v1.0 Approved

BCUHB Response to the Health, Social Care and Sport Committee Request for Information on the Impacts of the Pandemic on Waiting Times

Introduction

The Betsi Cadwaladr University Health Board (BCUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into the impact of Covid-19. In common with other Health Boards across Wales, BCUHB is experiencing a range of pressures as a result of the pandemic, not least on its waiting times. The key pressures are set out below, in response to the Committee's specific questions.

1. **What are the main areas of pressure, and what plans do you have in place to deal with these?**

Planned Care

All routine outpatient and inpatient activity related to patients who have been identified as being at P3/4 risk stratification has been paused. This means that a significant number of patients are now waiting over 36 weeks and over 52 weeks for their treatment. As of 7th February, 51,479 patients were waiting over 36 weeks and 36,000 of that number are waiting over 52 weeks. The main specialties for which patients are waiting for treatment are Orthopaedics, General Surgery, Urology and Ophthalmology.

As part of our requirement to increase the number of Intensive Care Unit (ICU) beds across the Acute sites in North Wales, a number of clinical staff who would have been providing clinical support to reduce waiting times have been redeployed thus reducing our capacity to provide routine surgeries.

During the pandemic, treatment of cancer and life threatening conditions has continued as part of what are categorised as 'essential services'. A 'once for north Wales' approach has been adopted, moving services across the region to ensure sustainability during Covid-19 surges.

An insourcing approach (sub-contracting services to an external provider) has been adopted at weekends in Ophthalmology on two of the main hospital sites in North Wales and it is planned to extend this model of care to the other specialties during February, subject to Covid-19 restrictions. It is believed that this approach, using a blended workforce model, will need to continue for the next 2-3 years to reduce the backlogs to pre-Covid-19 levels.

Medical Specialties

Long-standing medical workforce challenges exacerbate the service pressures being faced as a result of the Covid-19 pandemic in services such as Endocrinology,

Rheumatology and Dermatology. These challenges are being resolved by the appointment of locums, where clinically appropriate, converting staff grade posts into Physician Associates, and employing very senior nurses to undertake a higher level of clinical work in order to support the consultant team. These approaches have been successful and we are keen to take these new ways of working into the post Covid environment. The pandemic response has also meant that clinicians from the medical specialties have been required to give an increased commitment to the general medicine rota, to share the workload. This pressure will not reduce until there can be a return to the non-Covid-19 on call rota, for which there is no timescale confirmed currently.

Children and Young Peoples (CYP) Services

In order to address pressures on services to safeguard children and their emotional wellbeing, and to ensure that families can access support and health care in a timely way, there has been no redeployment of CYP staff during this second wave. This has allowed CYP to maintain community services and contact for children and their families.

In terms of Child and Adolescent Mental Health Services (CAMHS), challenges exist in terms of increasing referrals and a backlog of mental health assessments and interventions. This is compounded by a number of vacancies and staff absences. The plan to deal with this involves the commissioning of external providers and initiating recruitment processes.

In the field of Neurodevelopment (ND), face to face observational assessments of children awaiting a ND diagnosis had to pause earlier in the pandemic, however these have recently re-commenced for some children. The plan is to restart initial assessments for all children during the first quarter of 2021-22. Providing post diagnosis support for children with Autism Spectrum Disorder (ASD) remains a challenge. This is being addressed via workforce and service planning to better align the service to the needs of children and young people. Commissioning of external providers jointly with CAMHS to support children with neurodevelopment needs and anxiety will also improve waiting times.

Therapies

There has been a backlog of new routine Outpatient Department (OPD) activity across all therapy services, with particular pressures in Physiotherapy as a result of Covid pressures. Additional resource, including locums, has been brought in to deal with this backlog, although sourcing locums has been difficult and there are challenges regarding available physical clinic space due to social distancing requirements. A number of patients offered virtual appointments, are choosing to wait for face to face appointments, which increases waiting times for those individuals.

In addition, there are follow-up backlogs in services such as Podiatry and Speech and Language Therapy in particular, and longer waiting times in general for non-reportable services such as orthotics. Steps taken to deal with these pressures involve each service having a recovery plan in place, focusing on improving the

position to return to the 14 week waiting time. The timescale for achieving this will extend into 2021-22.

As with many services, physical capacity is a significant restriction. Clinical and rehabilitation space has been lost as part of surge plans or due to the needs of other users such as primary care, in addition to the impacts of implementing social distancing requirements. Office space to support clinical teams in a safe socially distanced way is also limited.

Increased pressures on non-OPD services, for example due to redeployment of staff to work in the temporary Enfys hospitals or on the vaccination programme, have had a knock-on effect in terms of pressure on OPD services.

Oncology and Haematology

Both areas are experiencing pressures due to issues relating to consultant recruitment and long term sickness. These pressures are being addressed via recruitment of a locum haematology middle grade, a consultant clinical oncologist, and plans to introduce consultant/ advance practice therapy radiographers who can work at an enhanced level to support the clinical oncology consultant team.

Physical capacity is a significant restriction for oncology and haematology services, with both clinical and office space impacted by social distancing constraints.

Endoscopy

The endoscopic waiting times have increased significantly since the start of the pandemic. Initially, services were paused during the first wave in accordance with national guidance. Since the service has recommenced, the downtime between cases due to enhanced infection control requirements, have halved productivity. Staff redeployment to support respiratory services, has also created challenges to maintaining capacity in terms of medical and nurse staffing. In order to maximize the available capacity, the service has implemented changes to its ways of working, including

- adopting a pan-BCU system of working, to mitigate differential waiting times resulting from the varying levels of pressure on different sites
- the introduction of insourcing that has enabled a 7 day working model.
- the introduction of faecal immunochemical testing (FIT) to enable more accurate patient risk stratification.

Radiology, Neurophysiology and Audiology

Diagnostic waiting times for radiology, neurophysiology and audiology are pressured. In order to deal with this, backlog clearance plans have been developed and additional capacity has been put in place for 2021-22.

2. How will you prioritise the delivery of non-COVID services to target reductions in waiting times?

Planned care

The prioritisation of non-Covid-19 activity is undertaken via the primary targeting list and identifies specialties with the longest waiting times (as listed in question 1 above). The availability of theatre and outpatient capacity is the limiting factor, and whether or not the activity required is day case or in-patient - the former being easier to find capacity for during the Covid-19 surges.

Medical Specialties

Cancer patients, and other patients deemed to be urgent, are currently being seen as per Welsh Government and BCU guidelines. However, some urgent waiting lists are increasing as a result of the reduction in clinic capacity due to Covid-19 social distancing restrictions and long term sickness of staff. Work is ongoing on follow-up waiting list validations, with a view to reducing the number of patients whose follow-up appointments are overdue.

Children and Young Peoples Services

Some increased waiting time exist in CAMHS, and in Neurodevelopment assessments (there has also been a slight increase in waiting times for acute paediatric care, but these remain well within the target time). Patients within services categorises as ‘essential services’ are being seen, with clinical prioritisation in place and use being made of innovative ways of delivering care, such as virtual clinics. These support the reduction in waiting times and have proven successful in acute and community paediatric clinics where patients do not need to be seen face to face. Validation of follow-up waiting lists is ongoing in all children’s services with a view to bringing about a reduction in those waiting 100% beyond their target date.

Therapies

Therapies patients are being seen in accordance with the essential services framework. Clinical prioritisation of cases in all services is ongoing and virtual clinics are being used where possible. There has been a steady reduction in waiting times for new patients in most therapy services during quarters 3 and 4, except where the second Covid-19 wave impacted negatively on progress. Such as in North East Wales. All waiting lists have been validated throughout quarter 3 when routine outpatient services restarted.

Oncology and Haematology

As essential services, both Haematology and Oncology have continued to treat patients in line with Royal College guidance and as per Welsh Government and BCU guidelines. Clinical prioritisation of cases is in place, as is the use of virtual clinics. It is likely that Oncology will begin to see an increase in demand due to the reduction in GP urgent suspected cancer referrals during the early months of the pandemic, coupled with the pausing of screening and some diagnostic services .Patients are

expected to present will more advanced disease and the services are devising plans to increase capacity if required.

Endoscopy

Urgent patients and suspected cancer patients are being prioritised as per Welsh Government and BCU guidelines, however waiting times are longer due to the reduction in capacity due to the infection control constraints and staffing shortages referred to earlier. All endoscopy referrals are triaged and validated to ensure that alternative pathways are explored, such as imaging or further diagnostics to ensure that only patients meeting national guidelines are listed for endoscopy. The FIT testing underway is helping to risk stratify the most urgent patients. The additional insourcing capacity aims to reduce waiting as quickly as possible.

Radiology, Neurophysiology and Audiology

The additional capacity put in place in excess of demand will support the prioritisation of non-Covid-19 services to target reductions in waiting times.

3. **How will you communicate with patients about what they can expect in terms of length of wait, prioritisation, and any management of their condition whilst waiting?**

Planned Care

A pilot is currently underway, whereby the Health Board will be contacting the longest waiting patients, to understand their status. If successful, the intention is to continue with this approach for the majority of patients waiting. Programmes such as “escape from pain” are used to help patients manage their condition, and group outpatient activity and digital applications are being developed to support those waiting for treatment. The Health Board’s web site has been further developed, and will provide information on expected waiting times at specialty level.

Medical Specialties

The Health Board’s website is updated with the relevant information in relation to those services currently being delivered and we encourage patients to keep up to date via this route and via social media. The Patient Advice and Liaison Support Service (PALS) is also used. As part of the referral triage process, patient self-management advice is issued via GPs, where a patient falls outside of the urgent and cancer categorisation.

Children and Young Peoples Services

In addition to Health Board website updates, signposting information for practitioners and families relating to CAMHS and Neurodevelopment services is communicated

via the single point of access system. Each service also writes to families to inform them of current service pressures, revisions to services provision and to offer advice on how to access care and support. Self-help tools are available.
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Therapies

Whilst the Therapies do not routinely communicate with patients about the above, patients are advised to contact the service should their situation change or if they wish to enquire about their waiting time.

Oncology and Haematology

Whilst it is essentially business as usual for these services, there is regular communication with the North Wales Cancer Patient Forum and provision of updated information for their website.

Endoscopy

Updates are provided on the Health Board's website in relation to that which the Endoscopy service is currently delivering to cancer patients and other urgent cases. Patients are advised to contact the hospital or their GP if their condition changes. Self-management advice is provided via GPs to patients triaged as non-urgent.

Radiology, Neurophysiology and Audiology

Length of wait and other related information is communicated to patients mainly by letter, or in response to individuals making contact via PALS, switchboard, or links with GPs.

4. **What estimates or projections have you made of the time needed to return to the pre-pandemic position?**

Planned Care

The Health Board is currently undertaking a projections exercise by specialty and it is anticipated that this work will be completed by the beginning of March. The current estimation is 2-3 years, with the longest recovery being orthopaedics.

Medical Specialties

Work is underway with Informatics colleagues on the capacity plan for 2021-22. These plans are based on current Covid-19 delivery for at least quarters 1 and 2. Monitoring is ongoing to assess the appropriate point at which to increase capacity for a return to pre-Covid-19 levels. The exact timescale for this is currently unknown.

Children and Young Peoples Services

Capacity planning is ongoing within all services in order to make projections. The Welsh Government's Delivery Unit is providing training to support capacity and demand modelling for neurodevelopment services across North Wales. Additional capacity will be required in neurodevelopment services in order to tackle the backlog and return to the pre-pandemic position. Current team capacity meets the monthly demand, but not the additional pressures from the backlog of 472 cases.

Acute paediatrics capacity planning is underway to reduce waiting times to the pre-pandemic position of 12 – 18 weeks. Some recent improvement has been seen in the numbers waiting over 26 weeks.

Therapies

A capacity and demand exercise will be undertaken to identify the additional capacity that will be required to support reduction to the pre-pandemic position and clear the backlog. This capacity exercise requires clarity on the plans of other services that impact on the demand on therapy services, such as orthopaedics. High level projections indicate that with some additional capacity, it will be possible to return to pre-pandemic levels before the end of 2021-22.

Endoscopy

A detailed modelling exercise has been undertaken, where the impact of insourcing has been estimated, assuming Covid-19 persists for some time. A business case is being prepared to support the recruitment of substantive staffing to support a more sustainable service, with capacity that is aligned to the demand.
Insourcing will need to continue to support the endoscopy service into 2021/22 whilst recruitment is undertaken. It is anticipated that providing the business case and the insourcing is agreed, the waiting time will adjust to meet national waiting times by October 2021.

Radiology, Neurophysiology and Audiology

Estimates suggest that it will take 1 year to return to normal waiting times across these services.

5. **Are you using or considering any new or different approaches to providing care in order to help reduce waiting times, including the use of new technologies, new care pathways, or of capacity elsewhere?**

Planned Care

Alternative non-surgical treatments are being developed within specific specialties, such as the previously mentioned Escape from Pain programme, with more involvement of therapy services. Digital applications are also being explored in Orthopaedics to support or offer an alternative treatment. For the longer term, a

strategic outline case is under development, for the introduction of a diagnostic and treatment centre (DTC) approach.

Medical Specialties

Work is underway on validation of the follow-up waiting list (with the exception of Endoscopy) with the aim of reducing the 100% overdue waits to the 35% target set by Welsh Government. This target has been achieved in Care of the Elderly and Rheumatology, with Dermatology reducing weekly. Endoscopy waits are currently increasing due to service pressures and consultant long term sickness absence.

Suspicion of sepsis (SOS) and patient initiated follow-up (PIFU) has been introduced across medical specialties to support the reduction of the follow-up waiting list.

The transfer of care of patients has taken place between acute sites and community hospitals in order to better utilise capacity across the system, such as the transfer of urgent Rheumatology patients from Wrexham Maelor Hospital to the Holywell Community Hospital clinic.

The use of Attend Anywhere video consultations has been trialled and the use of 'P' prioritisation codes has been employed for Dermatology minor outpatient procedures. Telephone clinics have been introduced across a range of specialities and are generally working well.

As referred to earlier, different approaches have been taken to tackling staff capacity issues, such as converting staff grade doctors into Physician Associates, and up-skilling very senior nurses to enable them to undertake a higher level of clinical work to support the consultant team. A Rheumatology Clinical Lead has been appointed, and this role will support a 'once for BCU' approach.

Children and Young Peoples Services

CYP services have implemented Attend Anywhere and telephone clinics. This has proven successful, particularly for follow-up patients. Initial feedback from families regarding this change to practice has been positive. The use of virtual platforms for consultations is becoming more acceptable and as well as supporting the control of waiting lists, is having some impact as regards reduced travel times and more efficient use of clinician time. Face to face interactions in person are still provided in a Covid-19 secure manner, where required.

In working through the follow up waiting list validations, particularly within community paediatrics and CAMHS, consideration is being given to alternative care pathways, involving the third sector as appropriate.

Therapies

New technologies have been embraced in therapy services. Digital technology has enabled Therapies to offer both telephone and video consultations between Allied Health Professionals and their service users.

New care pathways are being developed to ensure the best service provision, such as the dietetic pathways developed in association with nutrition and pharmacy teams to ensure patients who have been affected by Covid-19 receive the nutritional support they require.

Oncology and Haematology

Telephone clinics are being utilised and are working well.

Endoscopy

As previously mentioned, the introduction of FIT testing has enabled patients to be risk stratified and where appropriate, placed on different treatment pathways, other than endoscopy, reducing demand for endoscopy and improving patient experience.

Radiology, Neurophysiology and Audiology

Virtual telephone clinics are being employed and in Radiology, most consultants can now report from home with dedicated workstations.

6. **What factors may affect your plans for tackling waiting times (e.g. further spikes in COVID-19 rates, issues with the workforce or physical capacity), and what plans you have in place to manage these?**

Planned Care

There are many factors that will affect plans - predominantly escalation areas within theatres and recovery units. Staff redeployment and the ability to move colleagues back as soon as the pandemic will allow, will be important to enable a return to normal working. Also, staff fatigue following the pandemic, and the need to take annual leave will impact. The delivery of essential services and tackling backlogs will require further capacity in the short–term. The Health Board is exploring the procurement of three extra theatre and modular wards, staffed by a blended model using insourcing to provide the extra capacity. Capacity modelling is ongoing.

Medical Specialties

Capacity plans for 2021-22 are based on a number of assumptions that include the clinical and operational workforce, the OPD physical footprint and nursing support remaining the same, and the continuation of running clinics at current capacity. Any changes to these variables will impact on the capacity we can deliver. Any further spikes in Covid-19 may impact on the clinical workforce. Plans to appoint to permanent roles and locum vacancies will assist in managing waiting times.

Children and Young Peoples Services

A high vacancy factor in some elements of the service is impacting on waiting times, although the recruitment of staff to these existing vacancies is beginning to improve. Capacity plans for 2021-22 are based on a number of assumptions, therefore any changes to the variables will impact on the capacity to deliver. Any further spikes in Covid-19 may impact on the clinical workforce and the physical footprint of children's services. Surge planning is underway and discussions ongoing around relocation of existing services to ensure continuation of clinical capacity for essential services.

Therapies

Different demands will impact on different therapy services.

• All services will feel the impact of social distancing on their physical clinic capacity. Some services are more affected by the rates of Covid-19 in the community and in the acute hospitals, for example, there is more demand for physiotherapy input in the acute setting which has resulted in staff being moved from outpatient settings to cover this demand.

• Some staff are shielding; these staff are continuing to work from home and are key to the ongoing video and telephone consultations.

• Locum staff will continue to be sought where financial approval is in place.

• All service leads are proactively recruiting staff to any vacancies and are all engaged in the streamlining process which should ensure new graduate are available for posts later in the year.

• Physical capacity has been affected by social distancing and other constraints; there is no venue for outpatient physiotherapy services in Wrexham at present. A business case has been developed to identify an alternative solution.

• Rotas are being adapted as much as possible with some staff working longer days and weekends. Where social distancing is an issue, access to office areas is staggered to ensure compliance.

• All services are flexing to ensure that capacity is used to its optimum – where services can continue, they are doing so, where services have been reduced the service leads are monitoring the competing demands carefully and will redeploy staff as appropriate.

Oncology and Haematology

Capacity plans for 2021-22 are based on a number of assumptions remaining the same, although there are concerns that more patients will be presenting with later stage disease and this may require additional capacity within Oncology, as explained earlier. Changes to variables upon which planning assumptions are based will impact on the capacity to deliver. Any further Covid-19 spikes will inevitably have a negative impact.

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As with other services, Oncology and Haematology will feel the impact of social distancing on their physical clinic capacity. Some staff are shielding and continuing to work from home, and are key to the ongoing video and telephone consultations.

Active recruitment is underway where there are vacancies and there is engagement in the streamlining process which should ensure new graduates are available for posts later in the year. Rotas are being adapted as much as possible and all services are flexing

Endoscopy

The ongoing impact of the pandemic is resulting in capacity reductions due to redeployment of staff and reduced productivity. The insourcing companies alluded to earlier have experienced some issues with staffing their patient treatment lists due to workforce availability. Such issues inevitably impact on waiting times.

Radiology, Neurophysiology and Audiology

The lack of physical space due to Covid-19 restrictions is a significant issue in tackling waiting lists. A further wave in autumn/winter 2021 would prove challenging and would be likely to impact on plans to clear the backlog.

7. **What information have you received on your allocation from the £30m additional funding for waiting times, and how you intend to use the funding?**

The Health Board has received confirmation of its allocation for urgent and emergency care priorities of £4.9m, which has been provided for four specific areas:
- Enhancing delivery of Emergency Care, Same Day Emergency Care, Urgent Primary Care Pathfinder and Discharge to Recovery and Assess.

Conclusion

It is hoped that the responses provided are helpful to the Committee in ascertaining the current situation. The Health Board is fully committed to tackling its waiting times, for the benefit of the patients it serves. Optimum use will be made of new ways of working and the additional funding received, as part of concerted efforts to return to the pre-pandemic position.