

**Protected
Elective Care
Feedback Report
July 2022**



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Introduction

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon. Healthwatches role is to listen to what people like about services and what could be improved, and shares those views with those who have the power to make change happen. HWDPT were asked by the NHS Devon Clinical Commissioning Group (CCG) to assist in running focus groups, to find out how elective care waiting lists have impacted patients and how people would like these waiting lists to be addressed.

CCG Patient Elective Care context and background

The Covid-19 pandemic has impacted the amount of elective care (treatment or surgery that is planned and not an emergency) the NHS has been able to provide, meaning many patients are waiting longer for treatment. Before the pandemic, all four acute Trusts in Devon ranked in the top ten best performing Trusts nationally for waiting times.

Despite the best efforts of the four Trusts, dealing with the pandemic has impacted the amount of planned care the NHS has been able to provide resulting in longer waiting times for many patients. In Devon waiting times are currently well below NHS Constitution targets with Orthopaedic (hip) and ophthalmology (eye) having the largest number of patients waiting the longest time.

Figures published for Devon in October 2021 showed that:

- The number of people on waiting lists for acute specialities was 144,209, an increase from 100,947 in April 2020.
- 12,704 people across all specialties were waiting more than 52 weeks for treatment or consultation, up from 5,727 in April 2020.
- Orthopaedic (hip) and ophthalmology (eye) treatments had the largest number of patients waiting the longest time; 3,460 people were waiting more than 52 weeks for hip and knee treatments and 2,357 people were waiting more than 52 weeks for eye treatments.

There are clear impacts on patients who are waiting longer for their care:

- Risk to patient safety due to long waiting times for elective care across Devon (adult and child). The risk to safety is greater for patients deemed a priority for surgery, but also includes those 'Not yet seen' patients referred by



their GP but to be seen by acute secondary care services and patients waiting for a follow up appointment for acute services beyond their 'time critical' date.

- Poor Patient experience of a long wait for definitive treatment.
- Health inequalities are widening due to increased waiting times with patients may experiencing worsening physical symptoms such as increased pain or reduced mobility because they are waiting longer.
- Patients clinical condition may deteriorate (physical harm), further impacting of safety and experience, but also potentially the complexity of the case.

There are significant healthcare system challenges also:

- The urgent need to address our significant performance and financial challenges faced by our system, which are reflected in our current SO4 status.
- Staffing challenges as a result of staff burnout, high vacancies, low retention, and the number of professionals due to leave the health and care system in the next ten years because of the age profile of the workforce. This is more pronounced in Devon than many other parts of England.

Three options for addressing waiting times are:

- An integrated approach: this is the current model of care. Elective care is delivered alongside emergency care at each district general hospital in Devon.
- On-site capacity: elective care would be delivered in a separate building, on-site at one or more of Devon's hospitals, that any patient in Devon could use. This could be shared with other Trusts in Devon.
- Off-site capacity: elective care would be delivered in a standalone building, off-site from any other hospital, shared by a number of different Trusts in Devon, that any patient in Devon could use.

The CCG wants to work with local people to develop plans to tackle the waiting lists. Working with Healthwatch, the CCG invited patients on waiting lists to share their experiences and thoughts about how best to approach the issue through a series of workshops.



Methodology

Every patient on a waiting list for medical care (who had provided an email address and consented to being contacted) was invited by the CCG to register for an online focus group. Invites were also sent via the Devon Virtual Voices Panel, and through the Healthwatch Assist network.

Eight virtual focus groups were held via Zoom between 9 March and 8 April 2022. A total of 39 patients attended the focus groups. These meetings were chaired by Kevin Dixon, Interim Lay lead for HWDPT. Across the seven meetings, the CCG was represented by:

- Paul Johnson (Clinical Chair)
- Jenny Turner (Deputy Programme Director – Long Term Plan)
- Nellie Guttman (Deputy Head of Involvement and Inclusion)
- Jonathan Sewell (Strategic Engagement Manager)
- Aggie Szpinda (Equality, Diversity and Inclusion Project Manager)
- Chris Crow (Divisional Director, Nightingale Exeter)
- Halle Fowler (System Equality Diversity and Inclusion Lead)

It is recognised that focus groups give us rich and detailed feedback on specific issues. Reflecting best practice, focus groups should be approximately 8 in number or allow for adequate discussion time and opportunity to be involved.

Invites to the focus groups were targeted to ensure that those who took part had lived experience of being on a waiting list.

Three out of the eight sessions were held for specific community group:

- One session was attended by two British Sign Language interpreters to enable members of the Deaf community to participate.
- One session was attended by people from an ethnically diverse background and people from the LGBTQIA+ community.
- One session was attended by people who lived in rural locations to discuss issues around isolation and the geographical challenges of Devon.

Additionally, each session was attended by a member of Healthwatch staff who took notes and produced summary reports after each meeting. [Expand inclusion](#)



At each meeting, participants were able to share their experience of waiting for elective care and the impact this has had on their lives. CCG representatives presented the options for tackling waiting lists and asked participants to give their opinions. At four of the eight meetings, polls were used to gather feedback.



Key findings

- Waiting for elective treatment has a significant impact on participants' physical and mental health. Worsening pain and discomfort has a knock-on effect on sleep, ability to work or provide care, and quality of life. The uncertainty caused by cancelled appointments causes stress and anxiety. Participants felt that better communication about waiting times was needed and would reduce anxiety and uncertainty.
- Participants were overwhelmingly in favour of addressing waiting times as quickly as possible wherever possible, rather than waiting for a Devonwide solution.
- Participants saw the benefits of moving elective care to a dedicated facility shared between Trusts, however, there were concerns about patients being required to travel longer distances, and the length of time it may take this solution to be enacted. Participants agreed that a combined approach would be beneficial to suit the needs of different areas, e.g. urban vs rural, and the needs of patients who may require more complex treatment.
- When deciding where to have treatment, the three most important considerations for participants were the speed at which they could be seen, who would be providing their treatment, and distance from home.



Detailed findings

The impact of waiting times

- **Communication:** For some participants, not knowing when they may be treated was the hardest part of being on a waiting list. Some participants worried they had been forgotten or removed from the waiting list due to a lack of communication. Some suggested that automated communication (e.g. texts, letters, emails) with updates would be helpful.
- **Physical health:** many participants experienced worsening pain and discomfort. This had knock-on effects on their sleep, ability to work, caring responsibilities, and overall quality of life.
- **Mental health:** uncertainty and an inability to plan for the future causes anxiety and stress. Participants mentioned feeling embarrassed or guilty about asking for help when services are under stress. Repeated cancellations take a toll on patients' mental health.
- **Support:** participants felt there was a lack of support available for people dealing with the physical and mental impact of waiting for treatment.
- **Disruption:** last-minute cancellations and uncertainty about procedures is particularly difficult for those who have caring responsibilities or those who need to make arrangements for their own care.
- Some patients reported using savings to pay for private care to avoid the waiting lists.

Discussion of the three approaches to addressing waiting lists

Integrated approach

- Participants saw the benefits of this being the quickest option, as the infrastructure is already in place.
- Travel may be easier for many patients, as elective care would be spread across a wider area.
- However, participants felt that waiting lists would only continue to grow under the current system, as emergency care would always take priority.

On-site capacity

- Participants saw the benefit of an on-site facility being able to share resources and staff with the main hospital. This could be particularly beneficial for staff recruitment and retention as staff may not have to travel between different sites.



- Participants saw the benefit of having the main hospital nearby for those who require emergency or ICU treatment.
- Travel is already an issue for patients who rely on public transport and centralising elective care into fewer facilities would aggravate the issue further. However, the current hospital sites may be more easily accessible via public transport than an off-site building.
- Parking could become an issue at hospitals if more patients across Devon are traveling to a single site for treatment.
- Participants were concerned that finding an appropriate space for the facility may be an issue if hospitals are already short on facilities.

Off-site shared capacity

- Participants saw the benefit of Trusts sharing resources to address patients who have been waiting the longest, regardless of where they live. Some respondents said they would be happy to travel further in order to be treated quicker, or to be treated by a particular clinician.
- Participants acknowledged that patient travel and transport may be an issue if elective care were to be centralised and shared between Trusts at only one site.
- Participants worried that moving staff away from existing hospitals would impact emergency care, and felt that opening a new facility would not address insufficient staffing levels in the NHS.
- One participant pointed out that there may be a lack of opportunities for staff training in an off-site facility, which could impact staff retention and recruitment.
- Participants were concerned that opening a new building would take longer than using existing facilities, meaning waiting times would go unaddressed for longer.
- As an off-site building would not have an ICU, patients with complex cases would need to be treated at a hospital anyway

Which of the three options best meets the needs of Devon?

Participants felt that a combined approach was best. Participants saw the benefits of an off-site facility, e.g. that elective care would not be affected by emergency pressures, and that patients in the most need could be seen as quickly as possible regardless of their location. This may be particularly beneficial if a shared facility could be located where demand is highest, e.g. Plymouth. However, participants also recognised that different patients have different needs. For example, the use of a shared facility may disadvantage those who live in rural areas, rely on public transport, or who may require more complex care (e.g. ICU).



Develop where we can now, or wait for a Devonwide solution?

Across all eight meetings, participants overwhelmingly agreed that the best approach would be to address waiting lists as quickly as possible, wherever possible, rather than waiting for a solution for the whole of Devon. In the four meetings where polls were used to gather feedback, 11 participants voted in favour of developing elective care where possible immediately, and two participants voted in favour of waiting for a Devonwide solution.

What informs decision making about where to have treatment?

Participants were asked to discuss the factors that inform their decisions about where to have treatment. The ranking below is approximate, as polls were not used at every meeting.

1. Speed of treatment: Being treated quickly was the first priority for most participants.
2. Who will be providing my care: some participants said they would be willing to travel further to see a clinician they particularly trusted, especially patients who required specialist treatment.
3. Distance from home: patients with children or caring responsibilities need to consider the length of time they can spare to travel long distances. This is also likely to be an important consideration for older patients.
4. Access to support after treatment: this was a particularly important consideration for those who require care after surgery, or those who have children or caring responsibilities.
5. Travel type: the accessibility of public transport is a consideration for those with disabilities.
6. Travel cost: if public transport coverage is inadequate, private transport (e.g. taxis) can be expensive

Other considerations mentioned by participants included:

- Inclusion and diversity: patients from minority groups may prefer to travel further to get treatment in a larger, more diverse hospital, especially if staff have more experience dealing with people who speak English as a second language
- Parking: accessible parking is particularly important for those with disabilities. Some participants were concerned that parking issues may cause them to be late or miss appointments.
- Comparable waiting times: some participants said that it would be beneficial to compare the waiting times at different locations, so they can decide whether it is worth travelling further for quicker treatment.
- Access to emergency care in case of complications



Statement from NHS Devon Clinical Commissioning Group

NHS Devon would firstly like to extend a big thank you to Healthwatch Devon, Plymouth and Torbay for their commitment, support, and flexibility to such an important piece of engagement.

The depth and quality of the feedback shows what a great job those facilitating and supporting each focus group have done. A special thanks to Gabriella Goodrich for pulling together this excellent and comprehensive report, Kevin Dixon for chairing the discussions, and to Sarah Bickely and Ola Burckett for their extensive logistical support.

There are three key areas that this feedback will influence:

1. Protecting Elective Care (PEC)

Hearing that people just want to be seen as soon as possible, gives a clear indication that this needs to be a priority for the NHS in Devon.

We now know that people will travel to see a trusted clinician where a relationship is more important than distance, and we will strive to ensure that this remains possible in the development of any PEC proposals.

Knowing that people are willing to travel if this will decrease waiting times will influence our thinking around the locations for PEC.

Recognising the significant challenges travelling can have on patients, especially for those already impacted by health inequalities, we will try to mitigate these challenges in the development of any future proposals.

2. Waiting well – supporting you whilst waiting for care

We have learnt that regular and tailored communication is vital to support people waiting for care to reduce anxiety and help people manage their expectations.

Currently, we are working with healthcare colleagues across Devon and contacting long waiting patients to identify how we may better support them.

In partnership with Living Options Devon, we signpost/ refer patients, who are struggling to cope with day-to-day living issues, to a range of local community and voluntary-based support services.

As a result of the feedback, we will be:



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- Regularly reviewing and improving the information we provide to patients, whilst understanding how we can better improve our methods of communication, and
 - Proactively identifying and communicating with vulnerable and at-risk waiting patient groups, ensuring that we address health inequalities across our health system as a priority.

3. Wider Elective Care programme

The following feedback will be used to influence the development of NHS Devon's wider plans for elective care:

- the importance of a trusted clinician
- importance of being seen as quickly as possible
- the impact of last minute cancellations
- the impact of waiting for a long time, particularly for the most vulnerable people on our waiting lists

This feedback from patients will be considered alongside the feedback received as part of our wider staff engagement process, which gives powerful insight of the patient voice through the eye of our NHS staff.

This process or report would not have been possible without the commitment, diligence, and support of the people of Devon. We want to say a huge thank you to all the people who took time out of their lives to share their sometimes difficult and very personal experiences, to offer insight and feedback on our plans, and let us know how they feel and what they need when waiting for care.

We know we still have more to do, and to understand the views of as many people who are waiting for care across all services, but we now understand much more about how challenging and impactful it has been for people, and we want you to be assured we will use your voice to directly inform how we address supporting you and protecting elective care so you can be seen as soon as quickly and effectively as possible.



Recognition

Healthwatch Devon, Plymouth, & Torbay would like to thank everyone who participated in the focus groups and took the time to share their feedback.

Contact us



Jan Cutting Healthy Living Centre
Scott Business Park
Beacon Park Road
Plymouth
PL2 2PQ

www.healthwatchdevon.co.uk
t: 0800 520 0640 (Freephone)
e: info@healthwatchdevon.co.uk
tw: @HwDevon
fb:
facebook.com/healthwatchdevon



Jan Cutting Healthy Living Centre
Scott Business Park
Beacon Park Road
Plymouth
PL2 2PQ

www.healthwatchplymouth.co.uk
t: 0800 520 0640 (Freephone)
e: info@healthwatchplymouth.co.uk
tw: @HealthwatchPlym
fb:
facebook.com/HealthwatchPlymouth



Room 17
Paignton Library
Great Western Road
Paignton
TQ4 5AG

www.healthwatchtorbay.org.uk
t: 08000 520 029 (Freephone)
e: info@healthwatchtorbay.org.uk
tw: @HWTorbay
fb:
facebook.com/HealthwatchTorbay
Registered Charity No: 1153450