

North Yorkshire CCG

Scrutiny of Health Committee

Wendy Balmain, Director of Strategy & Integration
10 September 2021



Supporting Recovery – NHS 6 Planning Requirements

- 1 Supporting health and wellbeing of staff and taking action on recruitment and retention**
- 2 Delivering NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19**
- 3 Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services**
 - Maximise elective activity, taking full advantage of the opportunities to transform the delivery of service
 - Restore full operation of all cancer services
 - Expand and improve services for people with a learning disability and/or autism
- 4 Expanding primary care capacity to improve access, local health outcomes and address health inequalities**
 - Restoring and increasing access to primary care services
 - Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities
- 5 Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay**
 - Transforming community services and improve discharge
 - Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments
- 6 Working collaboratively across systems and sectors to deliver on these priorities**

Planning

- Good progress has been made through April to September 2021
- Planning guidance due mid-September (for October - March 2022)
- Key planning areas likely to be similar to H1 (April to September) (i.e. ongoing recovery) and system will be required submit information outlining plans for activity, finance and workforce
- H2 (October to March) plan submission to NHS England mid-November
- Potential efficiency saving requirement of approx. 3% of the H2 budget
- Our mental health submission earlier in the year include H2 so that is already in place

North Yorkshire and York Covid Vaccination Programme

The NY&Y Covid-19 Vaccination programme continues to make excellent progress and as at 27 August 2021 the number of doses administered is:

Area	Vaccinations
North Yorkshire CCG	<ul style="list-style-type: none">• 1st doses – 320,667• 2nd doses – 292,703
Vale of York CCG	<ul style="list-style-type: none">• 1st doses – 261,033• 2nd doses – 292,703
Total NY&Y	<ul style="list-style-type: none">• 1st doses – 581,700• 2nd doses – 524,572

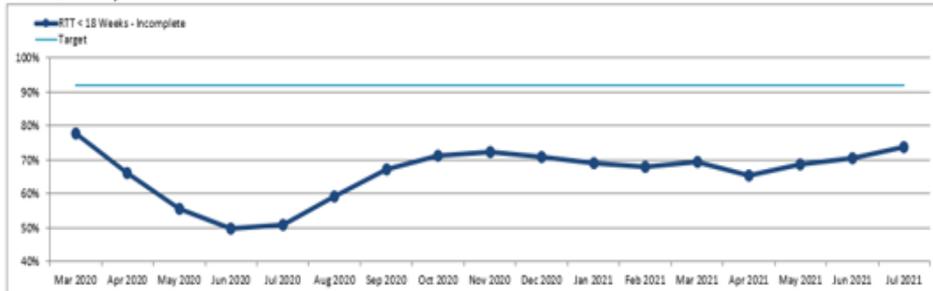
- Vaccine programme extended to all **16 & 17** year olds and **12-15** year olds at increased risk of serious Covid-19 disease
- Successful **pop up and walk in** vaccination clinics have been taking place across NY&Y this summer to encourage vaccine take up
- Focused work underway to enhance vaccine confidence in those who are **pregnant** or planning to become pregnant
- Currently preparing for a **Covid booster programme** to be carried out in the autumn
- Also preparing for the **winter 2021 Flu programme** which will, as last year, **include all over 50s**

Elective Recovery Programme

- Number of patients waiting for a procedure is being carefully monitored and hospitals did anticipate this trend. **Clear plans in place** to provide support with a programme called 'Waiting Well' being developed
- Patients continue to be **prioritised due to clinical need** resulting in a **reduction** in the number of patients waiting over **52 weeks** for their treatment
- Priority 2 patients (those requiring surgery within one month) are experiencing **lower waiting times** and trusts are making **progress towards** the target to treat **90%** of these patients within **28 days**
- Shared NHS waiting lists continue to support recovery by **providing mutual aid** across providers and including capacity available in the independent sector to make sure all available capacity is being used for those who need it
- **Advice and guidance** and **expert input** continues to be provided ensuring that referrals are optimised with **virtual appointments** available where appropriate

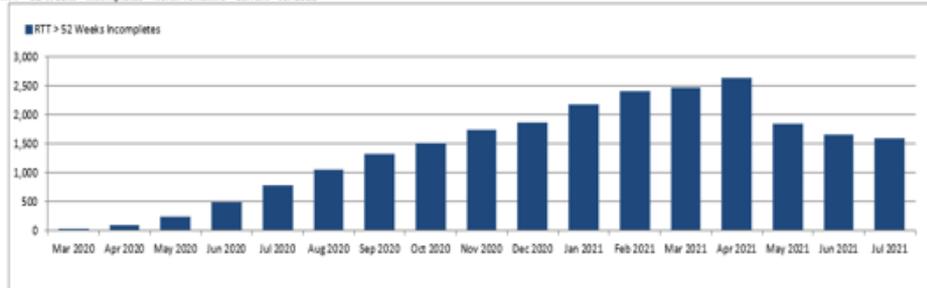
Elective recovery programme – Waiting times

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Jul 2021



Month	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT < 18 Weeks - Incomplete	77.7%	66.0%	55.4%	48.8%	50.8%	59.1%	67.0%	71.1%	72.1%	71.0%	68.9%	68.0%	69.4%	65.5%	68.7%	70.3%	73.6%

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Jul 2021



Month	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT > 52 Weeks Incompletes	10	83	236	489	769	1043	1311	1507	1723	1855	2154	2394	2463	2637	1802	1640	1591

1. Patients waiting over 18 weeks from referral to treatment - target of 92% - it can be seen that performance is slowly improving against a backdrop of increasing numbers of patients being added to the waiting list.

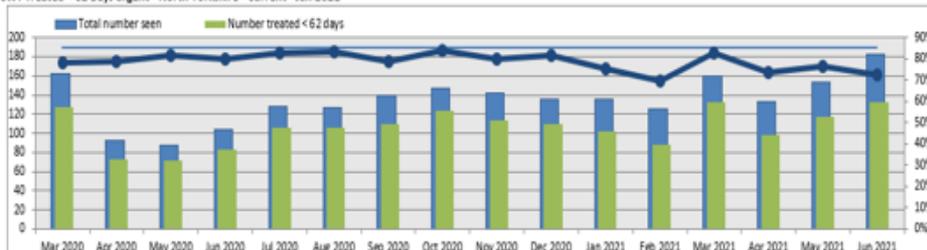
2. Patients waiting over 52 weeks – the number of patients waiting over 52 weeks is reducing month on month

CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Jun 2021



Month	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
Number treated < 31 days	286	177	152	166	219	214	235	234	228	249	220	219	252	225	231	295
Total number seen	292	184	156	177	217	216	241	240	240	253	229	233	263	243	238	305
CWT treated < 31 Days diagnosis	97.9%	96.2%	97.4%	93.8%	96.5%	99.1%	97.5%	97.5%	95.0%	98.4%	96.1%	94.4%	95.8%	93.0%	97.1%	96.2%

CWT Treated < 62 Days urgent - North Yorkshire - Current - Jun 2021



Month	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
Number treated < 62 days	127	73	71	83	106	106	110	123	113	110	102	88	132	98	117	132
Total number seen	162	93	87	104	128	127	140	147	142	135	135	126	160	133	153	182
CWT Treated < 62 Days urgent	78.4%	78.5%	81.6%	79.8%	82.8%	83.5%	78.6%	83.7%	79.6%	81.5%	75.6%	69.8%	82.5%	73.7%	76.5%	72.5%

3. Patient treated within 31 days of decision to treat – target of 96% being met

4. Patient receiving treatment within 62 days of urgent referral – target of 85% not being met with the most challenged areas being; Lung, colorectal and upper GI

Primary Care

- Face to face appointments and digital interactions (on line consultations, video consultations) have all **increased steadily** since the first lockdown in March 2020 and are now **exceeding pre-Covid levels**
- **Focus on reducing any backlog** around routine reviews for chronic conditions and screening work, and supporting patients waiting for hospital procedures and appointments
- Continuing to lead on delivery of the national **Covid-19 vaccination programme**
- **Supporting Primary Care Network organisational development** and strengthening partnership working through provider collaboratives
- **Promoting use of the NHS APP** to help patients and clinicians manage their time and care more effectively
- Developing a targeted programme of work to **use digital/technology to improve access** to care for our population

GP Access - Face to Face and Digital Appointments

- Total Appointments:-

- June 2019 – 174,640
- June 2021 – 213,502

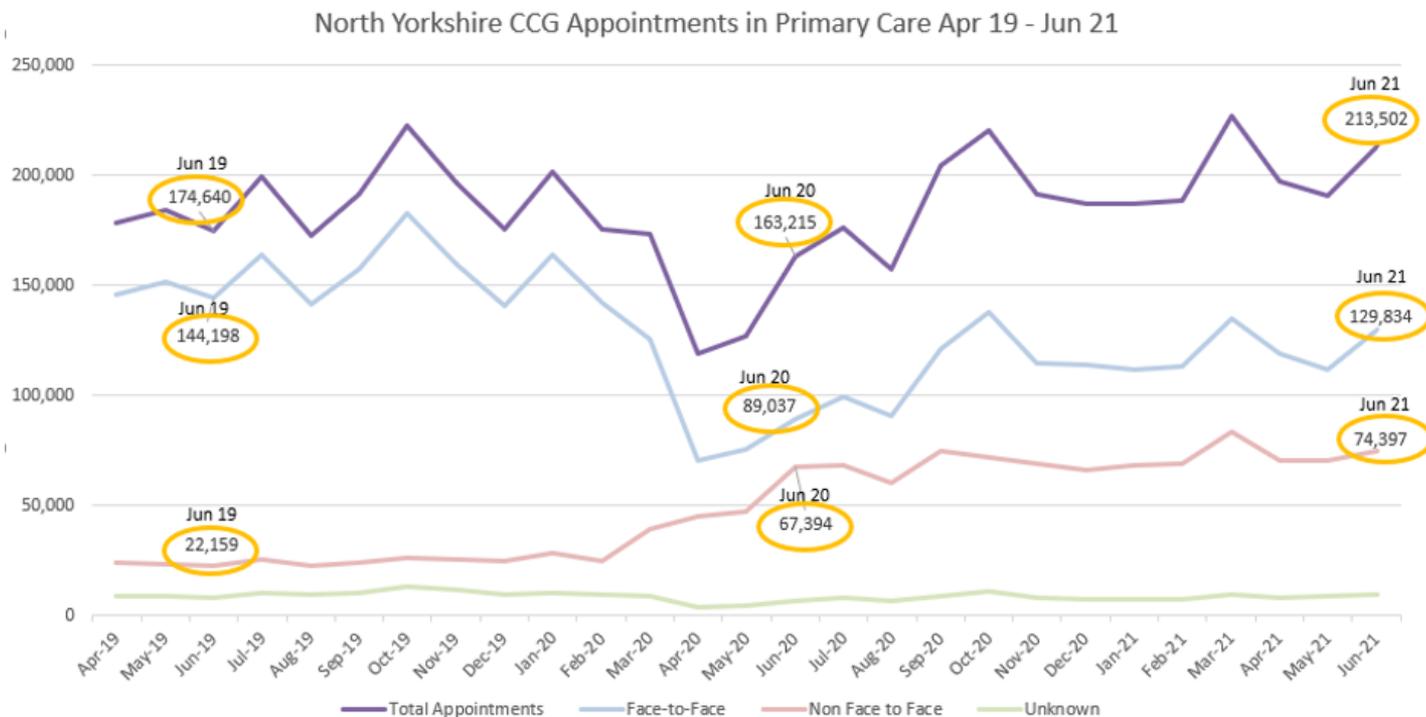
- Increase of 38,862

- Face to Face Appointments

- June 2019 – 4 in 5 face to face
- June 2021 – 3 in 5 face to face

- Average Appointments

- Oct-19 – Mar-20 190,918 per month
- Oct-20 – Mar-21 200,476 per month
- Increase of 9,558 per month



GP access survey

- In June/July 2021 the CCG sought feedback from patients on their **experiences accessing GP practice services during the COVID-19 pandemic**.*
- From the **127 responses** to an online survey we heard:
 - 48% of appointments were face-to-face; 52% via telephone
 - 82% of respondents thought their appointment was suitable for their clinical need
 - 79% would rate their appointment and how it took place as good or very good (62% said very good); 9% bad or very bad and about 13% average
 - While some people think face-to-face is a must, there is strong support for telephone appointments when appropriate and the ease and speed which often come with them
 - Some of the concerns raised were:
 - Being given an appointment with a clinician other than a doctor
 - Not always being able to see the same doctor; and
 - The potential lack of privacy around telephone consultations

* Full survey results: <https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/08/final-to-publish-Access-to-General-Practice-July-2021-.pdf>

System Response and Recovery – Workforce

- **Supporting Health and Wellbeing of Staff** – Active programme to support staff in place including:
 - Development of a system-wide coaching network
 - Staff Support and Training for Trauma
 - Support for desk based staff
 - Resilience Hub
 - Health and wellbeing workshops for staff including REACT mental health conversation training
- **Collaborative Working** – across health and social care and the Humber Coast and Vale Health and Care Partnership (HCV HCP)
 - The HCV HCP Workforce Vaccination Programme has led a co-ordinated response in relation to:
 - Bring Back Staff Scheme
 - Recruitment to vaccination roles
 - Co-ordination of bank/volunteer staff placements in vaccination centres
 - Provision of toolkits for training/induction for vaccination staff/roles
 - Participation in staff modelling for booster programme
 - Colleagues from across health and social care working together to identify current service pressures, potential solutions and review options for sharing resources
- **Current Absence Rates**
 - Absence rates for NHS trusts are monitored across the North East and Yorkshire. Across HCV on 17 August the average absence rate was 6.2% ranging from 3.8% to 7.7%.

Engagement and Communications

We are helping people:

- Access the right services first time across health and social care
- Understand the clinical expertise within primary care to enhance greater use of specialist skills (e.g. physiotherapists, pharmacists, physicians associates)
- By working with colleagues across Humber Coast and Vale Health and Care Partnership to ensure that patients have clear and transparent information about our approach to the elective recovery programme
- With a developing programme to support people in being and 'waiting well' as we work across the NHS to address the demand in the system created by the pandemic
- Use the resources which are available to best effect by e.g. cancelling appointments they no longer need or cannot attend

Long COVID MDT Assessment Services (1)

Services and Patient Pathway

- There are three long COVID multi disciplinary team (MDT) assessment services operating in North Yorkshire and York (York and Scarborough Hospitals, Harrogate District Hospital and the Friarage Hospital)
- GPs assess patient needs and make referrals into the clinics where appropriate. Referrals are made using the Covid-19 Yorkshire Rehabilitation Scale (C19-YRS). C19-YRS is a screening tool recommended by NHS England to capture the severity of symptoms that persist longer four weeks after contracting Covid-19.
- Once referred further discussions with patients and screening take place guided by the clinical experience of the MDTs. This information is used to evaluate and recommend treatment options.
- Treatment options include: Consultant led care for complex cases, OT, Physiotherapy, IAPT, Chronic Fatigue, Sleep Support Services, Speech and Language Therapy, Weight loss/Exercise Programme, Smoking Cessation, Patient Groups, Social Prescribing, your covid recovery etc. (this list continues to grow as we learn more about the management of Long COVID).
- As part of the additional funding announced in June 2021, formal expansion of these pathways is underway and additional roles are being created and recruited to support patients.

Long COVID MDT Assessment Services (2)

Governance

- To date MDT assessment clinics have been funded through national monies. Additional funding to expand current services were announced in June 2021.
- NHS England released guidance and a ten-step plan to support commissioners and providers to expand current Long COVID MDT assessment services. NY&Y CCG leads have been working with providers and are assured that expansion plans are meeting the standards in the national guidance.
- Acute providers are working with community, primary, local authority and voluntary care providers to develop integrated treatment pathways for patients. Additional roles to support these are being filled.
- A NY&Y Long COVID working group meets monthly to support shared learning and governance/assurance processes.

Long COVID MDT Assessment Services (3)

Primary Care Direct Enhanced Service (DES)

- The DES intends to support practices access professional education, provide consistent coding of patients, plan clinical pathways to assess and support patients and introduce measures to reduce the risk of inequity of access to support.
- All practices across North Yorkshire and York have opted to deliver the Long COVID enhanced service

Paediatric MDT Assessment Service

- Each integrated care system is required to have one paediatric assessment service.
- Humber Coast and Vale Health and Care Partnership (HCV HCP) has received funding to support the set up of a service which will be delivered by Hull University Teaching Hospitals.
- Governance and support for setting this service up is being managed at HCV HCP level but appropriate representatives from NY&Y CCGs are linked into pathway discussions.