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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 July 2022	Agenda Item	4.3
Report Title	UPDATE - Supporting Patients who are waiting in Swansea Bay- Planned Care		
Report Author	Michelle Davies, Head of Strategic Planning		
Report Sponsor	Craig Wilson Deputy COO		
Presented by	Craig Wilson Deputy COO		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the schemes initiated to support patients whilst on the waiting.		
Key Issues	<ul style="list-style-type: none"> Whilst efforts are being made to increase outsourcing/ insourcing capacity and through new modular builds, surgical activity has been severely affected with a record number of patients waiting for surgery. Outpatient waiting lists continue to present a challenge to the Health Board in recovering its position on Planned Care services. Outpatient services have been greatly impacted by the COVID-19 pandemic and recovery has been challenging. Negative feedback from people about their lived experiences of waiting for elective surgery for joint replacement, orthopaedic and spinal surgery – report by the Swansea Bay Community Health Council. The lack of a formally agreed prehabilitation service in Swansea Bay UHB. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the update on progress to implement prehab services across the Health Board. 		

Supporting Patients who are waiting in Swansea Bay – Planned Care

1. INTRODUCTION

The purpose of this paper is to provide an update on the schemes identified as part of the Health Board's Recovery & Sustainability Plan for Planned Care, that are focussed on supporting patients whilst they are waiting.

The following schemes are being progressed:

- Primary Care optimisation clinics (Lifestyle GP Prehabilitation)
- Prehabilitation for those waiting for Orthopaedic Surgery

In addition to the above, Swansea Bay UHB has been invited to participate in a Macmillan Cancer Support and Onco partnership scheme that offers personalised health coaching and prehabilitation support to cancer patients.

2. BACKGROUND

2.1 PREHAB OPTIMISATION CLINICS

Funding has been secured for 2022/ 23 to introduce the GP Lifestyle Model in Clusters and to the Rapid Diagnostic Centre (RDC) based at Neath Port Talbot Hospital. Plans are being progressed with a Service Level Agreement (SLA) in place with Clusters, and the service will go live in Q2. It has taken longer to set-up with the need to agree a template to be utilised in primary care and the RDC accommodation was not available immediately.

The Clinics in primary care will focus on patients with suspected GI cancer, and the RDC, as it is a 'vague symptoms' clinic will have a wider scope. Both schemes support the early identification of suspected symptoms using a health optimisation 'bundle'. The health optimisation bundle pulls all relevant information (co-morbidity, drugs prescribed, high risk health behaviours (smoking, alcohol, inactivity etc.)). It also supports a 'MOT' to be undertaken to ensure our residents are adequately supported as they enter into our health system for potential treatment. The main benefits for patients is that robust health optimisation can occur which will ensure those patients referred via primary care who need treatment in secondary have improved health outcomes and recovery.

Evaluation of this work is critical, and discussions are ongoing with colleagues from digital intelligence on how the data will be collected.

2.2 PREHABILITATION FOR THOSE WAITING FOR ORTHOPAEDIC SURGERY

The current pathway for Hip Osteoarthritis (OA) patients is fragmented and not fit for purpose. It includes multiple referrals to individual services within primary

care and community services. Previous to the introduction of the Exercise & Lifestyle Programme for knee OA in 2021 these limitations were also present in the Knee pathway:

- Multi centred delivery
- Separate waiting lists and times
- Non MDT approach
- No links between services to oversee patient care and collate outcomes
- No patient outcome collection

Which all lead to increased primary & secondary care referrals and result in delays in patients receiving the care they need, and therefore their condition may deteriorate, which could result in surgery that could have been avoided and potentially longer length of stay and recovery time.

The Swansea Bay Physiotherapy Team have developed a business case to provide an Orthopaedic Prehab model that offers a broad range of support options. Allowing for most levels of functional and health status deficit that patients may present with. We cannot accurately predict patient uptake into these support services, due to the limited knowledge and lack of current data available. However, in line with the brief of “offering support to all knee and hip replacement patients” the business case proposes a programme of support options allowing a maximum patient uptake of:

- 75% requesting supervised exercise classes (1200) *
- Unlimited Self-management or online exercise to independently follow (digital or paper)
- 100% requesting pain relieving steroid injections (1200 knees only)
- 15% specialist dietician led weight loss for patients with BMI >39 (230)
- 35% community based weight loss programmes for BMI 30-38 (600)
- Unlimited Self-managed NHS weight loss programmes to independently follow (digital or paper)

*Based on 1640 patients on Ortho waiting list from Nov 2021 (n 1774 7.5% removed via validation).

The preferred model business will be considered corporately imminently having already been considered and supported by the Business Case Advisory Group. This scheme will also be supported by the British Red Cross, the service specification for this support is attached as appendix 1.

2.3 PREHABILITATION PILOT PROPOSAL – ONKO /MACMILLAN

Swansea Bay UHB have been invited to participate in a Macmillan Cancer Support and Onko partnership UK-wide pilot scheme that offers personalised health coaching and prehabilitation support to cancer patients through Onko’s digital platform. The Onko prehabilitation digital platform is a first in the UK, and Swansea Bay UHB have the opportunity to test this. The scheme is based on a

successful prehabilitation programme trialled within a leading NHS trust and is designed to evaluate the scaling up of the original programme across the NHS via Onko's digital platform. Research from programme trials has shown that patients had a higher likelihood of completing chemotherapy as planned, lower rates of treatment-related complications (e.g. pneumonia) and a shorter average hospital stay. Initial research also suggests the digital programme is associated with an increase in people's level of physical activity and a decrease in feelings of anxiety and depression.

In SBUHB, no pre-treatment optimisation service exists for patients waiting for colorectal surgery or oncological treatment. Currently there is only a very limited Prehabilitation Service available for patients diagnosed with Lung or Ovarian Cancer and these services are often fragile.

The Macmillan pilot will fund 100 patients, who will receive a full digitally enabled prehabilitation health optimisation package over a maximum of 12 weeks.

100 Patients will receive the Onko-Coach targeted service over 12-weeks consisting of:

- 1 to 1 health assessment, coaching and support from Onko's cancer coaches.
- A personalised goal-based prehabilitation plan
- Access to a multi-media, evidence-based prehabilitation library of resource
- Scheduled and asynchronous (ad hoc) support from cancer experts through the in-app chat and video function
- Access to the app features including the ability to log mood, symptoms, activity and achievement of agreed goals

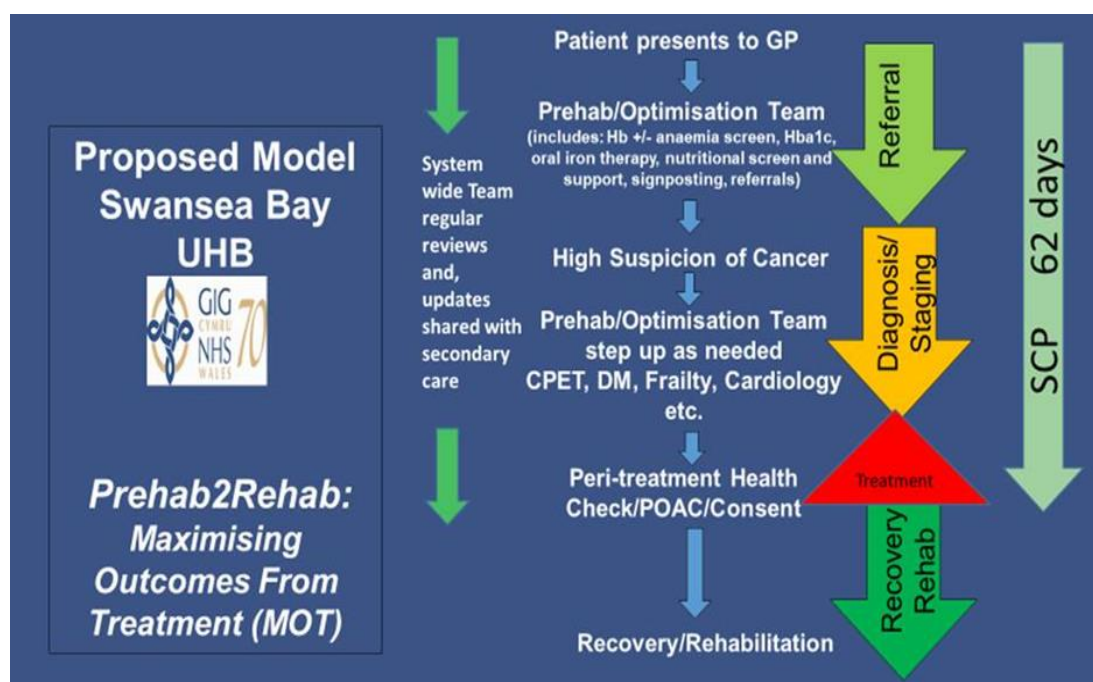
The scheme will be evaluated in Quarter 4 by Swansea Bay to inform the benefits realisation for patients, and consideration of continued investment and opportunities for scaling up as we consider financial commitments for 2023/24 – the evaluation will inform the prioritisation process.

2.4 SWANSEA BAY PREFERRED MODEL

There are a number of options which can be considered for Prehabilitation. However, the integrated model with Primary Care, Secondary Care and RDC is preferred as this provides patients presenting with colorectal/UGI symptoms at different points of the Cancer Pathway the opportunity to access Prehabilitation screening process, access to exercise referral scheme and receive specialist Allied Health Professional input if required. To realise all the benefits of Prehabilitation a system wide approach has been advised by the Clinical Lead. The lifestyle GPs will be able to undertake all aspects of the model and will have local knowledge of support services.

A business case has been submitted to the Finance Delivery Unit as part of the National Value Based Healthcare allocation to fund the preferred model – a

decision on the funding is expected by the end of July. The preferred model is set-out in the image below:



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3. GOVERNANCE AND RISK ISSUES

The schemes outlined in this paper provide risk mitigation for patients who are at risk of potential harm as a result of long waiting times. Improvements in prehab provision will improve patient optimisation prior to surgery and reduce the need in some cases for potentially additional surgery as a result of the long waiting times, and access to other services such as mental health.

Supporting patients whilst their waiting will contribute to improving the quality of life of people waiting for surgery in Swansea Bay, and the schemes outlined in this paper present an approach that is equal for all patients.

There is a need to ensure that these schemes, where appropriate, are aligned and all patients receive access to these services. It is therefore proposed to develop a prehab steering group in Swansea Bay, reporting to the Planned

Care Board - this will allow for strong clinical leadership and develop robust integrated services across the pathway.

4. FINANCIAL IMPLICATIONS

Investment into prehab has historically been limited in Swansea Bay, and securing recurrent investment that is already under significant demand is challenging. However, the Health Board are looking at all opportunities to fund with a combination of non-recurrent funding and external funding.

5. RECOMMENDATION

- **NOTE** the update on progress to implement prehab services across the Health Board.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The schemes outlined in this report will improve Quality, Safety and Patient Experience for the most vulnerable cohort of patients waiting for surgery and treatment.		
Financial Implications		
Business cases have been prepared for prehab, and will be considered by the Health Boards Business Case Advisory Group and the Management Board.		
Investment has been allocated within the Planned Care Recovery & Sustainability Plans for planned care.		
Legal Implications (including equality and diversity assessment)		
The schemes will provide a level of equality for the most vulnerable cohorts of patients living in Swansea and Neath Port Talbot.		
The support for patients will mitigate the risk for patients against potential harm as a result of waiting.		
Staffing Implications		
The schemes do present the need for additional staff, and planned care is under significant pressure in relation to workforce planning. However, by utilising GPs and staff working within therapies this position is much improved. There is a need however to recruit these staff members on a recurrent basis.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

<p>Whilst the Health Board are progressing plans to improve waiting times, the need to provide these services to support patients who are waiting must be a long term investment, and not only for the recovery, and providing this support now will prevent further problems occurring or getting worse. The support provided will improve the quality of life not only for patients but for their families and carers who support them, this has the potential to have a positive impact on all public services.</p>
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Report History	This is an update paper – the first paper on this topic was received by the Committee in April.
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Appendices	Appendix 1 - British Red Cross service specification
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