

# Merton Healthier Communities and Older People Overview and Scrutiny Panel



## Acute Performance and GP Access Data

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**January 2023**



# Key acute performance metrics



# Key findings

- **Planned Care**

- Elective ordinary spells continues to be below plan, with Neurosurgery (St Georges), Gynaecology, Maxillofacial surgery and Ear Nose and Throat (ENT) driving the position.
- There continues to be positive movements between Elective ordinary (inpatient) to Day Case, the latter being above plan.
- Diagnostic activity (as measured by 7 key tests) in August 2022 was 4% above trajectory. However, ultrasound has the highest volume of 6+ week waiters (15% breaching 6 weeks) and Echocardiography has the 2nd highest volume with 41% breaching 6 weeks.

- **52 Week Waits**

- There were 1,133 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 1,035 for August.
- 43 patients were waiting over 78 weeks against a trajectory of 26.
- SWL have consistently had the lowest number of patients waiting over 78 weeks in London.
- No patients were waiting over 104 weeks at the end of August.

- **Cancer**

- Performance against the 2-week wait (2WW) standard (93%) was 82.0% in August 2022.
- Against the 62 Day standard of 85%, SWL was the highest performing sector in London, with an outcome of 76.6% in August.
- On the 28 Day faster diagnostic standard (FDS, 75%), SWL ICS was the second highest performing in London with a performance outcome of 72.2%. Reduced capacity due to planned annual leave and patient availability over the summer months has impacted performance.



# Key findings

- **A&E 4 Hour Waits**

- A&E attendances increased by 2,167 attendances in September, in line with seasonal trends. Performance was 73.6% in month, with all sites except KHFT, achieving above 70% against the 4-hour target (above the London position of 72.1%).
- The number of abandoned 111 calls decreased during September; the abandonment rate improved significantly to 9.3%, but was still above the standard of  $\leq 3\%$ . There are however still some days with high abandonment rates such as Mondays. Recruitment difficulties continue, with a plan to achieve full headcount by January.

- **Physical care 12 Hour A&E Breaches**

- 1,253 patients waited over 12 hours from decision to admit to admission in September. SWL had the third highest number of 12-hour breaches in London this month and the ninth highest nationally.
- In September, there were 472 X 60 minute London Ambulance Service (LAS) handover breaches a decrease on the number in the previous two months. Regional escalation calls occur across London plus discussions via the A&E Delivery Board (AEDB).

- **Mental Health 12 Hour A&E Breaches**

- Unvalidated figures show that in August 2022, 97 x 12-hour breaches were reported for Mental Health (MH) patients, mainly waiting for a bed. Further actions will occur via the Urgent and Emergency Care (UEC) Board.



# Performance Horizon Scanning



## UEC and Integrated Care (UEC)

- The challenges on the UEC pathway are intense through the winter period. Additional capacity in care homes has been secured as well as capacity in virtual wards and in neuro-rehabilitation services. Maximising the impact of these initiatives whilst managing the clinical risk of patients in the community, in ambulances, in Emergency Departments and on hospital wards will remain a top priority
- In the first week of October, SWL became the first ICS in London to pilot the LAS UCR pilot car, which is intended to reduce the number of frail, older patients attending hospital emergency departments where possible. Early feedback on the pilot is positive.
- There is a well-established discharge programme in place across the SWL system. We are looking to optimise existing capacity, such as the Virtual Wards and Rapid response to reduce admission as well as accelerate discharge.

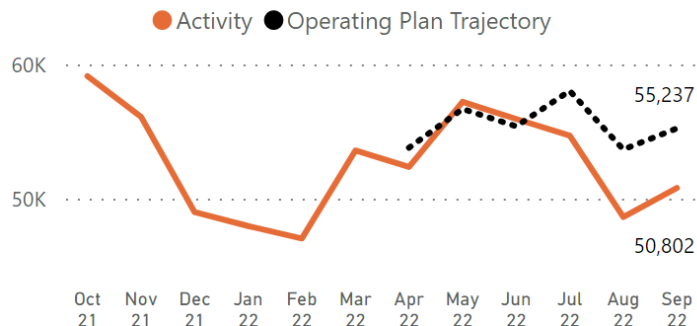
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## Planned and cancer care

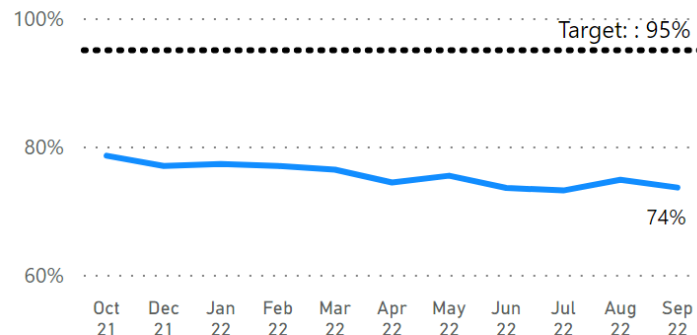
- London has the largest Patient tracking list (PTL) nationally and the fewest long waiters, with SWL ICS a positive outlier for both. SWL has seen a relatively higher PTL growth in recent months, this is driven not only by referral and activity volumes, but the composition of the referrals. GP referrals have not significantly increased, but around 1 in 4 GP referrals nationally are urgent. The impact can be seen not only on cancer performance, but on the patient profile; as 2week wait, urgent and long waiter patients take priority. The Acute Provider Collaborative (APC) is driving four recovery workstreams to align priorities across the system; waiting list data quality, outpatient transformation, productivity (including theatre utilisation and mutual aid) and the NHS Elect recovery strategy.
- 2 Week Wait breast symptomatic pathway access remains a significant challenge, with performance being 54.2% in August (131 breaches out of 286 pathways). All providers with exception of Epsom are facing challenges in 2WW pathway and 62-day GP referral pathway. SWL have developed a system-wide recovery plan and revised trajectory with specific focus on reducing 62-day backlog and aiming to get back to baseline by the end of March 2023.



A&E Attendances (All Types)



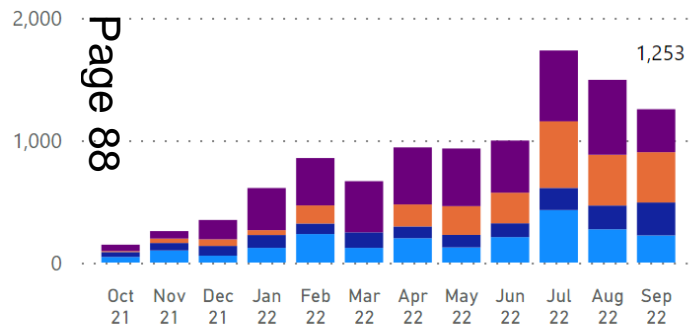
A&E (All Types) 4 Hour Standard



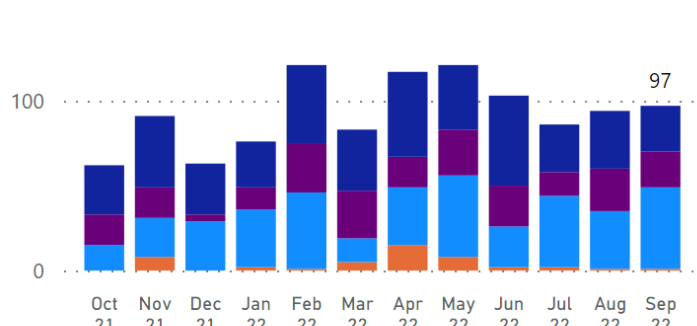
## Overview

In line with seasonality, attendances decreased in August, then increased in September, but still at lower than expected levels. Despite this, pressure on EDs and across the whole pathway remained severe due to high bed occupancy mostly caused by discharge delays on the non-elective pathway. Ambulance handover continues to be high on the agenda; despite modest improvements to 60 minute breaches, there are still incidents of patients waiting for extended periods. The ICS quality team have scoped a patient harm review focusing on long waits in ED and ambulances handover.

12 Hour A&E Breaches



12 Hour Mental Health A&E Breaches (Unvalidated)



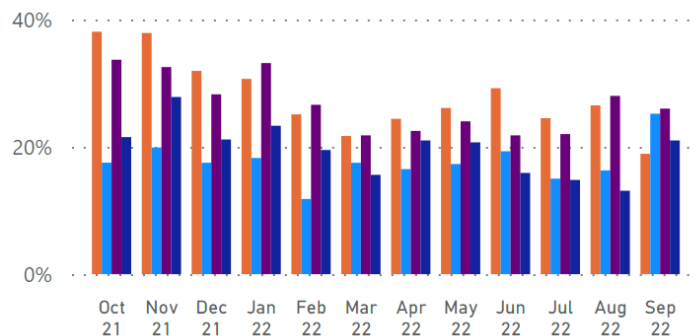
## A&E Attendances and performance

There was a slight decrease in performance against the 4-hour target at 74%, in line with the increased numbers of attendances. This is a similar picture to the rest of London. However, this is higher than the national average of 71%, reflecting that pressures are not specific to SWL.

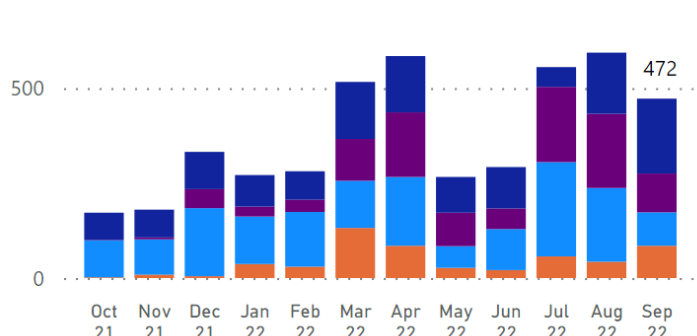
## 12 Hour breaches

The number of "physical" health breaches improved significantly in September from August whilst the number of Mental Health breaches remained fairly static. MH breaches are mostly due to bed delays. A new SWL MH Discharge Forum has been established to start meeting from 1 November to provide an ICS focus on reducing delays and improving flow. Existing work on the 100 day challenge has been extended to reduce delays in the acute hospitals and the SWL Discharge Group is now meeting weekly to oversee this work.

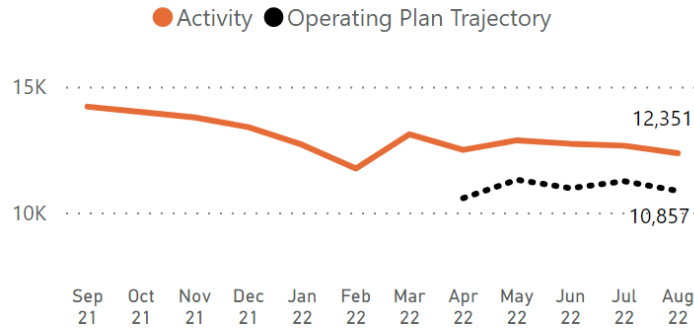
% Ambulance Handover within 15 minute



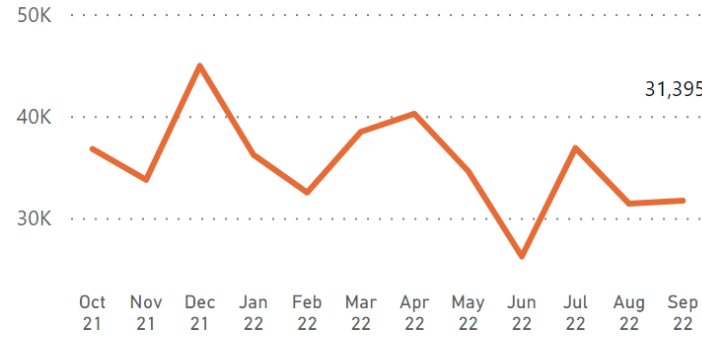
60 minute Ambulance Breaches



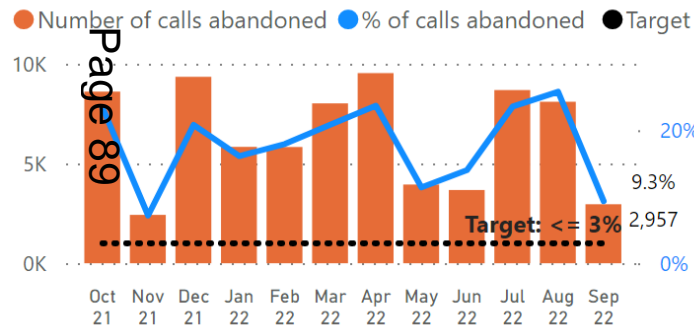
Total Non-elective Spells



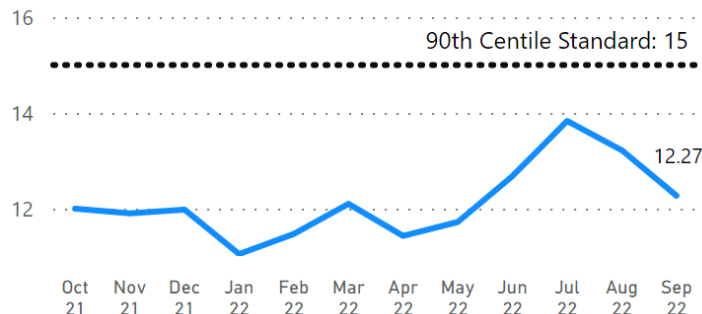
111 Call Volumes



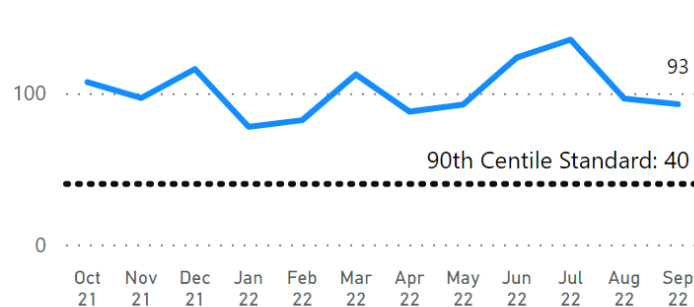
111 Calls Abandoned



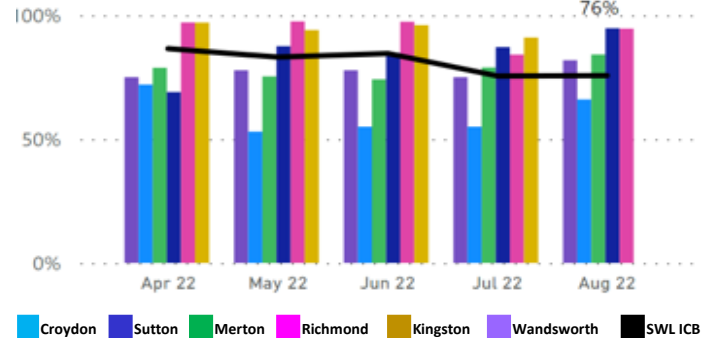
Ambulance Category 1 Emergency Response Times (minutes)



Ambulance Category 2 Emergency Response Times (minutes)



Community 2 Hour Urgent Response Performance - Provider



## Non elective spells

Non-elective admissions continue to be at levels below plan, despite high bed occupancy levels and pressures across hospitals, this reflects the flow challenges being seen in SWL and the wider health and social care system.

## 111 calls

Call abandonment rate improved in September (9.3%, down from 24% in August). However, there are still some days with high abandonment rates, such as Mondays, which see higher call volumes. The improvement has been due to an increased Health Advisor workforce and introducing a number of Service Advisors. Recruitment has improved to a degree but overall challenges continue; the 111 provider (PPG) has a trajectory for moving to full headcount by January.

## Ambulance Category 1 and 2 response times

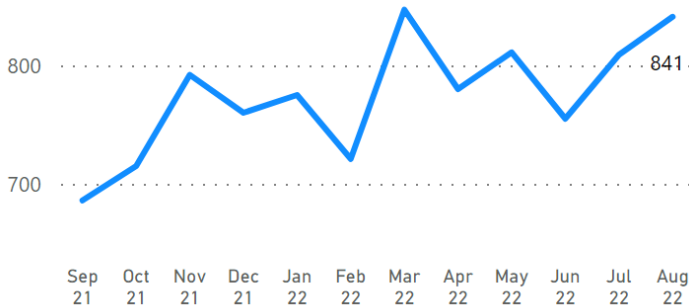
In line with the rest of London, Category 1 response times are below the standard. Although there was significant improvement through the summer, challenges remain. This poor performance is largely attributed to hospital handover where delays are impacting on the availability of ambulances and crews to respond to calls in the community.

A new Urgent Community Car (UCR) pilot has started in SWL to quickly respond to calls from frail, elderly patients and reduce conveyances/pressure on LAS crews. There are 3 cars working across the patch, each with a community clinician and a LAS paramedic. Early feedback on the pilot is positive, subject to a thorough evaluation of effectiveness.

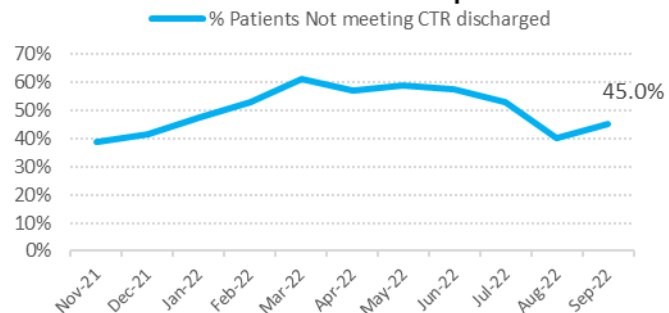
## Community 2 hour response

All providers across SWL have 2-hour Urgent Community Response (UCR) services in place running 8am-8pm 7 days a week, with 2-hour UCR data being submitted onto CSDS (Community Services Data Set NHSE submission portal). Overall performance is 76% in SWL, which is ahead of the plan to achieve 70% by the end of Q3.

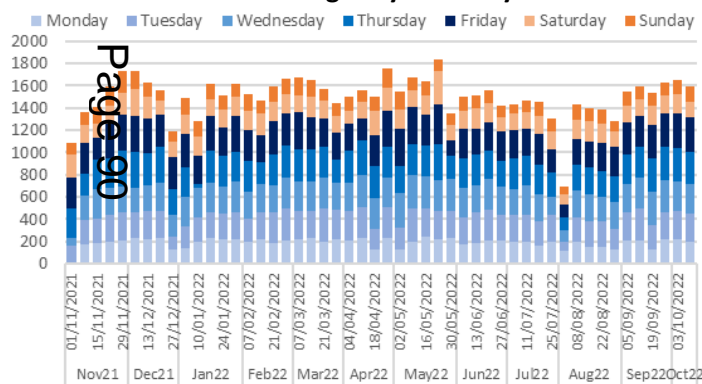
Number of Patients staying 21+ Days (Super Stranded)



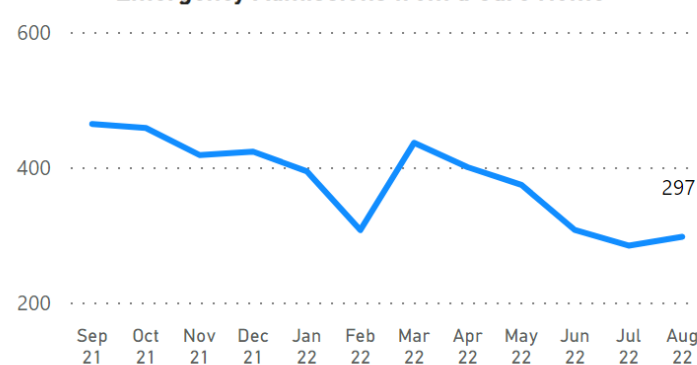
Discharges as % of patients who no longer meet the criteria to reside in hospital



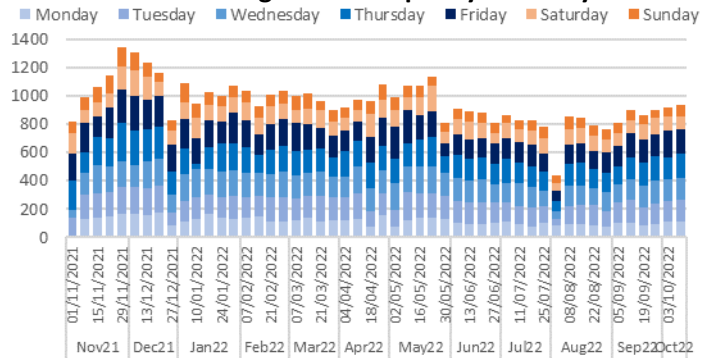
Total discharges by weekday



Emergency Admissions from a Care Home



Total discharges before 5pm by weekday



### No of patients staying 21days +

Discharge performance remains challenging, particularly discharges on weekends, people occupying beds who no longer meet the criteria to reside (CTR) and the number of people discharged before 5pm.

### Patients not meeting the criteria to reside (CTR)

On the 9th October, 401 SWL patients did not meet the criteria to reside of whom 271 were not discharged. To ensure the reduction of patients not meeting the CTR, additional capacity has been commissioned, comprised of 32 care home beds, 11 temporary alternative discharge destination beds (TADD) and 4 neuro rehab beds.

Pathway 3 (care and nursing homes) challenges remain the single largest reason for delays across SWL, notably for complex patients. This is a national issue. Local authorities and health colleagues are reviewing patient discharge flows to care and nursing homes, ensuring every 'home first' option has been explored. System-wide conversations have taken place with discharge leads and the Association of Directors of Adult Social Services (ADASS) to understand the scale of the challenge and agree actions.

### Discharges

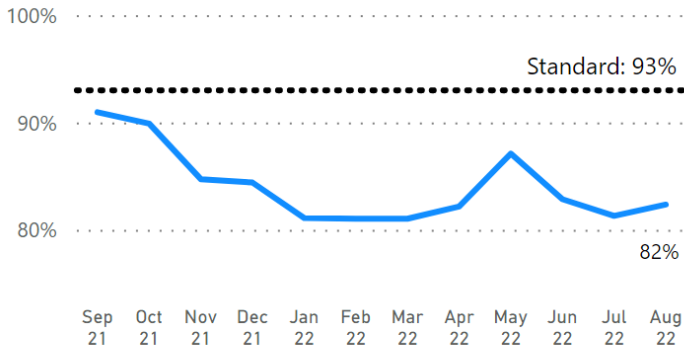
Although total discharges have remained fairly consistent, discharges before 5pm have declined over the past 12 months, particularly on Mondays, Thursdays and weekends.

### Virtual wards

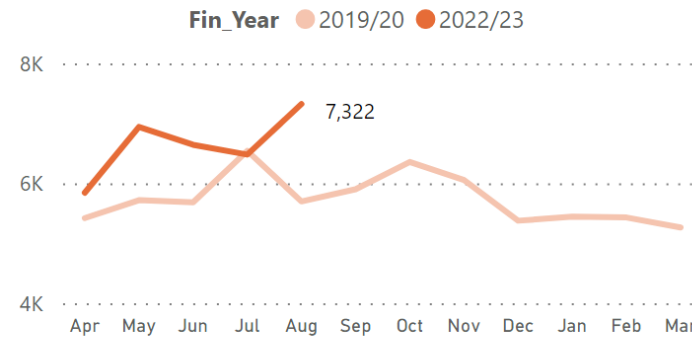
Clinical pathways and standard operating procedures are almost finalised, as are arrangements for out of hours clinical cover. There is ongoing work to define how device management will take place and how social care will interface with virtual wards. The launch date of 28<sup>th</sup> November is on track. The first phase of digital integration is due to be completed on the 15th November. SWL currently has 95 beds available against a target of 228 by the end of the financial year. The data is submitted fortnightly and the data for 21/10/2022 is the most accurate as it has submissions from 4 of the 5 providers. CLCH will start submitting data in November.



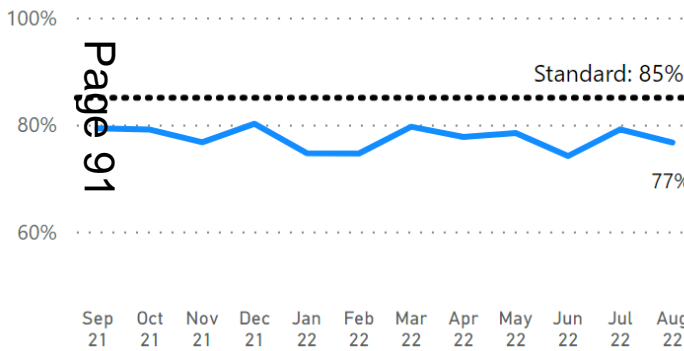
## 2 Week Waits: Performance against Standard



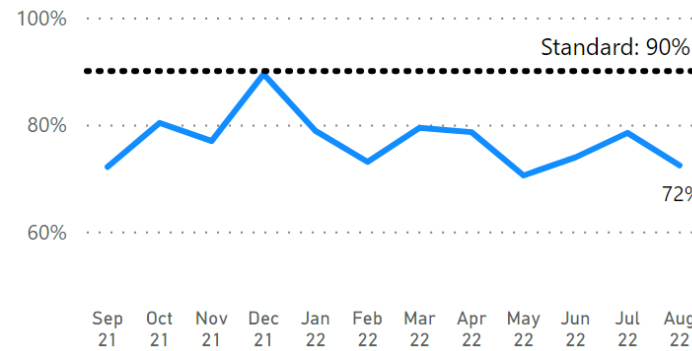
## 2 Week Waits: Activity



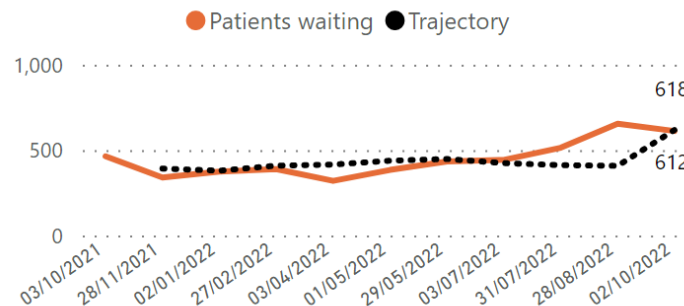
## 62 Day GP Referrals: Performance against Standard



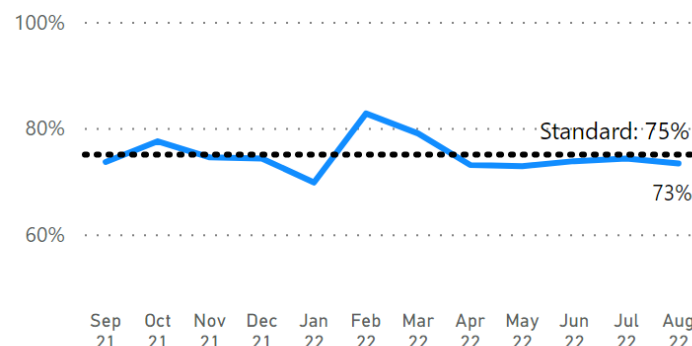
## 62 Day Screening: Performance against Standard



## Total patients waiting over 62 days to begin cancer treatment



## Faster Diagnosis Standard: Performance against Standard



### 2 week waits

2WW performance outcome was 82% in August 2022 and remains challenged due to a 23% referral increase (the highest in London) compared to BAU (August 2021). Providers reported a reduction in capacity due to the summer period and increases in patient choice delays. Epsom & St Helier Hospital (ESTH) was the only Trust within SWL to report a compliant position of 96.6%, whereas CHS reported 2WW performance in August at 70.0%, with challenges in Skin & Lower GI. Royal Marsden Hospital (RMH) reported 2WW performance at 81.2% and the Trust continue to see month on month improvement within the Breast pathway.

### 62-day GP referrals

SWL Providers were the highest performing in London, with a performance outcome of 76.6% in August 2022. However, this was below the Constitutional Standard of 85%.

### 62-day screening

Cancer Screening Services have largely recovered. However, there remains ongoing work in breast and cervical screening to support recovery and uptake. SWLBSS continues to focus on recovery, which is currently projected for Q3. SWL ICS will be working collaboratively with Royal Marsden Partners (RMP) and the London Regional Screening Team to support SWL Provider Colposcopy backlog reduction and service sustainability.

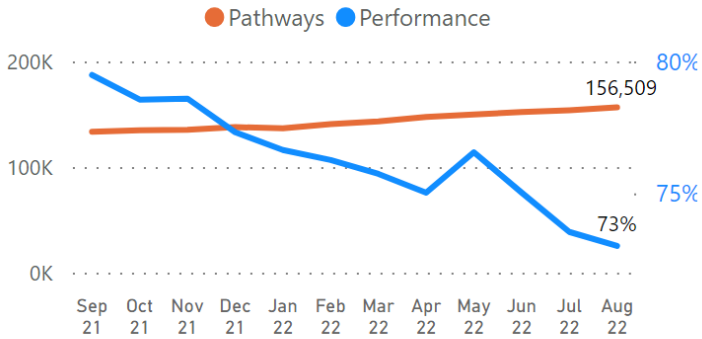
### Total patients waiting over 62 days for treatment

The number of patients waiting over 62 days at the end of September 2022 (week ending 25/09/22) was 612, against the newly revised trajectory of 618, this has been mainly driven by non-compliance at CHS and RMH in September. A recovery plan to support 62-day backlog reduction, with new governance to support oversight, is in place. RMP will continue to support providers to deliver the key actions and mitigations to meet the revised trajectory.

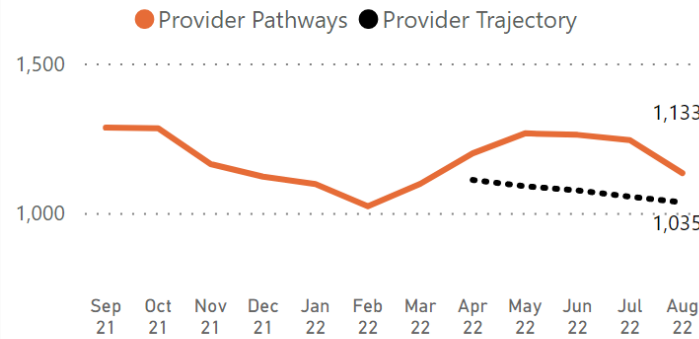
### Faster diagnosis standard

SWL ICS was the second highest performing in London, although non-compliant, with a performance outcome of 72.2% against the Faster Diagnosis Standard (FDS). All Trusts with the exception of CHS (51.1%) and St Georges Hospital (69.1%) reported a compliant FDS position above the 75% threshold.

Incomplete RTT Pathways (ICS)



Incomplete RTT Pathways >=52 Weeks



### Incomplete RTT Pathways

At SWL ICB level there were 156,509 patients on the incomplete pathway at the end of August across all providers. 73% of patients were waiting under 18 weeks. The number of patients waiting in SWL has increased by 19% over the past 12 months, slightly lower than the London average of 20%.

### Patients waiting over 52 weeks for treatment

There were 1,133 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 1,035 for August. The most challenges specialties are Cardiology, ENT, General Surgery, Neurosurgery and Plastic Surgery. The weekly Elective Recovery Group oversees improvement actions across a number of workstreams supporting the reduction of long waiters, such as Mutual Aid, PTL assurance and aligning access policies.

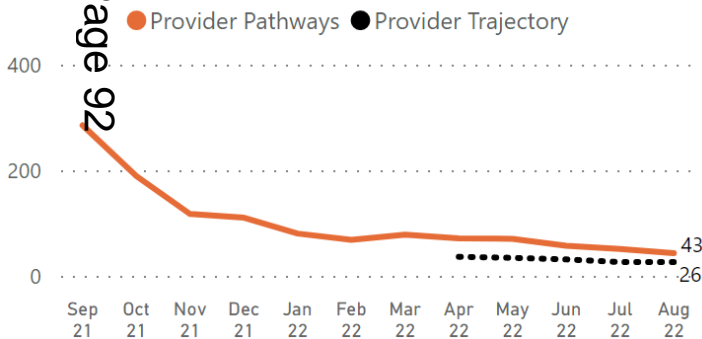
### Patients waiting over 78 weeks and 104 weeks for treatment

At SWL providers, 43 patients were waiting over 78 weeks against a trajectory of 26. The majority of long waiters are at SGH. SWL have consistently had the lowest number of patients waiting over 78 weeks in London. The target of no patients waiting over 104 weeks for treatment was met in August.

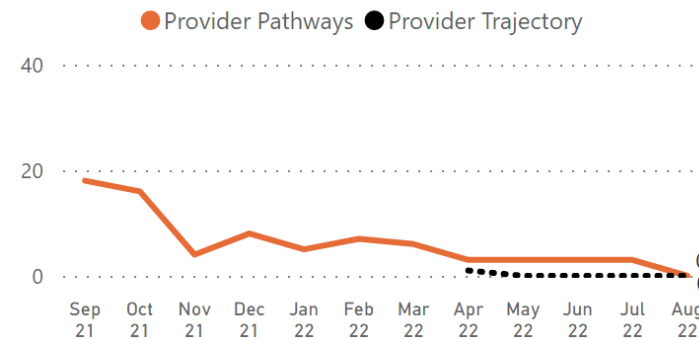
**Elective day cases spells** - activity has slightly increased in August and is above plan for Day Cases.

**Elective ordinary spells** continues to be below plan, with Neurosurgery (SGH), Gynae, MaxFacs, and ENT driving the position. Croydon is the most challenged in Gynae and ENT (both at 56%) of the SWL providers. Croydon has highlighted staffing issues. SWL is above plan in Urology (115%) across all providers. The elective recovery programme continues to work on opportunities around Mutual Aid, productivity (i.e. theatre utilisation), referral management service and a single ICS PTL for ENT.

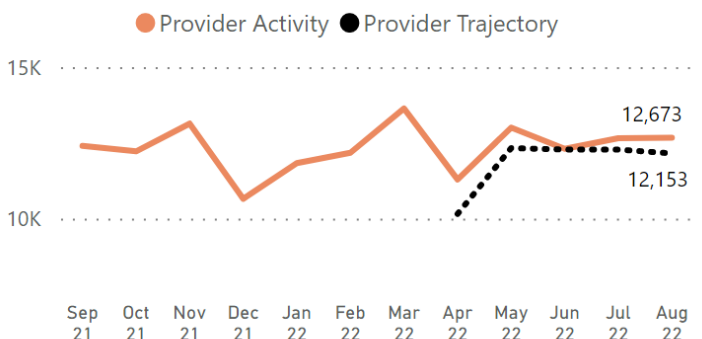
Incomplete RTT Pathways >=78 Weeks



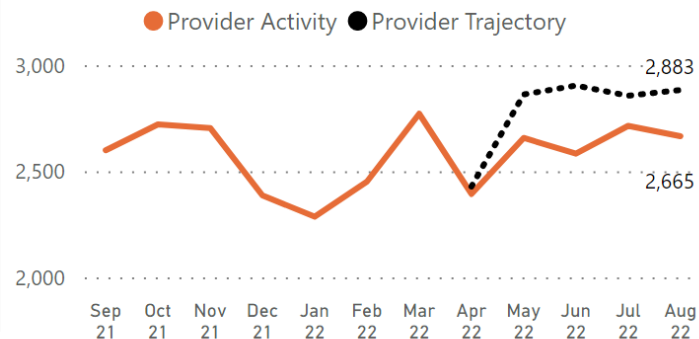
Incomplete RTT Pathways >=104 Weeks



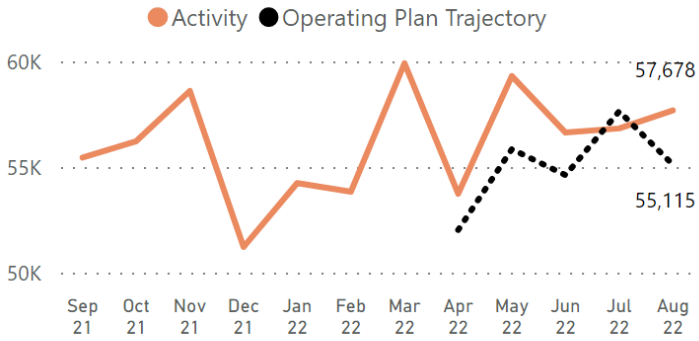
Elective day case spells



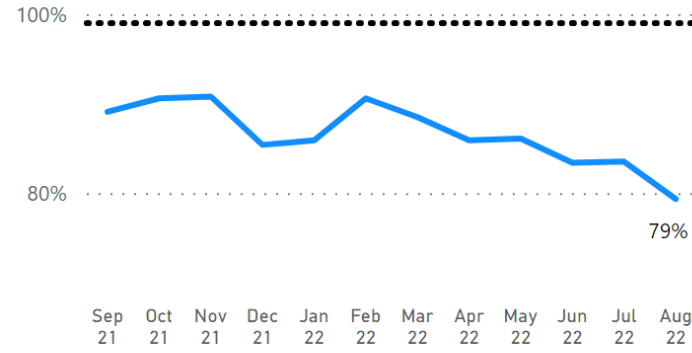
Elective ordinary spells



**Diagnostic Tests (Activity)**



**Diagnostics: % waiting less than 6 Weeks**



**Diagnostic Activity (7 Tests)**

Overall SWL is now performing at 4.5% above plan. CHS reported less activity in August, whilst still meeting plan. KHFT activity increased, but continues to fall short of their planned target. All providers are exceeding activity levels when compared to the same period last year. Most significant improvement is for CT at CHS and RMH.

**Diagnostic performance (All tests)**

Numbers waiting increased by 1% in August, with a rise in the number of 6 week breaches. Ultrasound have the highest volume of 6+ week waiters (15% breaching 6 weeks). Echocardiography has the 2<sup>nd</sup> highest volume with 41% breaching 6 weeks, most significantly at CHS and KHFT; the position is also deteriorating at other providers. ISP, mutual aid and referral management options continue to be explored.

**Consultant led first outpatient attendances (Specific Acute)**

There was a slight increase on the previous month, with some positive movement in the cancer pathway specialties, where recovery initiatives are beginning to impact. Actual monthly performance remains below planned trajectory, driven by workforce challenges over the summer.

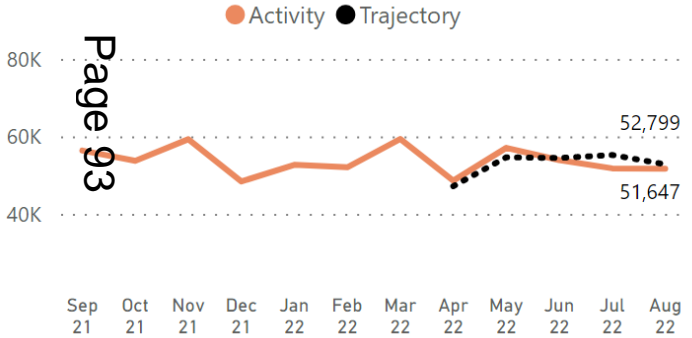
**Consultant led follow-up outpatient attendances (Specific Acute)**

There was an increase of 3% in month, maintaining an above planned trajectory at SWL. All Providers with the exception of SGH are meeting their individual plans. Urology and Cardiology have seen the largest system variances.

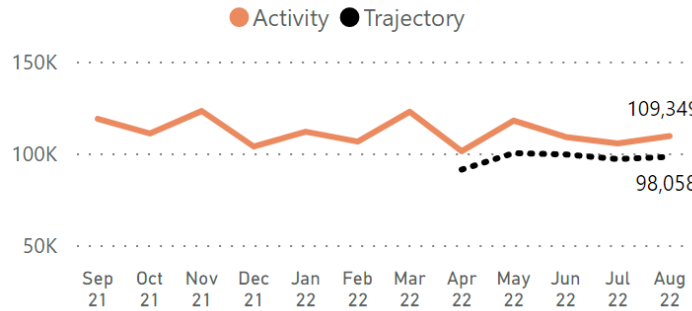
**GP Specific Acute referrals for a first consultant led outpatient appointment**

There was an increase of 4% in August driven predominantly by 2 week wait referrals in Gynae and Dermatology. CHS saw the largest number of referrals (5%), with General surgery also a significant driver.

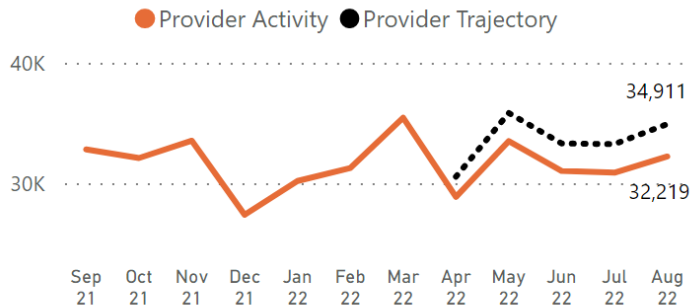
**Consultant-led first outpatient attendances (Specific acute)**



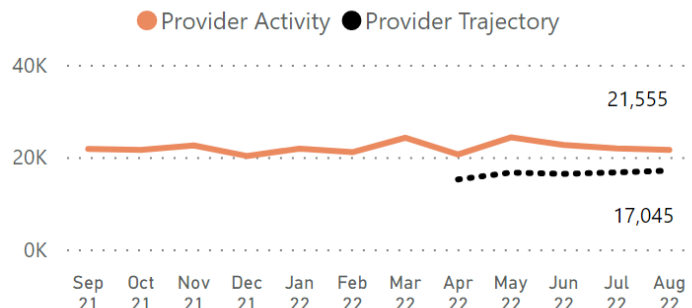
**Consultant-led follow-up outpatient attendances (Specific acute)**



**GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)**



**Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)**



# GP Appointment Data (GPAD)



# GP Access data background



- In November 2022, NHS Digital published practice level data
  - This data includes total appointments, appointment delivery mode, who patients were seen by and the time between the appointment booking and appointment date.
  - This is the first time ICBs have had access to practice-level appointment data.
  - It is important to note that the publication is classed as **experimental statistics** due to variations in the quality of data. Experimental statistics are a series of statistics that are in the testing phase and not yet fully developed for several reasons such as:
    - poor coverage
    - poor data quality
    - data undergoing evaluation
  - Practices are now able to review their data at any time via the practice level dashboard.
  - Over 70% of practices in SWL have reviewed their data to date and all practices are being encouraged to regularly review their data.
4. The following slide is based on the latest month of data; October 2022. The slides provide details of the SWL practices which fall in the bottom 10% of London for the expected areas of focus but have been anonymised.
- No. of appointments per 1000 patients
  - % Face-to-Face appointments
  - % GP appointments



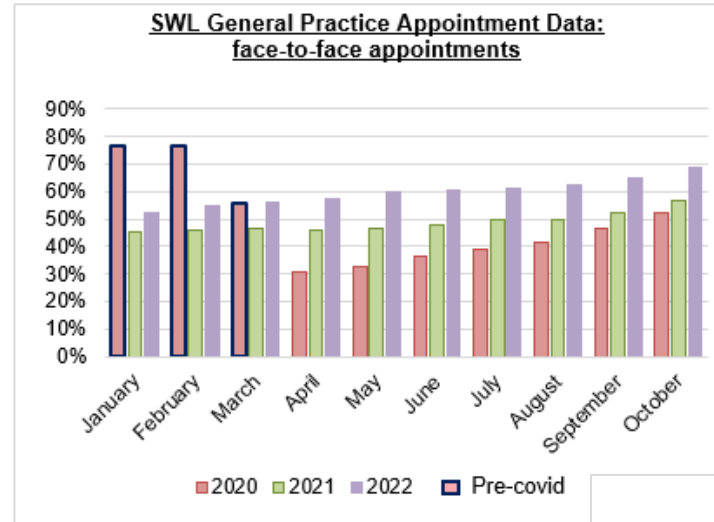
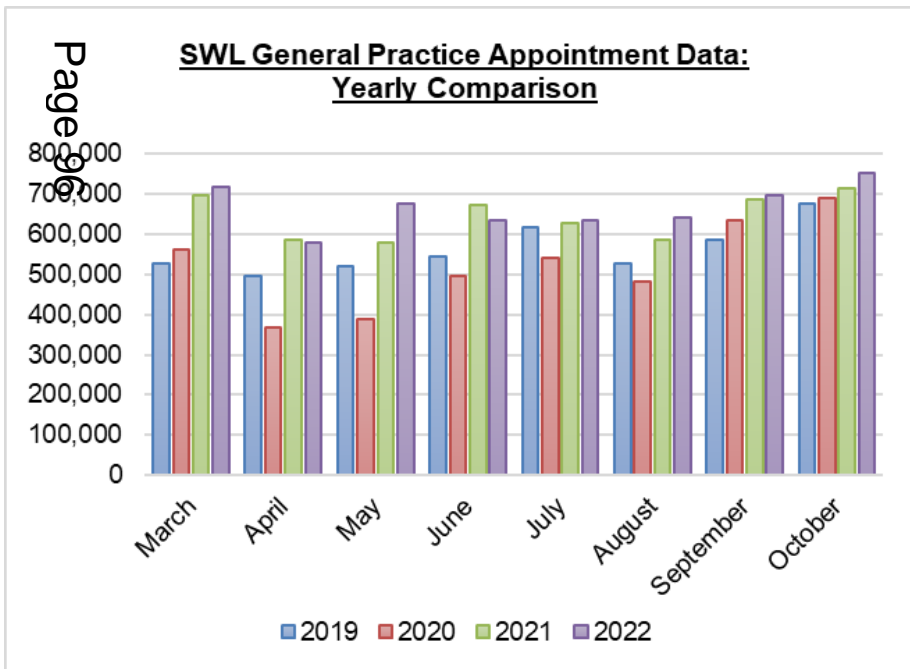
# SWL Current Position



## Total number of appointments:

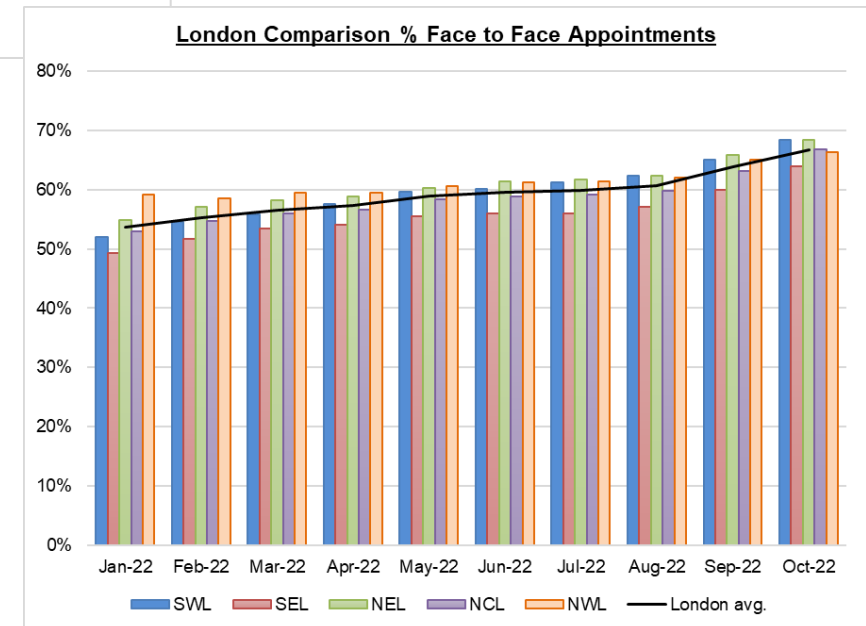
General practice appointments have increased compared to the same month in previous years, including covid.

Over 750,000 appointments were delivered in October 2022.



## Face-to-face appointments:

- Face-to-face consultations in general practice are increasing.
- Face-to-face appointments have increased from 52% to 68% during 2022.
- SWL have been above the London average since April 2022.



## Total Appointments per 1000 patients

- There are 12 SWL practices which fall in the bottom 10% of London for total appointments per 1000 patients. None of these are in Merton
- No Merton practices fall within the bottom 10% in SWL, with 1 practice in the top 10%

## % Face-to-Face Appointments

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There are 9 SWL practices which fall in the bottom 10% of London, 2 of these are in Merton. Both are not on the data platform to return accurate data  
3 practices fall within the bottom 10% in SWL, with 4 in the top 10%

## % GP Appointments (vs. Other Practice Staff)

- There are 10 SWL practices which fall in the bottom 10% of London. 2 of these are in Merton, with 1 now on the accelerated programme and the other being encouraged to be part of the January cohort
- 2 practices fall within the bottom 10% in SWL, with 2 practices in the top 10%

# Steps taken to improve access



## Coding and Mapping (CAM) Project

CAM facilitators are currently working with each practice to analyse, diagnose and facilitate how appointments should be mapped and coded to ensure accurate reporting in-line with National Slot Categorisation. There is a time lag of approx. six weeks from when the work has been completed to when the data should reflect through GP Access Data.

The outlier practices from the ICB and Merton GP Access Data Dashboard (September 2022) have been reviewed with the CAM Facilitators to gain further insight into work completed to date with each practice.

75% of Merton practices have completed the project with 25% in progress

## NHSE Accelerated Access Improvement Programme (AIP)

The NHSE Accelerated AIP is a 20-week programme providing hands on support for practices identified as having access challenges. The programme is aimed at those practices who need, want and have capacity for hands on support.

To date, 47 practices have signed up to the programme, 5 in Merton

Cohort	Completed	In progress Status
SWL	16	31
Merton	2	3





# Next steps



1. For the majority of the practices highlighted by the data, the CAM Facilitators will re-review this with the practice to ensure both the coding and mapping and slot allocation remains correct. All practices are being asked to engage in the CAM data project
2. The data for the Vision practices is not being reflected in the GPAD dashboard and this will be highlighted to NHS Digital. Two of these practices are in Merton and will be transferring to EMIS.
3. An additional January 2023 cohort of the Accelerate Access Improvement Programme will be provided by NHSE. All practices who have not yet signed-up to this programme have been invited to take part. The programme forms part of a NHSE support package for practices, following the publication of the data. Details of further support offers will be circulated as soon as they become available.
4. A SWL report has been created to enable the ICB to monitor trends and follow up any data queries with practices.
5. All practice are being encouraged to review their data regularly
6. All practices who are identified will be targeted with the appropriate support from the ICB and Merton Health support teams.



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