

Impact of Emergency Activity on Planned Surgery

Context

An elective pause can be an unfortunate necessity in times of sustained high emergency demand when an admission to hospital is required over and above typical peak levels of demand. On 22nd December 2017 a national elective pause was initiated by NHS England. This was to support the national emergency pressures felt across NHS where unprecedented levels of emergency demand were being felt. The resulting elective pause resulted in non-urgent non-cancer planned elective surgery to be cancelled over the winter period in order maintain bed capacity for emergency patients.

We know that cancelling any operation represents huge disruption not only for the patients but also for their families and carers. We know that arrangements are made for both hospital stays and after care and any delay to that can place a further burden on patients. We also recognise that coming in for an operation is often a daunting proposition and that can be exacerbated when a patient has been cancelled before. By initiating an elective pause the majority of patients were cancelled prior to the day with as much notice as possible in order to try and limit the impact for patients. All surgical waiting lists were reviewed by the consultant surgeons with patient cancellations made based on clinical urgency. Clinically urgent and cancer patients remained booked for their surgery. Balancing the risk of routine surgery being delayed versus not being able to admit an emergency patient whose health outcomes could be severely impacted, it's the appropriate clinical response to delay the routine planned elective operation. Delays to admitting emergency patients also increase ambulance handovers and resulting impact in responding to emergency calls.

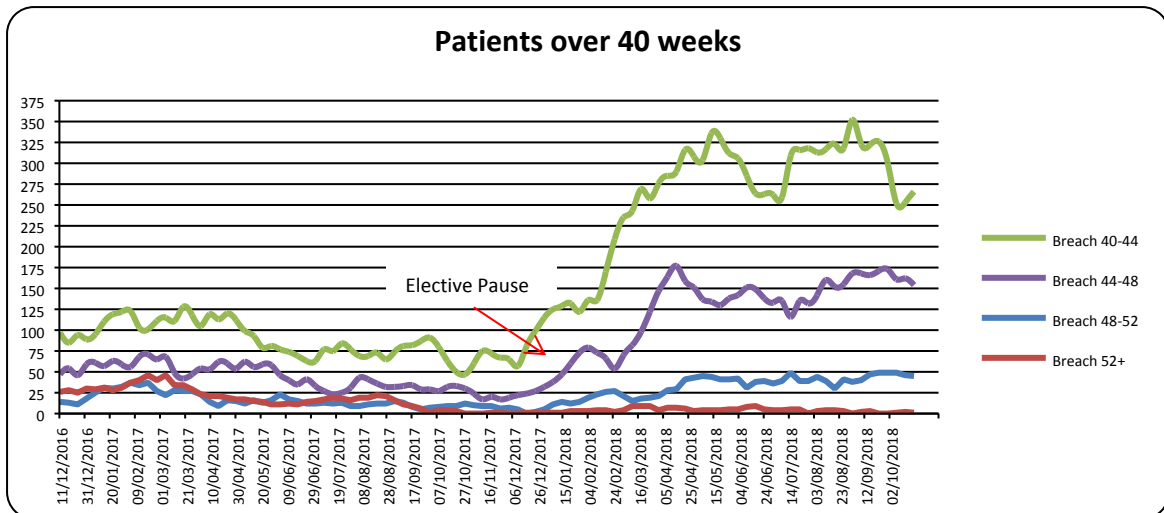
Impact of Elective Pause

The impact on elective care is well understood within UHL and all patients who were cancelled or had their operation delayed last winter have been treated.

January 2018 saw the peak number of patients cancelled with 783 directly cancelled before the day of admission due to capacity reasons. By March the impact of emergency demand had stabilised with cancellations stabilising to normal levels. A lack of elective surgical bed capacity also impacted on the ability to re-book patients who were cancelled on the day within 28 days.

| | Completed Procedures | Cancelled on the day - Capacity Reasons | Cancelled before the day - due to capacity reasons | Total Capacity Cancellations | 28 Day Re-Books |
|---------------|----------------------|---|--|------------------------------|-----------------|
| January 2018 | 10,781 | 99 | 783 | 882 | 75 |
| February 2018 | 10,108 | 99 | 261 | 360 | 32 |
| March 2018 | 10,780 | 84 | 202 | 286 | 37 |
| Total | 31,669 | 282 | 1,246 | 1,528 | 144 |

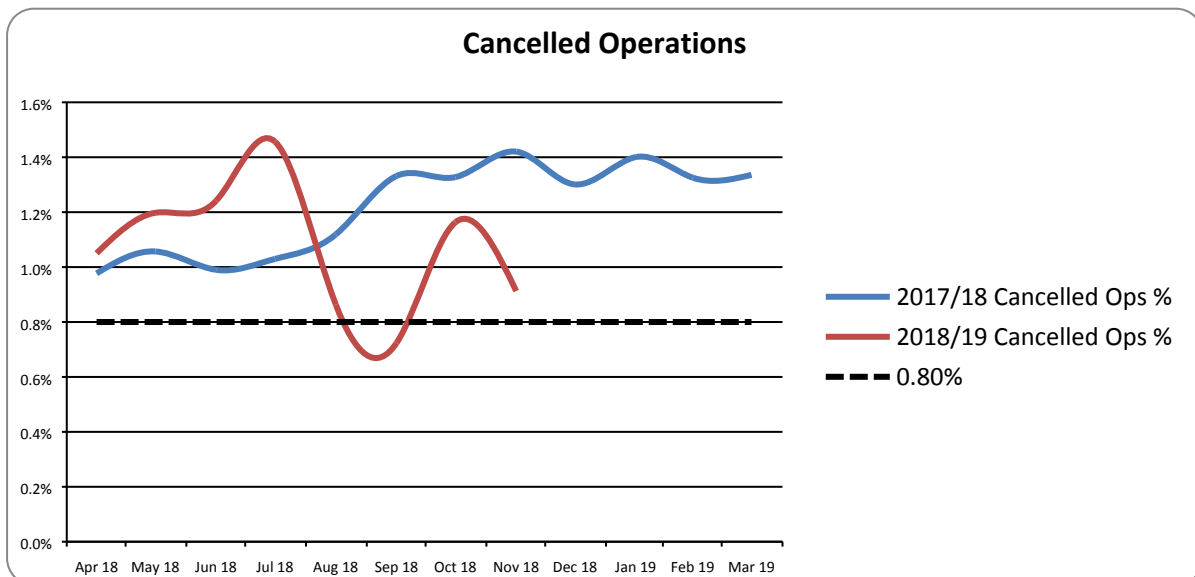
The longer term impact of the elective surgery pause was an increase in patients waiting over 40 weeks for treatment. Combined with an increase in overall referrals including an increase in urgent 2 week wait referrals, the lost elective surgical capacity resulted in longer overall waits.



Between November 2017 and March 2018 Referral to Treatment Performance reduced from 92.1% to 85.2%. Compared to the previous winter where there was no mandated elective pause, performance by March 2017 remained close to the national standard at 91.8% of patients on an incomplete pathway waiting less than 18 weeks.

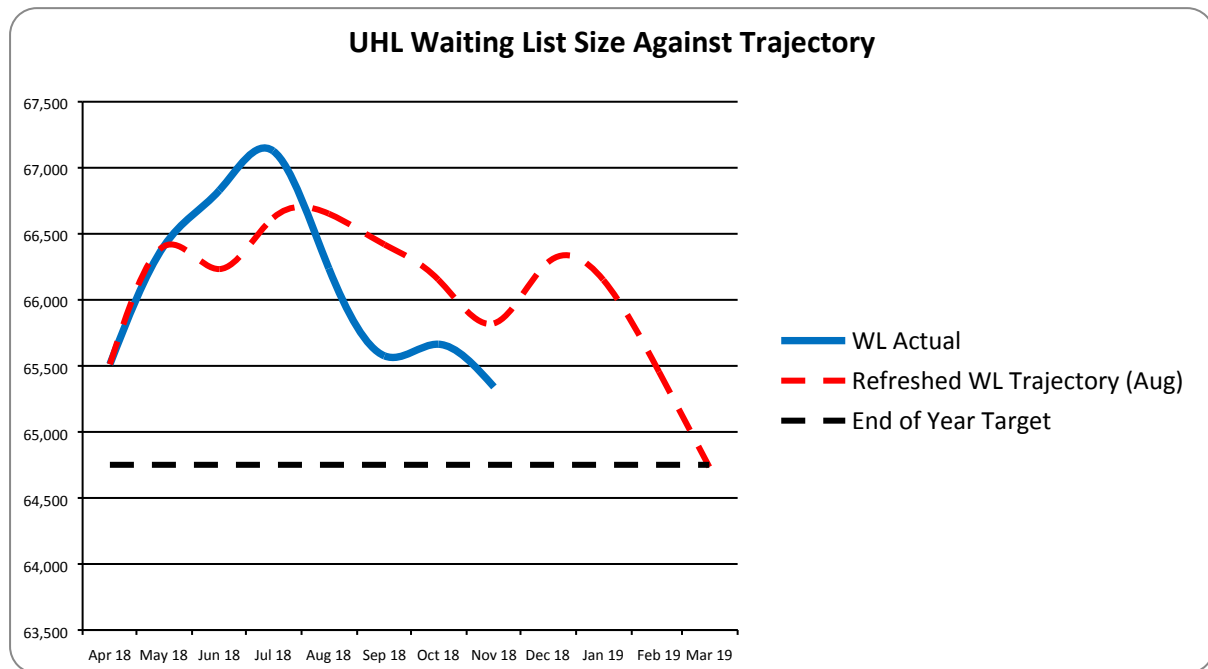
Mitigating against cancellations for winter 2018/19

A new escalation policy was implemented in July 2018 with an immediate positive impact on cancelled operation performance. Since its implementation the number of patients cancelled between August and October are the lowest since 2014. As of the end of October this has resulted in fewer cancelled operations year to date compared to 2017/18 financial year. Cancelled operations are forecasted to continue show year on year reductions through November and the remainder of the financial year throughout the winter period.



In line with the 2018/19 planning guidance UHL is forecasting a reduction in its overall waiting list size to have fewer patients waiting for treatment at the end of March 2019 than at the end of March 2018. Since July UHL has delivered ahead of trajectory and as of 20/11/2018 the waiting list is at its lowest point this financial year. The use of the independent sector has been agreed with commissioners for patients who are clinically appropriate and choose to receive treatment by a

private provider. This action has supported in delivering a reduction in overall waiting list size and for UHL to deliver zero patients waiting over 52 weeks for treatment. UHL is now rank joint 1st amongst our peer group and all Acute Trusts for 52 week performance, when overall the NHS is seeing a 24.8% rise in 52 week breaches. The continued use of the independent sector will remain over the winter period when we know capacity at UHL may be challenged to ensure the impact for patients is minimised, which was not in place last year. Since July 2018 the Theatre Program Board has been re-invigorated with engagement from the external consultancy Four Eyes Insight. This has supported the delivery optimising scheduling theatres to ensure we are operating on as many patients as possible. These actions have led to a reduction in the number of patients waiting for elective surgery by over 500 since March 2018.



The plans for 2018/19 have included 2 additional 28 bedded wards, 1 at the Leicester Royal Infirmary and 1 at Glenfield. This additional capacity will support in limiting the impact of winter pressures on planned elective care. These plans support the continuation of elective orthopaedic throughout this winter at the Leicester General. This service was severely impacted by the elective pause, with 25% of all cancellations prior to the day from the elective orthopaedic specialty.

As part of this year CQUIN UHL has been working with commissioners in order to understand the impact on patients who were cancelled last winter as well as improving on the patients re-booked within 28 days.

The winter of 2017/18 was not typical for UHL or the NHS as a whole, however should instructions again be received for a nationally mandated elective pause there will again be an impact on patients. Commitment of continuing with Elective Orthopaedic Surgery and use of the independent sector will minimise the impact for patients.