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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22nd November 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	Craigie Wilson Deputy Chief Operating Officer		
Presented by	Inese Robotham Chief Operating Officer		
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, and the funding allocated.		
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	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on progress to implement prehab services across the Health Board. • RECEIVE a further update in April 2023 when services are established. 		

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
- ONKO /MACMILLAN Pilot – personalised health coaching and prehab support to cancer patients.

The following paper provides a brief introduction to each of the above schemes and progress with implementation.

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 (gastro-intestinal) 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.

The GP Lifestyle Model commenced in October in the Llŵchwr Cluster and has seen 20 patients to date. Once established, and the initial pilot evaluated, the potential to widen the scope geographically will be considered across all Clusters.

The RDC has seen 37 patients to date in 12 clinics. The Service started with two patients a clinic as the process was new and have worked up to seeing all eligible patients which the Service have managed for the last 4 clinics.

The patients complete a number of PROMs (patient recorded outcome measures) questionnaires when they attend RDC and the plan is for these to be sent out and completed electronically via the DrDr portal in future both at referral and then at various points afterwards to capture outcomes.

The Service are recording all the medication and lifestyle interventions made by the pharmacist, and from this the Health Board will be able to do basic evaluations such as number of medications stopped, optimised, reduction in anticholinergic score etc.

2.2 PREHABILITATION FOR THOSE WAITING FOR ORTHOPAEDIC SURGERY

The Swansea Bay Physiotherapy Team have developed a Business Case for a Service 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).

Funding has been secured from the Value Based Health Investment available to the Health Board with final approval of the Business Case confirmed in September. Further discussion in relation to the funding and the associated benefits have been progressed over the last 6 weeks, and recruitment to the service has now started. Please note the following progress specifically:

- Stage 1 (entry support) is due to go live in November. An IT system has been commissioned which allows patients to be triaged and refers appropriate patients to access the Red Cross Service. The system will go live in November and will also enable patient sign posting to advice and support in several areas including diet, exercise and smoking cessation.

- Physiotherapy have been working with Pro-Mapp to create the IT system for 12 months and have already piloted it. Starting with the longest waiters, the first surveys will be sent out to patients in 300-400 batches. The plan is that all patients' access stage 1 support over the next 2-3 months.
- Stage 2 (advanced support). This relies on staff recruitment to offer face to face support. 80% + of the Prehab budget is spent on stage 2. Once recruitment is complete the Service will become operational, however given recruitment timescales this is likely to be end of February/ beginning of March.

2.3 PREHABILITATION PILOT PROPOSAL – ONKO /MACMILLAN

Swansea Bay UHB are participating 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.

Following a go live meeting with service leads on the 14th September, the first referral was received on the 21st September with a target to see 100 patients by the end of March 2023. To date Onko have received 10 referrals, the breakdown is as follows:

5 accepted
 1 received first contact
 1 declined (didn't feel they would stick to the programme)
 1 wanted more information
 2 to be contacted

Uptake has been slow, on average 2 per week as patients are feeling too overwhelmed with the amount of information / news to process in their clinic following the MDT outcome. We are discussing the possibility of approaching patients earlier in the pathway, with high suspicion of cancer, possibility after Endoscopy procedure.

Regular meetings are held with the service leads to monitor activity. 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.

Funding has been secured from the Value Based Health Investment available to the Health Board with final approval of the Business Case confirmed in September. Further discussion in relation to the funding and the associated benefits is now progressing, with a steering group set-up to oversee the development of the service. The draft terms of reference for the steering group are attached as appendix 1.

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.
- **RECEIVE** a further update in April 2023 when services are established.

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		
<p>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.</p>		
Financial Implications		
<p>Business cases have been prepared for prehab, and will be considered by the Health Boards Business Case Advisory Group and the Management Board.</p> <p>Investment has been allocated within the Planned Care Recovery & Sustainability Plans for planned care.</p>		
Legal Implications (including equality and diversity assessment)		
<p>The schemes will provide a level of equality for the most vulnerable cohorts of patients living in Swansea and Neath Port Talbot.</p> <p>The support for patients will mitigate the risk for patients against potential harm as a result of waiting.</p>		
Staffing Implications		
<p>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.</p>		

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

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.

Report History This is an update paper – following papers presented to the Committee in April and July.

Appendices Appendix 1 – Prehab Steering Group Terms of Reference

PrehabTOR
SwanseaBay V1 (1).d