

# WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

11 April 2018



PLYMOUTH  
CITY COUNCIL

Report for Information

Planned Care Programme Briefing – Fiona Phelps/Craig McArdle

## 1. Introduction

The Devon Sustainability and Transformation Programme (STP) has previously been shared with the Wellbeing Scrutiny Committee and sets out seven priority areas:

- Prevention and early intervention;
- Integrated care;
- Primary care;
- Mental health;
- Acute hospital & specialised services;
- Productivity; and
- Children, young people & families

The purpose of this report is to give a brief update on one area of the Planned Care workstream within the STP which covers both the prevention and early intervention, and acute hospital priorities.

## 2. Planned Care – the mismatch between demand and capacity

The demand on elective hospital services is growing as patients are living longer, with more complex conditions and rising expectations. At the same time, the demand for emergency care is rising at an even greater rate, putting pressure on the planned care system as resources are diverted to deal with the emergencies. This has resulted in resources being diverted away from planned care services, thereby reducing capacity at a time of increasing demand.

The inevitable consequence is that generally the waiting times for elective surgery have increased. However, some elective surgery is undertaken by the Independent Sector – In Plymouth this is Peninsula Treatment Centre and the Nuffield Hospital. These services tend to be available for the younger patients, without co-morbidities and often with less presenting need than those patients who require acute NHS hospital care. This inevitably leads to an inequality of offer to patients, with a much shorter waiting time.

Table 1.- Demand and Capacity Mismatch in Orthopaedics

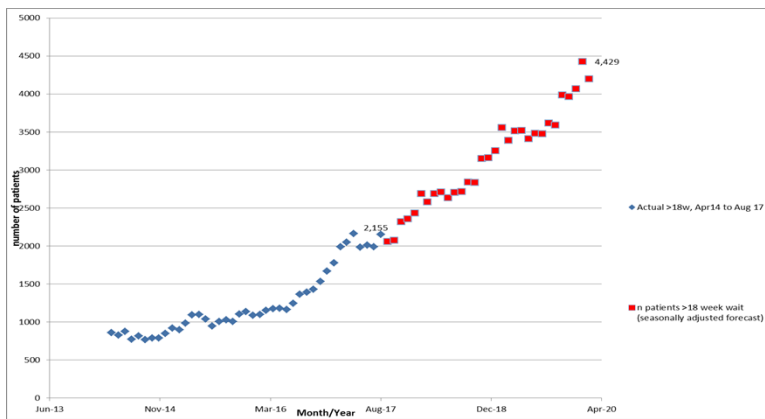


Table I shows the number of patients from NEW Devon CCG and South Devon & Torbay CCG populations waiting more than 18 weeks for an elective orthopaedic admitted procedure. Actual patients April 2014 to August 2017, seasonally adjusted forecast September 2017 to March 2020. Even if money were no object, there would not be sufficient physical space in terms of beds and theatres to accommodate this number of patients. There needs to be a different approach to manage this problem.

### 3. Thresholds to Surgery

The STP have been exploring the use of 'scoring systems' which use an evidence based, systematic assessment of patients prior to referral to secondary care. The aim is that this assessment takes place in an interface service and gives equitable access to secondary care services across the STP. It ensures that the system gives access to those patients most in need of services and most likely to benefit.

The first area to go live is an assessment prior to referral for hip and knee replacements based on the 'Oxford Scoring' system. The assessment takes place as part of a face to face review, includes a physical examination, taking in to account understanding patient preferences and with the ability to fast track patients with particular conditions. The intention is that patients will only be referred to secondary care when their need for surgery reaches a common level and when they are ready to proceed with a surgical intervention. This will be launched across the whole of Devon STP from 1<sup>st</sup> April 2018. It is intended that other surgical conditions will follow relatively quickly.

### 4. Summary and Recommendations

The new interface services will ensure that there is equity of access to secondary care services in a consistent manner across the whole of Devon. It will help to reduce the number of patients referred to secondary care and thereby support a reduction in waiting times for orthopaedic surgery. In time this methodology will be rolled out to other surgical areas.

There are a number of key performance indicators being used during the launch of this new initiative and it will therefore be possible to assess the impact. It is therefore proposed that the Wellbeing Scrutiny Committee receive an update report later in the year.

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