Adult Social Care and Health Overview and Scrutiny Committee

19 February 2020

Performance Monitoring Joint Report
NHS South Warwickshire Clinical Commissioning Group
NHS Warwickshire North Clinical Commissioning Group
NHS Coventry and Rugby Clinical Commissioning Group

Recommendation(s)

The Adult Social Care and Health Overview and Scrutiny Committee receives and considers this report and notes:

- the CCGs' Performance Management approach;
- the CCGs' assurance and governance processes in place;
- the CCGs' current performance reports.

1. Introduction

1.1. The CCGs have a duty to meet the NHS Constitution indicators; to ensure the CCGs deliver these requirements each CCG undertakes an annual planning process to set activity, finance and performance plans with its key acute providers. These plans ensure that sufficient activity is commissioned to meet the health needs of the population of Coventry and Warwickshire and to ensure that sufficient activity is commissioned from each provider to enable the providers to deliver the Constitutional indicators and other national and local key performance and standards. These activity plans and performance requirements are included in the relevant provider contracts.

1.2. The main acute contracts for Coventry and Warwickshire are:

- South Warwickshire Foundation Trust (SWFT);
- University Hospitals of Coventry and Warwickshire (UHCW);
- George Elliot Hospital (GEH).

Mental health services are commissioned from Coventry and Warwickshire Partnership Trust (CWPT) by all three CCGs.

1.3. It is each provider's responsibility to deliver the performance requirements included within the contracts including the NHS Constitution Indicators and other national and local performance indicators. The CCGs monitor each provider's performance against these indicators through its performance framework by monitoring daily, weekly and monthly performance data from the provider's performance against the agreed targets and standards.

1.4. The CCGs holds providers to account for delivery of performance through contract frameworks, which require attendance at formal, monthly Contract Review Group (CRG) meetings and monthly Clinical Quality Review Groups (CQRG). Where a shortfall in performance or failure to deliver the standard is identified, the CCGs work collaboratively with the provider's managers and clinicians to understand the reason for the shortfall and require the provider to develop recovery action plans for the relevant standard or indicator. The CCGs closely monitor deliver of these action plans and request refreshed actions if performance does not improve.

1.5. The contracts support this process formally and the relevant contract mechanisms and levers are applied as required, including the application of formal contract performance notices (to improve) and/or contractual sanctions.

1.6. The CCGs and main providers performance is reported monthly through each CCG's governance process. For those indicators that are failing to meet the relevant standard the monthly performance report details the cause, actions that are being completed to improve the performance and the expected date the indicator will be delivered.

1.7. The performance report is scrutinised monthly by the CCGs' clinical executive teams and formal Performance Committees (which include clinical lead GPs) and any further actions identified are raised with the relevant providers.

1.8. The full performance reports are presented to the CCGs' Governing Bodies, in public, to provide assurance that the relevant actions and plans are in place to improve performance. The reports are published on the CCGs' websites seven days prior to the Governing Body meetings and the public can ask any questions prior to, or at the meeting. Separate quality reports for providers are also monitored and reported in the same way.

1.9. The CCGs' are held to account for performance by NHS England through the Improvement and Assessment Framework and also through place-based quarterly meetings between NHS England and Improvement, the CCG and the acute providers where finance, quality and performance are reviewed.

2. Current Performance

2.1 The tables below detail November 2019 performance for the NHS Constitution Rights & Pledges and main priority indicators for both the CCGs and the main providers of services.

2.2 The main areas of concern remain:

- A&E 4 hour waits;
- Referral to Treatment (RTT) 18 week pathway;
- Cancer – Two week wait breast symptoms only;
- Cancer – 31 day standard;
- Cancer – 62 day standard.

2.3 Actions being taken to address any areas of non-achievement are detailed in section 3.

NHS Constitution – November 2019 Data

NHS Constitution	Basis	Target	SWCCG	CRCCG	WNCCG
A&E: Patients should be admitted, transferred or discharged within 4 hours	Lead Provider	95%	**87.0%**	**75.6%**	**76.7%**
A&E: 12 hour trolley waits	Lead Provider	0	**0**	**0**	**0**
Diagnostic Tests – Patients shouldn't wait more than 6 weeks	CCG	99%	**99.2%**	**99.7%**	**99.3%**
RTT – Incomplete Pathway <18 weeks	CCG	92%	**91.4%**	**83.8%**	**81.9%**
RTT – waiting >52 weeks breach	CCG	0	**1**	**0**	**0**
Cancer 2 week wait – GP Referrals	CCG	93%	**93.7%**	**97.1%**	**96.0%**
Cancer 2 week wait – Breast	CCG	93%	**88.4%**	**98.8%**	**88.4%**
Cancer – 31 day standard	CCG	96%	**91%**	**95.7%**	**97.3%**
Cancer – 62 day standard	CCG	85%	**78.8%**	**85.9%**	**68.1%**
Number of operations cancelled for a second time	Lead Provider	0	**0**	**0**	**0**
Operations cancelled for non-clinical reasons not rebooked within 28 days (Quarter 2)	Lead Provider	0	**0**	**6**	**22**
Care Programme Approach: Proportion of patients followed up within 7 days of discharge from psychiatric inpatient care (Quarter 2)	CCG	95%	**100%**	**94.1%**	**97.6%**

National Priority Areas – November 2019

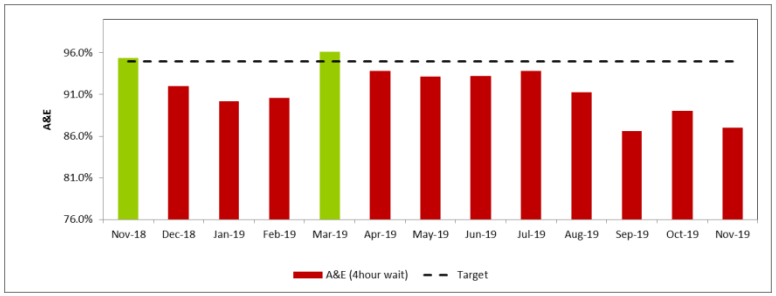
National Priority Areas	Basis	Target	SWCCG	CRCCG	WNCCG
DTOC % of delayed bed days as percentage of occupied beds –Acute	Lead Provider	3.5%	**2.5%**	**4.3%**	**1.9%**
Ambulance Handovers 60 minutes +	Lead Provider	0	**13**	**96**	**50**
Cancer – 104 Day breaches *(patients)*	CCG	0	**5**	**4**	**9**
CHC: 12+ week cases open at month end (Dec 2019)	CCG	0	**0**	**2**	**0**
CHC: % eligibility decisions made within 28 days from receipt of Checklist (Dec 2019)	CCG	80%	**97.5%**	**95.2%**	**100%**
CHC: % DSTs completed in acute setting (Dec 2019)	CCG	<15%	**12.5%**	**0**	**0**
RTT – Children's Wheelchairs (Quarter 2)	Lead Provider	100%	**100%**	**90.3%**	**100%**
Dementia diagnosis percentage (65 + years)	CCG	66.70%	**59.8%**	**61.1%**	**59.9%**
Improving Access to Psychological Therapies (IAPT): Access Rate (Sept 2019)	CCG	5.5%	**4.3%**	**4.6%**	**5.5%**
Improving Access to Psychological Therapies (IAPT): Recovery Rate (Sept 2019)	CCG	50%	**56%**	**57%**	**62%**

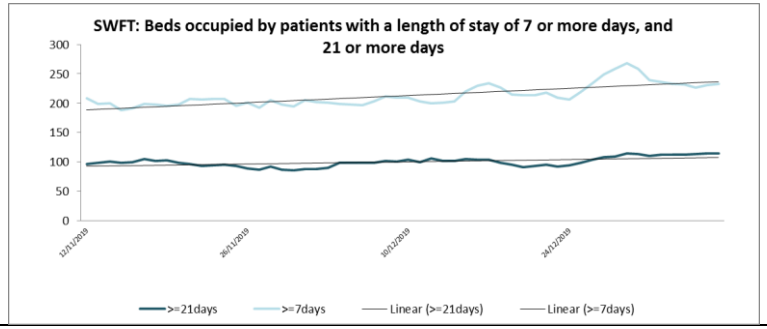
3. Performance Recovery Actions

3.1 The tables below detail monthly performance information and details the reasons for the underperformance and actions being taken to address the under performance of the main indicators at provider level.

3.2 Where applicable Contract Performance Notices have been served to the relevant providers for these indicators and Remedial Actions Plans and recovery trajectories have been agreed. Progress against these plans is detailed in the report.

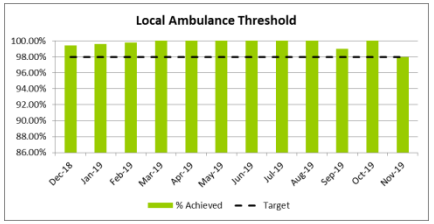
SWFT EMERGENCY CARE TARGETS: 4 Hour Wait

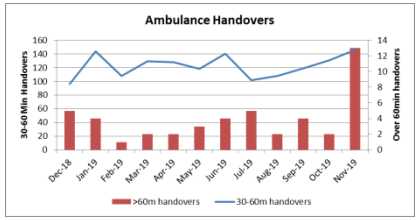




Ambulance Handovers

There were 13 over 60 minute handovers in November. Performance for Month 8 was lower than usual, however still met trajectory (98%).





Data received from WMAS.

Issues:

- 9.5% (+602) rise in Type 1 attendances in Nov '18 vs Nov '19.
- Patient flow issues caused by;
  - Bed occupancy
  - Increasing numbers of out of area patients due to WMAS Strategic Cell diverting ambulances
  - Ambulance diverts in place for Worcester during November increasing conveyances

Ongoing Actions:

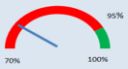
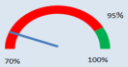
- A&E severely challenged throughout November and December, with additional measures put in place, which are being monitored by the A&E Delivery Board, and include;
  - Emergency Manager is on shift 7.30am – 11pm to ensure operational oversight and challenge throughout the day and night;
  - Every patient in the organisation is colour coded to assess the phase of their stay they are in, in a similar process to 'red to green'. If green, they can be discharged;
  - Every patient is reviewed and their ability to be streamed to ambulatory or elsewhere completed within 15 minutes of their arrival;
  - Patients are being streamed to other areas/teams in the hospital i.e. frailty, before being counted as an attendance;
  - Additional bed capacity open.

Recovery Date: Q1 2020/21

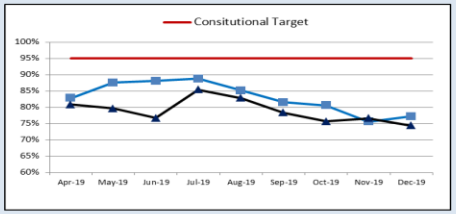
UHCW & GEH EMERGENCY CARE TARGETS: 4 Hour Wait

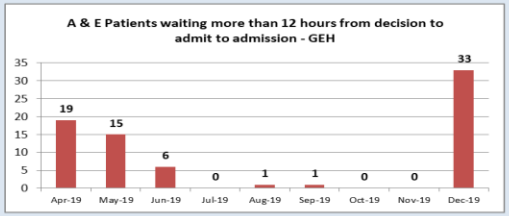
Patients Admitted, Transferred Or Discharged 4 Hours Of Their Arrival At An A&E Department - Dec 2019

Operational Lead: Rob Fontaine / Jenni McLaren

	Latest Performance	Benchmarked Nationally*	Trend	Performance History			
				Month	Prev Month	Q 3 19/20	YTD
UHCW			↑	77.3%	75.6%	77.8%	82.9%
GEH			↓	74.4%	76.7%	75.6%	78.9%

**The red zone represents CCGs in the worst performing quartile*





Reasons for being off track

A&E (SUS data) 2019/20 growth for GEH and WNCCG has been twice the national level reported growth figures. Growth for CR CCG and UHCW has been lower than for other Trusts and CCGs, and is in line with National growth trends. WNCCG has the second highest rate of NHS 111 calls per 1000 population across the West Midlands with associated ED and 999 dispositions.
However, growth for emergency IP activity for CR CCG and UHCW has been higher in 2019/20 than for other Trusts and CCGs, and is above National growth trends. Growth for GEH and WNCCG is lower and closer to the national level reported growth figures.

Pattern of arrival times at A&E have remained relatively stable, but growth in attendances generally from 08:00 to 20:00 hours, peaks at 9:00 and 17:00. Ambulance arrival times may be influenced by ECDS DQ therefore reserving judgement for now.

Cause of 12 hour trolley wait breaches: High attendance levels and spikes in attendance, flow issues in hospital

Recovery Actions

Existing Actions	Original Date	Anticipated Impact	Date of Expected Impact
UHCW -Ongoing monitoring of access rates, incident rate per 1000 population for WMAS ambulance service. This includes both NHS 111, 999 and HCP requests for ambulances.	Ongoing	To enable service provision to be more closely aligned to demand	TBC
UHCW - A&E analysis by site, type and age provided to STP/ CWAEDB.	Dec-19		
GEH - Same Day Emergency Care Unit due to open including Acute Frailty, GP Assessment & Ambulatory care	Jan-20	Stream activity away from A&E Department	Feb-20

New and Proposed Actions

Focus remains on normal Trust activities on managing flow, focus on LLOS (superstranded), RED to Green, discharge before 11:00, TTOs being ready earlier in the day, and flow out of the hospital to free up beds for new patients. DTOC figures have remained around 4%, but the number of superstranded patients has not yet seen any reduction. In part this is because of the Hospital at home programme, which is being reviewed. The Trust STF trajectory had it performing above 85% at present reaching 90% by the end of March 2020, the Trust is currently well below this profile.

Strategic Capacity Cell concerns to be raised with WMAS i.e. inappropriate intelligent conveynance cases.

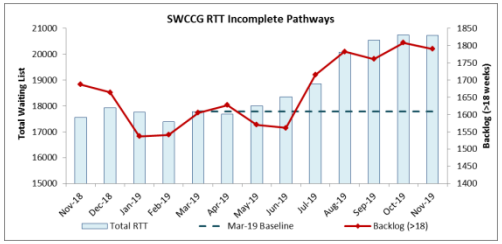
Actions to address 12 hour trolley wait breaches:
Increased medical workforce to support ED.
Multi agency discharge event with system partners
HALO introduced through WMAS to support

Expected Recovery: January 2020

CCG Specific Actions

WN Joint Transformation Programme for Urgent Care (High Intensity Users planning relaunch, GP Extended Access hub within GEH UTC and SDEC expansion).
Coventry and Warwickshire Urgent Treatment Centre development (GEH, Rugby and Coventry) to 'pull' away Type 3 and 4 activity from main departments.
CR High Intensity User project - engaging UH and CWPT for planned relaunch.

SWCCG REFERRAL TO TREATMENT: Overview



Main Positions

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
SWCCG	90.4%	90.7%	91.3%	91.1%	91.0%	90.8%	91.3%	91.5%	90.9%	91.1%	91.4%	91.3%	91.4%
SWFT	92.4%	92.7%	93.5%	92.8%	92.8%	92.2%	93.1%	93.0%	92.2%	92.1%	92.2%	92.1%	92.4%

SWCCG patients at out of area Trusts

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
UHCW	84.2%	84.0%	82.8%	83.8%	83.8%	83.5%	84.0%	83.3%	83.3%	83.9%	84.4%	85.0%	84.9%
Worcester	82.4%	82.4%	84.1%	86.1%	85.5%	86.2%	84.4%	83.2%	85.0%	83.7%	87.2%	85.4%	86.3%
HEFT/UHB	91.2%	89.0%	89.1%	88.3%	88.7%	86.3%	84.9%	85.4%	85.6%	85.3%	84.7%	85.1%	81.5%
Oxford	81.0%	80.7%	85.1%	83.3%	83.8%	83.4%	79.8%	81.5%	81.7%	80.9%	82.1%	82.8%	83.2%

CCG Issue:

- Underachievement at out of area Trusts, including University Hospitals Coventry and Warwickshire, Worcestershire Acute Hospitals, University Hospitals Birmingham and Oxfordshire University Hospitals.

SWFT Issues:

- Specialties failing target are Ophthalmology, Plastic Surgery, Rheumatology and Urology.
- The aggregate standard continues to be achieved through over-performance in other specialties, including 98.4% in Orthopaedics.
- The total waiting list at SWFT has grown by 19% since March 2019, from 12,369 in March to 14,772 in November.

SWFT Actions:

- Specialty level recovery plans are in place for each of the challenged specialties.
- The Community Ophthalmology service went live on 1st September, and initial data is showing a month on month increase in utilisation of the service.
- The Community Dermatology service went live on 1st December, and is anticipated to reduce demand for secondary care services.
- Consultant availability remains limited across all specialties, therefore fewer additional sessions to provide capacity are being run.

Out of Area Trusts Recovery Actions:

- University Hospitals Coventry and Warwickshire:
  - Daily meetings to discuss Electives for the next day, to improve patient flow.
- Worcestershire Acute Hospitals:
  - Staffing of the medical 'take' has been improved, which will have a significant impact on patient flow during winter.
- University Hospitals Birmingham (HGS Sites):
  - Focus on reducing 40+ week waits, RCAs completed as standard for 52 week breaches to ensure learning taken.
- Oxford University Hospitals:
  - Weekly meetings for the most challenged services to support management and monitoring of the long waiting patients.

52 Week Breach

- 1 x breach at Gloucester Hospitals NHS Trust
  - Reasons for the breach are under investigation with the provider.

Recovery Date: Q1 2020/21

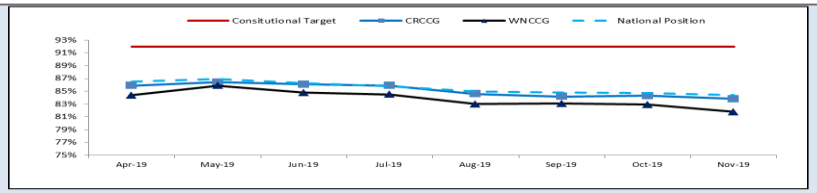
CRCCG & WNCCG REFERRAL TO TREATMENT: Overview

Patients On Incomplete Non-Emergency Pathways Waiting No More Than 18 Weeks From Referral - Nov 2019

Operational Lead: Kate Cogman / Jo Evans

	Latest Performance	Benchmarked Nationally*	Trend	Performance History: Month	Prev Month	Quarter 2 19/20	YTD
CRCCG			↓	83.8%	84.3%	84.9%	85.1%
WNCCG			↓	81.8%	82.9%	83.5%	83.8%

*The red zone represents CCGs in the worst performing quartile



Reasons for being off track

Both CCGs in agreement with both UHCW and GEH set plans for RTT in 2019/20 to not meet the national RTT standard of 92%, but that the outturn position for 2018/19 should be maintained in 2019/20, that total number of waiters should be at the March 2019 position by the end of March 2020, and that there would be no over 52 week waiters. This is containted with the Contract SDIPs wit providers, and provider trajectories agreed with NHS E/I linked to SFT funding by NHS E/I.

Overall in year RTT has fallen slightly below that at the start of the year, this is consistent also with the national position for England as a whole. However total incompletes (total waiters) have risen significantly driven in the main by providers delivering less activity in year than was the case in 2018/19, plus referrals have grown overall (although in part as new providers are reporting through national RTT reporting i..e Newmediac who did not report figures in 2018/19).

Long waits have fallen and the number waiting over 40 weeks has fallen considerably for both CCGs.

UHCW is part of the national Pilot for average waiting times, and as such currently has an average waiting time of 10.3 weeks, but is working to reduce this to 9.5 weeks by the end of March 2020 - this is consistent with maintaining RTT as it was. UHCW is no longer required by NHS E/I to publish its RTT performance nationally. It is working internally to have no over 40 week waiters across all specialties by the end of March 2020 as part of its work on reducing average waiting times.

As a Coventry and Warwickshire system there is a 26 week choice pilot in place across the STP moving patients between providers, for Ophthalmology. This pilot is expected to by April to cover all specialties, with plans being developed to mobilise this.

UHCW expects to deliver 9.5 weeks as an average wait for current waiters, and to deliver no 52 week waits working internally to get to zero over 40 week waits by the end of March 2020.

GEH is not part of the national pilot for average RTTT waits and is still reporting RTT as normal, again performance for RTT has fallen in year and is blow the position for Coventry and for England as a whole. Total incompletes has also increased. Trust capacity has been constrained by emergency pressures on inpatient electives.The Trust is looking to recruit extra capacity where they can, have ringfenced elective capacity in terms of beds for T&O, and are part of a pilot to move patients at 26 weeks to other Trusts i.e. SWFT for Ophthalmology, as part of the STP choice at 26 weeks pilot.

For both systems there are transformation board activities looking to reduce referrals though Advice and Guidance, MSK FCPs, and reductions in Follow Up activity to free capacity for new patients (Patient initiated follow Up). This will have a limited impact and the expectation is that RTT will continue to remain at its current position, with both Trusts expecting to have no 52 week waiters. Total incompletes falling back to Match 2019 levels however looks completely unlikely for both Trusts, by March 2020.

Existing Recovery Actions

Existing Actions	Date	Anticipated Impact	Date of Anticipated Impact
26 week choice pilot - moving patients from UHCW/GEH to SWFT - Ophthalmology.	In Place	Assists with reduction of long waiters, and helps maintain RTT performance overall for the CCGs, assists with addressing capacity concerns at GEH/UHCW for this specialty.	Mar-20
Joint work between CCGs / Providers to ensure LPP/PLCV policies are being managed effectively.	In Place	Reduces levels of clinically ineffective activity being undertaken, freeing capacity for clinical effective procedures, reduces additions of patients onto waiting lists, and helps reduce growth in total lists.	Mar-20
Providers recruiting to vacancies and moving away from reliance on locums and waiting list initiatives.	Ongoing	Addresses inbalance between demand and capacity, so moves to stopping growth in total waiting lists and helps to move to a sustainable level of provision over time.	Mar-20
Place based Forums developing local elective care transformation work programmes, MSK single point of access, First Contact Practitioners, greater proprotion of non face to face apppintments, patient initated follow up, work programmes for Dermatology/Ophthalmology to develop community alternatives. Greater effiecny by providers fewer DNAs, improved theatre utiisation utilising GIRFT.	Ongoing	Reduces demand for acute care, improves efficiency through use of new technologies for Outpatient appointments, transfer of activity away from costly acute services, to more community located services, increase in thrughput by providers to increase physical capacity. Helps to move to sustainable levels of provision. Evidence that growth in total incompletes has started to level off in last 3 months.	Sep-20
Advice and guidance, Consultant Connect, RSS triage.	In place	Helps to ensure patients are referred only when necessary and worked up appropriately in primary care first. Reduces bounce back at first OP appointment, and frees capacity for acute provider to see exisiting patients.	Ongoing

New and Proposed Actions

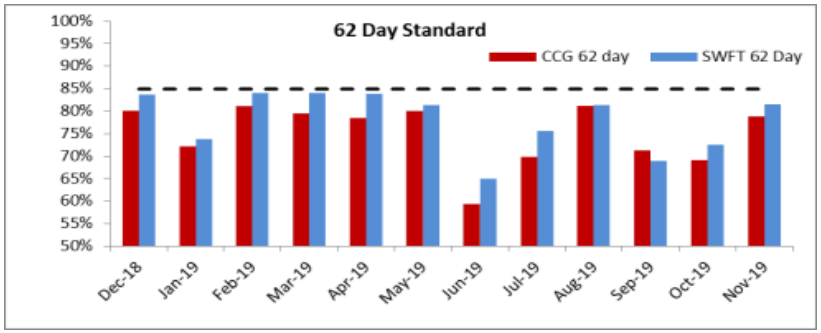
Pilot of choice at 26 weeks, to be expanded to cover all specialties by April 2020, plans being coordinated through STP (CWHPB Planned Care Programme) linked to place based transformation. Detailed plans and resource implications to be worked through in next few months. Does increase financial pressures for both CCGs, and impacts on management capacity of providers to manage and deliver choice.

Further development of elective care transformation programmes linked to Rightcare opportunities, linked in with place based transformation programmes - currently in progress of going through ideation, with detailed programmes to be finalised by April 2020.

SWCCG CANCER

62 day Cancer

There were 18 breaches, out of 85 patients seen.



Seen	Treated	Tumour Type	Delay Reason Description	Breaches
SWFT	SWFT	Breast	Complex diagnostic pathway	1
		Gynaecological	Complex diagnostic pathway	1
		Haematological	Under investigation	1
		Lower Gastrointestinal	Inconclusive diagnostic result	1
		Upper Gastrointestinal	Complex diagnostic pathway	1
	UHCW	Gynaecological	Under investigation	1
		Lower Gastrointestinal	Equipment breakdown	1
		Lung	Under investigation	4
		Skin	Under investigation	1
		Urological	Under investigation	5
Oxford	Oxford	Breast	Elective capacity inadequate	1

Issues:

- Complex pathways for some specialties with onward referral to tertiary centres, leading to late referrals.
- Issues with process for internal escalation of breached patients.
- Difficulties with running Waiting List Initiatives, due to pension implications for clinical workforce.

SWFT Recovery Actions:

- Progress against the actions identified by the IST review is being monitored by the Cancer Board. Actions undertaken include;
    - Pathway analyser tool has been introduced to Urology, Lower GI and Skin, with action plans developed to improve pathways.
    - A draft training strategy has been completed, with potential to develop an e-learning tool.
    - A review has been undertaken of the Access Policy and SOPs. Feedback given, and the documents are currently going through internal ratification.
- Commissioners have requested an update following the completion of actions in February.

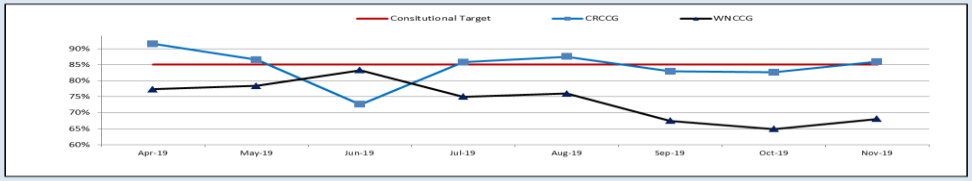
Recovery Date: Quarter 2 2020/21

CRCCG & WNCCG CANCER

62 Days Wait From Urgent GP Referral To First Defined Treatment For Cancer - Nov 2019

	Latest Performance	Benchmarked Nationally*	Trend	Performance History			
				Month	Prev Month	Q2 19/20	YTD
CRCCG	60% 100%		↑	85.9%	82.9%	85.6%	84.7%
WNCCG	60% 100%		↑	68.1%	67.5%	71.1%	75.6%

*The red zone represents CCGs in the worst performing quartile



Reasons for being off track

WNCCG

Care	Tumour Type	First Seen Provider	First Treatment Provider	Wait Days	Delay Reason Description
Admitted	Gynaecological	GEH	UHCW	129	Other reason (not listed)
Admitted	Gynaecological	GEH	UHCW	82	Other reason (not listed)
Admitted	Gynaecological	GEH	GEH	231	Complex diagnostic pathway
Admitted	Gynaecological	GEH	GEH	135	Complex diagnostic pathway
Admitted	Head and Neck	UHB	UHB	97	Elective capacity inadequate
Admitted	Lower Gastrointestinal	GEH	UHB	146	Elective capacity inadequate
Admitted	Lower Gastrointestinal	GEH	UHB	146	Elective capacity inadequate
Admitted	Lung	GEH	UHCW	94	Other reason (not listed)
Admitted	Lung	GEH	UHCW	94	Other reason (not listed)
Admitted	Skin	GEH	UHCW	141	Other reason (not listed)
Admitted	Skin	GEH	UHCW	141	Other reason (not listed)
Admitted	Urological (Excluding Testicular)	GEH	UHCW	104	Other reason (not listed)
Admitted	Urological (Excluding Testicular)	GEH	UHCW	104	Other reason (not listed)

Care	Tumour Type	First Seen Provider	First Treatment Provider	Wait Days	Delay Reason Description
Non-admitted	Gynaecological	GEH	UHCW	97	Other reason (not listed)
Non-admitted	Gynaecological	GEH	UHCW	97	Other reason (not listed)
Non-admitted	Lower Gastrointestinal	GEH	UHCW	78	Other reason (not listed)
Non-admitted	Lung	GEH	UHCW	84	Other reason (not listed)
Non-admitted	Lung	GEH	UHCW	84	Other reason (not listed)
Non-admitted	Lung	GEH	UHCW	79	Other reason (not listed)
Non-admitted	Urological (Excluding Testicular)	GEH	GEH	76	Complex diagnostic pathway
Non-admitted	Urological (Excluding Testicular)	GEH	GEH	68	Other reason (not listed)

Recovery Actions

Existing Actions	Date	Anticipated Impact	Date of Expected Impact
GEH -Tracker posts to be advertised & -Recruitment to pathway redesign posts for the HCP to review all three trusts pathways	Nov-19	Improvement in delays for radical prostectomy (RARP) at tertiary provider- work has commenced with HCP to review pathways across the three trust	TBC
GEH - Implement process for straight to test for testicular referrals	Dec-19	Improved patient pathway	TBC
GEH - Review of Gynae capacity and potential to outsource diagnostics	Dec-19	Improved patient pathway	TBC
GEH - Focus on high risk specialities and review pathways across the HCP to provide standardised and EAG approved pathways and to achieve the 28 day standard	TBC	Improved patient pathway	TBC
GEH - Introduction of Clinical and Admin triage in line with Frimley Park process	TBC	Improved patient pathway	TBC
GEH - Somerset systems upgrade to include bolt ons to deliver LWBC standards	Apr-20	Improved systems	Apr-20
GEH Pathology - Ongoing escalation of delays in turnaround	Ongoing		TBC

New and Proposed Actions

GEH - Comprehensive list included in Trust Cancer Recovery Plan. Key areas include:

Colorectal -Straight to test for CT Colonoscopy from consultant request to OPS to Radiology (no vetting required).
Urology -Review flexi cystoscopy diagnostic capacity to meet the TWW demand.
- Scoping the possibility of Direct access for MRI for Prostate.
- Direct access to USS for TWW by February 2020.

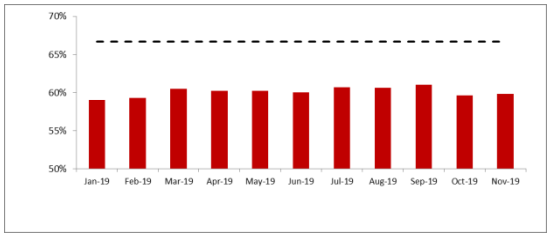
Upper GI: Provide advice to GP's on referral criteria
Gynaecology - Outsource/Insource routine diagnostics and daycases to support delivery of the cancer standard and reduce delays by January 2020.
Lung: Additional respiratory consultant to be recruited to by May 2020

CCG Specific Actions

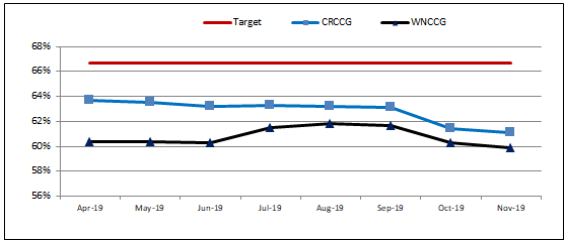
The CCG will continue to liaise closely with GEH and to request regular updates on progress agains the Cancer Recovery Plan.

CWPT Dementia Diagnosis Rates

South Warwickshire CCG:



Coventry and Rugby & Warwickshire North CCG:



CWPT Issues

- Referral and diagnosis conversion rates.
- Follow-up and shared care issues are affecting capacity within the CWPT Memory Assessment Service
- Patient and family concerns of impact of diagnosis lead to late presentation within primary care.
- Issues within post diagnosis support.
- Cultural /organisational challenges preventing a greater uptake of early dementia assessments.
- Dementia prevalence rates continue to rise due to increasing life expectancy, and the dementia register is fluid due to dementia being a terminal condition, so numbers required to meet the target continue to increase.
- Capacity issues exist within Memory Assessment Service.

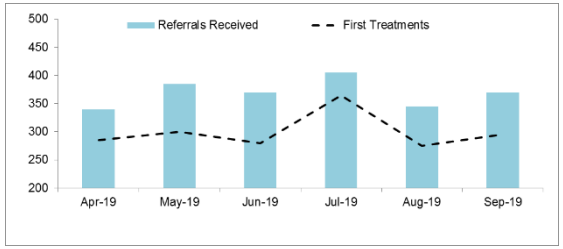
Recovery Actions

- GP refresher event actions are in progress;
- EMIS template undergoing revision, once complete, this will be communicated to all trained GPs. The EMIS template has been streamlined, with one practice reviewing the changes prior to sharing it more widely.
- Mapping of care homes is underway to understand the number of care homes per network to facilitate diagnosis and to identify networks/GPs for the first roll out. St Wulfstan Surgery has trialled Diadem in homes in preparation for rolling out to residential homes
- CWPT and the MAS are developing proposals to address data quality issues caused by patients moving in and out of area post diagnosis.
- Supporting the inclusion of the cognitive assessment scheme into the Mental Health Enhanced Services offer.
- Targeting practices with unexpectedly low dementia registers to support with data cleansing.
- Developing “Dementia on a Page” support leaflets ensuring GPs, patients and other stakeholders understand the range of support available and making use of PLT and CCG lunchtime talks to promote dementia diagnosis and support amongst primary care colleagues.

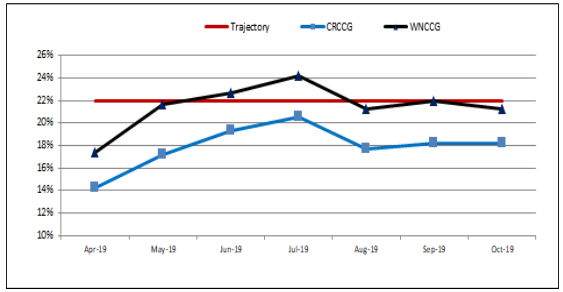
Q2 2020/21

CWPT Improving Access to Psychological Therapies (IAPT): Access

South Warwickshire CCG:



Coventry and Rugby & Warwickshire North CCG: (Access Rates)



CWPT Issues

- Accommodation issues related to increased requirement for staff, and therefore clinic space.
- Increase in awareness of, and referrals to, the service is required.
- Impact of Active Monitoring pilot is reducing referrals to IAPT for 5 practices.
- There have been updates to the actions as identified as a result of the issued CPN;
- Workforce issues, leading to increased caseloads for existing staff.
- 99.05% of patients wait 6 weeks or less for a first appointment within the IAPT service. 100% are seen within 18 weeks.

The IAPT service have flagged that there is a decline in the amount of space available within GP practices, which is impacting on their ability to offer sessions to patients, adversely impacting the access rate There are a number of emerging third-sector services offering provision similar to IAPT, it is felt that this is also impacting on the number of referrals.

Recovery Actions

- CPN is still in place with associated RAP;
  - CCGs and CWPT reviewing available space and identifying community opportunities in areas where space is limited.
  - Expansion of further LTCs is under review.
  - Work underway to issue a PIN as means of identifying possible providers of digital therapies.
  - CWPT is progressing work to increase group based therapies;
  - Progress on interface with CYP and their carers is being monitored by the Steering Group
  - Development of a robust commination plan, to promote availability is underway.

Shared positive evaluation of IAPT-LTC evaluation with Acute trusts and requested a steering group to be developed between health care clinicians for COPD, Diabetes and Asthma and IAPT HITs to ensure IAPT can offer system support to meet the psychological needs arising from poor physical health.

Six additional GP practices in Coventry are now able to now refer into IAPT, following a review of counselling provision and access

Q4 2019/20

4. Background Papers

Further information on a wider range of indicators can be found in the latest Governing Body reports available on the CCG websites:

South Warwickshire CCG Performance Report Link (page 165)
Coventry & Rugby CCG Performance Report Link
Warwickshire North CCG Performance Report Link

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