

Finance and Performance

Presentation re diagnostic and treatment centre

The challenge

Planned care has been significantly disrupted from the Covid pandemic
Long waiters over 36 weeks has increased to over 30,000
Activity is 37% for IP/DC compared to last year
Turn around times in theatres have increased
Theatre and ward capacity is still lower due to Covid carve out
Essential services are still being maintained
But at reduced activity
Re-starting of services in a reduced footfall is taking longer than first thought
Welsh Government has introduced a risk stratification approach, guidance only on stage 4 presently

% of previous activity delivered			
NEW OPD	FU OPD	other OPD	Elective IPDC
46%	54%	24%	37%

Progress to date

- Essential service being maintained
- Risk stratification being implemented for stage 4 and planned
- Task and finish group to cover IT governance and PAS to measure risk stratification
- Clinical engagement re new approach
- Once for north Wales for p2/3 patients is live in
- Endoscopy, Ophthalmology (August)
- General surgery August/September)
- Orthopaedics (August/September)
- OPD programme- SOS/PIFU now BAU
- Virtual clinics requires further push due to roll out issues
- Review of diagnostic extra capacity for endoscopy and CT
- Applying this to diagnostic and treatment centre approach as an option
- Options for non-operative pathways/primary care and field hospital usage
- Winter plan key and working relationship with unscheduled care

Actions

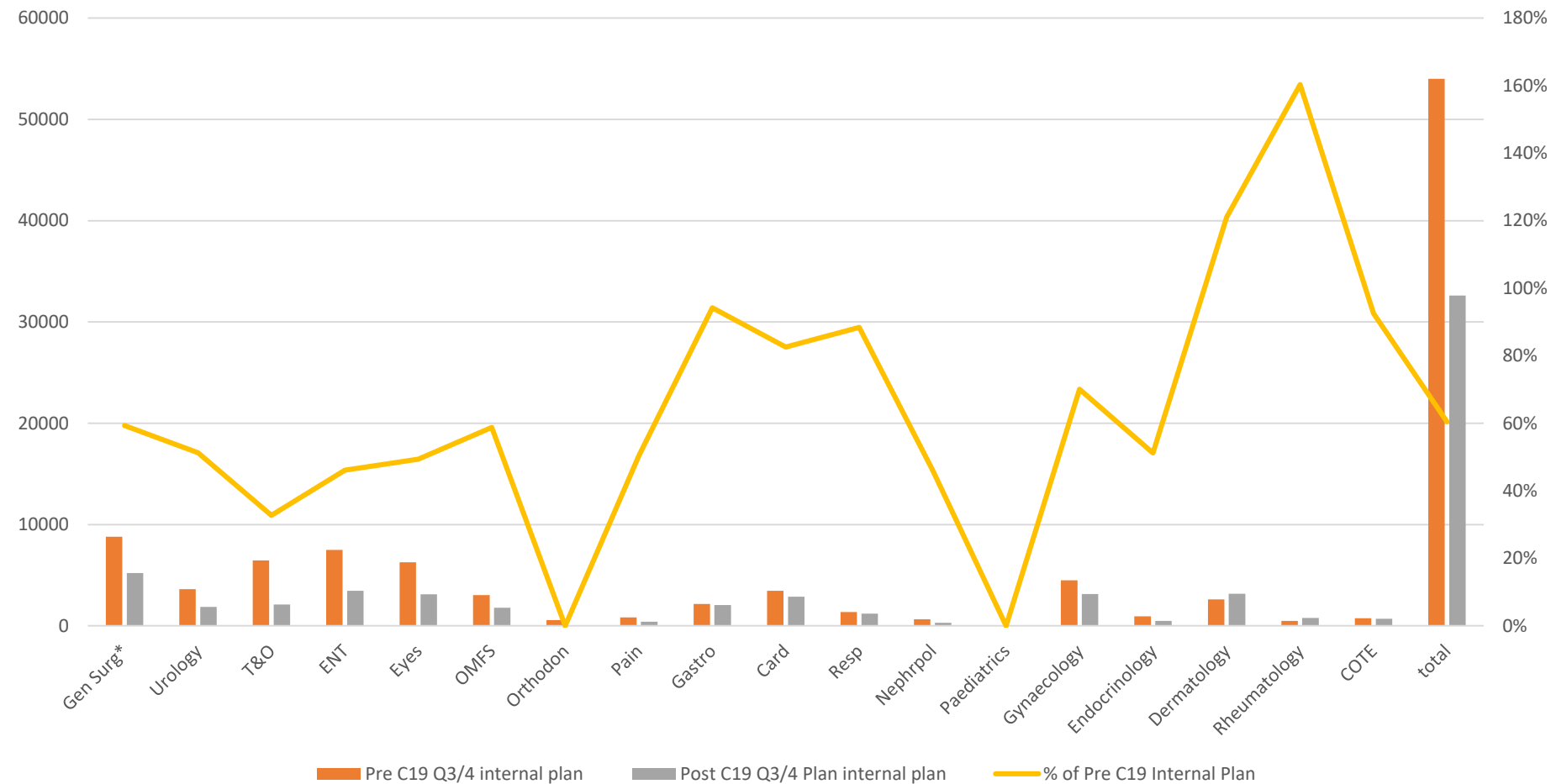
- Essential service being maintained weekly/monthly monitoring to ensure compliance and increase
- Meet demand
- Introduce risk stratification for stage 4 and planned
- “Once for North Wales” approach for high risk specialties is being implemented
- Re-start for routine services is being planned, expecting increase in September
- OPD activity for Cancer is almost back to pre-covid levels
- Routine referrals is slower
- Virtual clinics is being planned for further role out
- SOS and PIFU toolkits are complete and being rolled out
- Orthopaedic network plan being implemented, strategic business case requires significant review

Activity v Plan Comparison				
Provider	% of previous activity delivered			
	NEW OPD	FU OPD	other OPD	Elective IPDC
COCH	42%	56%	27%	35%
RJAH	18%	46%	11%	14%
BCU	46%	54%	24%	37%

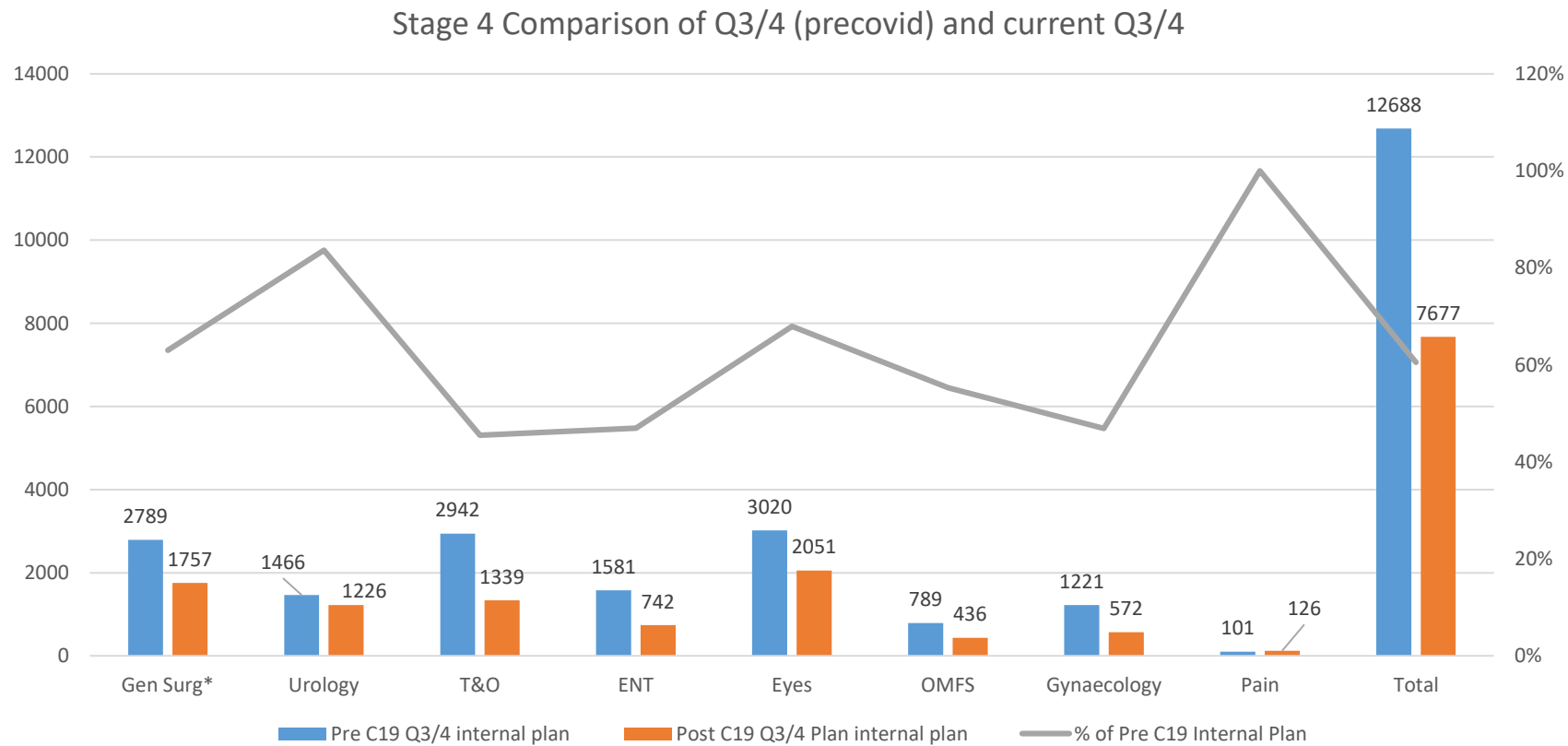
Risks

- Screening programmes re-start increases risk for Endoscopy/breast/diagnostics
- Routine referrals increase
- Winter plan needs to be closely integrated with primary care/unscheduled care
- IT infrastructure to monitor risk stratification (IT update forecast in September)
- No national guidance on stratification for OPD/diagnostics
- Independent sector (spire contract)
- RJAH contract
- Patients declining dates due to covid threat requires improved communication strategy
- Reduced capacity means patients will be waiting much longer within P4 risk stratification
- Non-operative pathways may require investment and upscaling
- Full review of risk register is required in August/September to incorporate new risks

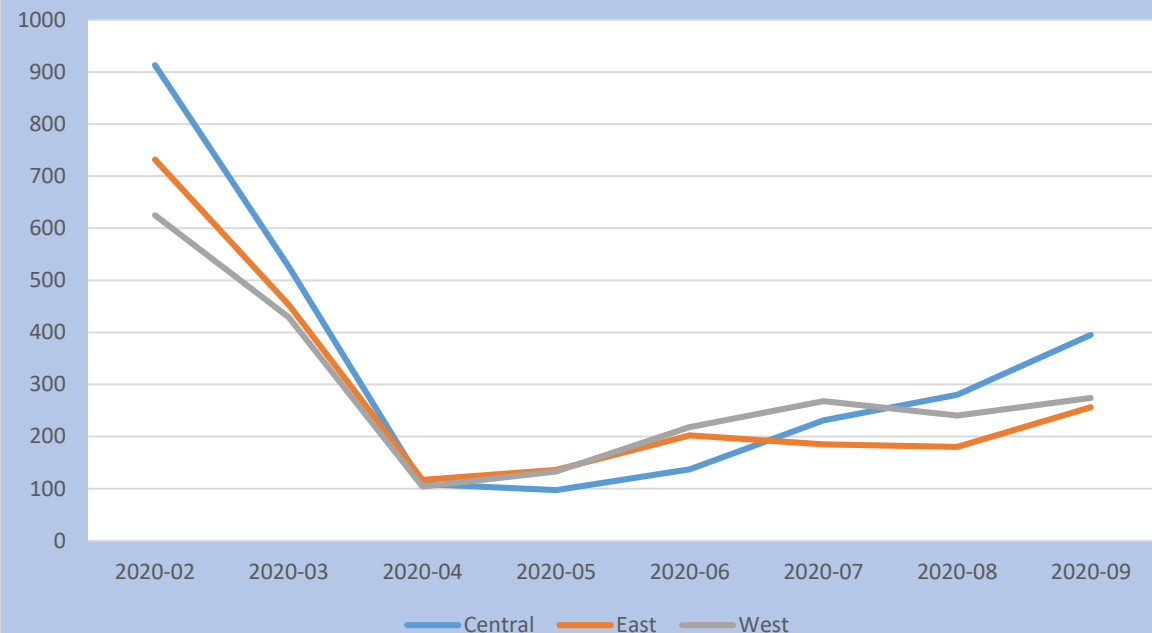
stage 1 (OPD) comparison of pre-covid plan Q3/4 and current Q3/4



Note the pre-covid plan
Could not meet national
Target standard



Patients



3 **key indicators** are being measured in the post covid era

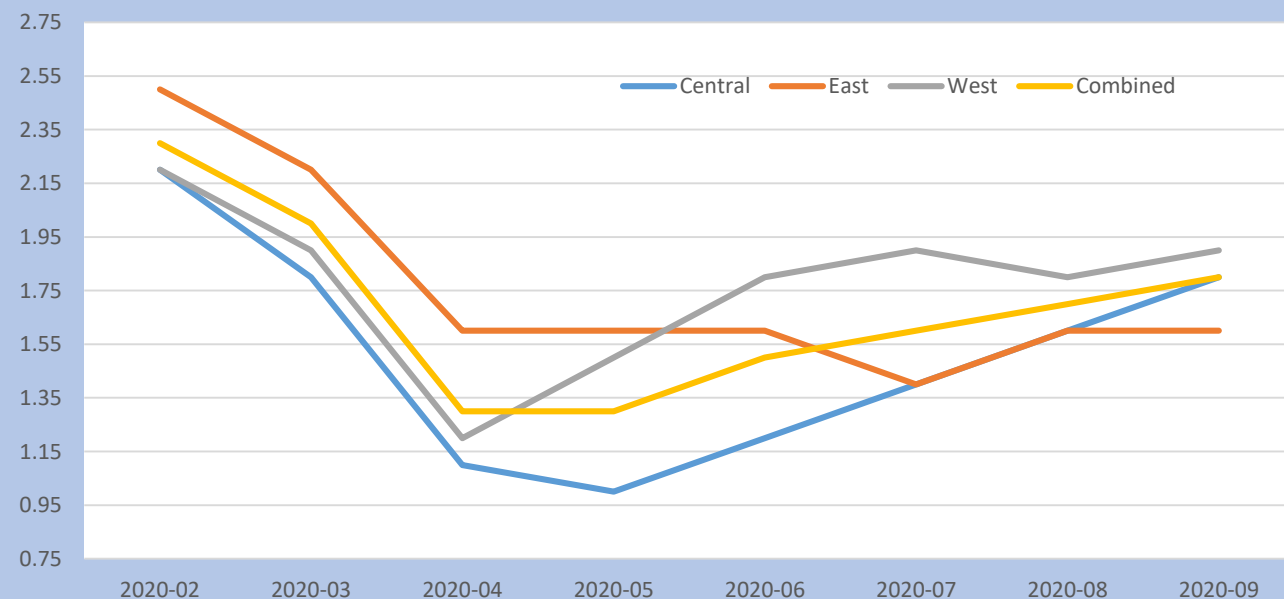
1. Number of patients seen
2. Number of patents per sessions
3. Number of sessions per week/month/quarter

East and West witnessed a small dip in August
Due to Fallow sessions at Spire
Annual leave at West

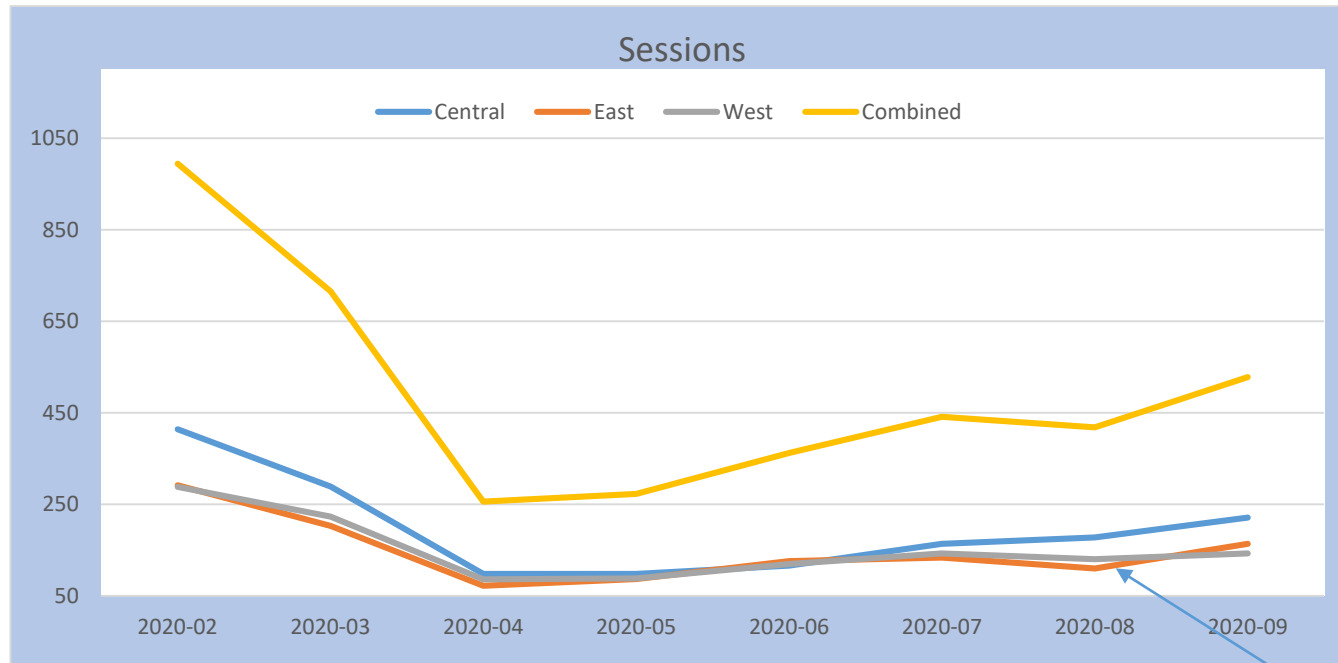
Pts	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09
Central	414	289	98	98	116	164	178	221
East	292	203	72	87	126	134	110	164
West	288	223	86	88	120	143	130	143
Combined	994	715	256	273	362	441	418	528

With an increase in September
Typically seen in Sept. no BH's, all schools back

Patients Per Session



Theatre sessions



In September we are currently undertaking 53% of the pre-covid sessions as BCUHB

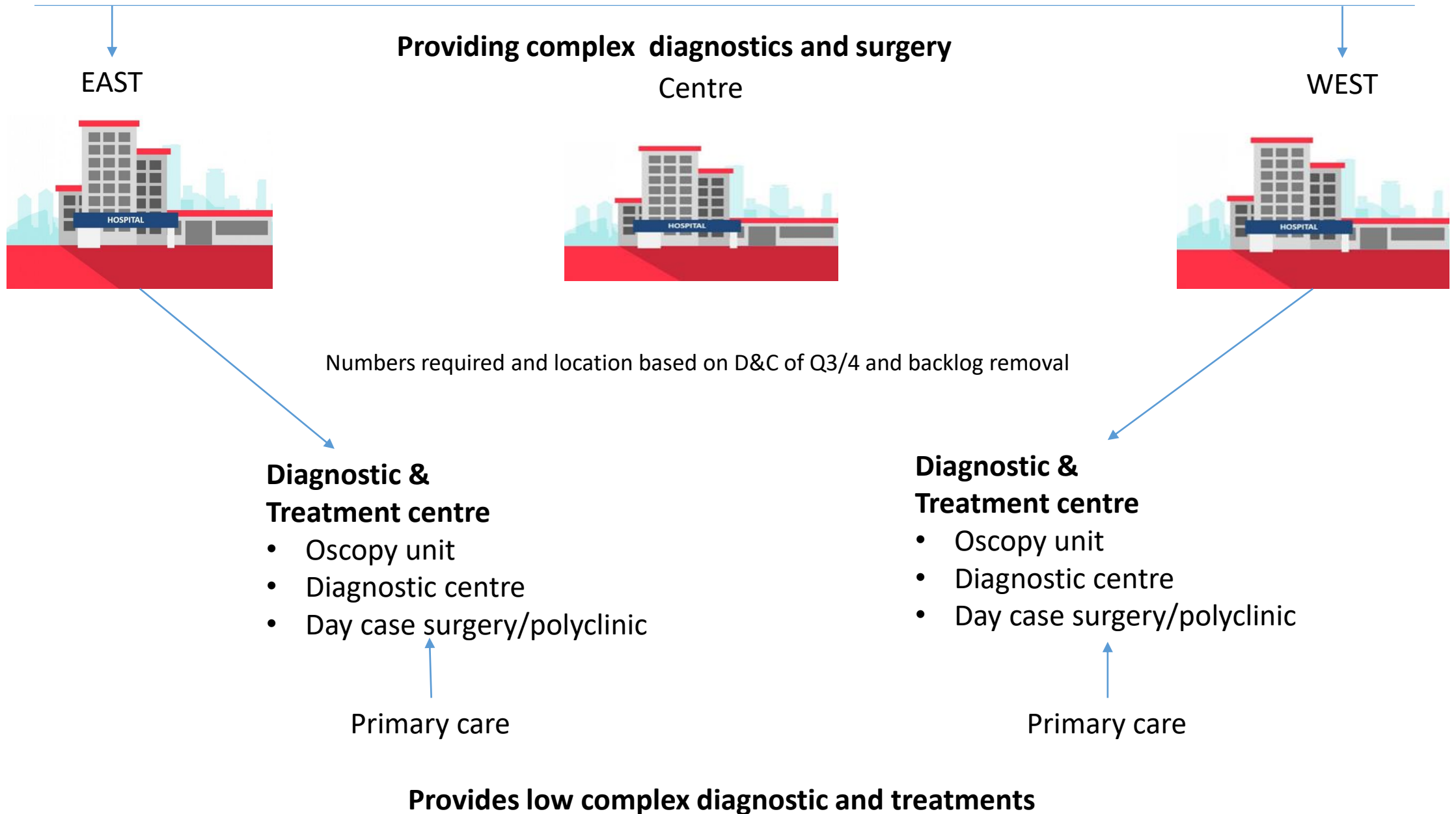
Centre = 53%

West = 49%

East = 34%

Theatre sessions dropped in August at the East Site which was predominantly at the spire
This was due to annual leave and unable to cover all available sessions. No other sites could pick them up either

Planned Care strategy-providing more capacity Once for North Wales



Service specification of diagnostic treatment centre (18/9/2020)

OPD- 1 stop pathway approach

Specific specialties that require diagnostics & one stop basis

1. Cancer

- Max/fax
- ENT/audiology
- Obs/Gynae
- Breast
- Dermatology
- Urology
- Respiratory medicine
- Oncology

2. Non cancer services

- Cardiac services
- Orthopaedics
- Ophthalmology ARMD IVT service
- Rheumatology (TBC)
- ? Therapies (gyms) OT

Cardiology- HF/stress echo
respiratory centre (TBC)

Oscopy suite

Endoscopy
Bronchoscopy
Cystoscopy
Hysteroscopy
Cardiac -TOE ?

Pre-operative assessment

Diagnostic

Radiology
Plain film
CT
Ultrasound
Audiology TBC
Neurophysiology
Phlebotomy
Pharmacy
Other support CSSD (TBC)
Near patient testing



Diagnostic and treatment Centre

Theatres/OPROC

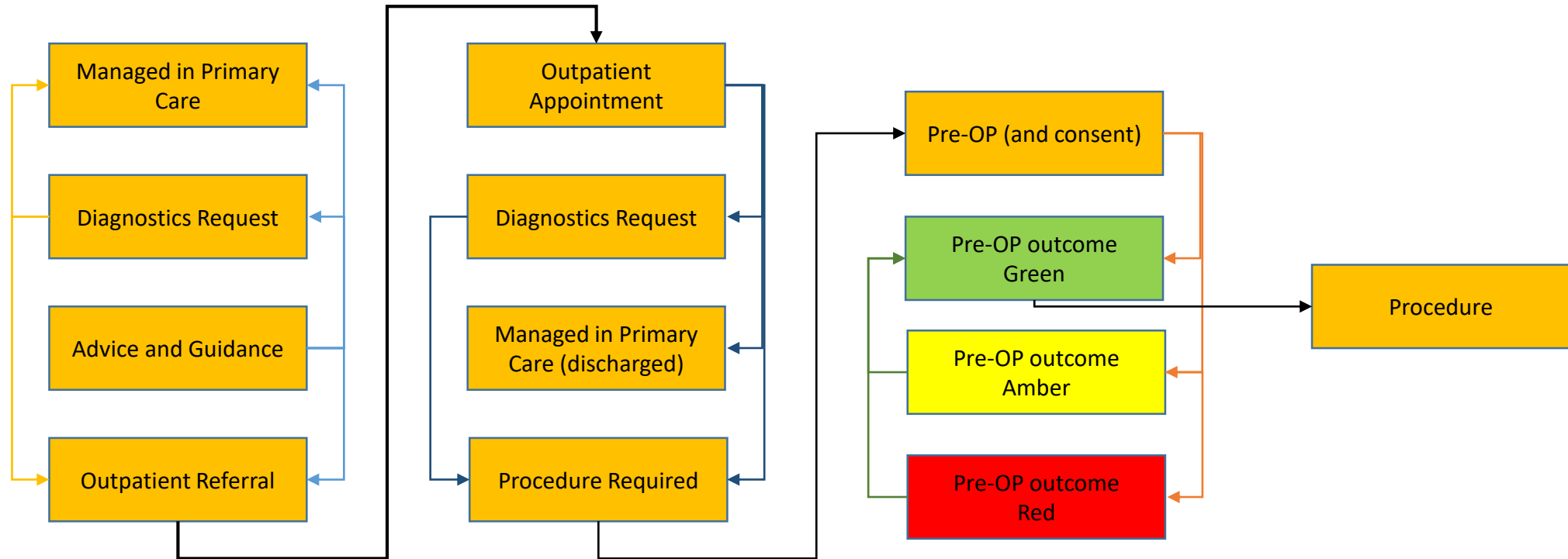
Day case all specialties described
Ambulatory orthopaedics
ODTC

GP

Outpatients

Pre-Op

Procedure



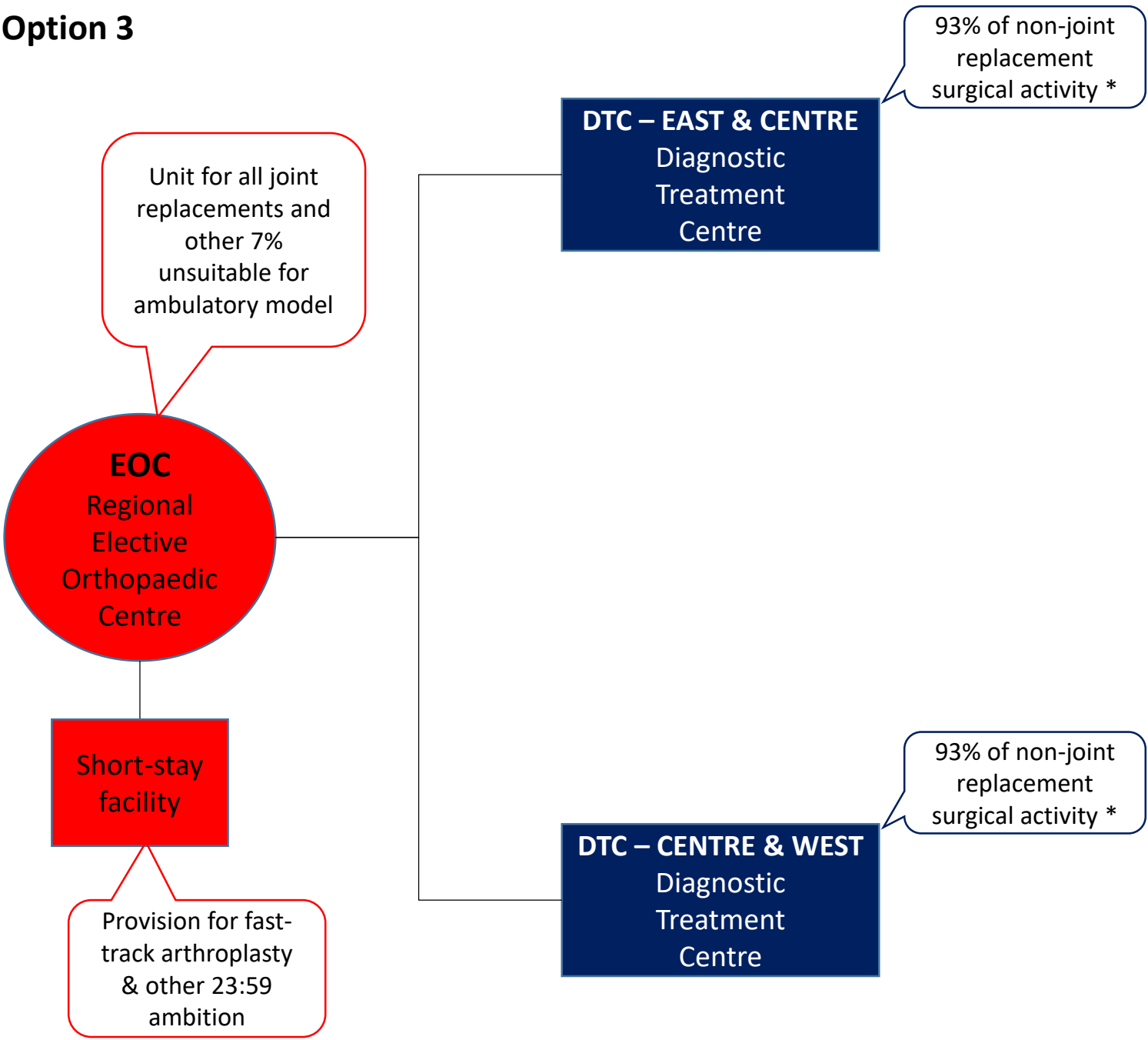
Conversion:

GP request diagnostics
 GP to OPD
 OPD to Treatment
 Pre-OP to Green outcome
 Slandered and complex procedure split

Tools:

Consultant Connect for Advice and Guidance
 Attend Anywhere for Video
 AccuRX for immediate video
 Traffic light for Pre-Op to procedure

Option 3



Type of Procedures Within DTC
ACL Reconstruction
Therapuetic Arthroscopy of Shoulder
- SAD
- Cuff Repair
- Achilles Tendon Repair
- Forefoot & Midfoot Procedures Surgery
Hand Surgery
- Carpal Tunnel
- Tendon Realignment
- Trigger Finger
- Dupytrens

Type of Procedures Within EOC	
Inpatient	Short Stay
Complex joint replacement	Uni Knees (100%)
	THR (Approx 25%)
	TKR (Approx 25%))
	Complex Hindfoot
	Complex Hand Work

Diagnostic theatre capacity required

	Theatres required (normal recurring activity)	Theatres required to clear backlog - 1 year	Theatres required to clear backlog - 2 year	Theatres required to clear backlog - 3 years	Recurring +1 year backlog clearance	Recurring +2 year backlog clearance	Recurring + 3 year backlog clearance
2 sessions per day 5x week	12.2	7.6	3.8	2.5	19.8	16.0	14.7
2 sessions per week 6 days	10.1	6.3	3.1	2.1	16.4	13.3	12.2
3 sessions per week x 5 days	8.1	5.1	2.5	1.7	13.2	10.7	9.8
3 sessions per week over 6 days	6.7	4.2	2.1	1.4	10.9	8.8	8.1

Diagnostic and treatment centre Capital costs :

Option	Session	Theatres	Cost £m
Option 3– backlog + recurring + Out-patient + endoscopy	3 sessions x 5 days x 3 years	10	60m
Option 5 -Diagnostic and treatment Centre that has limited theatre capacity to clear backlogs and service transformation is undertaken to instigate covid light Daycase pathways within the current DGH's	3 sessions x 5 days x 3 years	2	6.9m

Notes

All costs are current as at Sept 2020 (PUBSEC 250)

Costs allow for 2 or 3 storey modular construction

Enabling includes allowance for substructures, structural frame, plant room and engineering supply

Costs exclude land costs and legal fees