

**Leeds Teaching Hospitals NHS Trust**  
**Access to services and WYAAT**  
**Scrutiny Board (Adults, Health & Active Lifestyles)**  
**February 2020**

## **1. Purpose of this report**

- 1.1. The purpose of this report is to provide members of the Scrutiny Board (Adults, Health and Active Lifestyles) with an overview of access to services and referral to treatment within Leeds Teaching Hospitals NHS Trust, with a specific focus on dermatology and spinal surgery. The report also provides an update on the WYAAT (West Yorkshire Association of Acute Trusts) programme.

## **2. Main issues**

- 2.1. The Trust publishes an Integrated Quality and Performance Report for assurance at each of its Public Board meetings. The report provides analysis and description of performance and quality from across the organisation, including performance against constitutional standards and access to services. The report is publicly available on the Trust website.<sup>1</sup> The latest report (January 2020) is attached to this report at Annex A.
- 2.2. Included within this report is specific detail on access to dermatology and spinal surgery, two areas where the Trust has faced challenges in providing access to patients and has worked to reduce waiting times.

## **Dermatology**

### Background

- 2.3. Concerns have been raised by the Leeds Dermatology Patient Panel (LDPP) about access to dermatology services at Leeds Teaching Hospital Trust. These concerns have been raised elsewhere, including in Calderdale, and access to services have been discussed by members of the West Yorkshire Joint Health Overview and Scrutiny Committee at its meeting in September 2019.

### Increase in demand

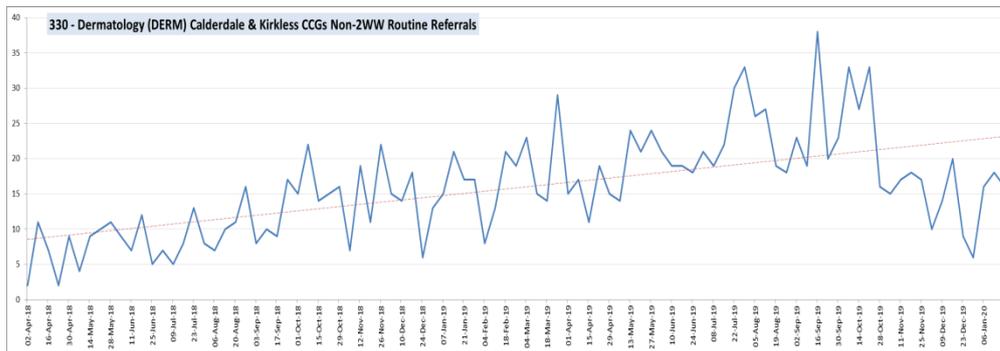
- 2.4. During 2019/20 LTHT dermatology service has received an average of 107 routine GP referrals per week. 81% of these are from patients within the Leeds CCG population, and 11.5% are from patients from Calderdale and Kirklees CCG population.
- 2.5. There has been an increase in demand for dermatology services at LTHT overall, and an increase in referrals from patients within Calderdale and Kirklees CCGs. This was in large part due to Calderdale and Huddersfield Foundation Trust (CHFT) dermatology service being forced to close access from routine referrals in June 2018, accepting only 2 week wait patients. This was mainly due to the fact that CHFT were unable to recruit into permanent consultant posts and were reliant on two very high cost locums.
- 2.6. The rate of referrals from Calderdale and Kirklees grew between April 2018 and October 2019. During the first six months of 2018/19, LTHT received an average of 8 routine referrals each week. Between September 2018 and March 2019, this doubled to an average of 16 referrals a week. From April 2019, this increased again to an average of 23 referrals each week.

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<sup>1</sup> <https://www.leedsth.nhs.uk/about-us/board-meetings/>

## 2.7. The increase in demand is shown in Figure 1:

Figure 1: Number of non-2 week wait routine referrals to LTHT from Calderdale and Kirklees CCGs



- 2.8. While these referrals remained a smaller proportion of total activity than that originating within Leeds, this unplanned increase resulted in a growing waiting list and increasing waiting times for patients. This increase has impacted all patients from Leeds, Calderdale and Kirklees.

### Response

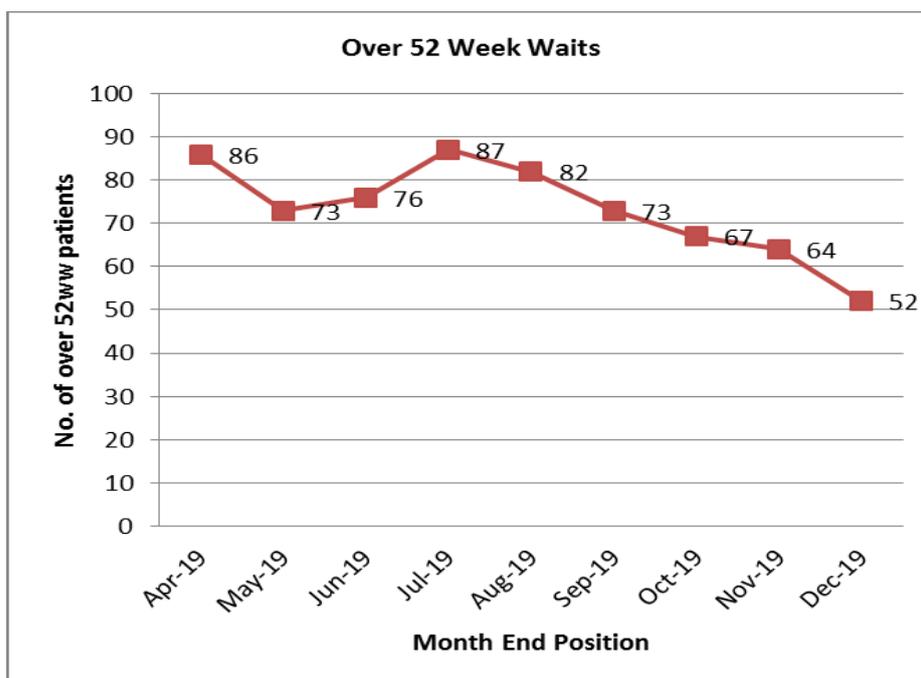
- 2.9. The dermatology service flexes capacity to respond to fluctuations in demand. During summer months of 2019 additional capacity was added to cope with the seasonal increase in demand. The excess growth from increasing referral rates from Calderdale CCG resulted in this additional capacity being insufficient to prevent waiting list growth.
- 2.10. Concerns about these increases were raised with Calderdale CCG by colleagues in Leeds CCG in October 2019 and action was taken to ensure that capacity was provided locally through community dermatology services. As of November 2019, Calderdale CCG commissioned a Community Dermatology service, which is able to see all routine patients, and manage low risk basal cell carcinoma. This has led to a reduction in referral rates to Leeds. It has also enabled repatriation of some activity back to these local providers.
- 2.11. This has reduced the size of the dermatology waiting list, reduced waiting times and provides more care closer to home for patients in Calderdale and Kirklees. The average wait for a first outpatient appointment is now 11 weeks. Presently, over 90% of patients are seen within 18 weeks.

## **Spinal Surgery**

### Background

- 2.12. LTHT is a tertiary centre for spinal surgery, providing services for patients from Leeds, West Yorkshire and beyond. The service is now also the Regional Spinal Surgery Centre for non-specialist activity as local services have closed.
- 2.13. Waiting times for spinal surgery at LTHT have increased for some time, with an increase in the number of patients waiting beyond 52 weeks since winter 2017/18. At the end of December 2019, there were 52 patients who waited over 52 weeks for treatment in Adult Spines. This is shown in Figure 2.

Figure 2: Number of patients waiting over 52 weeks for spinal surgery at Leeds Teaching Hospitals NHS Trust



2.14. These reductions have been the result of several factors. Some growth in demand has been due to demographic changes demography and increased referral of complex and specialist cases into LTHT. There has also been a gradual increase in non-specialist referrals to Leeds as small, non-specialist spinal services closed in other Trusts in West Yorkshire, mainly due to the retirement of single practitioners. The increase in waiting times accelerated following the cancellation of routine elective activity in the winter of 2017/18 to manage winter pressures.

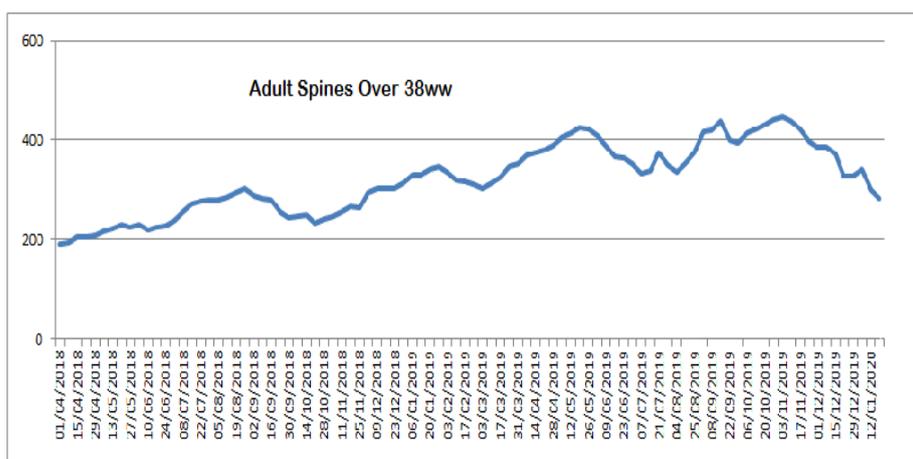
#### Response

2.15. There are several ongoing short and long-term actions to contain referral growth and to provide additional capacity. The Trust has collaborated with commissioners, NHS England and Improvement, and the Getting It Right First Time Programme to create actions within and outside of the Trust. These include reviewing routine GP referrals in MSK services before onward referral to spinal surgery, regular validation of the waiting list and redistributing and prioritising theatre capacity for spinal surgery which is at risk of breaching 52 week waits.

2.16. During 2019/20 there has been improvement in the size of the waiting list for both admitted and non-admitted patients for spinal surgery. Total waiting list size has decreased for 5 consecutive months and the percentage of patients waiting over 18 weeks has reduced. The non-admitted waiting list has decreased by 500 patients and the admitted waiting list has decreased by 137 patients. The number of patients waiting on the admitted waiting list has reduced from a high point of almost 1,000 in August 2018 to almost 600 in December 2019.

2.17. The Trust has seen a reduction in the number of patients waiting over 38 weeks for spinal surgery. There has been a reduction of 23.5% in the total number of patients waiting over 38 weeks since April 2019. This is shown in Figure 3:

Figure 3: Number of patients waiting over 38 weeks for adult spinal surgery at LTHT



- 2.18. At the end of December 2019, 84.9% of patients on LTHT waiting lists waited less than 18 weeks for treatment. This is ahead of the national average which at the end of November (latest available data) showed that 84.4% of the England waiting list had waited less than 18 weeks.
- 2.19. The Trust is undertaking quality improvement activity in addition to this work to reduce waiting times. This has been done in partnership with the Get It Right First Time (GIRFT) Programme and recommendations from a GIRFT review are underway across spinal surgery. This includes infection control actions to reduce the number of surgical site infections and an enhanced recovery programme to reduce readmission rates.
- 2.20. However, the Trust continue to strive to improve the timeliness of elective services and further work is required to stop patients needing to wait longer than 52 weeks for spinal surgery. There remain a large number of patients who have waiting over 38 weeks and are at risk of waiting longer than 52 weeks if they are not treated in the coming months, as shown in Figure 3. The Trust continues to work with commissioners and patient representatives to explore longer term actions to improve services, such as increasing the number of sessions dedicated to spinal surgery and exploring partnership with other NHS Trusts to manage demand outside of LTHT.

### 3. WYAAT

#### Background

- 3.1. The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016 and represents a partnership of the following 6 acute trusts in West Yorkshire and Harrogate:
  - Airedale NHS Foundation Trust (ANHSFT)
  - Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)
  - Calderdale and Huddersfield NHS Foundation Trust (CHFT)
  - Harrogate and District NHS Foundation Trust (HDFT)
  - Mid Yorkshire Hospitals NHS Trust (MYHT)
  - Leeds Teaching Hospitals NHS Trust (LTHT)
- 3.2. The partnership provides a forum for partners to discuss and progress programmes of work aligned with the West Yorkshire Health and Care Partnership.
- 3.3. The West Yorkshire Joint Health Overview and Scrutiny Committee was provided with an update on the WYAAT programme and Committee in Common at its meeting on 19 November 2019.

- 3.4. The WYAAT annual report, published in September 2019, is attached to this report at Annex B and provides an overview of programme and progress across the partnership.

### Programmes

- 3.5. The WYAAT partnership runs the following programmes, split into clinical services, clinical support and corporate support:

#### Clinical Service Programmes:

- Clinical Service Networks
- WY Vascular Service
- Elective Surgery (Orthopaedics)
- Elective Surgery (Ophthalmology)

#### Corporate Support Programmes:

- Pharmacy
- Pathology
- Radiology (Yorkshire Imaging Collaborative)
- Scan4Safety

#### Corporate Support Programmes:

- Workforce
- Procurement

Details on each of these programmes are included within the annual report (appended to this report).

### Governance

- 3.6. WYAAT has a Committee in Common, which meets regularly and is formed of all the Trust Chief Executives and Chairs from member organisations. Below this group meeting every month is the Programme Executive, which oversees all programmed work, providing direction and making decisions.
- 3.7. To support these two groups there are operations, finance and clinical groups amongst others which lead the delivery of WYAAT programmes. All groups are supported by the WYAAT Programme Management Office.
- 3.8. All decisions remain with the partner Trust's Boards and WYAAT is not in itself a decision-making body.
- 3.9. Scrutiny from the Adults, Health & Active Lifestyles Scrutiny Board is welcomed on individual programmes across WYAAT as they progress, both for WYAAT as a whole and LTHT involvement in them. For example, the WY Vascular Service which seeks to create a single West Yorkshire Vascular Service with two arterial centres is undergoing a consultation led by NHS England and Improvement. The West Yorkshire Joint Health Overview and Scrutiny Committee has previously discussed the consultation and will receive the results at its meeting on 24 February 2020.