Betsi Cadwaladr University Health Board

Recovery Plans

Update For Mid Wales Joint Committee

1.Introduction

The Covid-19 pandemic has had a significant impact on many healthcare services during the past year. Many services were suspended or the capacity reduced to allow the Health Board to respond to the challenging situation. Existing services were reprofiled to ensure there was sufficient capacity to respond to the needs of the many patients with Covid. Staff were redeployed into services to increase their capacity at an unprecedented scale, such as critical care services, and pathways and access to services were adapted to respond to infection prevention and control requirements. Essential services continued throughout the pandemic, albeit at a reduced rate. Other services, such as most planned care, were severely interrupted or ceased.

At the same time staffing and other resources were invested in new services, including the Test, Trace and Protect programme, mass Covid-19 vaccination, and establishing Ysbytai Enfys at high speed.

The pandemic response also brought about positive change and innovation, with improved pathways of care, greater use of technology and support for self care.

As we move forward and the impact of the pandemic is currently reducing, we are working hard to ensure that we address the ongoing need to support Covid-19 patients whilst at the same time implementing recovery plans to ensure that patients whose care has been interrupted or delayed can receive the support they need.

Planned care recovery plans are North Wales-wide, seeking to return to pre-Covid activity levels and address the backlog that has developed during the pandemic.

More locally, South Meirionnydd cluster plans for the year build on a number of initiatives introduced during the pandemic and seek to respond to the needs of the local population.

This brief paper provides a summary of both regional and local proposals, which will bring improvements to healthcare for people in the Mid Wales area.

2. Recovery plan proposals

2.1 Planned Care

Proposals to support the recovery in planned care have been developed to meet needs across North Wales.

Our vision for planned care services is to:

- Separate planned care activity from unscheduled care activity in order to have less disruption to our planned care services.

- Improve cancer care by providing more one-stop and rapid diagnostic facilities.

- Reduce the harm generated as a result of COVID-19 and bring an end the inequality of the people of North Wales waiting for longer than other communities in Wales to receive high quality and response planned care: by March 2025 we will have improved so that no patients will wait longer than 36 weeks.

- Introduce a structured and evidence based approach to demand management

- Reduce the numbers of people waiting months to be treated at their local hospital when they could be seen faster elsewhere.

- Avoid people frequently travelling for hours to a hospital appointment that lasts a few minutes when they could save time, cost and stress if we worked in a different way.

We are acutely aware of the tens of thousands of people in North Wales who have now been waiting even longer to receive care following the pandemic. This makes planned care one of our core health board priorities for 2021/24, alongside looking at enhanced pathways for urgent and emergency care, and re-engaging with our vital longer-term work to improve population health.

Compounding this issue was that the organisation completed the financial year March 2021 with a significant number of over 36 week waiters which has now 12 months later moved into the over 52 weeks. Our recovery plan determines that it will take a minimum of 3-4 years to recover the Covid backlog and approximately 5-9 months to clear the pre Covid backlog (cohort 1) depending on the specialty.

Priorities within our Plan

Our draft annual plan submitted in March incorporated schemes prioritised through the performance fund to address pre-COVID waiting i.e., March 20 waiting lists and specifically targeting those patients waiting over 52 weeks at that point in time. Additional recovery resourcing will enable us to reduce waiting times further.

- Building on Attend Anywhere, Supporting virtual hospital outpatient consultations and continuation of AccuRx; video consultation, Supporting virtual primary care consultations
- Development of a cancer-specific and non-cancer elective prehabilitation programme and conservative management pathways / avoidance of secondary care
- Eye Care Services: transform eye care pathway

- Urgent Primary Care Centres (UPCC), The UPCCs provide additional capacity to support GP practices and Emergency Departments
- Single Cancer Pathway Implement the new Single Cancer Pathway across North Wales
- Stroke Services, Provide specialist stroke recovery support at home. This follows the care closer to home strategy
- Implement preferred urology service model for acute urology services. Finalise urology review. Linked to robotic assisted surgery
- Home First Bureau (HFB), supporting providing more care closer to home.
- Neurodevelopmental (waiting times - backlog) Recovery of lost activity
- Care Home Quality Nurses, Enhancing the quality of life for people with care and support needs
- Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)

Planned Care - Six Point Plan

New proposals have been identified as part of recovery monies which align with our ambitious strategy within planned care and the 'Six Point Recovery Plan' for planned care. This also incorporates work to develop our longer-term strategic solution to sustainable and improved planned care services of a diagnostic and treatment centre model and our review of our acute hospital sites and services.

The Six Point Recovery Plan builds on improving business process and improving care through reducing waiting times. By reducing harm with establishing pathways across north Wales, de-coupling unscheduled care from scheduled care with diagnostic treatment centres and reduce backlogs to be able to move to more one-stop services and undertaking "this week's work this week" methodology.

2020/21	2021/22 to 2024/25	2025
Six-point plan established **Enablers** • Diagnostics • Workforce • Digital • Performance fund • Effectiveness	Strategic outline case approved March 2021, full business case June 2022. • **Point 1** – capacity planning, validation and Once for North Wales outpatients. • **Point 2** – patient communication and understanding demand. • **Point 3** – Once for North Wales services, value-based pathways.	Handover to Diagnostic and Treatment centre or centres Ambulatory care model In-patient capacity

	• **Point 4** – use virtual capacity and care closer to home. • **Point 5** – non-surgical approaches to long waits. • **Point 6** – In-sourcing and extra capacity.	

Within our recovery plan, there are three fundamental elements

The first element is to improve productivity back to and beyond where possible the pre-COVID19 activity of 2019/20. This will provide more service capacity than is currently unavailable and return planned care to the previous baseline level, from which further productivity improvements can be made.

The second and third elements build on this productivity by reviewing pathways and moving to a value-based system. It will also address some of the underlying demand vs. capacity shortfalls that have been historically identified for example in orthopaedics. The six-point plan describes improving patient outcomes and provides alternatives to current treatments, such as the move towards more office-based decisions', earlier interventions, and diagnostics by primary care.

Specialties facing the greatest challenge include orthopaedics, ophthalmology, urology, general surgery, dermatology and rheumatology

The Plan provides a stand-alone solution alongside work to develop longer-term transformation solutions through the diagnostic and treatment centre approach with options being developed on how services will need to transform going forward. This work is beginning to be mobilised, historically the organisation has used an outsourcing model, but following the pandemic, many organisations that provided capacity are no longer doing so. However, recent development with the independent sector looks promising subject to a tender process.

Additional / Immediate recovery proposals

Further immediate impact proposals have been developed with our divisional teams intended to maintain momentum and to deliver immediate benefits to patients. These are categorised below:

- **Strengthening patient validation / triage / signposting**
  Review referrals already in the system and assess whether or not they continue to require secondary care or potentially change the mode of management, which will consider the options available (virtual activity, SOS, advice and guidance). This programme will continue to reduce the follow up waiting list and reduce the amount of stage 1 patients waiting; other studies have described a 5% reduction in outpatient waiting numbers.

- **Additional capacity, Cancer, RTT and Dental GDS**
  Tackling backlog through a combination of independent sector and waiting list initiatives, maximising insourcing provide capacity (we are also exploring extending this provision to

include ophthalmology general surgery and urology specialities which is not included in the costed totals current high level assessment)

Use of available outsourcing capacity. Our current confirmed access to the Spire Wirral is 50 primary hip and arthroplasty procedures each month.

Use of agency to ensure sufficient oncology capacity in place to manage late presentation of cancer due to paused screening programme and drop in USC referrals

General Dental Services looking to increase the number of core urgent access sessions delivered by High Street practices, expected increase in patient appointments will range from 350 -700 dependent on patient complexity.

- **Diagnostics / Endoscopy capacity**
  Radiology - 2021 outturn was circa 4,000 patients waiting over 8 weeks for CT/MRI or ultrasound investigation. Further non-recurrent investment required (insourcing) to clear current backlogs, and also to maintain performance in view of expected demand growth of 5%.

  Endoscopy outsourcing and insourcing model, whilst recruiting substantively to enable the demand and capacity gap to be resolved. The backlog is significant, resulting in patients waiting significant amount of time, and resulting in poor health outcomes for patients. This project involves standardising clinical and operational processes and procedures, supporting the formation of the 'North Wales Endoscopy Service' supported by an improved endoscopy IT system. This would deliver an additional 2,200 sessions to completely clear our backlog – based on 10 points per list.

Work has started to contact all patients on our lists with a patient validation exercise being launched to review long waiting patients. We have prioritised oncology capacity to manage late presentation of cancer due to paused screening programme and drop in USC referrals. Alongside this, our communication team are working to improve and update our web site patient communication section. In addition, we are working closely with primary care colleagues to be able to inform them of current waiting times for their patients.

Broader Recovery Planning

Our work will require more than just backlog clearance but also a review of current capacity shortfalls. This will need to include different ways of working and the construction of the workforce. This begins to inform the service reviews and a getting it right first time (GIRFT) approach so that we can establish improved pathways, remove unwarranted variation and improving the effectiveness of our services.

To this end, early discussions are being undertaken with the GIRFT programme on how we could deliver this work. Establishing such an approach would give a consistent improvement methodology. The outputs in using this approach would include consistent pathways across north Wales, reduce unwarranted variation and improve productivity in both outpatient and theatres.

The risk stratification for stage 4 is now operational and we are able to monitor when patients have been reviewed against their target date and this will be published in our performance reporting in future.

Our broader transformational planning work includes:

- Clearing backlogs in certain specialties, expand lifestyle programmes, deliver ring fenced cold elective orthopaedic capacity, and eradicate the endoscopy and radiology backlogs.

- Prevent physical and functional deterioration while people wait for surgery through prehabilitation support to improve functioning and reduce pain where possible and perhaps in some cases defer the need for surgery for a significant period of time.

- Achieve considerable length of stay reductions, development and adherence to single arthroplasty pathway (developed from latest evidence-base i.e., GIRFT for North Wales), Improved pre-operative PROMs scores, leading to better operative outcomes.

- Establish capacity to scope out and begin to respond to the implications of long COVID. This is new demand for a new condition which is debilitating and potentially long term. Long Covid symptoms are closely aligned with the symptoms suffered by those who attend pulmonary rehab hence aligning the skills and experience of the clinicians in this team to the new cohort of patients.

- See the development and roll out of applications to support a digital orthopaedic pathway for patients.

- Establish a pathway development team modelled on the Canterbury approach to health and social care integration.

- Reduce waiting lists by c. 10% as a result of validation.

2.2 South Meirionnydd Cluster recovery plans:

Reflections of 2020 Covid-19 service delivery and impact on Cluster working and cluster planning

During the pandemic, change has occurred in primary and community care at pace and through the application of both workforce and digital enablers, consistent with the Primary Care Model for Wales. All services (contractor service through to community and integrated service) have put in place measures to support business continuity and whilst these have been a necessity it has also brought innovation. Key areas to note include:

- Separation of COVID-19 (at practice or cluster level) and non COVID-19 patient flows
- Establishment of hubs for urgent and emergency care
- Establishment of field hospitals led, in most cases, by primary and community services
- Community staff involved in test and trace, COVID-19 vaccination programme
- Rapid roll-out of remote consultation working

Some examples are given below.

Advanced Physiotherapy in Primary Care

Parts of all four clusters in West have embraced remote working. We have also seen some examples of cross cluster remote working and goodwill of many GP surgeries allowing the use of their rooms for the work of other surgeries sometimes in other clusters.

Covid-19 has shown that the First Contact Pracitioner physio service can be delivered remotely and also through a combination of telephone, video conferencing and face to face both safely and effectively. It has demonstrated that our traditional ways of working are not the only way of working and also that as a team (and part of a wider primary care MDT) we can adapt to provide the necessary care for the patient.

Primary Care

At the beginning of the crisis primary care services were asked to arrange a Local Assessment Centre “Hub” to ensure complete segregation of both the clinical teams and the patients with potential Covid away from any other patients.

All practices were able to quickly adapt to telephone triaging all contacts with surgeries and foot fall was reduced to very low levels.

The Community Link social prescribing service was instrumental in ensuring that support for the vulnerable was available quickly and supported the delivery of prescriptions.

Many conditions and issues traditionally dealt with by face to face consultations can be managed remotely and it is likely that many practices will continue with some form of triage for face to face appointments.

- Video consulting has been useful, particularly when assessing children or those complaining of breathlessness.

  Practices have found the Accurx texting service very useful. Both for sending information to patients (including documents such as sick notes) but also as a service allowing patients to send us pictures securely. Often this is more useful and efficient than video consulting.

- Consideration will be given to algorithms where most patients with Covid symptoms are able to access pulse oximetry without necessarily needing any further clinical examination. This in conjunction with a remote telephone or video consult should be sufficient information to establish whether patients need admission to hospital for further assessment (in particular for a chest x-ray).

  Pulse oximetry can be measured relatively easily, either in car parks, or at drive through centres, or even by family members who could borrow probes for those who are housebound.

- The social prescribing service “Community link” helps to co-ordinate third sector agencies and community groups. Referrers and individuals can be signposted to services and groups available in the community. There are dedicated “local area co-ordinators” who can focus on an individual’s needs and provide one to one support when needed. The main goals for this service have been reducing isolation, improving mental health and increasing physical activity.

This service was actively involved and very successful in recruiting and managing volunteers during the Covid crisis. Its primary goals are still isolation, mental health and promoting physical activity but with an additional focus on assisting recovery and rebuilding of community groups and activities. One of the benefits from the crisis is that the team has retained the details and support of a large number of volunteers willing and keen to continue taking part in community activities to support others

- The launch of the End of Life Care Medicines Enhanced Service is ongoing. The aim is to have eleven community pharmacy hubs across north Wales with extended opening hours to hold extra stocks of palliative care drugs. District nurses and palliative care teams will be able to contact them directly if they have problems accessing supplies. Currently six pharmacies commissioned and documents being finalised for the remaining eight pharmacies.
- The development of community Pharmacists as independent prescribers is progressing well:
- A Pilot Patient Specific Direction service model for flu vaccination by pharmacy technicians has now commissioned to support flu vaccination.
- Pharmacists and Pharmacy Technicians have started attending the virtual CRT meetings to provide medicines management input fir these complex, frail patients on many medications.

Pharmacy *'Recovery' plans – progress*

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Occupational Therapy

- 7 day CRT - redeployed Occupational Therapy staff to community services from clinical services closed due to Covid and provided a 7 day CRT. This was able to effect admission avoidance at the weekend with intensive assessment and support. Since returning to core services, we have ceased 7 day working but continuing this would have clear benefits to providing care closer to home and admission avoidance.

Voluntary Sector

- During Covid-19 the voluntary sector has been able to make better use of technology for some service delivery and training and able to reach a wider audience. This aspect will need to continue post Covid. Some individuals prefer to receive support via zoom etc but there are concerns that not everyone has access to IT and may become less engaged with services

- Several Communities have really worked well together to support their local residents - this needs to continue
- Several voluntary organisations/community groups have been able to take advantage of new funding opportunities
- Effective partnership collaboration between sectors – everyone worked well together

3. Mental health and well-being

In addition to the examples given above, a further focus of the BCU HB recovery plans is on mental health and well-being, which has become an increasing concern during the pandemic both in terms of access to services but also the adverse impacts of social restrictions.

Adult mental health

Pre-Covid, ICAN Volunteers were based at the 3 DGHs within the BCU HB footprint, at Community Hubs and at GP Surgeries piloting the ICAN Community Programme. All services were suspended in March 2020 and the ICAN service has been redesigned as a telephone service whereby the team of volunteers will call ICAN clients on a regular basis to support, keep in contact and signpost where appropriate.

This service is by referral only, excepting referrals from

- GPs
- CMHT
- Probation
- Substance Misuse Service
- Criminal Justice System etc

Since April 2020 we have received over 1100 referrals across North Wales, the majority being from GPs and CMHTs. Professionals were notified of the service via letter with application attached and was shared with all GPs across the region.

Typical referrals are for anxiety, low mood, panic attacks, Covid-related fears, loneliness, but also unresolved issues from the past which are coming to the surface as people have more time to think and less to occupy themselves.

The surgeries who were ICAN GP Hubs prior to the pandemic are the highest referrers but we have received clients from others. Another popular service I CAN offered was the App based mood and anxiety management support, and access to SilverCloud.

The following key achievements should be noted in response to the Covid-19 pandemic:

- Establishment of ‘Stay Well’ telephone service delivered by ICAN Volunteers.
- Testing of ICAN Connector Role (Community Navigation)
- Greater integration with CMHT’s and Primary Care
- Establishment of ‘Virtual ICAN Community Hubs’
- Enhanced and accelerated the Digital and Virtual Offer
- Strengthened and enhanced Partnership working
- Continued with the recruitment of ICAN Volunteers

- Commenced the implementation of a ‘Trauma Informed Approach’ to service delivery
- Successful Pilot project during Covid 19 in several GP practices with Occupational Therapists offering support – initially with individuals who were shieling but then starting to provide mental health initial assessments

CAMHS

(Child and Adolescent Mental Health Services)

A Recovery plan has been produced to meet Mental Health Measure Part 1a and 1b by January 2022. Actions within the plan include further use of Attend Anywhere system; launch of Family Wellbeing Being Practitioner posts in each cluster to support demand management; appointment of Early Intervention Lead; recruitment of posts for Crisis Services and Eating Disorders; ongoing recruitment to vacancies.

4. Risks

There are a number of risks associated with the delivery, key examples of which are summarised below. Operational controls are being implemented in response:

- Inpatient bed capacity
- Outpatient capacity
- Workforce
- Winter disruption
- Further Covid disruption
- Delays in mobilisation
- Delays in procurement process