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NHS

Secondary Care during Covid

JHOSC update – 27 November 2020

Summary and Contents

This paper covers NCL's response to the Covid-19 pandemic in secondary care, including measures we have put in place to ensure that we recover planned care services and reduce waiting times. The second section of the paper is a more detailed look at cancer services, and what we are doing to encourage patients to present with cancer symptoms and how we are supporting recovery of services, including screening services, to prioritise timely diagnosis and treatment for cancer patients. Naser Turabi, Programme Director, NCL Cancer Alliance, will talk through at the meeting what this means for patients, and what may have changed for them during the pandemic.

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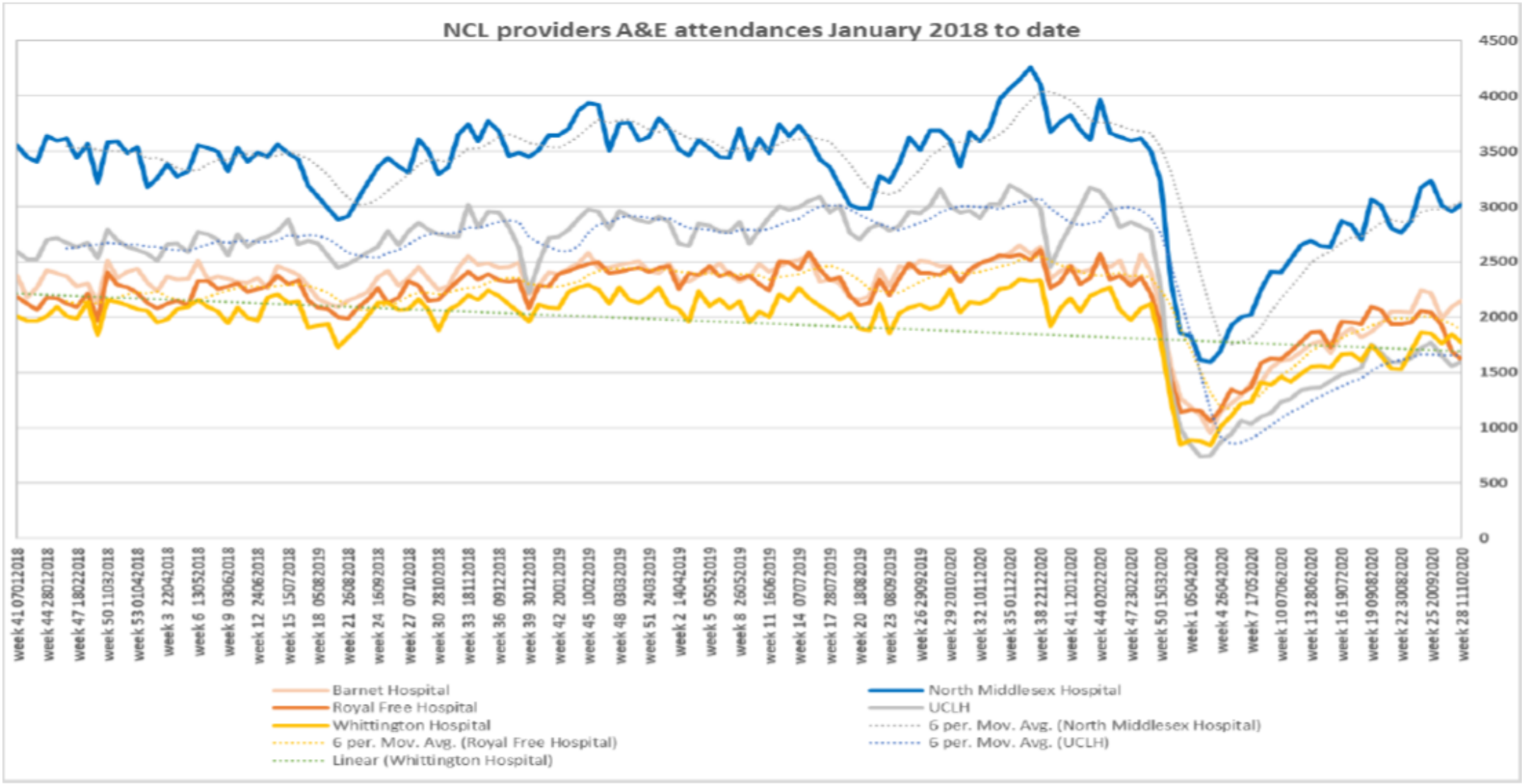

National phase 3 response guidelines

On 31 July 2020 NHS England / Improvement published further guidance on managing Covid within hospitals, 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 and 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.

NHS phase 3 response to Covid

On 21 September NCL submitted our Phase III Plan covering the period from September 2020 to March 2021. This drew on the same themes and priorities which has underpinned NCL's system response to the long term plan and set them in the new context of Covid recovery, rather than being a change in direction.

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.

Referral to treatment times

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.

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.

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.

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 waiting lists since February 2019.

NCL elective (planned care) recovery plans

The elective recovery plan has been clinically led and driven by evidence and best practice standards, 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;
- Clinical prioritisation of existing waiting lists through NCL Clinical Networks for each specialty to ensure people are treated in order of clinical need. All high-priority patients have been offered an appointment, and Trusts are now offering appointments to medium priority patients. This NCL approach has been used elsewhere;
- A process and principles for low clinical priority work agreed, with work underway in some areas including cataracts;
- Trusts have designated capacity for elective work, separate from Covid and emergency capacity, to ensure that elective work can continue if there is an increase in demand due to Covid. Identified elective hubs in NCL include Moorfields Eye Hospital, Chase Farm, and Royal National Orthopaedic Hospital (RNOH).
- 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 Trusts and primary care, appointed for each specialty to maximise recovery;
- Continued use of independent sector capacity in line with the national contract where no alternative NHS capacity;
- Implementation of referral support services across the five NCL boroughs 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

How is elective (planned care) recovery going?

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).

Reducing waiting times for planned care

The NCL system response and mitigations to address the 52-week wait backlog 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 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.

Diagnostics

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).

Diagnostic Recovery

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.

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Cancer pathways

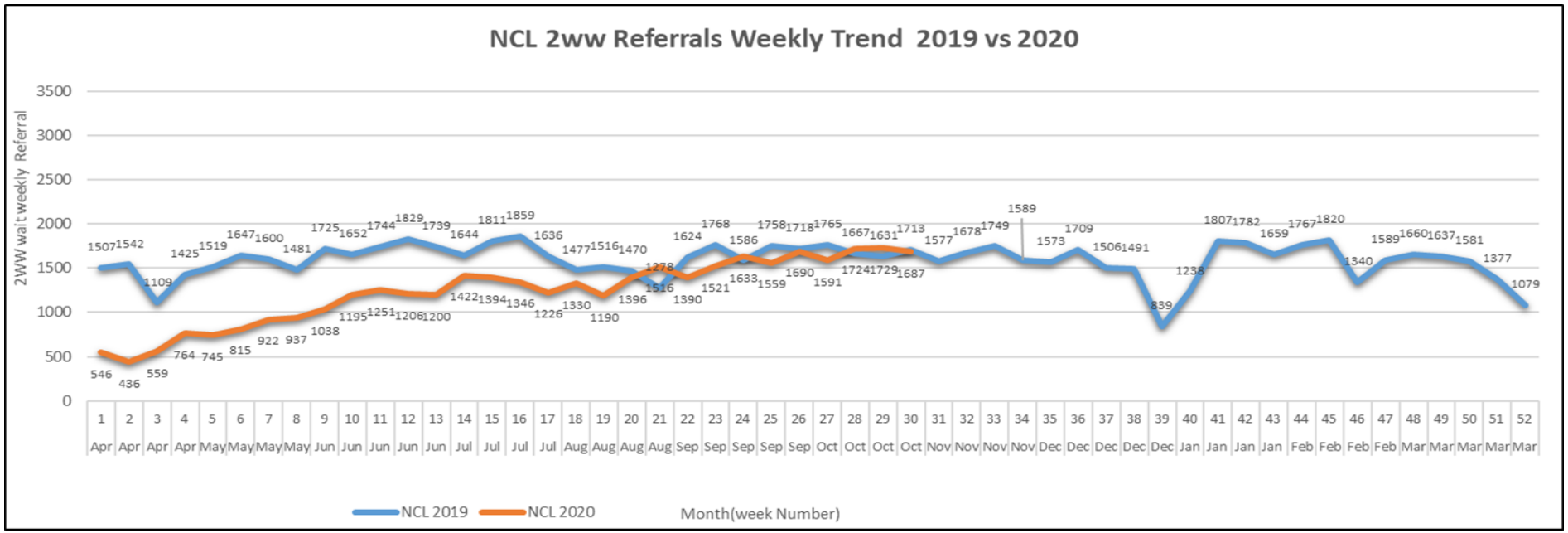
At the peak of the pandemic in April and May, there was a reduction in 2-week wait cancer referrals to NCL acute hospitals by up to 70%. Since then referrals have increased steadily to 70% of pre COVID-19 levels in July, and back to pre-covid levels at the end of August. Some reduction in referrals compared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

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.

Cancer pathways – impact of Covid

- GP Suspected Cancer Referrals (“Two week waits”) dropped by 70% year on year in April, but returned to pre pandemic levels in August – normally we would expect 30% of cancer diagnoses through this route
- No variation in recovery by age, sex or socioeconomic status

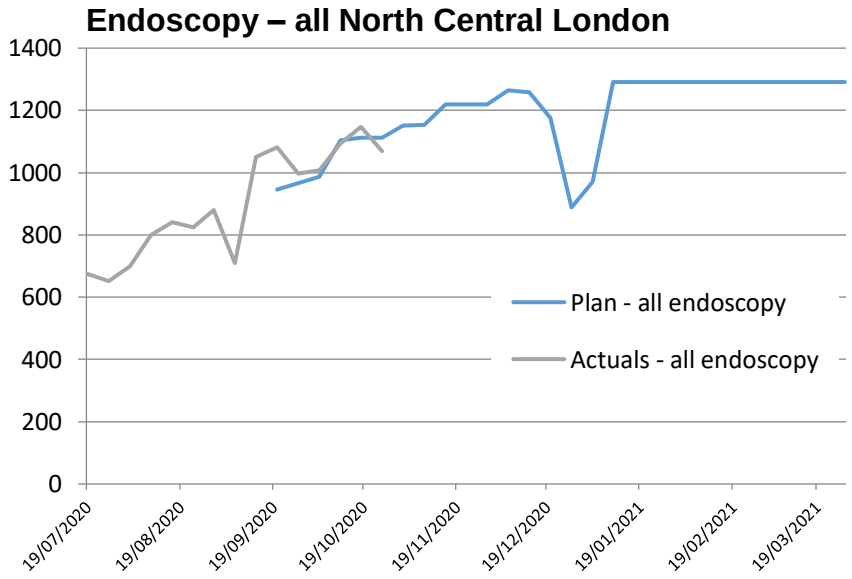


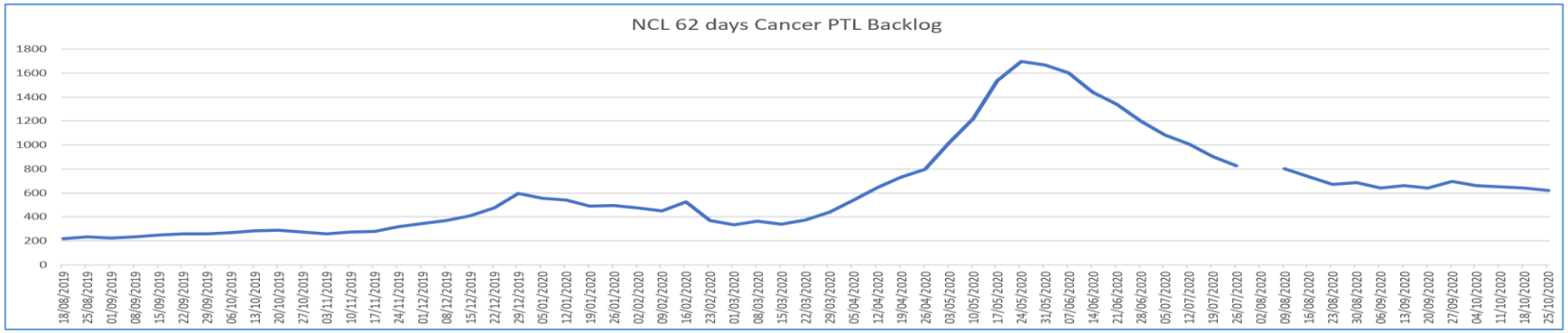
- A further 30% of cancer diagnoses come from routine outpatient appointments – but routine referrals are still below pre-pandemic levels
- Anecdotal evidence that we are seeing a greater proportion of later stage cancers

Diagnostic and treatment services

Diagnostic and treatment services were affected but are now back at pre-Covid levels. Huge effort to clear backlogs and maintain services – all services have reduced throughput because of infection prevention and control measures so trusts are increasing overall sessions – commitment to maintain service provision through pandemic

- High priority cancer surgery was protected during height of pandemic at Surgical Hub based at UCH Westmoreland St, and two private facilities – now returned to NHS sites; Clinical Prioritisation group on standby if further changes are required.
- Endoscopy briefly stopped because of concerns relating to covid spread and 'aerosol generating procedures' but now on track to clear backlog – major programme to work extended hours and expand physical capacity
- Chemotherapy and Radiotherapy was reduced because of risk of covid to immuno-compromised cancer patients, but now back at pre pandemic levels
- Risks remain as cancer treatment is highly specialised so gaps due to e.g. a site becoming overwhelmed by covid, or staff illness or isolation constrain service delivery, are hard to fill.
- The number of patients waiting longer than 62 days for treatment has reduced to close to pre pandemic levels; a key issue is some patients refusing to attend because of fears of covid





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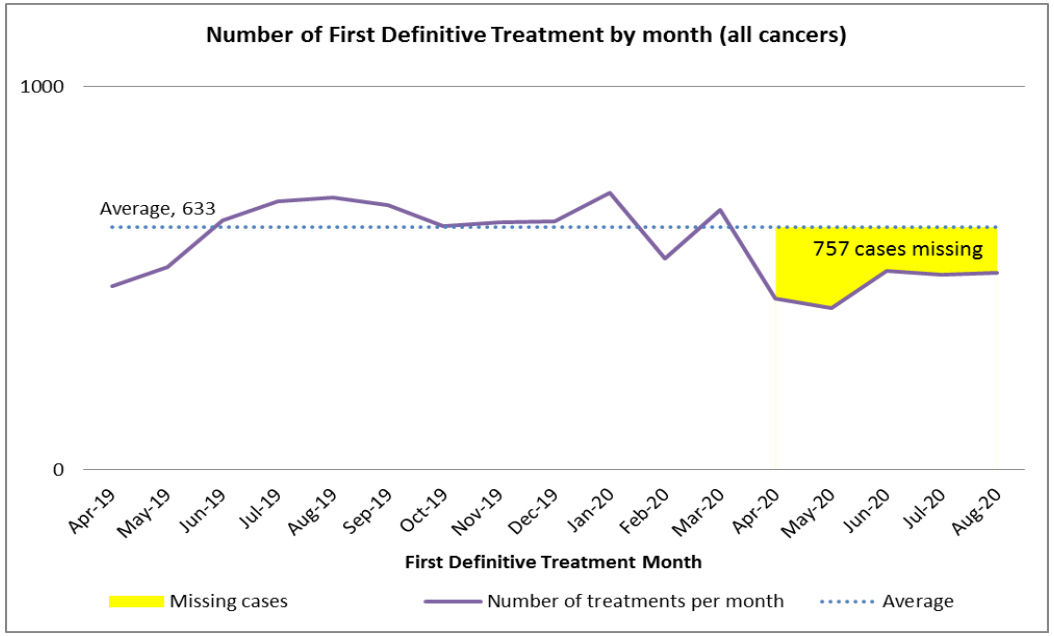
Reduced number of diagnosed cancers

The number of diagnosed cancers is below historical levels. Using the number of treatments as a proxy, over five months (April to August), there is a 757-case cancer treatment shortfall, of which 630 have not presented in NCL

- Between April and August 2020, on average **481** First Treatments were delivered by NCL per month, c.f. **633** pre February 2020, a shortfall of 757 patients.
- Of these 757 cancer patients, at week ending 30 August 2020:
- 127 within the suspected cancer backlog
- **This leaves an estimated 630 cancer cases that have not presented**
- If these cases were to present along pre-pandemic routes to diagnosis then we would expect 214 cases from GP Suspected Cancer referral, 385 cases from emergency presentation, inpatient and other outpatient routes, 31 cases from Screening referrals. However it is not clear how these patients will present in the current environment.



Tumour groups	% of shortfall
Urological	30%
Skin	14%
Breast	12%
Lung	11%
Haematological	9%
Upper Gastrointestinal	8%
Colorectal	8%
Head & Neck	4%
Brain / Central Nervous System	2%
Gynaecological	2%
Other	1%

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Cancer Screening Recovery

Screening normally accounts for 5% of cancer diagnoses. Cervical screening has recovered; bowel screening due to recover in December. Concerns that Breast Screening is behind schedule.

Breast screening

- Backlog across London – 168,000
- Open invitations have commenced at one site per service across London
  - NCL sites – Finchley Memorial and Kentish Town
  - Women sent text reminder 7 days following open invite letter; phone call after 14 days
  - Early data shows approx. 50% of clients who receive an open invitation have booked appt
- Timed appointments being issued at remaining sites and gradually phase in open invitations
- Overall progress on recovery behind schedule
- Cancer Alliance will provide interim support to the breast screening admin hub as open invites are being phased in.

Bowel screening

- People invited but not screened across London – 124,000
- Recovery of the programme in London is ahead of other regions in England
- NCL invitation rate has been increased to 164% to enable return to normal level by end of Dec 2020
- UCLH is NCL screening centre and colonoscopy backlog cleared and those on surveillance continue to be monitored
- UCLH screening colonoscopy capacity increased to accommodate new invitation rate
- No uptake figures available as of yet. Expect indication of uptake following restart of the programme to be available by end of the year.

Cervical screening

- Cervical screening invitations resumed in June. Invitation and reminders returned to normal rate as backlog has been cleared as of beginning of October
- Collected samples across London higher than predicted levels (based on pre-COVID data)
- Colposcopy backlog cleared at NMUH, RFL and Whittington. Due to be cleared at UCLH in coming weeks
- Colposcopy referral rates approaching pre-COVID levels with sharp rise seen in mid-Sept
- HSL on track to achieve 100% pre-Covid activity. Transport services to collect samples operating at pre-COVID levels

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What's changed for cancer patients?

Patient profile	What's changed in the light of Covid?
Patients with symptoms requiring rule out of cancer - Referral on 2 week wait pathway	Increased use of evidence based rule out tests particularly 'FIT' for colorectal cancer to reduce unnecessary referrals; use of tele-consultations where safe to do so.
Patient attending for diagnostic tests that require sedation e.g. Endoscopy	Advise patients to follow comprehensive social distancing and hand hygiene measures for 14 days before admission. Covid test 3 days before admission and self-isolation for that period.
Patient attending for diagnostic tests that so not require sedation e.g. MRI scan etc.	Advise patients to follow comprehensive social distancing and hand hygiene measures for 14 days before admission.
Patients requiring surgical treatment	Advise patients to follow comprehensive social distancing and hand hygiene measures for 14 days before admission. Covid test 3 days before admission and self-isolation for that period
Patients requiring chemotherapy or immunotherapy	Switching IV treatments to subcutaneous or oral alternatives where this would be beneficial; using shorter treatment regimens; decreasing the frequency of immunotherapy regimens, for example moving to 4-weekly or 6-weekly; providing repeat prescriptions of oral medicines; using home delivery of oral and subcutaneous medicines where possible; using treatment breaks for long-term treatments.
Patients requiring radiotherapy	Remote visits: use phone or video assessments instead of face-to-face contact. Avoid radiotherapy if the evidence suggests there will be little to no benefit, or if an alternative treatment is available. Defer radiotherapy if clinically appropriate. If radiotherapy treatment is unavoidable, use the shortest safe form of treatment.

National and local campaign

The NCL Cancer Alliance is developing a local public facing campaign to encourage patients to attend screening and with symptoms; much media activity and patient engagement already conducted

Builds on national campaign – PHE and NHS England have provided national toolkit and launching campaign on abdominal symptoms on 11 November