

| | | | |
|---|---------------------------|-------------------|---------|
|  manx care Kiarail Vannin | SUMMARY REPORT | Meeting Date: | 28/9/21 |
| | | Enclosure Number: | 12 |

| | | | |
|--|--|---------------|--|
| Meeting: | Finance Performance and Commissioning meeting | | |
| Report Title: | Restoration and Recovery Report | | |
| Authors: | Alan Wilson | | |
| Accountable Director: | Oliver Radford | | |
| Other meetings presented to or previously agreed at: | Committee | Date Reviewed | Key Points/ Recommendation from that Committee |
| | FP&C | 20/9/21 | Report to board |

Summary of key points in report

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL)
2. Additional elective capacity
3. Defining the demand and capacity balance
4. Sustaining elective performance

Recommendation for the Committee to consider:

Consider for Action Approval Assurance Information

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

This report describes the actions being progressed under the auspices of the Restoration and Recovery Business Case to address the legacy elective waiting list backlogs held by Manx Care whilst developing and embedding methodologies that will move Manx Care towards sustainable 18 week compliance in 2022/23

| | | |
|---|-----------|------------------------------------|
| Is this report relevant to compliance with any key standards? YES OR NO | | State specific standard |
| Data Security and Protection Toolkit | No | |
| Others (pls specify) | | |
| Impacts and Implications? | YES or NO | If yes, what impact or implication |
| Patient Safety and Experience | | |
| Financial (revenue & capital) | | |
| Workforce & Culture including H&S | | |

| | | |
|---------------------------------|--|--|
| Equality, Diversity & Inclusion | | |
| Legal | | |

| Title | Name of Report |
|-------|----------------|
|-------|----------------|

Restoration and Recovery Report

Section 1: Analysis and supporting detail

Background

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

The emerging recovery and restoration work streams are;

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL)
2. Additional elective capacity
3. Defining the demand and capacity balance
4. Sustaining elective performance

Supporting detail

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL)

The trust currently has a non -cancer Patient Tracking List of 46000 live referrals. This value needs to be validated and we have begun discussion with Medefer Ltd to understand how we can undertake the safe administrative and as necessary clinical validation of the non-cancer PTL. The following data ask has been submitted to Manx Care BI which will inform the non-cancer PTL validation strategy.

- Total PTL of non-pathway, non-admitted, last event referral received, patients split by specialty and weeks waiting from referral date
- Unique reference to the patient, speciality, booked or un-booked with appointment date
- % completeness of mobile phone numbers for your patients on PAS
- % completeness of email addresses for your patients on PAS
- % completeness of email *and* mobile phone number

The above data set when applied to the Manx Care non-cancer PTL through validation will inform the stratification of the PTL as per the table below. In Practice when validation comments are updated the PTL category letter and sub-specialty will precede the comments (*this illustrative example is from a Urology Pathway*).

| Category name/Validation comment | PTL Category |
|----------------------------------|--------------|
| Needs TCI | A |
| Has TCI | B |

| | |
|----------------------------------|---|
| Needs f2f OPA | C |
| Has f2f OPA within 4 weeks | D |
| Has f2f OPA within 8 weeks | E |
| Has f2f OPA 9 weeks + | F |
| Needs telephone OPA | G |
| Has telephone OPA within 4 weeks | H |
| Inactive | I |
| Outsourced | J |
| Needs/Has radiology | K |
| Needs/Has Flexi | L |
| Needs/Has Cystometrogram | M |
| Needs/Has Videocystometrography | N |
| Needs/Has clinical/MDT review | O |

2. Additional, Elective Capacity

In order to address two areas of concern within the elective procedure backlog Manx Care have approach 18week Ltd

Manx Care are engaging with 18weeks Ltd to deliver 560 Colonoscopies, Flexible Sigmoidoscopies and OGDs between October 2021 and 31st March 2022. The aforementioned activity will be undertaken in weekend sessions at a rate of circa 48 procedures per weekend.

Manx Care are engaging with 18weeks Ltd to commence the undertaking of between 600 and 1200 Cataract procedures on circa 600 patients between October 2021 and 31st March 2022. The aforementioned activity will be undertaken in weekend sessions at a rate of circa 80 procedures per weekend.

Manx Care currently have circa 5000 patient awaiting a 1st outpatient appointment. To address this situation Manx Care have engaged Medefer Ltd

As shown in the table below Manx Care are engaging with Medefer Ltd to undertake 4215 new outpatient virtual 1st outpatient appointments and the resultant virtual follow-up outpatient appointments between October 2021 and 31st March and May 31st 2022 respectively. *(Due to the challenges of forecasting new to follow-up demand Manx Care have inserted 2 and 4 month activity break clause to prevent any overspend of the Restoration and Recovery financial allocation to this work stream).*

| BACKLOG | | | | | | | | |
|-----------------------|-------|------|--------|--------|------|------|-------|------|
| Specialty | Ortho | ENT | Gastro | Cardio | Resp | Pain | Neuro | Derm |
| New Outpatients | 963 | 1296 | 473 | 686 | 164 | 231 | 402 | |
| Follow Up Outpatients | 1059 | 1134 | 473 | 601 | 180 | 198 | 277 | |

The Mederfer Ltd activity planning assumptions are based on the expected delivery of reductions in OPD attendances as set out in the table below:

| | ORTHO | ENT | GASTRO | CARDIO | RESP | PAIN | NEURO | DERM |
|---|------------|------------|------------|------------|------------|------------|------------|------------|
| First Mederfer Review Patient Outcomes | | | | | | | | |
| Discharge to GP | 40% | 18% | 8% | 18% | 10% | | 15% | |
| Refer to OPD | 30% | 12% | 12% | 12% | 20% | | 25% | |
| Enter Virtual hospital | 30% | 70% | 80% | 70% | 70% | | 60% | |
| Virtual Hospital Patient Outcomes | | | | | | | | |
| Discharge to GP | 60% | 35% | 65% | 65% | 50% | | 35% | |
| Refer to OPD | 40% | 65% | 35% | 35% | 50% | | 65% | |
| Overall % reduction in OPD attendance | 58% | 43% | 60% | 64% | 45% | TBC | 36% | TBC |

3. Defining Demand and Capacity Balance

As we move forward Manx Care will wish to confirm its substantive capacity in order to accurately identify all capacity gaps requiring mitigation. The elective outpatient delivery model below illustrates one way in which our elective delivery values can be updated and adjusted to ensure compliance with patient experience, activity and financial contribution expectations.

| | rolling count of clinics | rolling count of clinics | rolling count of clinics | rolling count of clinics | rolling count of clinics | rolling count of clinics | rolling count of clinics | rolling count of clinics | rolling count of clinics |
|---|--------------------------------------|---------------------------------------|--|--|--|--|--|--|--|
| 1 clinic every Friday pm | | | | | | | | | |
| number of clinics expected per annum | number of clinics expected wk 1 to 6 | number of clinics expected wk 7 to 12 | number of clinics expected wk 13 to 18 | number of clinics expected wk 19 to 24 | number of clinics expected wk 24 to 29 | number of clinics expected wk 30 to 35 | number of clinics expected wk 36 to 41 | number of clinics expected wk 42 to 47 | number of clinics expected wk 48 to 52 |
| 42 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 |
| number of clinics expected to be booked per annum | number of clinics booked wk 1 to 6 | number of clinics booked wk 7 to 12 | number of clinics booked wk 13 to 18 | number of clinics booked wk 19 to 24 | number of clinics booked wk 24 to 29 | number of clinics booked wk 30 to 35 | number of clinics booked wk 36 to 41 | number of clinics booked wk 42 to 47 | number of clinics booked wk 48 to 52 |
| 42 | 6 | 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| template | 4 news | | | | | | | | |
| Template | 7 follow-ups | | | | | | | | |
| likely DNA numbers | 1 new 1 f/up | | | | | | | | |
| net new activity per clinic | 3 | | | | | | | | |
| net follow up activity per clinic | 6 | | | | | | | | |
| net new income per clinic | £624 (£208 per new) | | | | | | | | |
| net f/up income per clinic | £564 (£94 per f/up) | | | | | | | | |
| annual income per annum | £49,896 (1188 x 42) | | | | | | | | |
| cost of clinic per annum | £25,000 | | | | | | | | |
| Profit | £24,896 | | | | | | | | |
| av contribution margin per pt | £20.95 | | | | | | | | |

4. Sustaining Elective Performance

We plan to develop an elective pathway role aimed at ensuring all patients are supported throughout their non-cancer elective pathway by applying the metrics described below (or similar) with post holders utilising their understanding of the job planned Direct Clinical Care (DCC) sessions to support each specialty in delivering contracted activity within budget.

- Agreed DCC outpatient clinic sessions job planned over the following 18 weeks
- Agreed DCC diagnostic sessions job planned over the following 18 weeks
- Agreed DCC day case/inpatient operating sessions job planned over the following 18 weeks
- Agreed 3 day working turnaround for approval of referrals via e-referral platform
- Agreed new outpatient horizons (e.g. 6 – 9 weeks)
- Agreed follow up diagnostic horizon (e.g. 10-11 weeks)
- Agreed follow up outpatient horizon (e.g. 12-14 weeks)
- Agreed routine operating horizon (e.g. 14-18 weeks)

Section 2: Risks

- 2.1 There are emerging risks around the unpredictability of the winter weather though Manx Care have shared flight business continuity options with 18 weeks and indicated that only service delivery impediments directly attributable to Manx Care will incur attendance fees from third party providers.

Manx Care have endeavoured negotiate contracts to ensure 18weeks Ltd and Medefer Ltd shares as much equity with the Manx Care restoration and recovery plan as possible. Specifically operational leads have been consulted in the agreement of the specialty level patient outcome measures.

The Manx Care Operational Team have developed detailed Operational Resilience Plans for the 18 weeks Endoscopy and Cataract work streams. These plans will sit alongside the 18 weeks Mobilisation plan.

Section 3: Assurance *(please complete as far as is possible)*

Benchmarking

- 3.1 All Third parties will be working to specialty specific guidelines. For example the 18 weeks Consultants undertaking the additional Endoscopies, Flexi sigmoidoscopies and OGDs will work to Joint Advisory Group) JAG standards.
- 3.2 Specialty outcomes have been agreed and captured within the relevant contract.

Triangulation

- 3.4 We will monitor the activity undertaken by our third party partners as detailed above this allied to the PTL house keeping will enable a clear performance trajectory to be developed.

Engagement

- 3.5 Manx Care Head of Communication has been briefed and is developing a communications strategy to describe the additional activity plan to the Manx Care workforce and wider community.

Elective Activity Management Models have been shared with key internal stakeholders.

Section 4: Implications *(please complete as far as is possible)*

Strategic Aims

- 4.1 The Restoration and Recovery work stream aims to right size the Manx Care waiting list whilst simultaneously quantifying any deficits in capacity post confirmation that substantive elective capacity is being optimised.

Equalities, diversity and inclusion

- 4.2 No equality, diversity and inclusion impacts have been identified.

Culture and People

- 4.3 There is a need to ensure that the transformation agenda acknowledges the nuances of the Isle of Man health economy whilst embracing any shared learning opportunities from for example third party provider work patterns.

It is envisaged that amongst other emerging factors a conflation of the redefinition of substantive capacity with the resizing of any capacity gaps will lead a sustainable waiting of less than 10 % of annual activity.

Integration

- 4.4 Both of the Third Party Organisations that Manx Care have engaged with to support the Restoration and Recovery Plan have allocated dedicated support and have commenced weekly project meetings

Detailed Operational/Resilience Plans describing the mobilisation of the third party activity have been drawn up and shared with all stakeholders.

Work on developing meaningful operational metrics e.g. outpatient 1st appointment polling times will be shared with all stakeholders to ensure the efficacy of the elective pathway dashboard that Manx Care plan to develop.

Financial

- 4.5 The funding allocated for the Restoration and Recovery Plan continues to meet the needs of the case. Contracts with third part providers have been scrutinised to ensure that Manx Care make the very best use of this funding. For example third providers have agreed specialty level patient outcome targets

The restoration and recovery plan will also be complimented by a right sizing of the non-cancer Patient Tracking List and adherence to expected elective activity levels

Compliance - Legal/Regulatory

- 4.6 There are no legal or regulatory implications relating to the restoration and recovery work stream. Should Manx Care elect to fully embrace the 18 week constitution then consultation with DHSC would be required

Section 5: List of Appendices