

Elective waiting times - Southampton update

1. This paper provides an update around elective waiting times in Southampton.

Context

2. Due to the significant pressure over the winter period on local NHS services, alongside the need to act swiftly to ensure patients continue to receive safe, high-quality care, our services had to take action to prioritise urgent care needs.
3. At the points of highest demand, nearly all hospital beds were occupied in University Hospital Southampton (UHS), and across the wider Hampshire and Isle of Wight area. This is in addition to the significant pressure experienced by urgent treatment centres, GP practices, minor injuries, and ambulance services.
4. We know that some people may not be receiving care in as timely a way as we would like, but our focus remains on reducing waiting times for planned treatment for the city's residents.

National priorities and local planning

5. Last year NHS England set out its longer term objectives to improve waiting times, following the increase caused by the COVID-19 pandemic. The objectives included:
 - That the waits of longer than a year for elective care are eliminated by March 2025.
 - Diagnostic tests are a key part of many elective care pathways, with the ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025.
 - By March 2024, 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
 - For patients who need an outpatient appointment, the time they wait can be reduced by transforming the model of care and making greater use of technology.
6. In Spring 2022 the acute alliance, which is a group of the four acute hospitals in Hampshire and Isle of Wight, working closely with the Integrated Care Board, put together its plan to improve waiting times.
7. In order to best focus resources on the plan, this group set out its referral, surgical and diagnostic priorities, and each trust took ownership of four workstreams to help delivery these.
8. The workstreams, their recent successes and future plans are detailed below:

| Workstream | Objectives | Success in 2022 | Focus for 2023 |
|---------------------------|---|--|--|
| Working collaboratively | <ul style="list-style-type: none"> • Recover efficiency lost due to Covid-19 including from Infection Prevention Control • Where possible, maximise existing infrastructure utilisation e.g. implementing extending working hours (including weekends) • Move to a single access point for new referrals | <p>Review of provider access policies to establish a single access policy for Hampshire and Isle of Wight</p> <p>Review of evidence based interventions and prior approvals</p> <p>Waiting list validation to ensure data is correct</p> | <p>Implementing the single access policy, including the consistent use of evidence based interventions, to ensure consistent application across the NHS and Independent Sector providers</p> |
| Outpatient transformation | <ul style="list-style-type: none"> • Review the existing transformation processes across Hampshire and Isle of Wight ICS (HIOW) to create an aligned approach. This will ensure that we quickly adopt best practice, reduce variation and ensure a consistent offer across HIOW. • Initial focus on Patient Initiated Follow Ups (PIFU) to ensure that as a minimum | <p>Improving triage processes with Advice and Guidance (known as A&G). A&G services will help transform the way referrals are managed by improving the interface and facilitating shared decision making between primary and secondary care.</p> <p>Developing a patient initiated follow up approach.</p> <p>Review of tier two service and their role in referral optimisation</p> | <p>Continue to promote the use of Advice and Guidance and Patient Initiated Follow Ups</p> <p>Complete and implement the tier 2 services review</p> <p>Establish Fit4You pre-habilitation service for patients within last year of life with the aim of improving quality of life and avoidance of</p> |

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| | <p>Hampshire and Isle of Wight will meet the 15% reduction in outpatients and achieve 5% of all follow ups as PIFU.</p> | <p>Dermatology digital first – national pilot tbc</p> | <p>Emergency Department presentations / admissions.</p> |
| <p>Green pathways (creating new pathways)</p> | <ul style="list-style-type: none"> • Determining how the two ISTCs (Independent Sector Treatment Centres) can be used to maximum effect in delivering the elective activity plan over the next three years and within the context of the ICBs 5 year strategy • Identifying gaps in service delivery and productivity opportunities based on current service constraints and to complement future service development plans (i.e. Winchester hub) | <p>Overseeing the development of the new Elective Hub at Winchester scheduled to open in 2025</p> <p>Review commenced on future use of hub sites in Southampton and Portsmouth</p> | <p>Continue to take forward the plans for the new Elective Hub at Winchester and ensure other hub sites are tailored to the greatest need of our population.</p> <p>Complete the review of the future of the hub sites in Southampton and Portsmouth</p> <p>Ensure the new Community Diagnostic Centres are established and opened to agreed schedules</p> |
| <p>Reducing variation</p> | <ul style="list-style-type: none"> • Ensuring that arrangements are put in place which secure effective implementation of the GIRFT (Getting It Right First Time recommendations) | <p>Implementation of High Volume Low Complexity for ophthalmology (cataracts). This is a programme of work developed nationally to reduce cataract waiting times which increased during the pandemic.</p> | <p>Implement the learning from the stocktake of theatre productivity and other reducing variation programme across the area</p> |

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| | <ul style="list-style-type: none">• Ensuring that effective arrangements are put in place to drive improvements in theatre productivity, and reduce unwarranted variation, thereby supporting higher numbers of elective/day case admissions specifically. | <p>Stocktake of theatre productivity and Getting It Right First Time programmes underway across Trusts completed. Getting It Right First Time is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.</p> | |
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Cancer

9. We continue to work closely with the Wessex Cancer Alliance to support the post-COVID-19 recovery plan, focussing on improving patient pathways.
10. Southampton continues to benefit from the lung health checks programme, in which people aged 55 to 74 who are registered with a city GP and are current or former smokers are invited to have a lung health check. This helps with the early diagnosis of lung conditions and problems. The programme, part of a national pilot, is being rolled out more widely in Hampshire following success in Southampton.

Community diagnostic centres

11. In order to improve diagnostics locally, people across Southampton will see improved access to help diagnose life-threatening conditions such as cancer and heart problems faster, following new funding for community diagnostic centres put in place nationally.
12. The creation of new and expanded community diagnostic centres (known as CDCs) which will help to reduce how long local people are waiting to access vital tests, scans and checks. These centres are based in easy reach of their local communities and many services will be open 7 days a week.
13. The CDC covering Southampton and its wider geography served by UHS is provided in partnership by University Hospital Southampton NHS Foundation Trust, Solent NHS Trust, and Southern Health NHS Foundation Trust. There will be a CDC located at Royal South Hants Hospital in Southampton and another, larger CDC located at Lymington New Forest Hospital. Two smaller hubs are located at Hythe Hospital and Romsey Community Hospital.
14. Between them the CDCs provide a range of planned tests to help reduce pressure on local acute hospitals. The diagnostic centres will also support the local workforce offering new recruitment opportunities as well as expanding the skills of the existing workforce through ongoing training.
15. All of the services across the different sites can be accessed via GP surgeries.

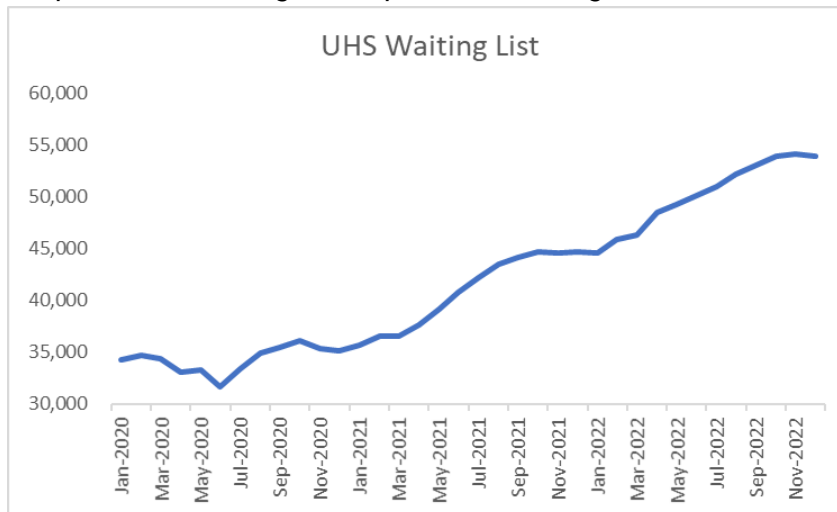
UHS waiting list

16. The UHS waiting list continues to grow in the post-pandemic environment and as of December 2022 stands at just under 54,000 patients (see graph 1). This is for the entirety of the trust; the figures are not available at a Southampton City level.
17. The waiting list continues to grow despite UHS delivering approximately 106% of activity (e.g. appointments and surgeries) compared to pre-pandemic levels.

18. Referrals are approximately 4% higher compared to pre-COVID levels. This growth has been consistent since the release of lockdown and does not appear to be reducing.

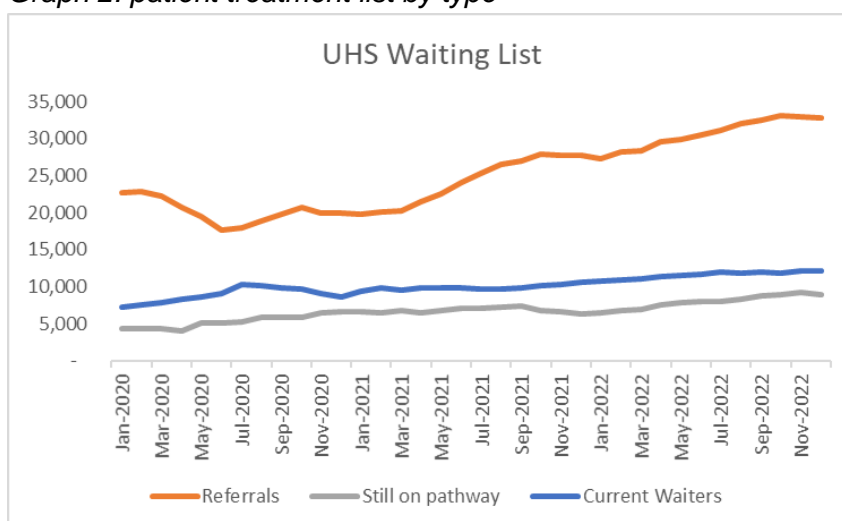
19. As a major, tertiary, teaching hospital, UHS receives referrals for patients requiring complex treatments which cannot be conducted at other hospitals. This includes patients being seen at the specialist Southampton Children’s Hospital. Therefore, UHS waiting lists have grown proportionally more than other hospitals.

Graph 1: UHS waiting list for patients awaiting treatment



20. As graph 2 shows, the growth in the waiting list is predominantly driven by patients awaiting their first appointment at referral stage, relative to the “still on pathway” (patients who have had their first appointment, but not yet been admitted for surgery) and “current waiters” (those awaiting surgical admission).

Graph 2: patient treatment list by type



21. Due to the general increase in acuity in our population, we would expect a significant number of those currently waiting for their initial appointment to later become patients waiting for surgery.

Prioritisation and support of patients on waiting lists

22. At all stages, UHS ensures that all patients referred are appropriately prioritised in line with their clinical urgency, and therefore some patients will wait longer than others.
23. At the end of December 2022, the average wait from referral to first appointment in the trust is 11 weeks. However, 2 week waits (suspected cancer patients), and urgent referrals have a lower average wait in line with their clinical priority.

| Referral Category | Total referrals | Average wait |
|--------------------------|------------------------|---------------------|
| 2 week wait referrals | 1,134 | 2 weeks |
| Urgent referrals | 3,815 | 7 weeks |
| Routine referrals | 28,798 | 13 weeks |
| Total | 33,734 | 11 weeks |

24. Where patients remain on the waiting list for more than 12 weeks, UHS contacts patients to ensure that they still require their appointment or treatment, but to also provide them information on where to obtain advice or support if they require it. This is part of our overall patient risk management strategy.