

# Regional Portfolio Delivery Board

## Regional Cataracts Business Case

<b>Document Title:</b>	<b>Regional Cataracts Business Case</b>		
<b>Date of Document:</b>	<b>9<sup>th</sup> February 2023</b>		
<b>Executive Sponsor:</b>	Chris Dawson-Morris, Executive Director Planning (AB) and Chair of the Regional Ophthalmology Programme Board		
<b>Purpose:</b> <b>Portfolio Delivery Board is asked to:</b>	Approve change	✓	Comment:
	Approve funding	✓	
	Provide a view	✓	
<b>Summary / Situation:</b>			
<p>Chief Executives across CAVUHB, CTMUHB and ABUHB have stated their commitment to joint working and regional service provision where clinically appropriate through the Regional Portfolio Board.</p> <p>This refreshed approach to the governance will coordinate these efforts and each Health Board is taking the lead for a specific priority;</p> <p>ABUHB: Ophthalmology CTMUHB: Diagnostics CAVUHB: Orthopaedics</p> <p>Whilst the concept of regional Ophthalmology provision is not new and has been considered since 2017, the significant service pressures incurred by the pandemic and the focus on planned care recovery have escalated both the scale and pace of thinking.</p> <p>The Regional Ophthalmology Programme has produced a strategy, of which, the first part of the implementation of this is the development of a Business Case for additional regional capacity for cataracts to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region.</p>			
<b>Background:</b>			
<p>The region is presented with a sizable challenge for backlog, demand and capacity. Demand continues to outstrip capacity and is forecast to grow year on year.</p> <ul style="list-style-type: none"> <li>• The total number of patients waiting for assessment and treatment for cataracts is forecast to reach over 19,000 by the end of March 2023.</li> <li>• Demand across the region has returned to pre-pandemic levels and is forecast to be 9,960 per year for 23/24</li> <li>• The projected combined core capacity across the region for 23/24 with no further intervention is 5,940 treatments and assessments per year, broken down as follows <ul style="list-style-type: none"> <li>○ Aneurin Bevan UHB – 2,400</li> <li>○ Cardiff and Vale UHB – 1,440</li> <li>○ Cwm Taf Morgannwg UHB – 2,100</li> </ul> </li> </ul>			

Eliminating the waiting list backlog in 23/24 would require a capacity of 28,960 in one year, almost five times the projected combined core capacity. With no further intervention the projected waiting list of 19,000 in March 2023 would therefore be over 23,000 by March 2024.

This business case represents the first in a two stage process to ensure the sustainability of cataracts provision across the region, this approach balances the need to activate capacity quickly and address the backlog with the requirements to deliver a long term sustainable solution.

- Stage 1 – This Business Case for maximising our existing assets and increasing capacity with a focus on recovery activity and reducing waiting lists to run for 12 months.
- Stage 2 – Developing sustainable staffing and clinical models for the region. For cataracts and VR in University Hospital Wales (UHW), Cardiff, and cataracts and VR referral pathways across the region. To include new staffing models, new clinical models and costings.

This paper is seeking endorsement of the preferred option in the case in order to allow detailed costing to take place. It also seeks confirmation of the commitment to regional ways of working

## Assessment

The aims of the regional solution outlined in this business case are:

- to enact a collaborative regional approach to recovery
- to provide additional regional capacity for cataract outpatient and inpatient stages
- to demonstrate optimal utilisation of our assets across the region
- to address current waiting list backlogs
- to reduce clinical risk on an equitable basis across the region

The business case has been developed to incorporate the following key delivery principles:

### Shared PTL

To support a regional approach, the three health boards have agreed to pool their patient treatment lists (PTL) and adopt shared waiting list management arrangements for the allocation of the additional regional capacity. This will be supported by a regional booking team who will also manage the shared patient waiting list ensuring that the patients who have been waiting the longest are treated first, regardless of their 'home' health board.

### North and South Hubs

The geography of the region lends itself to distributing the capacity is across a North and South Hub model. This model that will keep service delivery closer to home and reduce patient travel as far as possible.

### Insourcing and Outsourcing

The capacity across the region can be rapidly increased by utilising the local opportunities for a regional contract for insourcing and outsourcing. These arrangements make the best use of our assets across the region for short-term flexible arrangements that protect our core capacity.

### **Patient Second Offer and Travel**

Patients will be offered the opportunity to travel to receive their assessment and treatment as part of the additional capacity arrangements where they may be able to be treated sooner. At a maximum travel would be 40 miles and 55 minutes by private car under normal traffic conditions and most of the patient travel will be shorter. Patients unable or unwilling to travel will keep their place on the waiting list and receive treatment from their home health board. A recent survey of 140 patients across the region shows that 71% of patients would be willing to travel.

### **Options**

This business case has developed six options through strong engagement with clinical and operation teams to provide further capacity over the core delivery models.

To achieve the stated aims of the business case, the options need to:

- Be mobilised quickly
- Be deliverable with the resources available
- Protect the viability of the core capacity
- Keep patient travel to a minimum

The options for the next 12 months are:

- **Option 1: Do nothing**

To do nothing and only retain the core capacity of 5,940 per year across the region

- **Option 2: Maximising the use of NHH and POWH**

This option uses one theatre in NHH for 7 weekday sessions and 4 weekend sessions, and the twin theatre in POWH. In 12 months the north hub in NHH would deliver 1,610 assessments and treatments using newly recruited NHS staff and 1,500 via and insourcing company on weekends. The south hub in POWH would deliver 3,558 assessments and treatments utilising 1 NHS session per week and then a combination of evening and weekend sessions via and insourcing company. The option also includes 2,000 outsourced patients. Through this option the total additional capacity is 8,668 plus a core capacity of 5,940 is 14,608 total capacity.

- **Option 3a: Vanguard and NHH**

This option uses one theatre in NHH for 4 weekend sessions and the twin Vanguard theatre in UHW. In 12 months the north hub in NHH would deliver 1,500 assessments and treatments via and insourcing company on weekends. The south hub in UHW would deliver 12.5 sessions during weekdays with NHS staff for 2,770 patients and 1,500 via and insourcing company on weekends. The option also includes 2,000 outsourced patients. Through this option the total additional capacity is 7,700 plus a core capacity of 6,120 is 13,820 total capacity.

- **Option 3b: Vanguard and Maximising NHH**

This option uses one theatre in NHH for 7 weekday sessions and 4 weekend sessions, and the twin Vanguard theatre in UHW. In 12 months the north hub in NHH would deliver

1,610 assessments and treatments using newly recruited NHS staff and 1,500 via and insourcing company on weekends. The south hub in UHW would deliver 12.5 sessions during weekdays with NHS staff for 2,770 patients and 1,500 via and insourcing company on weekends. The option also includes 2,000 outsourced patients. Through this option the total additional capacity is 9,310 plus a core capacity of 6,120 is 15,430 total capacity.

- **Option 4: Weekend Insourcing and Outsourcing only**

This option uses one theatre in NHH for 4 weekend sessions and the twin theatre in POWH. In 12 months the north hub in NHH would deliver 1,500 via and insourcing company on weekends. The south hub in POWH would deliver 1,500 assessments and treatments via and insourcing company on weekends. The option also includes 2,000 outsourced patients. Through this option the total additional capacity is 5,000 plus a core capacity of 5,940 is 10,940 total capacity.

- **Option 5: Outsourcing activity to external provider(s)**

This option involves outsourcing 5,000 patients in 12 months. Through this option the total additional capacity is 5,000 plus a core capacity of 5,940 is 10,940 total capacity.

### Options Summary

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH	Option 4 Weekends	Option 5 Outsourcing
North Hub: NHH Weekdays NHS Staff		1610		1610		
North Hub: NHH Weekends Insourcing		1500	1500	1500	1500	
South Hub: Vanguard Weekdays NHS Staff			2700	2700		
South Hub: Vanguard Weekends Insourcing			1500	1500		
South Hub: POWH Evenings insourcing (+1 NHS session)		2058				
South Hub: POWH Weekends Insourcing		1500			1500	
Outsourcing		2000	2000	2000	2000	5000
Total Additional	0	8668	7700	9310	5000	5000
Plus Core	5940	5940	6120	6120	5940	5940
<b>Total</b>	<b>5940</b>	<b>14608</b>	<b>13,820</b>	<b>15430</b>	<b>10940</b>	<b>10940</b>

\*Yellow – Provision on AB site, Blue – provision on CAV site, Green – provision on CTM site

### High level Financials

The high level financials are included below and indicate the maximum costs for each option. When a preferred option is formally agreed, the financials for that option will be further refined to identify any opportunities to reduce costings.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH	Option 4 Weekends	Option 5 Outsourcing
Total Revenue	£0	£12.4m	£10.5m	£12.4m	£7.5m	£7m
Costs						
Total Capital Costs	£0	£0	£2.4m	£2.4m	£0	£0
Total Costs (Capital + Revenue)	£0	£12.4m	£12.9m	£14.8m	£7.5m	£7m
Cost per patient	n/a	£1,436	£1,672	£1,594	£1,504	£1,410

### Waiting List Changes

The table below shows the impact of each of the options on the total size of the waiting list. The start position for each option is 19,000 patients waiting. It is worth noting that demand for cataracts is approximately 10,000 per year with core capacity closer to 6,000, making waiting list backlog gains more difficult. Through the implementation of this business case and the second stage business case indicated above the efficiency of the core provision will be improved.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH	Option 4 Weekends	Option 5 Outsourcing
Waiting list year end	23,046	14,352	15,186	13,567	18,483	18,483
Waiting list change from 19,000 baseline	+4,046	-4,648	-3,814	-5,433	-517	-517

### Allocation by Health Board

For planning purposes, the table below indicates the numbers of patients waiting and how this could be split proportionally across the region. Data relates to August 2022 and includes the total number of patients waiting in each health board.

Patient Waits	Total		Over 52 weeks
AB	7041	39%	2175 36%

CAV	4066	22%		891	15%
CTM	7103	39%		2939	49%
	18210			6005	

Of the group of longest waiters 49% are from CTM, 36% from AB and 15% from CAV and this indicates how the additional capacity will be used across the shared PTL.

### Options Appraisal

The six options have been through a robust options appraisal process with clinical, operation and planning leads. An exercise was undertaken with each health board individually to score and assess each option against the business case aims and the principles of regional working in section 2.1 below and appendix two.

Weighting for the scoring was allocated as follows:

- Quality and Safety: 35%
- Effective use of resources: 10%
- Strategic Fit: 10%
- Sustainability: 15%
- Access: 10%
- Deliverability: 20%

Results of the appraisal process are shown below. All three health boards have selected the same option as the highest scoring option against the criteria. Results are shown below. Scores are out of 5, with the regional total out of 15.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH	Option 4 Weekends	Option 5 Outsourcing
Cardiff and Vale	1.65	3.10	4.00	4.25	1.85	1.65
Cwm Taf Morgannwg	1.60	4.30	3.70	4.35	2.30	2.00
Aneurin Bevan	1.80	3.35	3.30	3.55	2.15	2.15
Regional Total	5.05	10.75	11.00	12.15	6.30	5.80

### Preferred Option

The preferred option in this business case is Option 3b Vanguard and Max NHH. Each Health board selected this as the preferred option largely because of the greater proportion of patients treated by NHS staff and the deliverability aspects and shorter lead in time of using the existing Vanguard facility. Patients are facing clinical risk as they wait for treatment and this option makes the most impact into the backlog and this further reduces the clinical risk for cataracts patients. The preferred option is summarised below:

- South Hub Weekdays: Retaining the weekday 20 sessions in vanguard and using 7.5 sessions for CAV core capacity (1620 patients per year, funded by CAV) and 12.5 sessions for regional capacity (2700 patients per year, regionally funded, provided by NHS staff)
- South Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in Vanguard (UHW)
- North Hub Weekdays: 1610 outpatient assessment and inpatient procedures carried out in weekdays in NHH using NHS staffing
- North Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in NHH
- An additional 2,000 outsourced outpatient and inpatient procedures
- One theatre in NHH and twin theatres in Vanguard
- Total core 6,120
- **Plus 9,310 additional**
- **Total capacity 15,430 per year**
- Waiting list reduction 5,433 (from 19,000 to 13,567)
- Total costs (12 months): £14.8m
- Cost per patient: £1,594

Strategically this option affords the opportunity to grow core NHS services which potentially leads into a sustainable solution. This would allow the phasing down of private sector partnership activity once the activity described in the case is complete.

When the preferred option is formally agreed, the financials for that option will be further refined to identify any opportunities, including negotiation with providers to reduce costings and therefore improve costs per patient.

### **Recommendation**

The Regional Portfolio Delivery Board are requested to:

- Endorse the preferred option (3b) as described in the business case
- Endorse the aims of the business case
- Endorse the key delivery principles as detailed in the business case including:
  - A regional Shared PTL for cataracts
  - The north and south hubs
  - Insourcing and Outsourcing
  - Patient travel and second offer
- Recommend that this business case is reviewed by Oversight board on 14<sup>th</sup> February
- Recommend that the financials for the preferred option (3b, NHH and Vanguard) are refined and that the business case is put forward in its entirety for approval
  - by Regional Portfolio Delivery Board on 2<sup>nd</sup> March
  - by Regional Portfolio Oversight board on 14<sup>th</sup> March