity to outsource before the year end.

Total Waiting Lists and growth against March 2019 (November 2019)

DCH	PHT	RBH	DHFT	ICS	24m move	To Plan
16462	14995	30114	806	62377		
13.1 %	2.2 %	12.1 %	1.9 %	9.6 %		

Total waiting lists have grown from 61,863 in October 2019. Neuro risk remains at PGH. There are also ENT pressures across the system that are growing.

Total Waiting List Current/Previous Year





OP Activity

First OP appointment vs previous financial year (YTD) – Nov19.

DCH	PHT	RBH	DHC	ICS
-4.9 %	-13.4 %	-1.1 %	-	-6.3 %

First outpatient appointment activity continues to reduce across the system when compared to the same month 2018, while waiting times continue to be a pressure for non-admitted pathways.

FUP outpatient appointment vs previous financial year (YTD) – Nov19

DCH	PHT	RBH	DHC	ICS
-5.1 %	4.9 %	-9.5 %	-	-3.8 %

FUP activity also continues to reduce with the exception of PGH. FUP capacity in some specialties has been used to meet continued growth in demand for fast track referrals (suspected cancer)

In addition to reporting OP activity the OP Transformation Programme is in the process of benchmarking a range of data that will report, for example, the number of OP appointments that have been provided in a different way, travel time saved (patients and staff) and any replacement activity.

IP Activity

YTD (Nov19) there is a 1.2% increase in IP activity within the ICS, compared with previous YTD.

The vast majority of IP activity is delivered as day case with the highest activity in general medicine and ophthalmology, followed by T&O, gastro and urology.

Point of Delivery



Length of Stay (LoS)



Planned Inpatients - Annual Comparison



Diagnostics - 6 weeks (November 2019) – 92.8% local agreement, 99% national standard

DCH	PHT	RBH	DHC	ICS
96.4 %	97.0 %	87.9 %	100.0 %	93.5 %

24m move	To Plan
TBC	TBC

Dorset has been allocated national winter funding from NHSE for diagnostics totalling £413,000 for “the achievement of, or very good progress towards, the 1% standard” (national 6 week diagnostic standard).

System-wide 6 week diagnostic performance has improved slightly compared with October19 (92.7%). Improvement has been made at DCH and PHT compared to the previous month. Pressured areas mainly for endoscopy and outsourcing of activity continues across the system.

Diagnostics-waiting lists (November 2019)

Total waiting lists have reduced by 189 across the ICS compared to Oct19 .

DCH	PHT	RBH	DHC	ICS
3511	4447	5707	1058	14723



Dermatology							
Actions Last Month	<ul style="list-style-type: none"> Away session held with all sectors of the system: <ul style="list-style-type: none"> - vision and values agreed and signed up to - high level outline system model agreed – work gps to take forward - positive engagement regarding working with PCNs Dr Morgan at PGH now leading Education and Workforce Working Group 						
Actions Next Month	<ul style="list-style-type: none"> Meeting of system service managers to agree priority leads for key priorities First future model working group will have first meeting to develop high level model agreed Arranging visit to RD&E to learn how model has developed there Complete deep dive in to removal of (surgery for) benign skin lesions 						
Key Risks & Issues	<ul style="list-style-type: none"> Clinical time to engage in service improvement Progress of education and workforce programme crucial to delivery of new integrated model Dorset is an outlier for the NHSE CBAP for removal of (surgery for) benign skin lesions 						
Key Actions/Decisions Required	<ul style="list-style-type: none"> Progressing conversations with PCNs to develop new model Reviewing recommendations from British Association of Dermatologists following review at RBH which can be implemented as best practice across the system 						
Metric	DCH	PHT	RBH	DHFT	ICS	24m move	Track
RTT (Oct19)	60.17%	97.19%	93%	90%	79.47%		
Fast tracks seen within 2weeks	76.41%	99.19%	20.11%	NA	58.54%		
A&G (no.) YTD	590	470	576	NA	1,636		

Endoscopy							
Actions Last Month	<ul style="list-style-type: none"> Dr Richard Guerrero Luduena presented the outcomes of his review of endoscopy services to the Dorset Clinical Reference Group. This (together with the actions from the workshop of 9th October) form the basis for an improvement plan. Sarah Knight Associate Director (Elective Care) at Royal Bournemouth has been identified as programme lead for the ongoing work ensuring the Clinical Network is established (with Dr Alastair Hutchison as sponsoring Medical Director). Leads for the network have been established- Dr Charley Gordon as Medical Lead and Hayley Roberts as manager lead. Nurse lead TBC. Outsourcing has continued across the system to minimise risk on 52 week breaches. Identification of small amount of project support to help facilitate progress. 						
Actions Next Month	<ul style="list-style-type: none"> Further outsourcing-for example RBCH has initial plans for 408 patients to be seen in endoscopy between now and the end of March via insourcing already arranged. Of the six weekends planned they have confirmed staffing for three, and continue to work on identifying further staff. They are also working on a seventh weekend. This will address roughly 1/3 of the backlog. Clarification on plans to spend the recently announced £400k for DM01. 						
Key Risks & Issues	<ul style="list-style-type: none"> There is a risk that despite further funding, local and insourced capacity may be exhausted between now and end of the year 						
Key Actions/Decisions Required	<ul style="list-style-type: none"> N/A 						
Metric	DCH	PHT	RBH	DHFT	ICS	24m move	Track
RTT							
Surveillance Intervals							
A&G							



Ophthalmology

Actions Last Month	<ul style="list-style-type: none"> Agreement that BMI will remain closed to Ophthalmology referrals on ERS and available cataract capacity from January to be used to take patients directly from RBH and DCH non-admitted waiting lists External Ophthalmology Review completed including system wide stakeholder engagement and extensive clinical site visits Above draft final report circulated to stakeholders for internal circulation and matters of accuracy
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Actions Next Month	<ul style="list-style-type: none"> Recommendations of external report presented to CRG 9/1/20 and agree next steps. Likely to have significant resource implications Agree pathway for discharge of OHT and Stable Glaucoma patients from DCH to Evolutio Community Service. Movement of Poole activity to RBCH
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Key Risks & Issues	<ul style="list-style-type: none"> RTT performance and follow up in hospital eye services Attendance at working groups due to conflicting operational pressures Agreement between RBH and PHT DoFs to transfer resource between Trusts is delaying the transfer of ownership of ophthalmology outpatient activity from PHT to RBH which potentially will create efficiencies and free up some capacity in the system. Gap in corneal and ocular plastic services at DCH
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Key Actions/ Decisions Required	<ul style="list-style-type: none"> To establish agreement on the recommendations to be taken forward from the External Review including resource implications
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Metric	DCH	PHT	RBH	DHFT	ICS	24m move	Track
RTT (Oct19)	61.7%	89%	73.4%	49.3%	70.3%		
GP referrals (Nov19)	-4%	4.6%	-2.7%	—	-2.7%		

Urology

Actions Last Month	<ul style="list-style-type: none"> Agreement to transfer current follow up patients from Dorset HealthCare to DCH and new patients as core choice policy
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Actions Next Month	
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Key Risks & Issues	
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Key Actions/Decisions Required	
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Metric	DCH	PHT	RBH	DHFT	ICS	24m move	Track
RTT							
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XXXX							



Musculo-Skeletal (MSK)

Actions Last Month

- Business cases to be discussed at OFRG in January.
- MSK Steering Group met in December and agreed to revise the current structure to take account of the plan to merge the spinal steering group into the MSK Steering Group during 2020/21.

Actions Next Month

The key deliverables this month are:

- Finalise the MSK Business cases with accurate costs / savings;
- Further development of the Physiotherapy dashboard which provides waiting time information;
- Agree lead provider for physiotherapy services;
- Collation of spinal injection data to inform discussions around the development of a Dorset Injection Service. Agree lead provider for the service;
- Draft and agree service specification for physiotherapy self-referral service;
- Agreeing the content of the MSK website – planned launch date of April 2020;
- CV for MSK triage to reflect the change from 48 hours to 4 days for completion of triage.

Key Risks & Issues

Risk of business cases being unsuccessful and funding unavailable to progress with the agreed MSK strategy.

Key Actions/Decisions Required

Need to understand the outcome of the January 2020 OFRG meeting – re. MSK Business cases.

Metric	DCH	PHT	RBH	DHFT	ICS	24m move	Track
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RTT - T&O (Oct19)	61.4%	88.9%	78.9%	97.5%	78.3%		
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MSK referrals to acute care (Nov19)	-0.94%	4.41%	2.05%	_	-0.22%		
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CVD

Actions Last Month

National Diabetes Prevention Programme: Over performance continues for the number of referrals received and assessments undertaken. The current provider has been successful in the NHSE procurement to deliver the programme for the next three years (from April 2020).
Diabetes Transformation: first round of PCN level diabetes MDTs completed. Dorset system pathway mapping work commenced.

Actions Next Month

National Diabetes Prevention Programme: commencement of mobilisation for new contract and specification.
Diabetes Transformation: Awaiting conformation of diabetes transformation funding via LTP to support future planning as a system. MDT reflections report to be finalised.
Diabetes Continuous Glucose Monitoring (CGM): proposal to be considered by OFRG. Implementation planning to be undertaken with trust clinicians and managers.

Key Risks & Issues

Risks to clinical outcomes for people with Type 1 if funding for CGM is not agreed for CGM – as well as reputational risk for Dorset as an outlier. Confirmation of NHSE funding to ICS needed to support planning for 2020 onwards.

Key Actions/Decisions Required

Metric	DCH	PHT	RBH	DHFT	ICS	24m move	Track
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AGREED



Maternity		Outpatients	
Actions Last Month	<ul style="list-style-type: none"> Progress digital work for Dorset Care Record personalised care planning - DCR clinical portal (TIF forms) went live and WCR workshop to consider PHRs Single I.T system –Supplier evaluation/Clinical Site Conversations continue Mapping current postnatal physiotherapy offer Model development for the Labour Line serviced in progress Vision and future model for specialist PNMH and delivering LTP in progress Postnatal Improvement plan in development First Infant feeding working group to progress BFI accreditation Quality assurance visit to Bournemouth hospital Prevention mapping and planning work surrounding delivering the Long Term Plan continues Developing the Maternity Voices Model with NHS E 	Actions Last Month	<ul style="list-style-type: none"> Attend Anywhere - sub-licence agreements for all three acute trusts completed, signed and returned to NHS E / I. Organisational units in place for each trust and waiting areas for those interested specialities are being set-up (approx. 50% completed). Rheumatology MDT held via Attend Anywhere – this enabled consultants and practitioners across 3 different locations to interact with each other, view and review test information and form an agreed treatment plan for a number of complex patients; making a difference to patient care whilst providing a useful learning experience. £150k funding received to progress (a) tool to deliver online groups sessions/webinars and (b) developing and implementing Robotic Process Automation/ Intelligent Automations for a 12 month period
Actions Next Month	<ul style="list-style-type: none"> Continue to progress Digital work for Dorset Care Record personalised care Single I.T system business case going through system governance Postnatal physiotherapy working group to continue to mapping Planning workshop for February to revisit pathway for PNMH linking to future vision and model First Continuity of carer pilot model launched in North Dorset (DCH) Postnatal Improvement plan draft finalised and submitted to NHS E Continue to progress BFI accreditation Prevention mapping and planning work surrounding delivering the Long Term Plan continues Model development for the Labour Line serviced in progress 	Actions Next Month	<ul style="list-style-type: none"> Attend Anywhere drop-in sessions to be held over the next few weeks at each acute trust to support clinical and non-clinical engagement, provide a demonstration etc. Expressions of interest re: potential process / pathways to automate being sought across Dorset ICS. These will then be reviewed and prioritised to form a work plan for the next 3 – 6 months.
Key Risks & Issues	<ul style="list-style-type: none"> Labour Line service unsustainable and not 24/7 in current model. Business case to be developed on future sustainability of the service. LMS is focusing resources this year to improving Continuity of Carer rates from current 10.6% to 15% by end of March 2020 (this does not meet the NHSE target (35% of women booked onto a CofC pathway by Mar 19) 	Key Risks & Issues	<ul style="list-style-type: none"> May not receive further funding Therefore, a reliance of staff from across the ICS volunteering and adding to the 'day job
Key Actions/ Decisions Required	<ul style="list-style-type: none"> Pan Dorset Digital System -preferred supplier and strategic business case for sign off in the new year Achieve NHS E deliverable for starting BFI accreditation process for Breastfeeding in March 2020 (national mandate) Preferred model for future Labour Line 	Key Actions/ Decisions Required	<ul style="list-style-type: none"> Agreeing priority areas and processes for RPA
		Metric	DCH PHT RBH DHFT ICS 24m move Track
		Metrics	To be developed using the transformation business case.



North Dorset

Actions Last

Month

- Co-authored paper for Directors Performance meeting on reducing expenditure on non-ICS contracts
- Successful meeting between DCH and YDH Cardiology Service Managers to agree working relationship and changes to offer choice to Dorset RACPC patients of treatment at DCH instead of T&S – changes to be phased in from January 2020
- Researched service suitable as pilot for video consultations in North Dorset
- Led on measures to arrange repatriation of DTOC patients from YDH pre-Christmas
- Liaised with Salisbury on roll-out of Consultant Connect to Dorset practices

Actions Next Month

- Develop plans originally submitted as recommendations to December directors meeting, these will largely drive QIPP at Yeovil and Salisbury for 2020/21
- Meet with partners and YDH to build collaborative working agreement aimed at reducing DTOCs at Yeovil
- Work with BI colleagues to quantify the under performance at Salisbury and with colleagues in MSK Triage to signpost complex cases there with choice

Key Risks & Issues

- Failure of QIPP schemes – particular at YDH
- Waiting list lengths and proximity of consultant-led OP offer at ICS providers making YDH/SFT/ISP attractive options
- No audit of CBAP treatments at non-ICS providers coupled with no prior approval process
- Continued engagement from non-ICS providers on Dorset projects when we are an associate commissioner
- Care availability in North Dorset for early supported discharge of patients
- Greater use of admission and referral avoidance tools to stem the rise in non-elective activity in particular
- Availability of an urgent treatment centre option in the area
- Success of plan to address delayed discharge planning
- Pressures on Ophthalmology, Dermatology and Endoscopy
- Rise in elective activity to UHS from North Dorset
- Recommendations that come out of Somerset CSR and impact on Dorset patients

Key Actions/ Decisions Required

- Support for measures aimed at providing early supported discharge for the more complex patients – particularly in the Sherborne area (Stroke?)
- Implementation of outcomes from Ophthalmology review
- Support for developed plans to be submitted January 2020 to directors on reducing expenditure on non-ICS contracts