Oxfordshire Health and Care System COVID-19 Update for Oxfordshire Health Overview and Scrutiny Committee meeting on 26 November 2020

1. Outbreak Management

1.1 The number of infections, hospital admissions and deaths related to COVID-19 is closely monitored by Oxfordshire Public Health Team. The team work closely with partners in all local authorities and the NHS through Multi Agency Outbreak Control (MAOC) and the Health Protection Board to review and respond appropriately. They provide advice to local organisations when small outbreaks occur and provide the local test and trace service working closely with the national test and trace service.

1.2 The data is gathered on a weekly basis and this is a fast moving situation. To ensure members of HOSC are discussing the very latest situation, a presentation with the latest data will be presented at the meeting including information up to Wednesday 25 November 2020.

1.3 CALM Clinics

1.3.1 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.

1.3.2 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 will be a maximum of 150 appointments per day made available.

1.3.3 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.

1.4 Launch of local COVID-19 contact tracing system

1.4.1 A local COVID-19 contact tracing system for Oxfordshire is in place, designed to provide another layer of support to help control the virus. Collectively, Oxfordshire's six councils are working to contact people who the NHS test and trace national system is unable to reach. People contacted will be advised to isolate, talked through how to access local support when isolating and asked about details of their close contacts so these can be followed up by the national team. The service runs seven days a week, with calls coming from the council using a local (01865) phone number. Text messages will also be sent to people with mobile phones telling them to expect a call. It is important to recognise that high case numbers in Oxfordshire impact the workload of the tracing team; as such resourcing will be reviewed across Councils on a regular basis.

1.5 Communications campaign

1.5.1 Communications is a key aspect of our local response to COVID-19, and our partnership approach involves colleagues from across health, local authorities, Thames Valley Police and the universities. With the rise in COVID-19 levels across the county, the system has significantly increased communication activity and have been adjusting its approach with every new set of information. This includes trialling new social media channels such as Tiktok and Snapchat to reach younger audiences, and carefully selecting outdoor advertising sites where they will have the most impact. We are also partnering with local influencers such as Oxford United football club to encourage the use of face coverings by the 18-24 age group. You can watch one of our videos featuring Oxford United coaches here. An extension of this campaign is also targeting children (aged 12-17) to encourage the use of face coverings on school transport.

1.5.2 Currently our #StopTheSpread campaign is focusing on:

- Encouraging uptake of the NHS COVID-19 app
- Recognising the key symptoms of COVID-19 and when to get tested
- Encouraging the use of face coverings among young people
- Encouraging behaviour change in light of rising cases across Oxfordshire – both general messaging and targeted messaging aimed at 18 to 24-year-olds

1.5.3 Oxfordshire County Council are also working closely with local businesses. A communications toolkit and social media toolkit has been shared with businesses, containing messaging, graphics, and newsletter copy; and a range of assets – including graphics and posters – can be downloaded from the Oxfordshire Local Enterprise Partnership (OxLEP) website: www.oxfordshirelep.com/local-authority-support.

1.5.4 Oxfordshire's Director of Public Health has written to businesses across the county asking for their continued support in helping suppress the spread of the virus and drawing their attention to new Government guidance and legislation around control measures.

2. Winter

2.1 The Oxfordshire Winter Plan (Appendix A) was shared with HOSC members at the September meeting but there was no time for discussion so it is shared again here. 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 (Appendix B & C). Implementation of the plan is well underway and significant deliverables include launch of the NHS111 First service and launch of the flu vaccination campaign.

2.2 Flu Immunisation programme

2.2.1 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 is 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.

2.2.2 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. We have published press releases and issued social media posts specifically targeting those aged over 65 and with long term conditions as well as pregnant women and parents of two and three year olds. This has also included contacting every registered nursery and child-minder with information about the importance of getting children vaccinated. The school immunisation team leader was also on BBC Radio Oxford discussing the importance of getting children vaccinated. 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.

2.2.3 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 1 November, OCCG is slightly above the Thames Valley average for flu vaccination update with 70.5% of those over 65 years old having had theirs (against a target of 75%). The focus for the next week is going to be on pregnant women and under 65s who are in at risk categories.

2.3 Targeted communication with our Black and Minority Ethnic (BAME) communities and vulnerable people

2.3.1 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.

2.3.2 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.

2.3.3 Work is ongoing to reach out to BAME and other potentially isolated communities with information about the wider winter campaign. Supplies of the advice card with contact details for local services are being shared with community groups and community shops to support a wider distribution of key information during lock down.

3. Cancer waiting times

3.1 Purpose

3.1.1 The purpose of this part of the paper is to update the Oxfordshire Health Overview and Scrutiny Committee for meeting on 26 November 2020 as to **waiting times on cancer operations in Oxfordshire, including delays due to COVID-19, and any associated recovery plans.**

3.2 Background

3.2.1 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 (OUHFT) 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.

3.2.2 In respect of Cancer services, OUHFT 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.

3.3 **Cancer waiting times OUHFT**

3.3.1 **Cancer waiting times September 2020 (Month 6)** OUHFT achieved 3 out of 9 cancer waiting time (CWT) standards in September 2020.

Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral	96.30%	96.10%	92.80%	94.80%	95.50%	94.10%	95.20%	94.30%	95.30%	95.60%	96.90%	94.20%	93.00%	94.60%	86.90%	70.30%	73.40%	71.70%
At least 93% of patients referred from a GP with breast symptoms but not suspected cancer will be seen within 2 weeks of referral	97.30%	96.00%	93.50%	95.80%	97.30%	95.30%	96.40%	95.70%	100.00%	100.00%	100.00%	98.40%	82.00%	90.40%	95.60%	27.40%	7.60%	6.10%
At least 75% of patients referrred from GP with suspected cancer, with breast symptoms, or from a cancer screening programme will be informed of a diagnosis or ruling out of cancer within 28 days of referral													74.70%	88.50%	83.40%	81.90%	80.20%	77.20%
At least 96% of patients will receive first definitive treatment within 31 days of decision to treat	95.70%	96.50%	93.70%	96.00%	93.60%	91.00%	87.60%	89.10%	87.40%	85.40%	87.90%	94.10%	97.50%	96.00%	94.60%	94.70%	93.40%	92.80%
At least 94% of patients will receive subsequent treatment with surgery within 31 days of deecision to treat	96.30%	95.10%	98.20%	95.50%	85.00%	95.90%	89.40%	89.30%	82.40%	78.70%	86.50%	90.90%	94.40%	94.40%	88.00%	86.00%	83.70%	88.50%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.10%	98.50%	100.00%	100.00%	99.30%	98.70%	99.40%	100.00%	98.40%	100.00%
At least 94% of patients will receive subsequent radiotherapy within 31 days of decision to treat	99.50%	99.50%	99.50%	99.20%	99.50%	100.00%	98.60%	98.20%	95.80%	100.00%	98.00%	98.80%	96.70%	95.50%	98.00%	98.10%	99.00%	100.00%
At least 85% of patients will receive their first treatment within 62 days of referral from GP	74.00%	69.60%	69.70%	69.20%	70.90%	64.40%	66.80%	60.80%	65.80%	65.90%	65.40%	76.90%	76.80%	77.20%	75.70%	75.50%	78.40%	76.70%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service	74.10%	75.50%	59.50%	44.00%	66.70%	73.90%	54.90%	45.80%	54.50%	30.40%	46.80%	82.40%	66.70%	25.00%	0.00%	23.10%	100.00%	88.20%

To note: In the last line of the above table, the variation in relation to the screening compliance is a direct result of small patient numbers.

3.3.2 **Two-week-wait (2ww) from GP referral:** This standard was not achieved in September, reporting 71.7% against

93% threshold– as in August this was primarily due the Breast and Lower GI pathways. Breast referrals were 26.4% against 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.

3.3.3 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%. 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.

3.3.4 **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 6.1%. These patients are also included in the action plans for breast 2ww hence improved performance is expected through Q3/Q4.

3.3.5 **31day decision to treat:** This target remains static over the last three months – total of 33 patients breached – 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.

3.3.6 **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.

3.3.7 **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 76.7%.

3.3.8 **62 day tumour site performance July to September 2020**

	Jul-20				Aug-20				Sep-20			
Tumour Site	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	29	28	1	96.6%	28	20	8	71.4%	37	29	8	78.4%
Gynae	7	5.5	1.5	78.6%	8	6	2	75.0%	4	3	1	75.0%
Haem	10	6	4	60.0%	6.5	6	0.5	92.3%	13	11.5	1.5	88.5%
H & N	8.5	5	3.5	58.8%	12.5	7	5.5	56.0%	10.5	5	5.5	47.6%
Lower GI	14	5	9	35.7%	17	13	4	76.5%	17.5	10	7.5	57.1%
Lung	11.5	8	3.5	69.6%	11	8	3	72.7%	11.5	6.5	5	56.5%
Sarcoma	2.5	1.5	1	60.0%	2.5	1.5	1	60.0%	9.5	4.5	5	47.4%
Skin	52	52	0	100.0%	57.5	57.5	0	100.0%	64	63	1	98.4%
Upper GI	14.5	7	7.5	48.3%	17.5	13	4.5	74.3%	20	14.5	5.5	72.5%
Urological	23.5	12	11.5	51.1%	42.5	27	15.5	63.5%	32.5	22.5	10	69.2%
Total	**172.5**	**130**	**42.5**	**75.6%**	**203**	**159**	**44**	**78.4%**	**219.5**	**169.5**	**50**	**76.7%**

To note:

- 0.5 of a breach is indicative of a shared breach between OUH and another referring Trust in accordance with cancer waiting times reporting criteria.
- H&N - head and neck.

3.4 Steps taken during Covid-19 – first phase

3.4.1 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: benefit of cancer treatments were considered for every patient prior to treatment.

3.4.2 **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: 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:

- 2 week wait
- Outpatient Consultations
- Diagnostic tests
- Staging investigations
- MDT meetings
- Surgical treatment
- Oncological treatment
- Palliative treatment

3.4.3 The "**Evidence" base** for changes were:

- Agreed through consensus locally, nationally and internationally
- Based on experience (Italy, China, London) and shared learning via Webinars, Journals, and International / national data sources
- Informed by Specialist Associations (Association of Cancer Physicians (ACP), Association of Upper Gastrointestinal Surgeons (AUGIS), British Association of Urological Surgeons (BAUS), British Association of Head and Neck Oncologists (BAHNO), British Gynaecological Cancer Society (BGCS), Association of Breast Surgery (ABS), Society for Cardiothoracic Surgery (SCTS), British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), British Association of Dermatologists (BAD)) and Royal College Guidance
- Developed through informal specialty groups

3.4.4 **Introduction of cancer surgery priority panel:** 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: benefit balance of our treatments with the added risk of COVID-19 infection, there was a clear need to prioritise cancer surgical operations. We set up a cross-specialty panel (including members of the Trust Ethics Committee) to prioritise cancer surgeries according to the following categories:

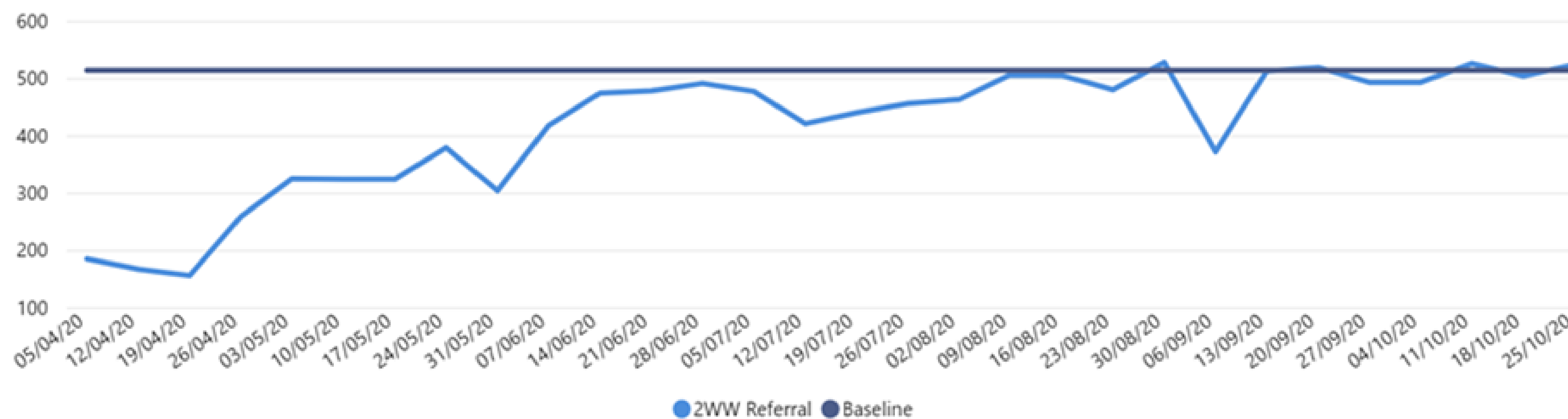
- NHSE COVID Guidance for Cancer Surgery prioritisation categories
- Cancer factors (stage, prognosis, alternative treatments available, risk of progression if delay)
- Patient factors (age, co-morbidities, risks posed by COVID infection)

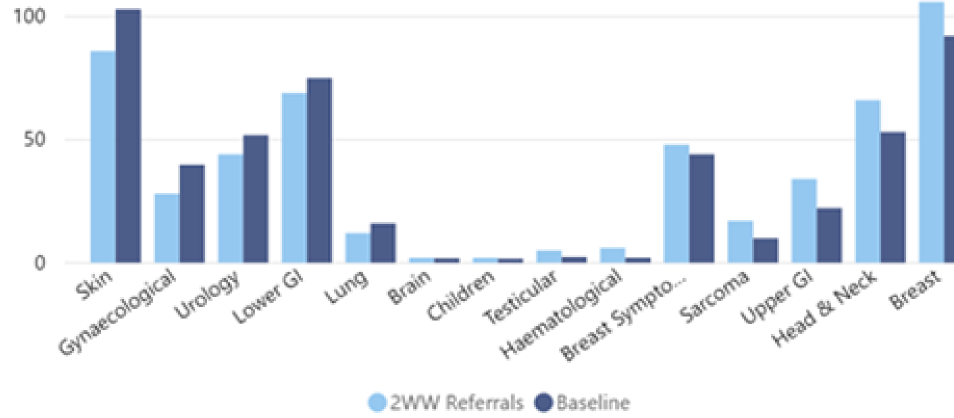
- Surgical factors (length of operation, surgical/anaesthetic availability with appropriate subspecialty expertise, level of care for postop, risks of complications etc)
- Institutional factors (theatre, ICU, bed capacity)

3.4.5 **Weekly Senior clinical review:** As part of the recovery stage, the OUHFT Cancer Management team introduced senior clinical reviews of all patients on day 40 (and above) of a cancer pathway – initially this was to ensure those patients 'deferred' during the pandemic were moved through their pathway as quickly as possible when it was safe to do so. Importantly, this process has continued to ensure patients who are not moving through their pathway are expedited where necessary.

3.5 Impact during COVID-19 on cancer performance

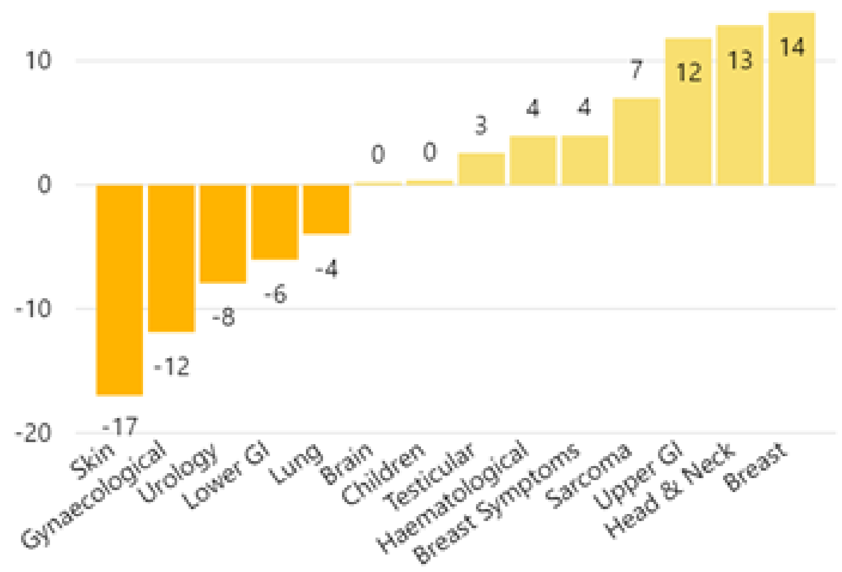
3.5.1 The referrals on the **2 week wait** pathway decreased during the pandemic but as the graph below shows the total 2ww referral activity has now returned to baseline (2019) for OUHFT.





The bar graph shows referral comparison by tumour site against baseline at end of October for OUHFT.

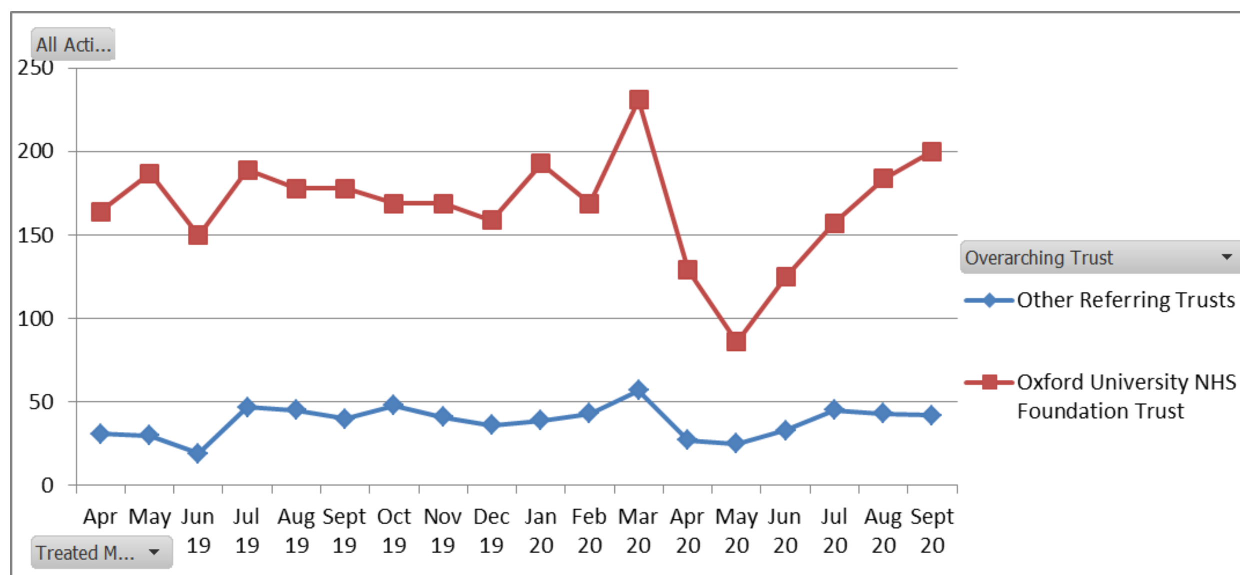
This bar graph shows the detail of the variance by tumour site against baseline at the end of October.



3.5.2 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: 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.

3.5.3 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.

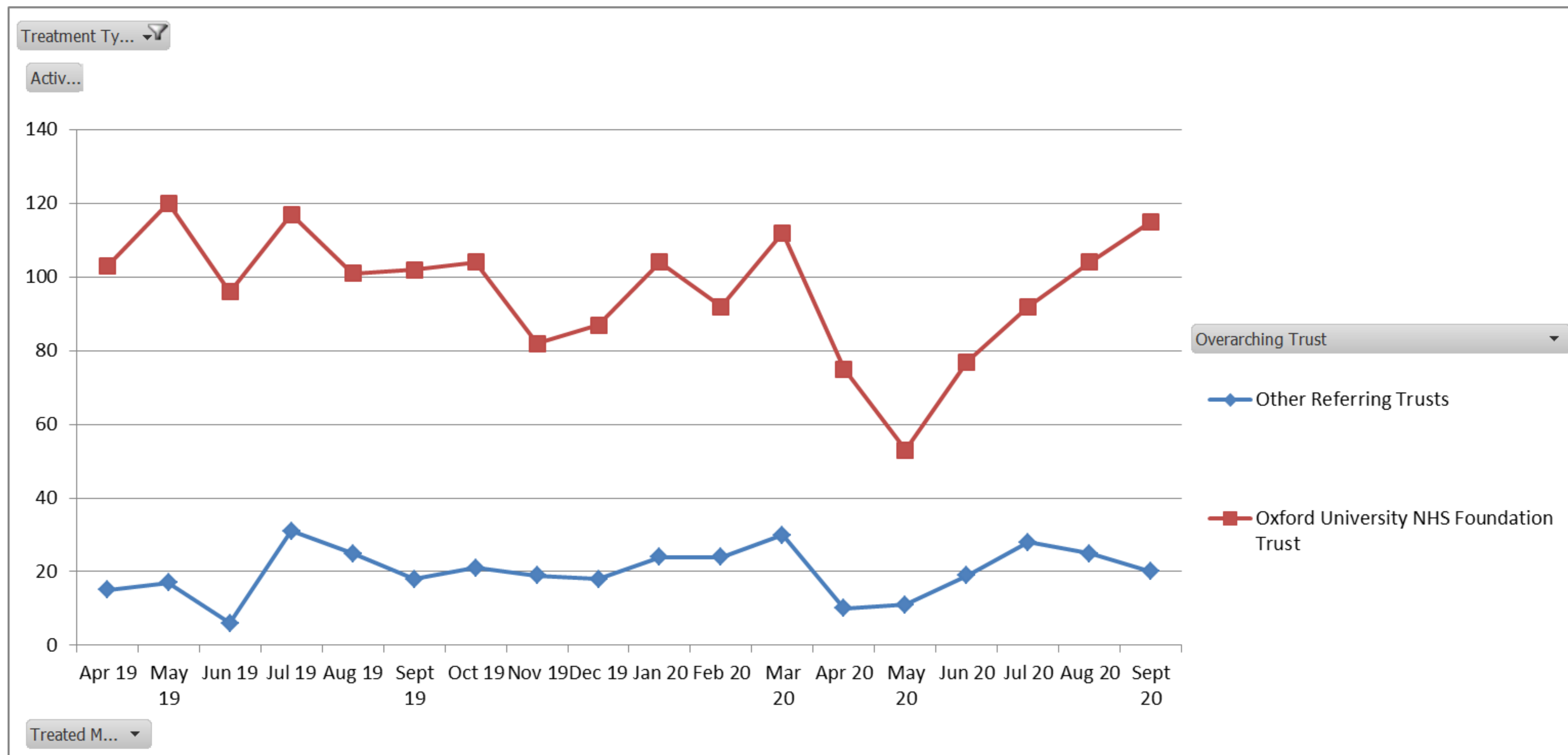
3.5.4 **Total cancer treatments April 19- Sept 20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.**



3.5.5 As above a similar picture is shown in the table below of the surgical activity over the same timeframe - split to show

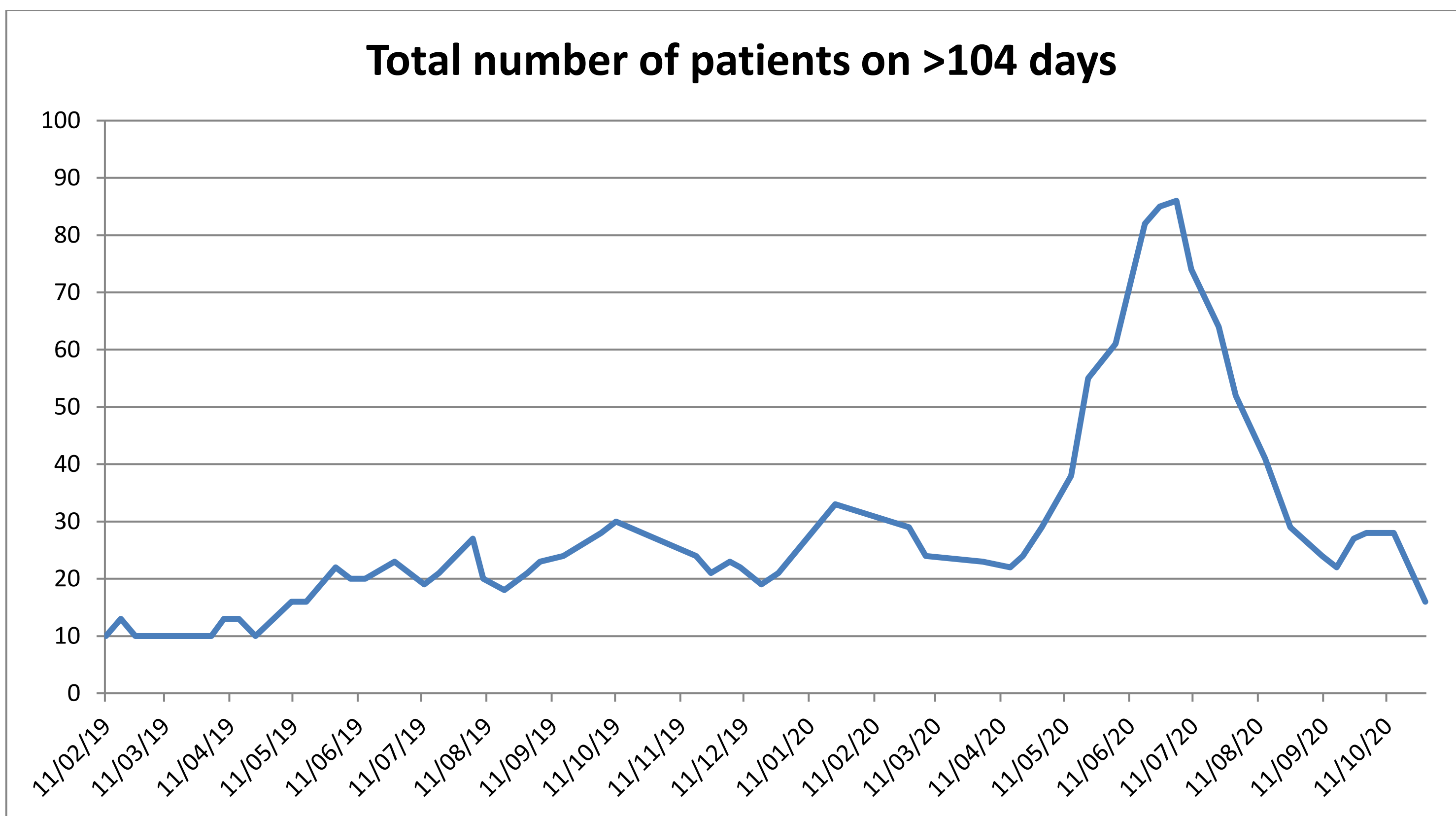
OUHFT and other referring providers.

3.5.6 **Surgical cancer treatments April 19-Sept20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.**



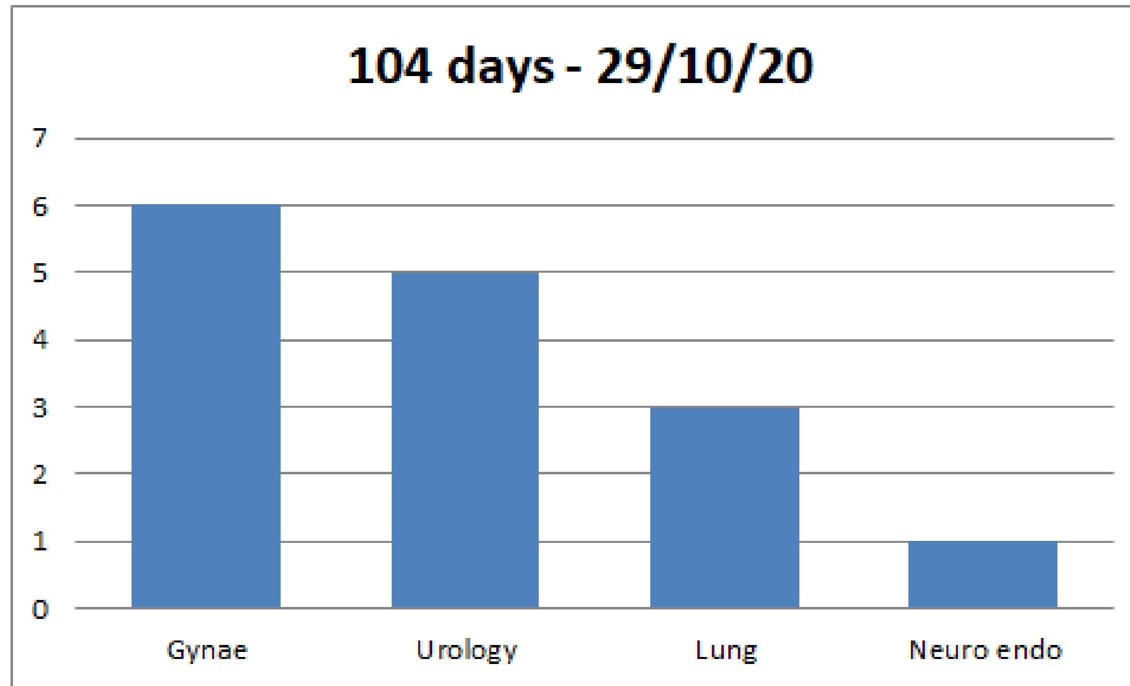
3.5.7 **Patients waiting over 104 days for diagnosis** and **treatment:** The impact on patients waiting over 104 days for diagnosis and treatment as a result of the pandemic is visible in the table below. This included a high proportion of patients with suspected cancer who had investigations deferred in accordance with national risk versus 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.

3.5.8 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.



The current breakdown (29/10/2020) of the 104 day total is shown by tumour site.

Patients >104 days who are untreated = 16   Confirmed cancer = 6 Suspected cancer = 10



3.5.9 As part of the Thames Valley Cancer Alliance (TVCA), OUHFT have contributed significantly to the overall reduction of the 104+ day position. At its peak, at the end of June, OUHFT recorded a position in excess of 80 patients in the 104+ day position alone. Dedicated focus has seen this position continue to decrease into November 2020.

3.5.10 The table below provides an overview of the national position, broken down to Alliance level. At its peak the TVCA was recording a position of 417 patients in the 104+ day backlog. At Trust level for the same reporting period, OUH had reduced the number of patients waiting over 104 days to 16.

3.5.11 **Backlog overview by Cancer Alliance – w/e 29/10/2020**

Region	Cancer Alliance	>62 days					>104 days		
		Number	Number added in last week	Number removed in last week	**Overall % change in last week**	**% change since w/e 15th March**	Number	**Overall % change in last week**	**% change since w/e 15th March**
	1. England	17,472	4,194	3,868	**+2%**	**56%**	4,274	**+1%**	**60%**
East of England	3. East England (North)	1,226	302	250	**+4%**	**57%**	315	**+6%**	**41%**
	4. East England (South)	725	176	197	**-3%**	**56%**	148	**-3%**	**25%**
London	6. North Central London	620	123	141	**-3%**	**83%**	114	**-12%**	**153%**
	7. North East London	737	131	201	**-9%**	**36%**	241	**-4%**	**121%**
	8. North West & South West London	1,381	312	317	**-0.4%**	**38%**	397	**-8%**	**90%**
	9. South East London	590	125	118	**+1%**	**20%**	175	**-3%**	**18%**
Midlands	11. East Midlands	800	195	240	**-5%**	**36%**	151	**-13%**	**0%**
	12. West Midlands	2,214	588	593	**-0.2%**	**38%**	525	**+4%**	**35%**
North East & Yorkshire	14. Humber, Coast & Vale	608	142	60	**+50%***	**70%**	160	**+28%***	**33%**
	15. North East & Cumbria	1,048	289	308	**-2%**	**54%**	244	**-5%**	**47%**
	16. South Yorkshire & Bassetlaw	693	179	176	**+0.4%**	**169%**	178	**-5%**	**158%**
	17. West Yorkshire	615	124	13	**+22%***	**128%**	153	**+68%***	**151%**
North West	19. Cheshire & Merseyside	981	225	246	**-2%**	**152%**	277	**-1%**	**183%**
	20. Greater Manchester	1,397	329	-90	**+43%***	**150%**	342	**+38%**	**180%**
	21. Lancashire & South Cumbria	406	104	114	**-2%**	**54%**	110	**-7%**	**96%**
South East	23. Kent & Medway	249	70	83	**-5%**	**-25%**	34	**-17%**	**-21%**
	24. Surrey & Sussex	1,170	248	373	**-10%**	**231%**	330	**-16%**	**385%**
	25. Thames Valley	314	90	171	**-21%***	**-22%****	59	**-26%**	**-42%****
	26. Wessex	509	134	134	**0%**	**45%**	59	**-11%**	**-39%**
South West	28. Peninsula	258	78	78	**0%***	**-43%****	30	**-6%***	**-77%***
	29. SWAG	931	230	265	**-4%**	**35%**	205	**-2%**	**38%**

3.5.12 As we move into COVID-19 Wave 2, the OUHFT and its cancer services are prepared to instigate the significant learning from Wave 1 of COVID-19 to mitigate the impact to patients being diagnosed and treated on cancer pathways. OUHFT in partnership with TVCA are 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.

3.5.13 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 have been instrumental in developing this plan with the Churchill site at OUHFT described as one of the South Easts' COVID-19 secure cancer hubs.

4. OUHFT Elective Position update

4.1 Elective Position Update October 2020 (Month 7)

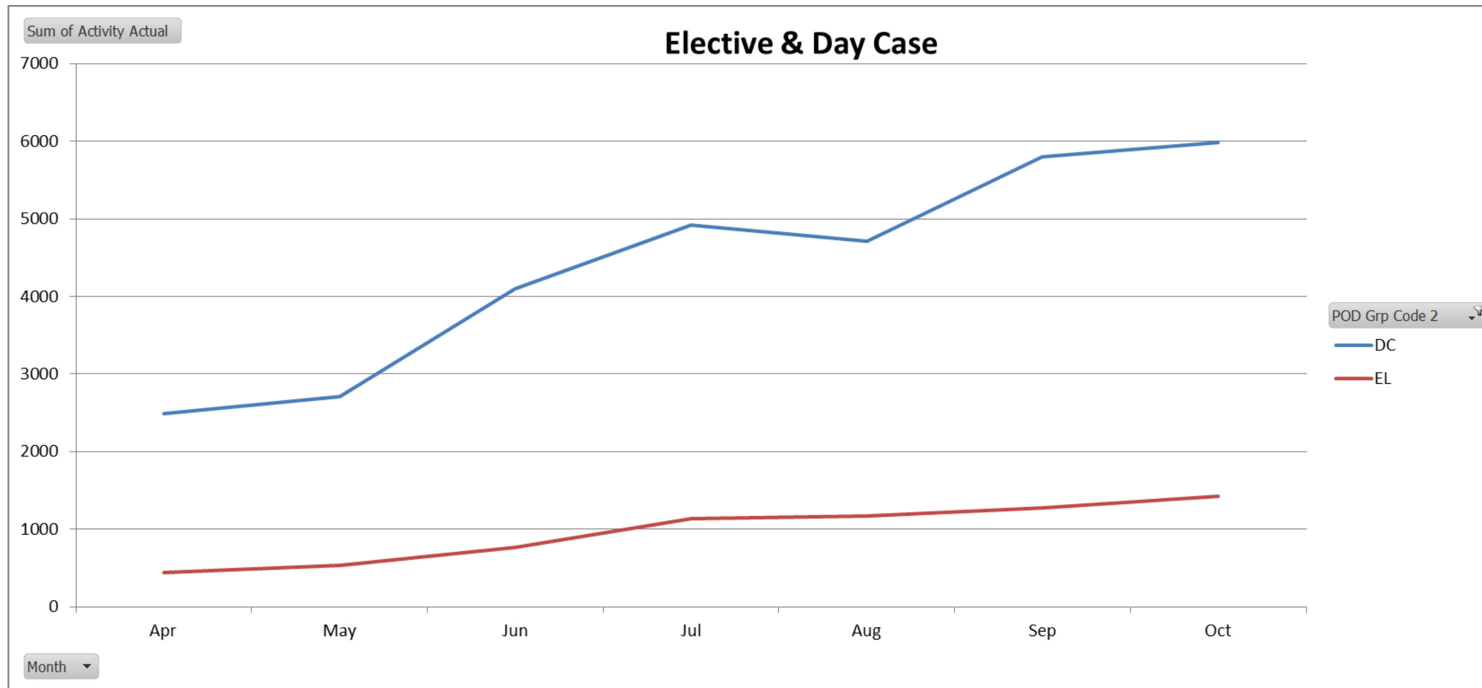
SLAM[1] activity represented below is taken from a provisional Month 7 position.

OUHFT 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.

Elective & Day Case activity April to October 2020:

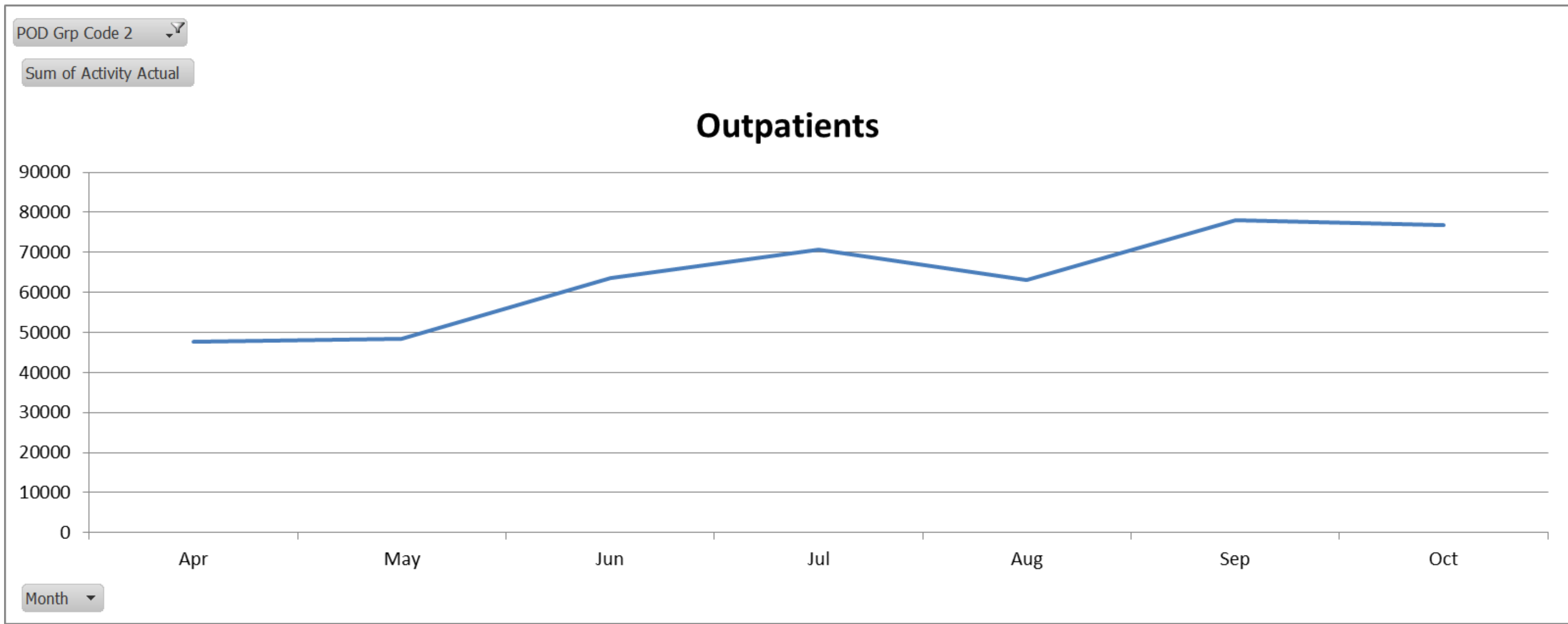
Sum of Activity Actual	POD	
Month	DC	EL
Apr	2492	438
May	2714	533
Jun	4104	768
Jul	4926	1140
Aug	4711	1169
Sep	5799	1271
Oct	5982	1430

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



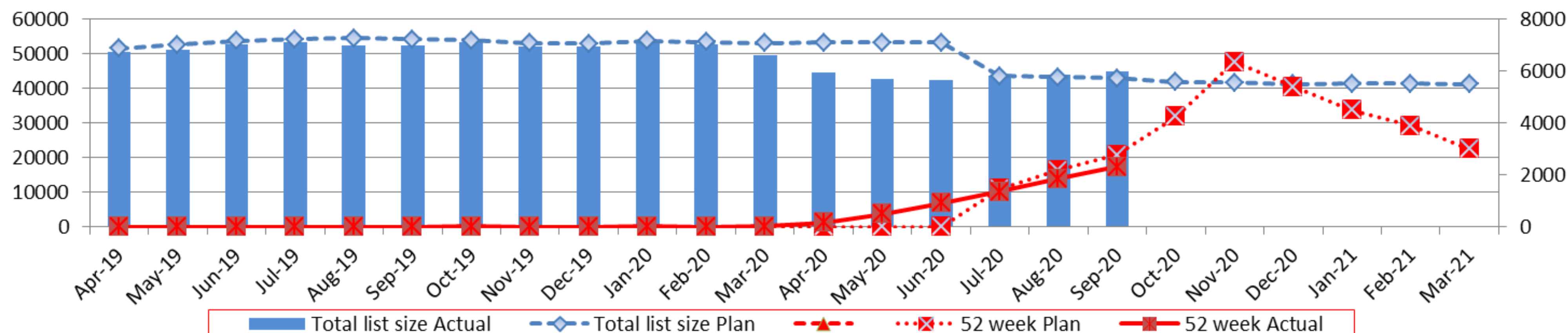
Outpatient Activity April to October 2020:

POD Grp Code 2	Outpatients
Month	**Sum of Activity Actual**
Apr	47718
May	48336
Jun	63555
Jul	70779
Aug	63180
Sep	77948
Oct	76875


POD Grp Code 2
Sum of Activity Actual
Outpatients
90000
80000
70000
60000
50000
40000
30000
20000
10000
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Month

4.2 Elective Care September (Month 6)

4.2.1 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.



4.2.2 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.

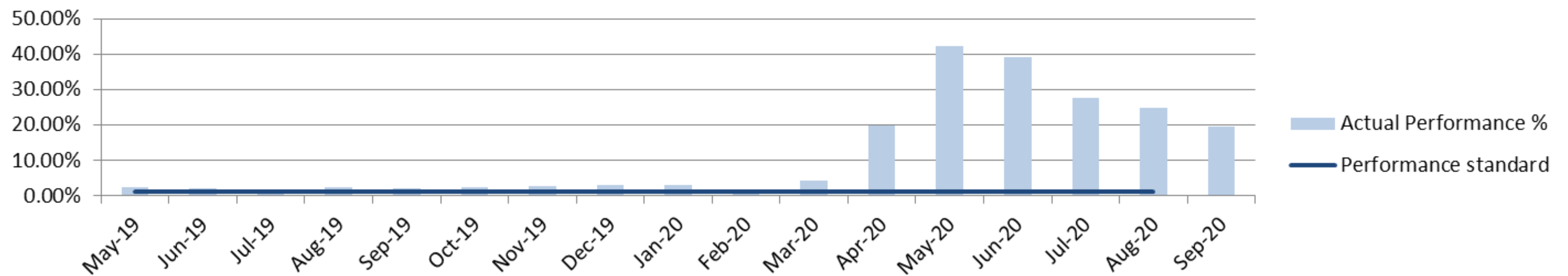
4.2.3 The **total waiting list size for September is 44,900,** an increase of 827 pathways on the previous month.

4.2.4 **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 months performance position. The Trust met its Phase 3 52 week waiting time trajectory for September (2,772), and is currently on track to meet 52 week trajectory in October 2020.

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

4.2.6 **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.

4.2.7 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**



5. What have we learnt so far from patients and the public around changes made during COVID-19?

5.1 In response to COVID-19 health and social care 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. For patients with the relevant technology, appointments have been available using video conferencing so that they can see, as well as speak to the doctor. Some services were stopped for a period of time. This included some screening and routine referrals for hospital care. These services have re-started but the way they are delivered may be different than before.

5.2 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.

5.3 As services that were paused have restarted, albeit in the throes of a second COVID-19 wave, we want to gauge the impact of these changes and what we can learn from our experiences over the past few months. We are all keen to understand what could be successfully adopted as a way of working into the future and what barriers there are to implementing these changes for the longer term.

5.4 The Oxfordshire health and care system has continued to seek feedback from patients on their experience of services and of accessing them in new ways during the pandemic.

5.5 Oxford University NHS Foundation Trust continued to gather data on patient experience via email and SMS when use of paper forms was halted during the peak of the pandemic, while Oxford Health NHS Foundation Trust maintained FFT reporting for many services throughout the COVID-19 outbreak and has continued to investigate complaints.

5.6 During May 2020 Healthwatch Oxfordshire contacted all Patient Participation Groups (PPGs) in the county to hear how the COVID-19 pandemic had impacted on their activity. Of the 71 PPGs contacted, 18 completed the online survey. Five of the PPGs were still meeting. Most PPGs who responded (10) were still in touch with their surgery and six were still supporting their practice.

5.7 The themes highlighted by the PPG feedback included:

- A few comments received highlighted the difficulty for those where speech is affected; patients who are deaf, have had strokes or have a mental or physical disability are unable to use telephone consultations effectively but it is all that is offered most of the time to discuss symptoms there was also mention that some surgery staff were not following social distancing rules.
- Existing patients who had been offered social prescribing are being telephone called by the Social Prescribing services on a regular basis; however new patients were receiving social prescribing
- PPG raised concerns about uncertainty and worry about the information on the pandemic outcomes, risks etc and that people are 'switching off' and not listening or indeed understanding all the information being published by Government and media.
- Concerns expressed about prescriptions and worry about going into hospital or approaching their GP for non COVID-19 symptoms.
- Some patients were not happy with Advance Care Planning calls and being asked wishes without prior warning.
- Responses from the PPGs that GPs have listened to them and made changes to their websites and produced newsletters for their patients explaining Covid-19.

5.8 OCCG has continued to receive and respond to concerns from patients, clinicians and the public about patient experience during the COVID-19 period, although there was a reduction in contacts received by the Patient Services team.

5.9 In addition, we have also analysed feedback from patients in primary care who used *eConsult*, an advice and online appointment system. *eConsult* is a form-based online consultation platform the collects a patient's medical or administrative request and sends it through to your GP practice to triage and decide on the right care for the patient.

2020	Number of eConsults submitted to practices	Number of Oxfordshire practices live with eConsult	Number times feedback left for those submitting a request to the practice	% all requests submitted leaving feedback	Number of times those leaving feedback answered the question - Were you satisfied with eConsult?	% of those leaving satisfied to previous question responding - very satisfied/fairly satisfied
April	10629	47-50 over the month	485	5%	408	84%
May	11320	52	583	5%	541	85%
June	9802	52	560	6%	463	83%
July	11805	52	585	5%	554	74%
Aug	14489	52	356	2%	263	74%
Sep	13265	52		0%		
Oct	17053	52	964	6%	657	68%

5.10 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, 82 comments reflected concerns with the questionnaire element of the system and 33 comments related to the accessibility of the system. 20 comments stated that they preferred face-to-face contact, and 15 comments stated that they had not yet received a response from the service. 10 comments felt that their enquiry had not been resolved and eight felt the service was poor. In July 2020, 74% of comments were either very satisfied or fairly satisfied.

5.11 In October 2020, OCCG gathered together the feedback received by our providers and Healthwatch Oxfordshire during the course of the pandemic. The many different approaches in attempting to measure patient experience include the national drivers for patient experience and complaints i.e. the Friends and Family Test (FFT), NHS Complaints, the Care Quality Commission, the National Patient Survey programme and the Equality Act. Much of this activity is yet to return to the pre-COVID-19 levels.

5.12 The report on this analysis will be published next month on the OCCG's website: https://www.oxfordshireccg.nhs.uk/get-involved/talking-health.htm.

5.13 The key themes from all this feedback data will be taken forward to underpin a more in-depth period of engagement which OCCG, in partnership with providers, this will be undertaken over the coming months.

5.14 We recognise that while it is relatively straightforward to reach out to patients who are digitally enabled, there are still many people across Oxfordshire who for a variety of reasons cannot access online services: deprivation, disability, age, language barriers. Our aim is to try to connect with these groups to find out how they are experiencing service changes and how we can move forward so these groups are not disadvantaged or excluded. At the same time, our engagement needs to be compliant with the restrictions related to COVID-19 and so there will be no face to face meetings or focus groups set up.

5.15 OCCG is working with Healthwatch Oxfordshire and two co-production champions to develop the engagement materials including a questionnaire and toolkit. The purpose of the toolkit is to encourage household groups and families (and community groups when possible) to have discussions using a key set of questions and feedback to us. In addition, we are also commissioning Healthwatch to undertaken telephone interviews and undertake some outreach work with BAME communities and with isolated and vulnerable people.