NHS
Oxfordshire
Clinical Commissioning Group

Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS) Priorities & COVID-19 Phase 3 Recovery in Oxfordshire

17 December 2020

As we progress through the second wave of the COVID-19 pandemic and embark on the largest immunisation programme in the history of the NHS, the following paper takes the Health & Wellbeing Board through our continued efforts to keep services open and our response to COVID-19.

This paper covers the following:
BOB ICS:

- Priorities of the BOB ICS
- COVID-19 Vaccine

Oxfordshire:

- Winter including the flu immunisation programme and NHS 111
- Primary Care
- Cancer
- Electives
- Mental Health, Learning disability and Autism Services

1. BOB ICS Priorities

To support the response to COVID-19 there has been a focus on prioritising the most essential areas to focus on. These are outlined below:

<table>
<tr><th colspan="2">Priorities have been set out for the Integrated Care System</th></tr>
<tr><td>Reset : maximise services for patients
• Planned care, Mental Health, Learning disability and Autism, Cancer, Diagnostics, Primary Care, Community</td><td rowspan="5">Ensure CCGs are working jointly

Live within agreed £ envelope

Further develop system collaboration

Progress CCG and Integrated Care System development and Senior Management Team</td></tr>
<tr><td>Urgent care, winter and flu: prepare and build resilience
• Place-based plans, building in resilience where possible, implement 111 First
• Deliver on the largest ever flu vaccination programme / prepare for COVID vaccine</td></tr>
<tr><td>COVID: monitor, prepare, respond
• Prepare for and set-up to manage 2nd Wave and balance COVID vs Urgent and Emergency Care vs planned care
• Leverage lessons from Wave 1</td></tr>
<tr><td>Inequalities: create tangible wins
• Focus on reducing inequalities for Black Asian and Minority Ethnic communities due to COVID</td></tr>
<tr><td>Workforce: well-being, flexibility, racial equality
• Reinforce and extend well-being offers for staff
• Support flexible working and use of common agency
• Support Black Asian and Minority Ethnic colleagues – extend work on Workforce Race Equality Standard and racial equalities</td></tr>
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2. COVID-19 Vaccination Programme

On 2 December, we received the very welcome news that the Pfizer/BioNTech COVID-19 vaccine was approved for use in the UK by the MHRA (the Medicines and Healthcare products Regulatory Agency). This is a hugely significant moment in our pandemic response and offers hope at the end of an incredibly difficult year. The strict approval process it has gone through means that the approved vaccine, and any other vaccines approved in the future, will not only be safe, but will also be our best defence against the virus.

Detailed planning for the rollout of the COVID-19 vaccination programme is well underway both locally and nationally. The NHS is leading on this, building on their expertise and strong track record in delivering large-scale immunisation programmes, such as the annual flu programme. The plans will ensure that as many people as possible receive the vaccination in a timely way, and that the COVID-19 vaccination programme does not adversely affect other vital health services.

8 December saw the NHS embark on its largest ever immunisation programme as COVID-19 vaccinations started in 50 hub hospitals across England. The Churchill Hospital at Oxford University Hospitals (OUH) NHS Foundation Trust was selected as one of the hubs to roll out the vaccination programme in the initial wave. This hub will serve residents across Oxfordshire, Buckinghamshire and West Berkshire in the first instance.

In the coming weeks, more hospitals hubs across the country will start vaccinating as the programme ramps up. GPs and other primary care staff within their Primary Care Networks are also preparing to start delivering vaccinations, with planning underway for a number of local vaccination centres in Oxfordshire. Vaccination centres treating large numbers of people in sporting venues and conference centres will subsequently stand up across the country when further supplies of vaccine come on stream.

In Oxfordshire we have been working round the clock to put arrangements in place to start delivering the vaccination programme as soon as supplies of the vaccine become available. There will be a phased delivery of the programme, based on the priority groups set out nationally by the independent Joint Committee on Vaccination and Immunisation (JCVI). People aged 80 and over as well as care home workers will be first to receive the jab, along with health and care workers who are at higher risk.

We look forward to seeing the Oxfordshire community being vaccinated through the priority groups, starting in 2020 and continuing throughout the first few months of 2021. We will continue to update you as this programme progresses and signpost to information about how and when the different priority groups will be offered vaccinations.

3. Winter

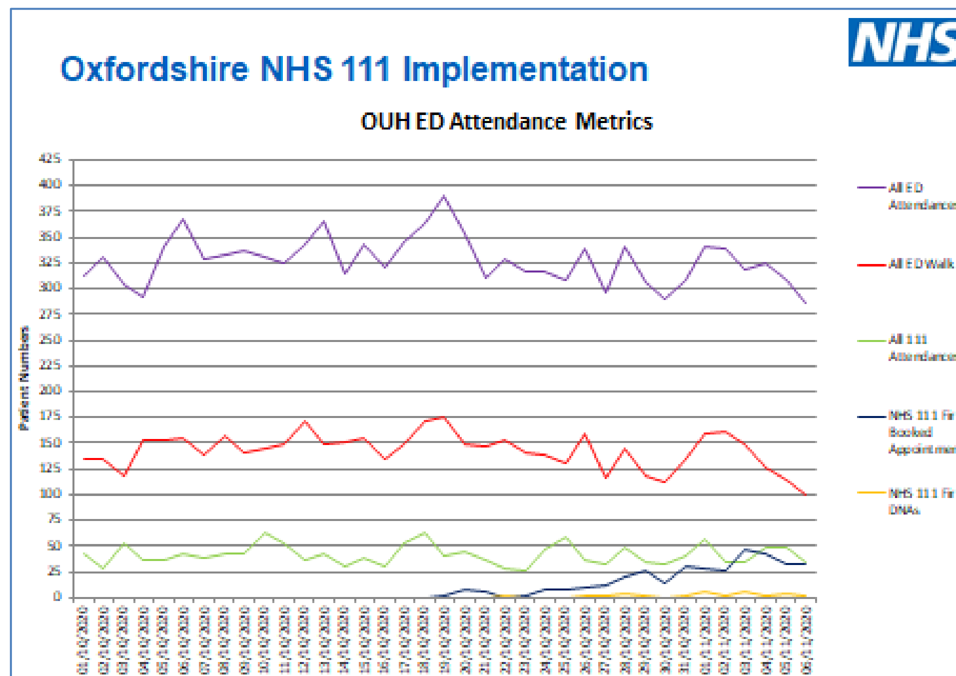
The Oxfordshire Winter Plan was shared with Health and Wellbeing Board members at its last meeting; the plan is a system plan setting out the approach for managing the additional pressures expected over the winter months. The continued pressures of the COVID-19 pandemic are also part of the context of the plan. Since its publication, Oxfordshire County Council has also published the Oxfordshire Adult Social Care Winter Plan. Implementation of the winter plan is well underway and significant deliverables include launch of the NHS111 First service, launch of the flu vaccination programme and associated communications campaigns.

3.1. NHS 111 First Service

NHS 111 First launched to the public, in Oxfordshire, on 2 November with the main objective being to ensure that patients receive the care they need in the most appropriate setting. This will be achieved by contacting NHS 111 if the patient needs urgent health care advice. The patient will then be assessed and directed to the most appropriate clinical setting which will include being given a timeslot to attend A&E if this is deemed appropriate.

By doing this, the risk of hospital aquired infection is minimised and the public can be assured that the NHS is open and that it is safe to seek help when needed.

From the 28 October the emergency departments at both the John Radcliffe and Horton General Hospital have been able to offer times to attend for both adults and children 24 hours a day, 7 days a week and has been very successful. The data below shows the attendance at an Oxfordshire A&E since NHS 111 First launched. NHS 111 First launched nationally on 1 December and we are supporting that national publicity campaign to continue to promote the service in Oxfordshire.



3.2. Flu Immunisation programme

OCCG has been working with GP practices and providers to plan and prepare for the second wave of the pandemic and any future surges as well as increases in activity that are expected this winter. For flu, there is also a strong system approach, support for risk stratification and vulnerable patient identification with good cross working with local authority partners.

The public flu campaign has been focussed on encouraging people who are at risk of suffering severe complications from the flu to get their vaccine. The national advertising campaign launched on 26 October and will run until December and we are supporting this locally. The staff flu vaccination campaign for healthcare workers is currently running across the system. There have been some shortages in vaccine supply but these have been rectified and staff are still being encouraged to get vaccinated.

Flu vaccination clinics have been extremely popular and GP practices have had to take extra precautions to ensure that the vaccinations are carried out safely and been creative in how they carry out their flu clinics to ensure that they maintain social distancing. For the week ending 29 November, OCCG has a flu vaccination uptake of 80.7% of those over 65 years old having had theirs (against a target of 75%). OCCG rates compare favourably with BOB uptake rates.

As part of the campaign to encourage people to have their flu vaccination we have been working with members of BAME communities in their roles as community champions to help us to reach more ‘seldom heard groups’ with our messaging, especially groups of people who don’t tend to access healthcare services. This follows on from our work last year where these communities told us they didn’t like to go to their GP so this year we are trying use this opportunity to break down barriers even more and encourage people who are at risk of complications from the flu to get their vaccination and also offer reassurance that it is safe to do so.

Various community and faith leaders have used our script to speak directly to their own communities in Urdu, Bengali, Pashto, Arabic, English and Filipino. They have also helped us to share this message throughout their own communication channels as well as those of the system. The videos have had thousands of views on social media and have been featured in articles in local print and broadcast media. The videos are available on to the flu page on OCCG’s website here. They have also been shared with colleagues across Buckinghamshire and Berkshire West and with the NHS across the South-East. Work is ongoing to reach out to BAME and other potentially isolated communities with information about the wider winter campaign.

4. Primary Care

4.1. GP services

Activity in primary care across Oxfordshire continues to increase. National data sets and local feedback highlight that practices have reached their recovery trajectories and are delivering at pre-COVID levels and higher. We remain assured that face-to-face appointments are being provided when clinically appropriate. A number of approaches and mechanisms are in place to support practice resilience, including a regular sitrep that enables practices to highlight pressures and concerns.

In response to COVID-19 health organisations have made rapid changes to how services are accessed and delivered. Many of the changes have been intended to reduce the face-to-face contact which in turn reduces the risk of spreading the infection. Changes have included introducing telephone triage so that GP practices talk to all patients over the phone first; many are then provided with the advice and care they need without needing to visit the practice. Practices have also introduced *eConsult,* an advice and online appointment system which is a form-based online consultation platform that collects a patient's medical or administrative request and sends it through to their GP practice to triage and decide on the right care for the patient.

By necessity, these changes were introduced rapidly, following national guidelines, to best protect patients and health and care staff. The urgent need for action and new ways of working allowed little time or opportunity to engage with the people affected by the changes, as would be the case in 'normal' times.

OCCG has continued to seek feedback from patients on their experience of services and of accessing them in new ways during the pandemic. Most recently we have analysed feedback from patients in primary care who used eConsult. Overall the themes from the comments received in April 2020 were generally positive; reflecting the 84% of very satisfied or fairly satisfied responses. However, despite the high rate of satisfaction, concerns were raised about the accessibility of the system; ability to have a face-to-face contact and the responsiveness of the system.

4.2. CALM Clinics

GPs and NHS providers continue to care for patients affected by COVID-19 and this includes rehabilitation for those who were worst affected. In planning for winter, additional capacity has been put in place to support primary care with the second surge. The Oxfordshire CALM service is additional face-to-face capacity for primary care which will see the most infectious COVID-19 patients in a dedicated clinic or via a home visit. It is a whole county service, comprising three clinics across Oxfordshire: in Wallingford, Banbury and Oxford (Woodfarm), supported by a visiting service for those unable to travel. There are a maximum of 150 appointments per day made available. GP practices can book patients into a slot at any one of the three clinics or visiting service. NHS 111 can also book patients into the clinics; they are not a walk-in service.

5. Cancer waiting times

5.1. Background

In recognition of the COVID-19 pandemic, cancer systems have been under significant pressure to deliver treatment for all patients. Working to a prioritisation framework in line with the Phase 3 response to the pandemic, Oxford University Hospitals NHS Foundation Trust (OUH) has been working to the following priorities for cancer:

- Accelerating the return to near-normal levels of non-COVID-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally;
- Doing the above in a way that takes account of lessons learned during the first COVID-19 peak locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

In respect of Cancer services, OUH is working collegially with the Thames Valley Cancer Alliance (TVCA) in the development of the phase 3 recovery plan for cancer services with the aims of:

- Reducing unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels;
- Managing the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service;
- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for those waiting longer than 104 days.

5.2. Cancer waiting times OUH

Cancer waiting times October 2020 (Month 7) OUH achieved 3 out of 9 cancer waiting time (CWT) standards in October 2020. Below outlines those not met and action being put in place:

Two-week-wait (2ww) from GP referral: This standard was not achieved in October, reporting 79.4% against 93% threshold– since August this was primarily due the Breast and Lower GI pathways. Breast referrals were below target primarily due to capacity issues in both radiology and outpatients that have been further restricted due to Infection, Prevention and Control (IPC) guidance post COVID-19. The service has an action plan in place to address these issues

which are making an impact - improvement is expected through Q3 and achievement of target in Q4.

The Lower GI pathway continues to be challenged by the impact of faecal immunochemical tests (FIT) tests being sent to patients by OUHFT during the pandemic – performance was 51.2% in September. FIT testing in primary care resumed on 17th August but the service continues to have a backlog of patients requiring tele-med consultations for FIT negative patients. Discussions are now in place between service and OCCG – it is expected that actions from these will result in a return to compliance by the end of Q3/Q4.

2ww Breast Symptomatic: This standard was not met for the same reasons as those referred on the 2ww urgent breast pathway, and as per August – performance against standard was 14.1% this figure has more than doubled since last month. These patients are also included in the action plans for breast 2ww hence improved performance is expected through Q3/Q4.

31 day decision to treat: This target had remained static over the last three months (total of 33 patients breached) but there was an improvement to 94.7% in October — in most pathways it equates to one or two patients but the majority of the breaches are in the urology pathway which is challenged with surgical capacity for both diagnostics and treatments.

31 day subsequent treatment (surgery): The majority of breaches are a consequence of surgical capacity for both diagnostic investigations and treatment in the urology pathway.

62 Day from GP referral: The number of completed pathways rose to 224 from 204 in August with 52 breaches. This resulted in a 62 day CWT performance of 80.4%.

5.3. Steps taken during Covid-19 – first phase

The following were put in place as a result of national guidance and necessary clinical review of patients on cancer pathways to ensure the risk vs benefit of cancer treatments was considered for every patient prior to treatment.

Pathway Changes: As a result of the COVID-19 pandemic, many of the Cancer multidisciplinary teams (MDTs) made significant changes to their cancer pathways as a result of loss of capacity (particularly for surgery related to theatre, intensive care unit (ICU) and bed capacity) and also changes in the risk vs benefit balance of the treatments with the added risk of COVID-19 infection. These changes were necessary:

- To free up capacity to manage the pandemic
- To prioritise treatment when resources are scarce
- To take into account different risk vs benefit considerations
- All stages of the Cancer Pathway were reviewed, and changes made as appropriate

- There is significant clinical overview including:
    - Introduction of cancer surgery priority panel
    - Weekly senior clinical review including senior clinical review of all patients day 40 (and above) of a cancer pathway

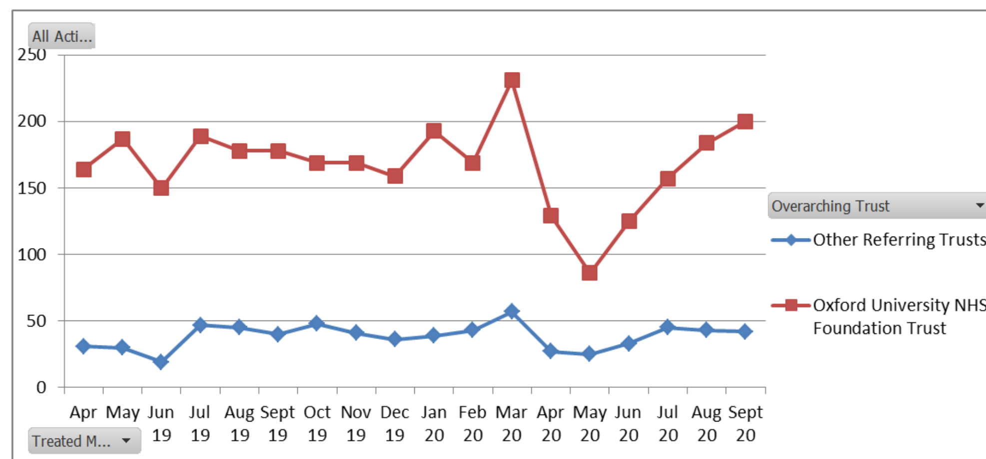
Impact during COVID-19 on cancer performance

The referrals on the **2 week wait** pathway decreased during the pandemic but the total 2ww referral activity has now returned to baseline (2019) for OUHFT.

Treatments for patients on **62 day pathways** were sustained throughout the first phase of COVID-19 where at all possible, in line with the risk vs benefit for the patient. Further to aligning with national pathway changes and the outcome of surgical priority panel decisions, clinicians met with patients (and their relatives where appropriate) via virtual platforms or by telephone. They explained the reason for deferral/ change in original pathway and what the next steps would be in the best interest of the patient. The virtual appointment/ telephone call was then followed up by a letter to the patient.

The below table shows the number of treatments provided from April 19 to September 20 split between OUHFT and other referring providers – with exception of the three month dip at the height of the pandemic this reflects a sustainability of treatments for patients on cancer pathways.

Total cancer treatments April 19- Sept 20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.



Patients waiting over 104 days for diagnosis and treatment: The impact on patients waiting over 104 days for diagnosis and treatment, as a result of the pandemic was significant as reported to the last Health and Wellbeing Board. This included a high proportion of patients with suspected cancer who had investigations deferred in accordance with national risk vs benefit guidance. OUH have worked hard to reduce these numbers as quickly as possible by adopting additional measures; for example the introduction of weekly clinical reviews of patients and this is reflected in the steady reduction. Whilst we will continue to work to improve 104 day waits are now returned to pre-pandemic levels.

Clinical harm reviews are completed for those confirmed with cancer once treatment has commenced by the treating consultant and signed off by the Cancer Clinical Lead. No evidence of harm has currently been identified in those patients reviewed during Quarter 1 and Quarter 2.

OUH in partnership with TVCA is focused on ensuring that the public continue to present with signs and symptoms of cancer, with a dedicated public awareness focus on harder to reach groups with prostate and lung cancer symptoms.

A TVCA system-wide plan to ensure cancer diagnostics and treatment can be maintained across Oxfordshire and the wider Thames Valley has been developed to ensure COVID-19 secure pathways are in place and, where necessary, mutual aid can be achieved across COVID-19 secure sites. The clinical and operational leadership of Oxfordshire health system has been instrumental in developing this plan with the Churchill site at OUH described as one of the South Easts' COVID-19 secure cancer hubs.

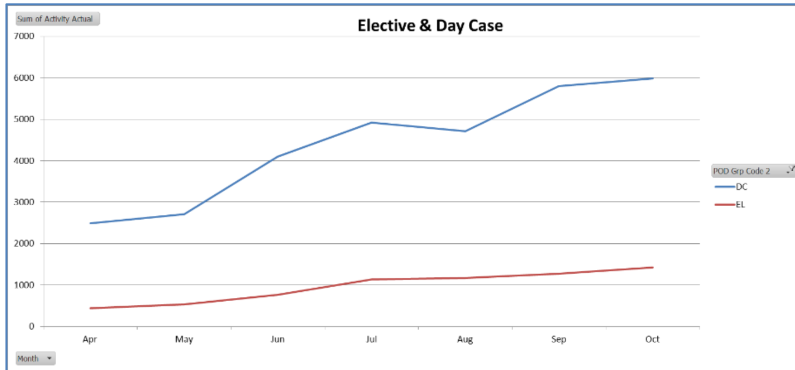
6. OUH Elective Position Update

6.1. Elective Position Update October 2020 (Month 7)

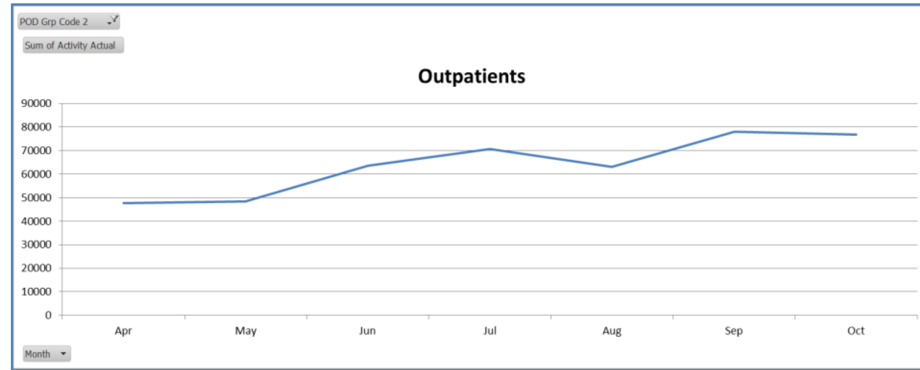
As discussed at the last Heath and Well Being Board, there are some very challenged specialties with longer waits. This is particularly so if they create aerosol generating procedures given the resultant infection risk. Safety and quality have had to be carefully weighed up given the longer waiting times found in reopening outpatient referrals. OUHFT, as the local provider, remains closed to GP routine referrals for 4 specialties – Gynaecology, Maxillofacial, ENT and Ophthalmology; these specialties have continued to accept urgent and cancer referrals throughout the pandemic. During this time, OUH and Commissioners have worked together to ensure GPs have access to alternative providers to refer patients to. A small group involving clinicians from each of the specialties and GPs are working together to review key information to help inform the options and timescales for when each specialty can re-open.

OUH has continued to recover its elective position since the onset of COVID-19 Wave 1. The charts below evidence an increase in activity during this period. SLAM[1] activity represented below is taken from a provisional Month 7 position.

Elective & Day Case activity April to October 2020:

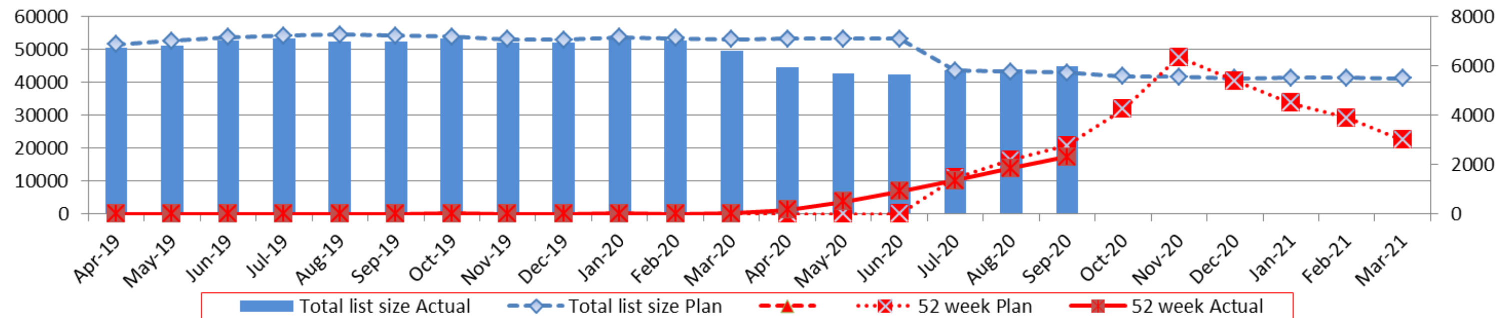


Outpatient Activity April to October 2020:



6.2 Elective Care September (Month 6)

Both Total Waiting List Size increased and the number of 52-week waiters continues to increase in September as the profile of the waiting list ages.



[1] Service Level Agreement Monitoring (SLAM) data contains all activity data

Trust performance against the overall **18-week incomplete** Referral to Treatment (**RTT) standard** was **59.21%** in September**,** an improvement from the **50.43%** reported in August.

The **total waiting list for September is 44,900,** an increase of 827 pathways on the previous month.

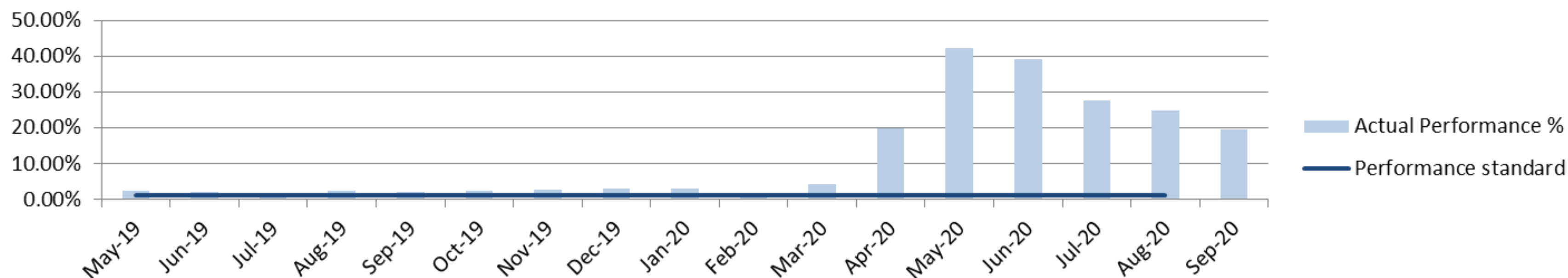
52-week wait position month 6: There were **2,321** patients waiting over 52 weeks for first definitive treatment at the end of September 20; this represents an increase of **458** patients when compared to previous month's performance position. The Trust met its Phase 3 52-week waiting time trajectory for September (2,772), and s currently on track to meet 52-week trajectory in October 2020.

There are **7,169** patients waiting **over 40 weeks** in September 2020 which represents an **increase** of 826 patients when compared with the previous month. The number of patients waiting over 26 weeks reduced to 16,843 (a decrease of 1,044 patients compared to the previous month)

Clinical Harm Reviews: The Patient Safety team has oversight of the Clinical Harm Review process for which the clinical Divisions are responsible. The Harm Review process is being further reviewed alongside the requirement of the national clinical review programme to report against the clinical prioritisation cohorts.

COVID-19 pressures have impacted the OUHFT diagnostic waiting times, but an improving trend is seen.

% patients waiting over 6 weeks for a diagnostic procedure



7. Mental Health, Learning Disability and Autism Services

As previously reported, Oxford Health NHS Foundation Trust (OHFT) has used digital solutions to safely maintain support for people with mental health conditions. Face-to-face contact is still being offered where clinically appropriate. Delivery of digital services has been positive and increased productivity. OHFT is undertaking a review of the impact on staff and patients which is informing the ongoing model of delivery. This approach has been reported as working well for many service users.

The mental health helpline has continued to offer round-the-clock support and rapid access to advice. OHFT continues to risk assess the current adult and older adult and supported housing caseload to ensure appropriate support/escalation. We continue to monitor and manage increased acuity in seriously mentally ill (SMI) referrals and increased acuity on mental health wards.

The system has submitted bids for investment proposals for suicide prevention, crisis alternatives and community mental health framework in line with the NHS Long Term Plan. We expect feedback in December from NHS England & Improvement. We are looking at how we can support GPs to restore a prioritised delivery of health checks for people with a serious mental illness.

There have been improvements in the delivery of our in Improving Access to Psychological Therapies (IAPT) programme with the access rate being above target. This team is also involved in Long Covid (Covid syndrome) response planning.

There was some concern our dementia diagnosis levels were falling; this has been linked to the reduction in memory clinics during the pandemic. These have reopened but they are generally undertaken face-to-face at the community mental health bases with only some in people's homes. There is still some reluctance and difficulty getting patients to attend the clinic. Reviews, if possible, once the patient has been seen face-to-face can then be done remotely. We need to continue to drive patient confidence in returning to health care venues.

There has been some very effective work between housing and mental health services to reduce inpatient delays. This work is ongoing to scope alternative options for service users.The work is led through the mental health housing review project that involves providers in co-design of future options.

In line with restoring all services, activities to support people with a learning disability and autism continue. There has been some in-depth review of how we can improve the numbers of people with a learning disability accessing a health check from their GP. The CCG is contacting all Practices to see what additional help can be offered. Actions taken to date include support for practices including practice level feedback; the promotion of the support offer to practices and training for practice staff and GPs. Also development of referral pathway for practices to refer patients not responding to invitations and links to good practice and easy read resources.

In child and adolescent mental health services the mental health support teams in both City and North (Banbury) continue to provide services online to support schools, parents and young people. The pilots are still meeting key milestones.

There continues to be focused work on reducing the waiting list. Referrals into single-point-of-access will be triaged to mental health support teams where clinically appropriate. The waiting lists in Getting Help and Getting More Help pathways are reducing. A Task and Finish Group has been established to improve the neurodevelopment pathway which still has the longest waiting times.

For Learning Disability and/or Autism, OCCG has been successful in the bid for the Keyworker pilot (£250K). This is a 12-month pilot to establish the keyworker function which is a Long Term Plan deliverable by 23/24.This will enable further developing of the Dynamic Support Register, review processes and unnecessary hospital admission for young people with a learning disability and /or autism. Project support and leads have been identified and first stakeholder meeting will be held in December.